Influenza Update N° 465
19 February 2024, based on data up to 4 February 2024

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) circulation is included where available.

Summary

- Countries are recommended to monitor the relative co-circulations of influenza and SARS-CoV-2 viruses via 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 activity remained elevated in most Northern hemisphere countries, although global influenza virus detections decreased.
- In the countries of North America, influenza activity remained elevated but some indicators showed a decreasing trend. Influenza A(H1N1)pdm09 viruses predominated among the detections.
- In Europe and Central Asia, influenza activity remained elevated. Of thirty-five reporting countries, influenza activity was reported at very high intensity in two, high intensity in six, medium intensity in twenty, low intensity in six and below baseline in one, and geographic spread was widespread in majority of reporting countries. Influenza hospitalizations and intensive care unit (ICU) admissions remained elevated. Influenza A virus detections predominated among detections in primary and secondary care sentinel surveillance, with A(H1N1)pdm09 viruses predominant.
- In Northern Africa, detections of influenza A(H1N1)pdm09 and A(H3N2) continued to increase in Tunisia but decreased in the other countries.
- In Eastern Asia, influenza activity remained elevated but decreasing overall.
- In Western Asia, influenza activity decreased overall, although increased influenza A virus detections were reported in Armenia, Georgia, Israel and Türkiye.
- In the Central American and Caribbean countries, influenza activity remained elevated in sentinel surveillance but decreased in non-sentinel surveillance. Influenza A(H1N1)pdm09 viruses were predominant in the Caribbean followed by influenza A(H3N2) viruses, while influenza A(H1N1)pdm09 was predominant in Central America, followed by B/Victoria.
- In tropical South America, influenza activity remained low with few detections of influenza A viruses reported in some countries.
- In tropical Africa, influenza detections remained low in most reporting countries with a few exceptions and influenza A(H3N2) viruses predominated.
- In Southern Asia, overall influenza activity continued to decrease but remained elevated in some countries, with all seasonal influenza subtypes co-circulating.
- In South-East Asia, influenza activity driven by all seasonal subtypes increased in Malaysia and Singapore and remained elevated in Thailand.
In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below the 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 time period from 22 January 2024 to 04 February 2024 (data as of 16/02/2024 05:52:58 AM UTC). The WHO GISRS laboratories tested more than 581 499 specimens during that time period. 115 653 were positive for influenza viruses, of which 91 325 (78.96%) were typed as influenza A and 24 328 (21.04%) as influenza B. Of the sub-typed influenza A viruses, 9620 (45.15%) were influenza A(H1N1)pdm09 and 11 688 (54.85%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (12 192) belonged to the B/Victoria lineage.

**Number of specimens positive for influenza by subtype globally**

![Graph showing number of specimens positive for influenza by subtype globally]

*Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS) Data generated on 19/02/2024*

**SARS-CoV-2 and RSV sentinel surveillance**

- Globally, SARS-CoV-2 positivity from sentinel surveillance remained below 10%. Positivity remained below 10% in all WHO Regions with exception of the Region of the Americas where positivity increased and was around 20%. SARS-CoV-2 positivity from non-sentinel surveillance decreased to around 10% globally.
- In countries with RSV surveillance in place, RSV activity was stable or decreased in most reporting countries except in the Russian Federation and South Africa, New South Wales of Australia where detections slightly increased in this reporting period though overall percentage positivity was still very low. RSV percent positivity was still high in Egypt though slightly dropped compared with last report.
- WHO encourages countries, especially those that have received the [multiplex influenza and SARS-CoV-2](https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1) 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](https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1).
- NICs and other national influenza laboratories from 88 countries, areas or territories from six WHO regions (African Region: 12; Region of the Americas: 15; Eastern Mediterranean Region: 6; European Region: 42; South-East Asia Region: 8; Western Pacific Region: 5 ) reported to FluNet from sentinel surveillance sites for the time period from 22 January 2024 to 04
February 2024 (data as of 16/02/2024 05:52:58 AM UTC). The WHO GISRS laboratories tested more than 42,430 sentinel specimens during that time period and 3459 (8.15%) were positive for SARS-CoV-2. Additionally, more than 1,189,953 non-sentinel or undefined reporting source samples were tested in the same period and 108,442 were positive for SARS-CoV-2. Further details are included at the end of this update.

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone. Map generated on 16 February 2024. (The displayed data reflect reports of the weeks from 22 January 2024 to 04 February 2024 or up to two weeks before if insufficient data were available for an area for that period.)

For more detailed information, see the Influenza reports from WHO Regional Offices:

- WHO African Region: [https://www.afro.who.int/health-topics/influenza](https://www.afro.who.int/health-topics/influenza)
- WHO Eastern Mediterranean Region: [www.emro.who.int/health-topics/influenza/updates.html](www.emro.who.int/health-topics/influenza/updates.html)
- WHO European Region: [https://erviss.org/](https://erviss.org/)
- WHO Western Pacific Region: [ww.who.int/westernpacific/emergencies/surveillance/seasonal-influenza](ww.who.int/westernpacific/emergencies/surveillance/seasonal-influenza)

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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](https://www.who.int/publications/m/item/influenza_transmission_zones)
Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity remained elevated but some indicators continued on a decreasing trend. Positivity for influenza A viruses decreased slightly in the United States of America (USA) and remained stable in Canada, while positivity for influenza B viruses increased slightly in both countries. Influenza A(H1N1)pdm09 viruses predominated. In the USA, influenza-like illness (ILI) and influenza activity remained stable overall and trends varied by region. ILI remained moderate or high in most regions. The number of new hospital admissions for influenza per week decreased. Cumulative hospital admissions for influenza were lower compared to this time last season and that of 2017-2018 but greater compared to this time in other previous seasons since 2015-2016. Pneumonia and influenza mortality decreased. In Canada, the percentage of visits for ILI increased slightly and was within expected levels for this time of year. Influenza-associated hospitalizations rates were high in adults aged 65 and older and children under 5 years of age. RSV activity slightly decreased in the USA and was stable in Canada, both were below expected levels for this time of year.

- In Europe and Central Asia, influenza activity overall in the region remained above the 10% positivity epidemic threshold. The influenza season was declared to have started in week 51 in the Region. In the week ending 4 February, two countries reported very high influenza intensity (Russian Federation and Slovakia), six countries reported high influenza intensity (Belarus, Bosnia and Herzegovina, Finland, Montenegro, Romania, and Slovenia), twenty countries reported medium influenza intensity, six reported low influenza intensity and one reported baseline intensity. Influenza activity was reported as widespread in twenty-nine countries, regional in one, and sporadic, low or no activity in the other six reporting countries. ILI or acute respiratory infection (ARI) activity was above the seasonal baseline in 25 of 31 reporting countries in latest week. Among the influenza detections in primary care sentinel surveillance, influenza A viruses predominated with a higher proportion of A(H1N1)pdm09 virus detections compared to A(H3N2) detections. Severe acute respiratory infection (SARI) hospitalizations and intensive care unit (ICU) admissions for influenza remained elevated and stable. SARS-CoV-2 positivity in primary care and secondary care sentinel surveillance was stable compared to the prior week, however activity has been decreasing over the last seven weeks. RSV positivity decreased a little in primary and secondary care sentinel surveillance overall, however increases were reported in some countries. Pooled all-cause mortality estimates from the EuroMOMO network showed substantial elevated excess mortality overall and in age groups over 45 years.²

- In Northern Africa, influenza activity started to decrease in most countries, except in Tunisia where detections of influenza A(H1N1)pdm09 and A(H3N2) continued to increase. SARS-CoV-2 detections in integrated surveillance were low overall.

- In Eastern Asia, influenza activity remained elevated although decreasing overall. In China, influenza activity continued to decrease in both northern and southern provinces with detections of predominately influenza B/Victoria lineage followed by A(H3N2) viruses; ILI activity remained elevated overall. In Hong Kong SAR, ILI, influenza detections and influenza-associated hospitalizations decreased slightly although hospitalizations remained at

² Please refer to the EuroMOMO website for a cautionary note relating to interpretation of these data.
levels above the seasonal threshold; influenza A(H3N2) viruses were predominantly detected. SARS-CoV-2 activity in sentinel surveillance slightly increased. In Japan, detections of all seasonal influenza subtypes were reported in recent weeks and influenza detections at sentinel sites increased slightly in this reporting period. Influenza activity appeared to have peaked in Mongolia and decreased influenza A(H3N2) viruses were detected in recent weeks. In the Republic of Korea, influenza activity started to decrease with A(H3N2) and B/Victoria lineage viruses predominately detected. SARS-CoV-2 positivity in sentinel surveillance samples slightly increased in this reporting period.

- In Western Asia, influenza activity decreased overall with the exception of Armenia, Georgia, Israel and Türkiye where detections of influenza A viruses increased or remained elevated in this reporting period. In Lebanon, influenza activity continued to decrease with co-circulation of all seasonal influenza subtypes. Decreased influenza activity was reported in the countries of the Arabian Peninsula. ILI activity increased in Armenia, Azerbaijan and Israel while appeared to decrease in Türkiye. SARS-CoV-2 positivity in sentinel surveillance samples increased or remained elevated in Georgia, Israel and Oman while decreased in Türkiye and in the United Arab Emirates.

**Number of specimens positive for influenza by subtype in North America**

![Graph showing number of specimens positive for influenza by subtype in North America](image)

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

Data generated on 16/02/2024

**Number of specimens positive for influenza by subtype in Europe**

![Graph showing number of specimens positive for influenza by subtype in Europe](image)

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

Data generated on 16/02/2024
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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 16/02/2024

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 16/02/2024

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Central American and Caribbean countries, influenza activity remained elevated in sentinel surveillance but decreased in non-sentinel surveillance. Influenza A(H1N1)pdm09 viruses were predominant in the Caribbean followed by influenza A(H3N2) viruses. Influenza A(H1N1)pdm09 viruses were predominant in Central America, followed by B/Victoria. Influenza activity remained elevated in Guatemala and Mexico. ILI increased in the Caribbean but decreased in Central America. SARS-CoV-2 activity increased and was at high levels in the Caribbean, with activity increasing in Belize, Dominica and Guyana but decreasing in several other countries. SARS-CoV-2 activity was low in Central America. RSV activity remained low in both the Caribbean and Central America.

- In tropical South America, influenza activity remained low with few detections of predominantly influenza A(H1N1)pdm09 viruses and A(H3N2) viruses reported. Influenza detections in Colombia remained elevated, with influenza A(H1N1)pdm09 predominant. SARS-CoV-2 activity increased across the subregion and was at high levels, mainly due to increases in Colombia and elevated activity in Brazil. RSV activity remained low overall.
Number of specimens positive for influenza by subtype in Central America and Caribbean

Tropical Africa

- In Western Africa, increased detections of influenza A(H1N1)pdm09 and A(H3N2) were reported in Mauritania and Niger in recent weeks. Influenza detections were low or sporadic in the other reporting countries. SARS-CoV-2 activity remained low across reporting countries.
- In Middle Africa, few detections of all seasonal influenza subtypes were reported in Cameroon this period, with a slight increase in ILI activity.
- In Eastern Africa, detections of predominately influenza A(H3N2) decreased overall but remained elevated in Mozambique, Rwanda and the United Republic of Tanzania. ILI activity decreased in Mozambique. SARS-CoV-2 detections in samples from integrated surveillance increased slightly in Ethiopia and were low in other reporting countries.

Tropical Asia

- In Southern Asia, overall influenza activity continued to decrease with co-circulation of all seasonal influenza subtypes. Influenza detections increased in the Maldives and Nepal and remained stable in India and Iran (the Islamic Republic of) in recent weeks. In other reporting countries, influenza activity decreased further or remained low. ILI and SARI rates remained elevated in Afghanistan. SARS-CoV-2 detections and percent positivity increased in Bhutan.
- In South-East Asia, influenza activity increased overall, mainly driven by increased detections of all seasonal influenza in Malaysia and Singapore and elevated detections in Thailand. Detections of influenza A viruses continued to be reported in Timor-Leste. Influenza activity remained stable or decreased in other reporting countries. ILI remained elevated in Cambodia. SARS-CoV-2 positivity in sentinel surveillance samples decreased in Indonesia and remained low in the other reporting countries.
Countries in the temperate zone of the southern hemisphere

- In Oceania, influenza activity remained low, with influenza A predominant. In Australia, influenza detections were low overall. SARS-CoV-2 activity remained elevated in several states but was mostly decreasing. An increase in RSV activity as reported in New South Wales. In New Zealand, low levels of respiratory illness activity were reported. In the Pacific Islands, influenza activity in French Polynesia driven mainly by influenza A decreased over the last three weeks but remained above the epidemic threshold.

- In Southern Africa, influenza activity remained low with few influenza B/Victoria virus detections reported in recent weeks. SARS-CoV-2 positivity in sentinel surveillance remained low. Increased RSV detections were reported in this reporting period.

- In temperate South America, influenza detections were few and positivity remained below baseline. Influenza A was predominant. SARS-CoV-2 activity increased in Argentina and Chile, reaching high levels. SARS-CoV-2 activity decreased to moderate levels in Paraguay. RSV activity was low in 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 16/02/2024
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 16/02/2024

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 16/02/2024
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 16/02/2024

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 16/02/2024
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 16/02/2024

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 16/02/2024

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.

**Seasonal influenza reviews:** Review of global influenza circulation, late 2019 to 2020, and the impact of the COVID-19 pandemic on influenza circulation


**Virological surveillance updates:** [https://www.who.int/tools/flunet/flunet-summary](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](https://www.who.int/teams/global-influenza-programme/influenza-covid19)

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