

Influenza Update N° 466

4 March 2024, based on data up to 18 February 2024

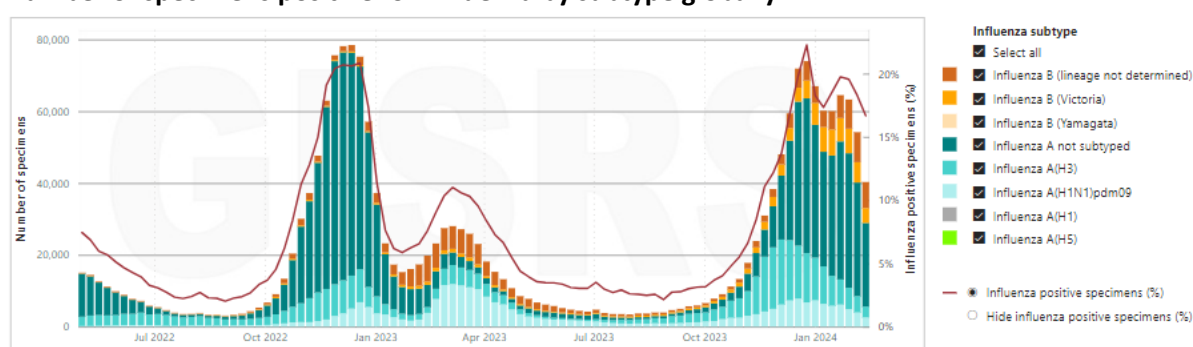
In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 surveillance by the Global Influenza Surveillance and Response System (GISRS) through its associated sentinel and non-sentinel surveillance systems and reported to the surveillance data platform FluNet hosted 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 globally, influenza virus detections decreased. Influenza A viruses remain predominant globally.
- In the countries of North America, influenza activity remained within or below expected levels for this time of year in Canada and remained elevated but may have peaked in the United States of America (USA), with some indicators showing decreases. Influenza A(H1N1)pdm09 viruses predominated.
- In Europe and Central Asia, influenza activity decreased but remained elevated. Of 40 reporting countries, influenza activity was reported at very high intensity in two, high intensity in four, medium intensity in 19, low intensity in 13 and below baseline in two, and geographic spread was widespread in majority of reporting countries. Influenza hospitalizations and intensive care unit (ICU) admissions decreased but 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, influenza detections decreased with detections of all seasonal influenza subtypes reported.
- In Eastern Asia, influenza activity continued to decrease overall.
- In Western Asia, influenza activity increased in Georgia and Israel and remained elevated in Armenia with detections of predominantly influenza A viruses.
- In the Central American and Caribbean countries, influenza activity was at low levels overall. Influenza A(H1N1)pdm09 and A(H3N2) viruses predominated followed by B/Victoria lineage viruses.
- In tropical South America, influenza activity remained low with 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 remained stable at a low level with all seasonal influenza subtypes detected.
- In South-East Asia, influenza positivity overall, driven by all seasonal subtypes, remained elevated, mainly driven by detections in Malaysia and Singapore.

- In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below seasonal thresholds in most reporting countries.
- National Influenza Centres (NICs) and other national influenza laboratories from 124 countries, areas or territories reported data to FluNet for the time period from 05 February 2024 to 18 February 2024 (data as of 01/03/2024 07:48:33 AM UTC). The WHO GISRS laboratories tested more than 544 975 specimens during that time period. 96 018 were positive for influenza viruses, of which 69 483 (72.4%) were typed as influenza A and 26 535 (27.6%) as influenza B. Of the sub-typed influenza A viruses, 6680 (45.8%) were influenza A(H1N1)pdm09 and 7900 (54.2%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (10 918) belonged to the B/Victoria lineage.

Number of specimens positive for influenza by subtype globally



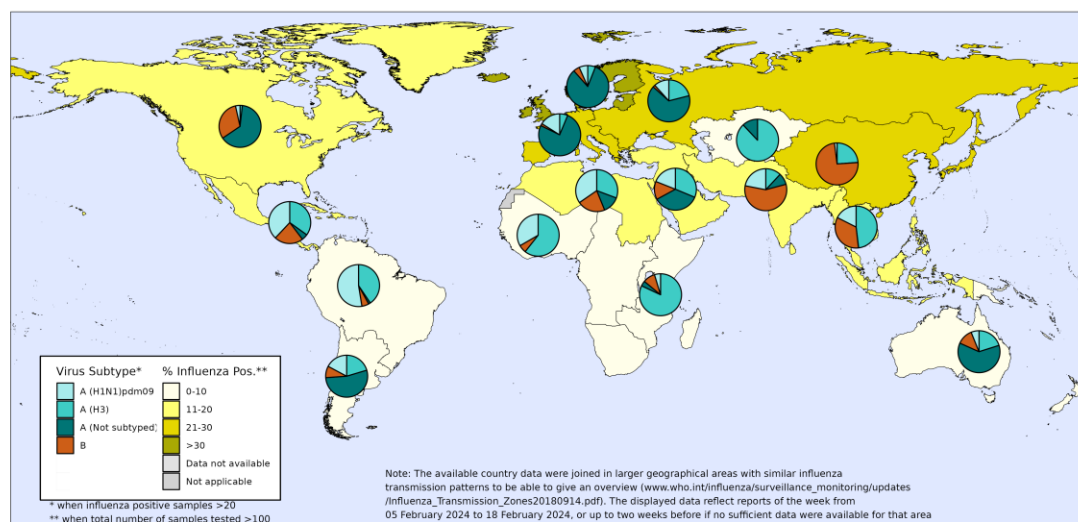
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/02/2024

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 was around 17% and in the Western Pacific Region where positivity increased to 13%. SARS-CoV-2 positivity from non-sentinel surveillance increased to around 18% globally in the most recent week.
- In countries with RSV surveillance in place, RSV activity was stable or decreased in the USA, Canada, Egypt and most countries in Europe, except the Russian Federation. RSV detections increased slightly in New South Wales of Australia, Mozambique, New Zealand and South Africa.
- 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 89 countries, areas or territories from six WHO regions (African Region: 13; Region of the Americas: 19; Eastern Mediterranean Region: 6; European Region: 36; South-East Asia Region: 8; Western Pacific Region: 7) reported to FluNet from sentinel surveillance sites for the time period from 05 February January 2024 to 18 February 2024 (data as of 01/03/2024 07:48:33 AM UTC). The WHO GISRS laboratories tested more than 33 310 sentinel specimens during that time period and 3038 (9.1%) were

positive for SARS-CoV-2. Additionally, more than 823 935 non-sentinel or undefined reporting source samples were tested in the same period and 98 562 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.¹ Map generated on 01 March 2024. (The displayed data reflect reports of the weeks from 05 February 2024 to 18 February 2024 or up to two weeks before if insufficient data were available for an area for that period.)



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

Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/flu/net)
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For more detailed information, see the Influenza reports from WHO Regional Offices:

- WHO African Region: <https://www.afro.who.int/health-topics/influenza>
- WHO Region of the Americas: <https://www.paho.org/en/influenza-situation-report>
- WHO Eastern Mediterranean Region: www.emro.who.int/health-topics/influenza/updates.html
- WHO European Region: <https://erviss.org/>
- WHO Western Pacific Region: www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza

Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity remained within or below expected levels for this time of year in Canada and remained elevated but may have peaked in the United States of America, with some indicators showing decreases. Positivity for influenza A viruses decreased in both countries while positivity for influenza B viruses increased slightly in Canada and remained stable in the USA. 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

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

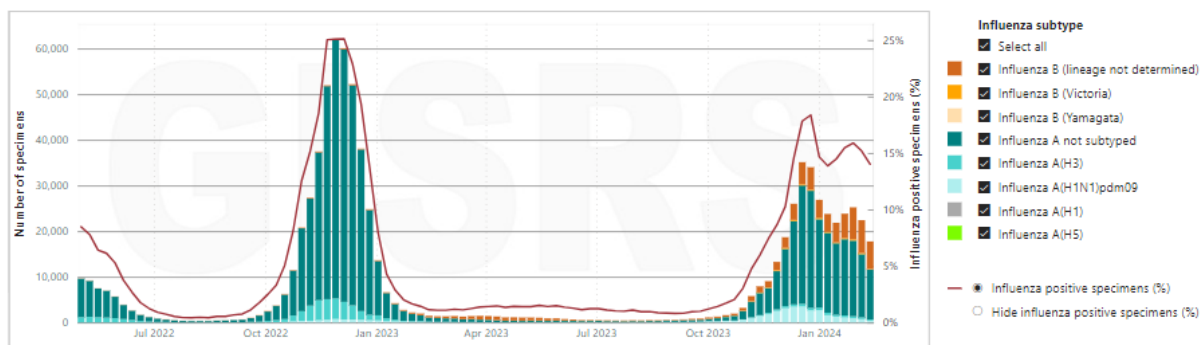
hospital admissions for influenza per week decreased. The cumulative hospital admission rate for influenza was the third highest following that of 2017-2018 and 2022-2023 at the same time period. Pneumonia and influenza mortality was stable in the most recent week. In Canada, the percentage of visits for ILI was within expected levels for this time of year. Influenza-associated hospitalizations rates were highest in adults aged 65 and older and children under 5 years of age. RSV activity continued to decrease in the USA and was stable in Canada below expected levels for this time of year.

- In Europe and Central Asia, influenza activity overall in the region decreased but remained above the 10% positivity epidemic threshold. In the week ending 18 February, two countries reported very high influenza intensity (Israel and Slovakia), four countries reported high influenza intensity (Bosnia and Herzegovina, Latvia, Montenegro and Slovenia), 19 countries reported medium influenza intensity, 13 reported low influenza intensity and two reported baseline intensity. Influenza activity was reported as widespread in 27 countries, regional in six, and sporadic, low or no activity in the other seven reporting countries. ILI or acute respiratory infection (ARI) activity was above the seasonal baseline in 27 of 34 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 decreased but remained elevated. SARS-CoV-2 positivity in primary care and secondary care sentinel surveillance decreased compared to prior weeks. RSV positivity decreased a little overall in primary care sentinel surveillance, a small overall increase was reported in secondary care. The EuroMOMO network reported that pooled all-cause mortality estimates continued to show substantial elevated excess mortality overall and in age groups over 45 years.²
- In Northern Africa, influenza activity decreased in all reporting countries with all seasonal influenza subtypes detected. SARS-CoV-2 detections in integrated sentinel surveillance were low overall with a slight increase in positivity reported in Egypt.
- In Eastern Asia, influenza activity continued to decrease 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 increased slightly in this reporting period and hospitalizations remained at levels above the seasonal threshold; influenza A(H3N2) viruses were predominantly detected. SARS-CoV-2 activity in sentinel surveillance increased slightly. In Japan, detections at sentinel sites increased slightly in this reporting period with influenza B/Victoria lineage and A(H3N2) viruses most frequently detected. Detections of influenza A(H3N2) viruses continued to decrease in Mongolia. In the Republic of Korea, influenza activity continued to decrease with A(H3N2) and B/Victoria lineage viruses predominately detected. SARS-CoV-2 positivity in sentinel surveillance samples increased above the 20% threshold in this reporting period.
- In Western Asia, influenza activity increased in Georgia and Israel and remained elevated in Armenia with detections of predominantly influenza A viruses. In Lebanon, influenza activity decreased overall with influenza B/Victoria lineage viruses predominant. Influenza activity was low in the countries of the Arabian Peninsula. ILI activity remained elevated in Armenia,

² Please refer to the [EuroMOMO website](#) for a cautionary note relating to interpretation of these data.

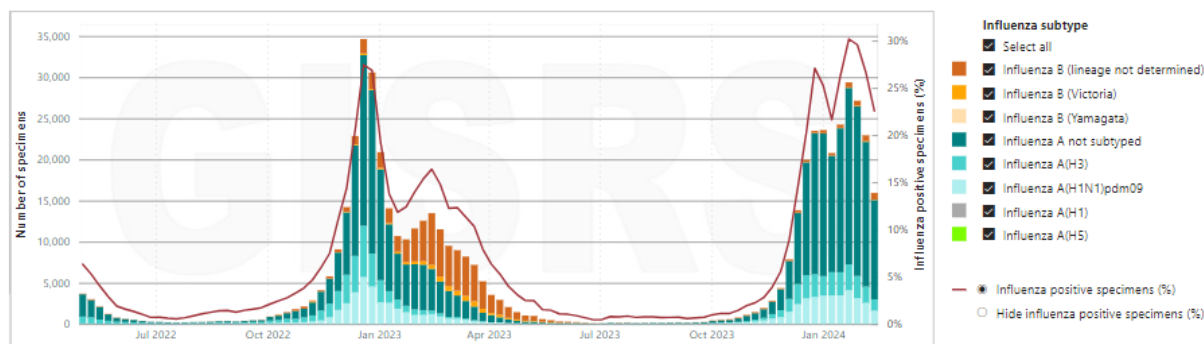
Azerbaijan and Israel and continued to decrease in Türkiye. SARS-CoV-2 positivity in sentinel surveillance samples increased or remained elevated in Georgia, Israel and Oman and decreased in Türkiye.

Number of specimens positive for influenza by subtype in North America



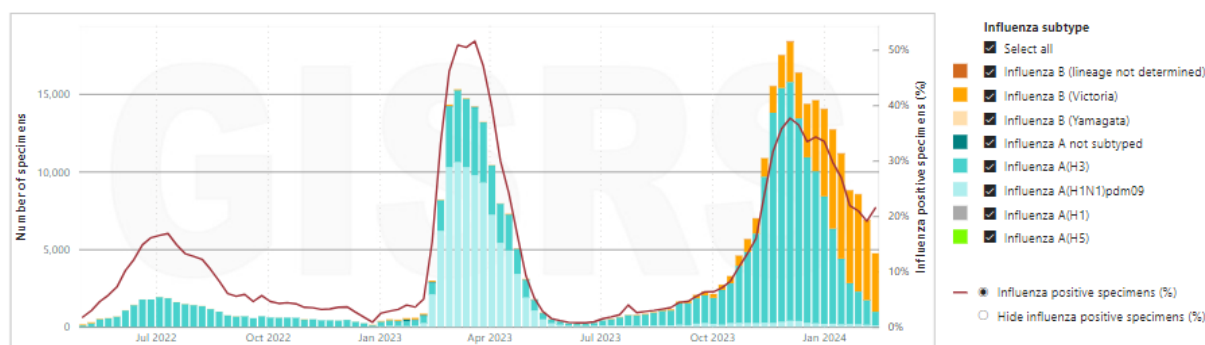
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/02/2024

Number of specimens positive for influenza by subtype in Europe



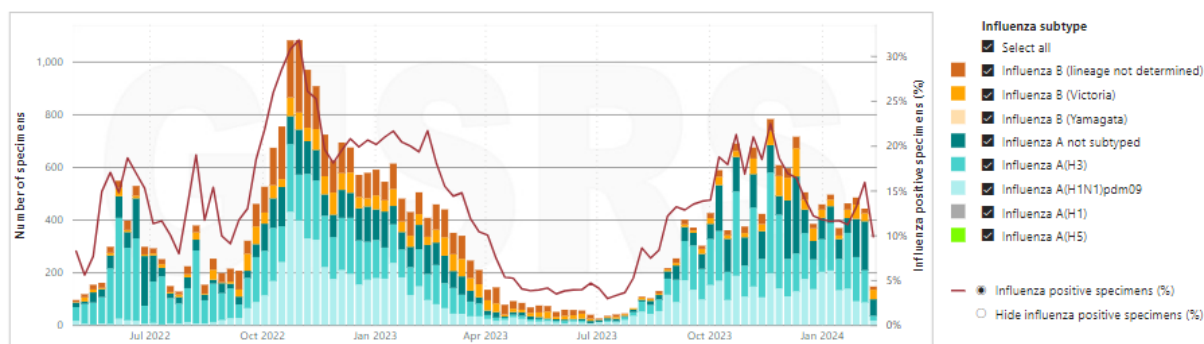
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/02/2024

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 29/02/2024

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 29/02/2024

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean countries, influenza activity decreased to a low level overall. Influenza A(H1N1)pdm09 and A(H3N2) predominated followed by influenza B/Victoria lineage viruses. Influenza activity was at a low level above the epidemic threshold in Mexico while ILI and SARI cases remained at moderate levels. SARS-CoV-2 activity was at high levels in the Caribbean but with a decreasing trend except in Mexico where activity increased. In Central America, ILI cases decreased with most positive cases attributable to SARS-CoV-2 and to a lesser extent, influenza. SARI cases also decreased reaching low levels overall. Influenza activity decreased reaching low levels. Influenza A(H1N1)pdm09 predominated. SARS-CoV-2 activity was low in Central America. RSV activity remained low in both the Caribbean and Central America.
- In tropical South America, ILI activity remained stable at low levels while SARI increased, with most positive cases attributable to SARS-CoV-2. Influenza activity remained low with detections of predominantly influenza A(H1N1)pdm09 viruses and A(H3N2) viruses. SARS-CoV-2 activity decreased, except in Brazil and remained elevated in Colombia, and RSV activity remained low overall.

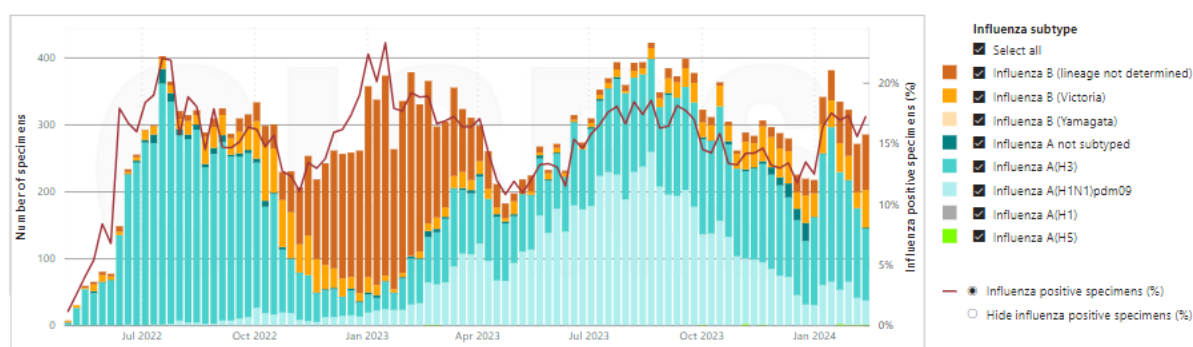
Tropical Africa

- In Western Africa, influenza detections remained low in reporting countries. SARS-CoV-2 activity remained low across reporting countries.
- In Middle Africa, influenza detections remained low in reporting countries. ILI and SARI activity increased in Cameroon.
- In Eastern Africa, detections of predominately influenza A(H3N2) remained stable overall and elevated in Mozambique and the United Republic of Tanzania. Influenza activity was low in other reporting countries. SARS-CoV-2 detections in samples from integrated surveillance remained elevated in Ethiopia and were low in other reporting countries.

Tropical Asia

- In Southern Asia, overall influenza activity remained at a moderate level with co-circulation of all seasonal influenza subtypes. Influenza detections decreased in the Maldives, Pakistan and Sri Lanka and remained stable in India and Iran (the Islamic Republic of) in recent weeks. Influenza B viruses predominated in Iran in recent weeks. In other reporting countries, influenza activity remained low. ILI and SARI rates remained elevated in Afghanistan and Bangladesh. SARS-CoV-2 detections and percent positivity increased in Bangladesh and decreased in Bhutan and Sri Lanka.
- In South-East Asia, influenza positivity overall, driven by all seasonal subtypes, remained elevated, mainly driven by detections in Malaysia and Singapore. Increased detections of all seasonal subtypes were reported in Malaysia. Cambodia and Lao People's Democratic Republic continued to report predominantly influenza B virus detection and Thailand continued to report predominantly A(H3N2) and B virus detection. Detections of all seasonal subtypes decreased but remained elevated in Singapore. Influenza activity decreased in other reporting countries. ILI and SARI activity was stable or decreased in reporting countries. SARS-CoV-2 positivity in sentinel surveillance samples decreased or remained low in reporting countries.

Number of specimens positive for influenza by subtype in South-East Asia



Data source: FluNet (www.who.int/toolkits/flu-net). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/02/2024

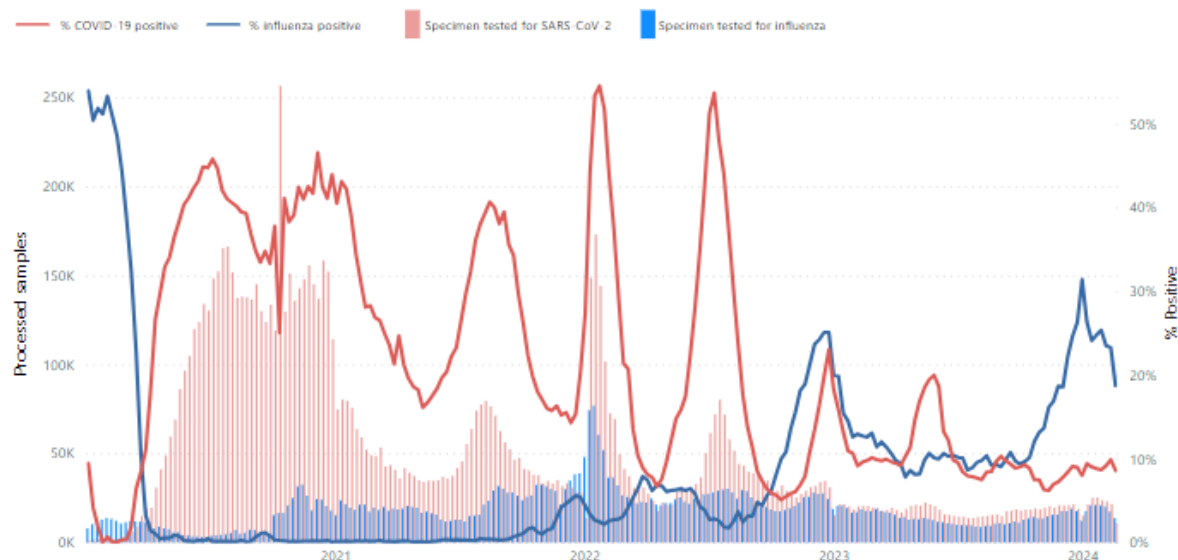
Countries in the temperate zone of the southern hemisphere

- 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 decreased. RSV activity continued to increase in New South Wales. In New Zealand, low levels of respiratory illness activity were reported. In the Pacific Islands, influenza-like illness activity remained low in reporting countries. Influenza activity in French Polynesia driven mainly by influenza A continued to decrease. Wallis and Futuna reported ongoing SARS-CoV-2 circulation.
- In Southern Africa, influenza and SARS-CoV-2 positivity in sentinel surveillance remained low. Increased RSV detections were reported in this reporting period.
- In temperate South America, ILI and SARI remained low with most positive cases attributable to SARS-CoV-2. Influenza activity remained low. Influenza A was predominant. SARS-CoV-2 activity remained high. 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](#).

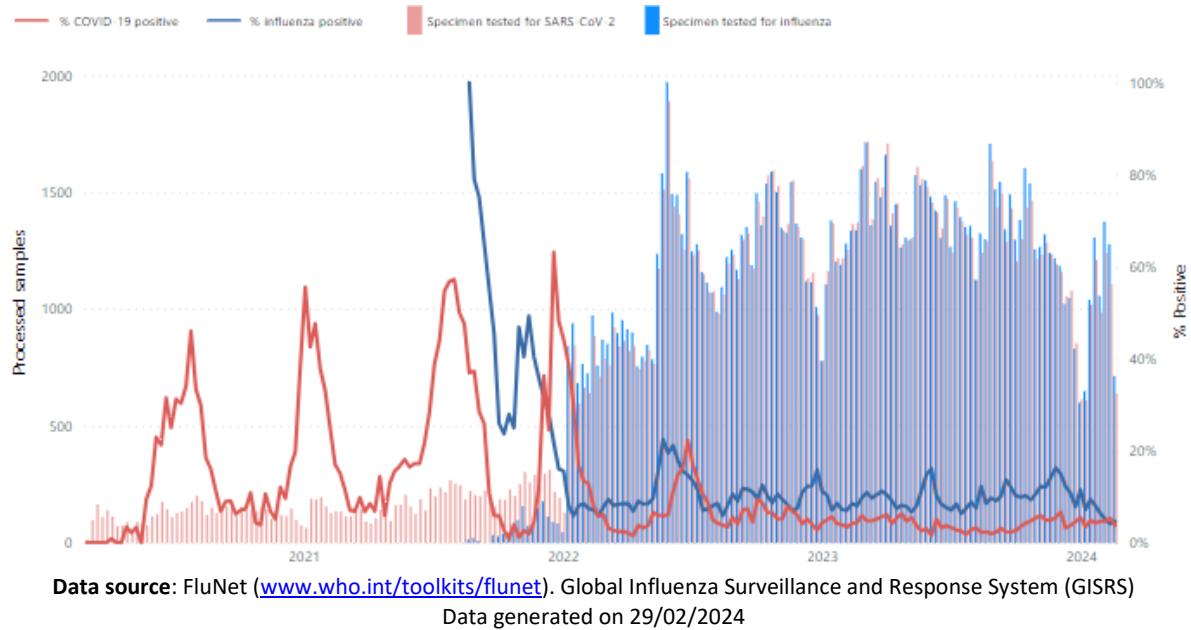
Influenza and SARS-CoV-2 virus positivity from sentinel surveillance reported to FluNet globally



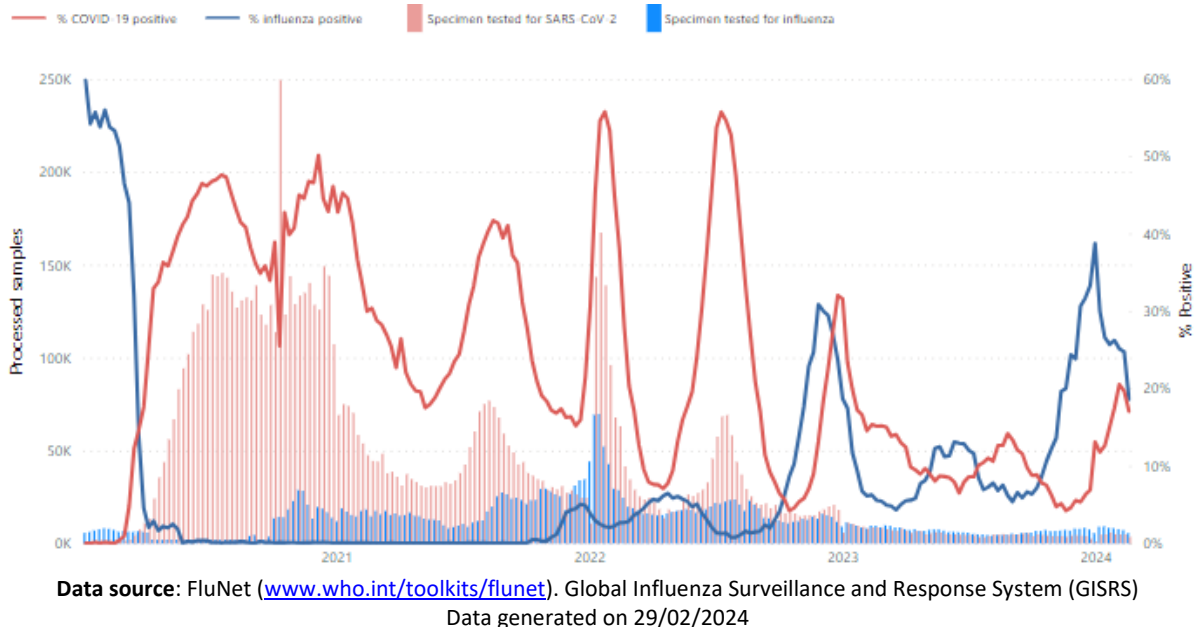
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)

Data generated on 29/02/2024

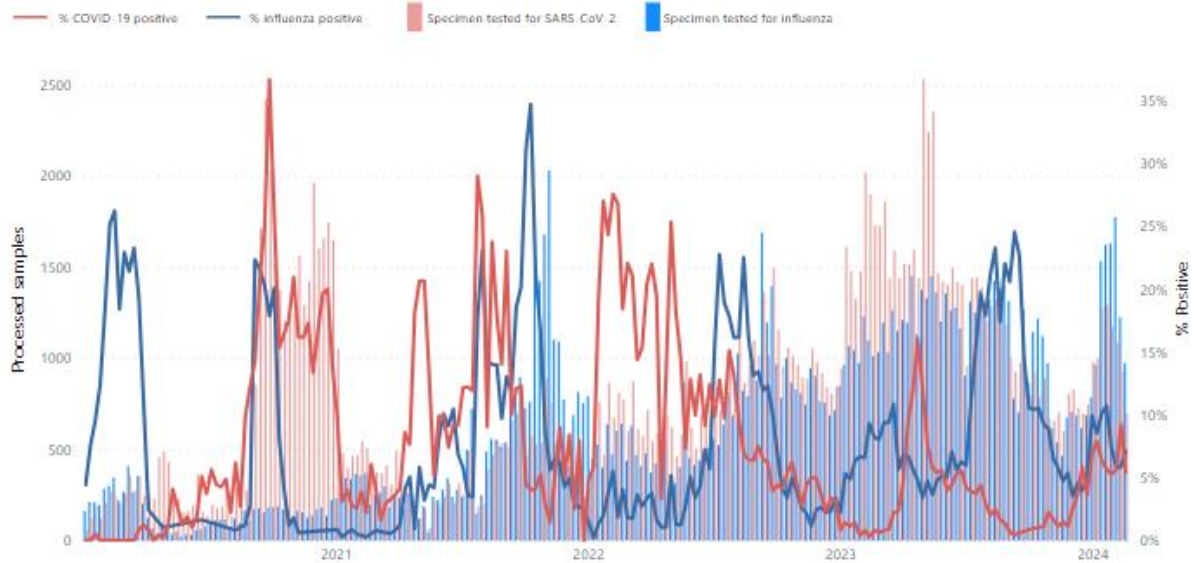
Influenza and SARS-CoV-2 virus positivity from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO African Region



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

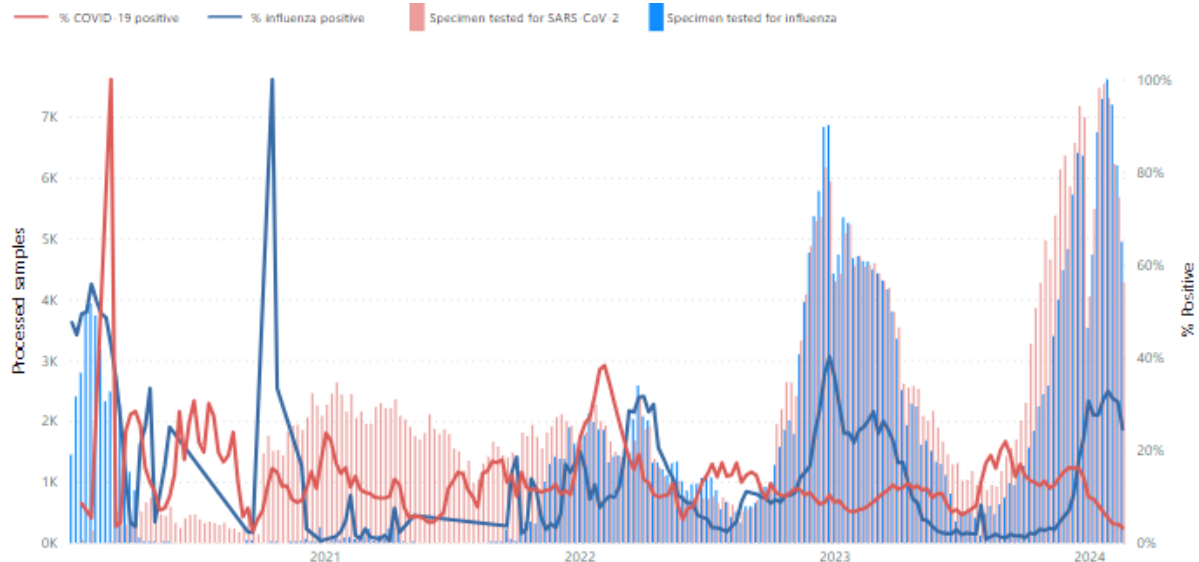


Influenza and SARS-CoV-2 virus positivity from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO South-East Asia Region



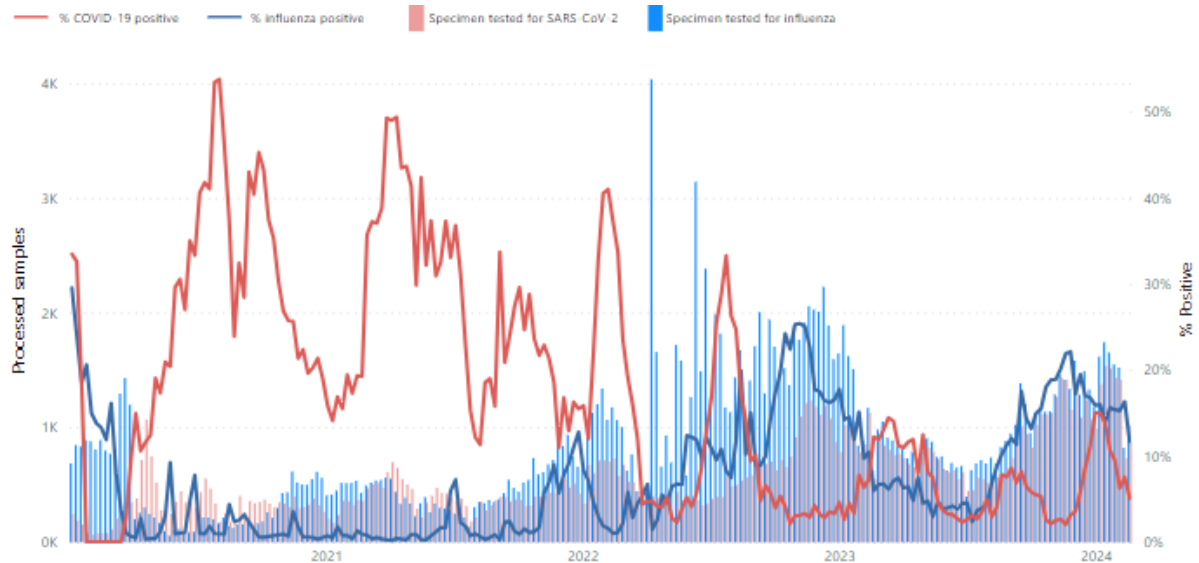
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/02/2024

Influenza and SARS-CoV-2 virus positivity from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO European Region



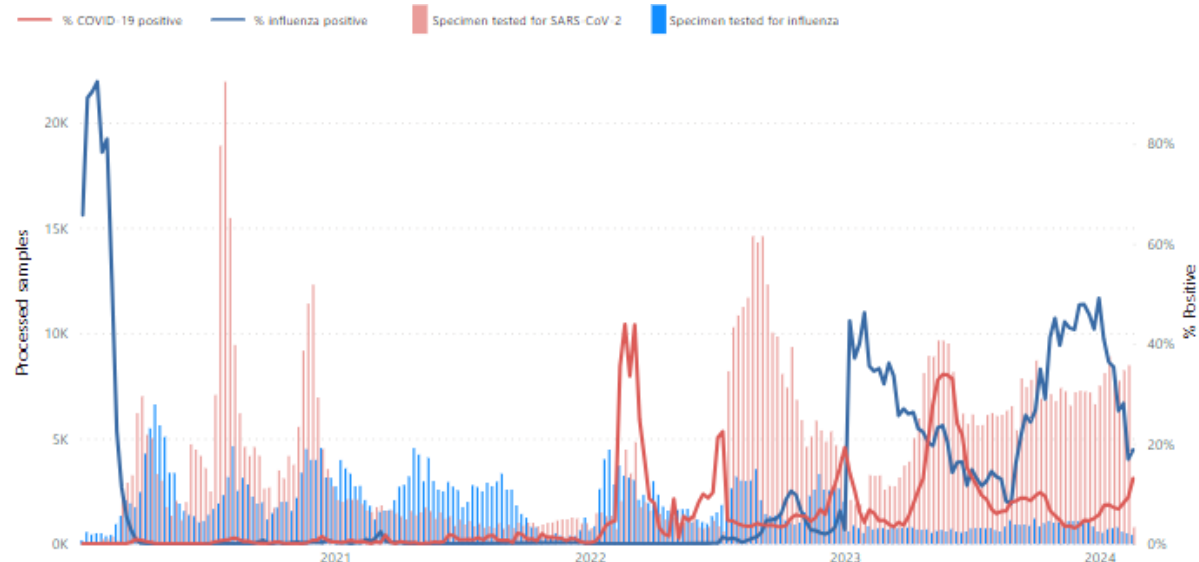
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 29/02/2024

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 29/02/2024

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 29/02/2024

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](#)

Epidemiological Influenza updates: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates>

Virological surveillance updates: <https://www.who.int/tools/flunet/flunet-summary>

Influenza surveillance outputs: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

Influenza – COVID-19 Interface, including surveillance outputs: <https://www.who.int/teams/global-influenza-programme/influenza-covid19>

Contact: fluupdate@who.int