

# Global Respiratory Virus Activity Weekly Update N° 509

Summarizing data through Week 1, ending 05 January 2025

## Summary

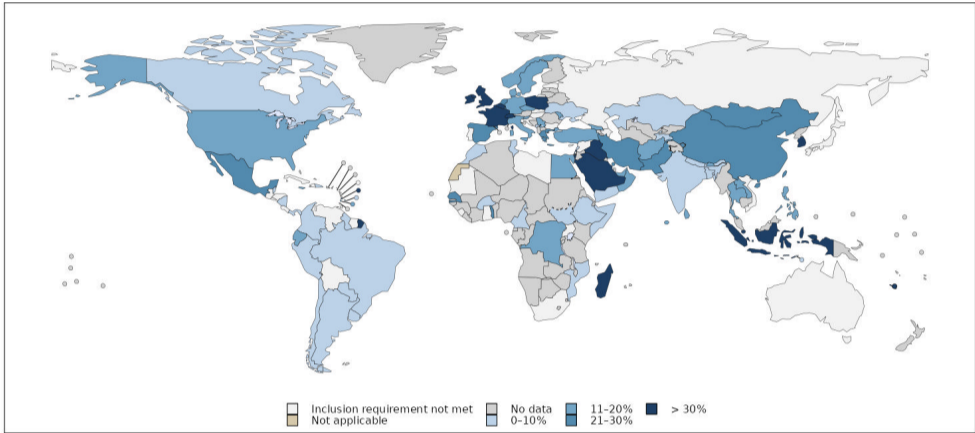
### Influenza

- In the Northern hemisphere, influenza activity was elevated and increased in many countries in Europe (mostly A(H1N1)pdm09 detected, with A(H3N2) more common in Eastern Europe), North America (A(H1N1)pdm09 and A(H3N2) co-circulating), Central America and the Caribbean (mostly A(H3N2)), Western Africa (mostly A(H1N1)pdm09 and B viruses), Middle Africa (mostly A(H1N1)pdm09), Northern Africa (mostly A(H3N2)), and in many countries across Asia (mostly A(H1N1)pdm09).
- In the Southern hemisphere, influenza activity was elevated in a few countries in Tropical South America (A(H3N2) and B viruses co-circulating), Eastern Africa (mostly B viruses), and Melanesia (mostly A(H1N1)pdm09). Activity was similar or declined in all reporting countries.

### SARS-CoV-2

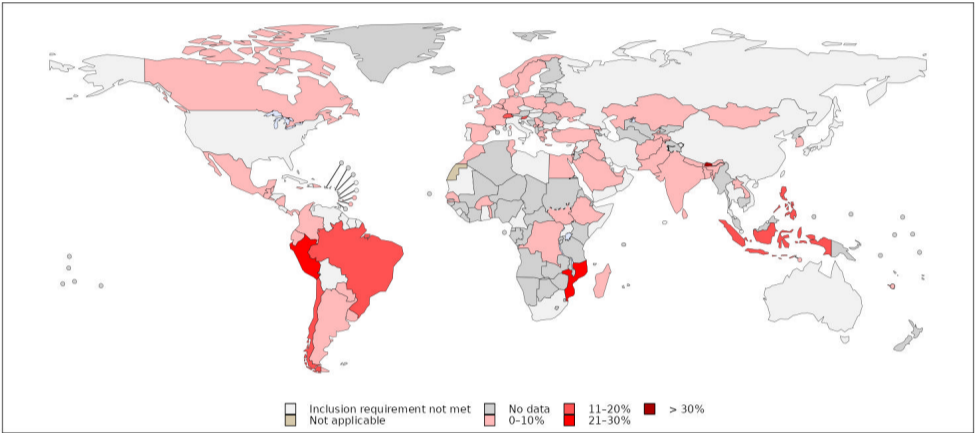
- SARS-CoV-2 activity was elevated in parts of South America, Eastern Africa, and Southern and South East Asia. Increased activity was reported from single countries in Central America and in Southern Asia but was similar or declined in all other reporting countries.

### Influenza activity

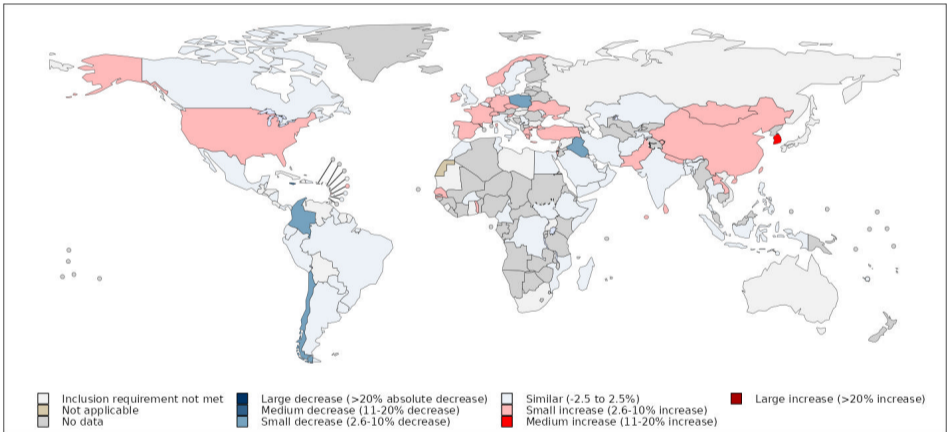


Proportion of specimens testing positive for influenza

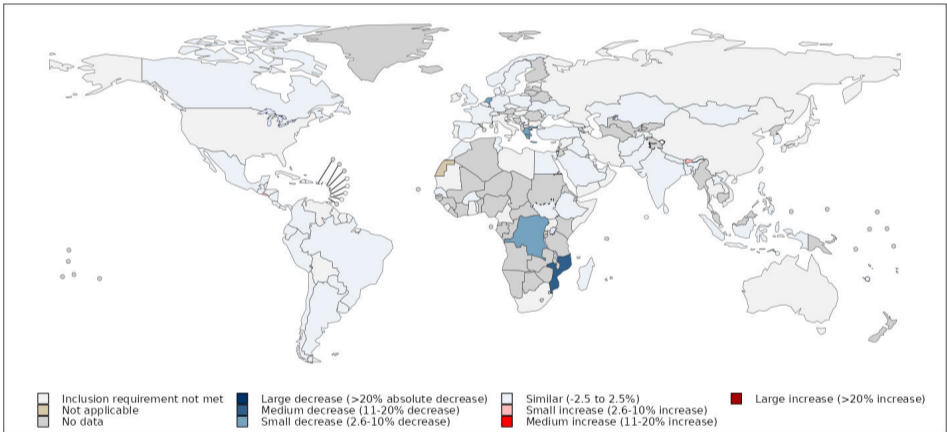
### SARS-CoV-2 activity



Proportion of specimens testing positive for SARS-CoV-2



Change in proportion of specimens testing positive for influenza



Change in proportion of specimens testing positive for SARS-CoV-2

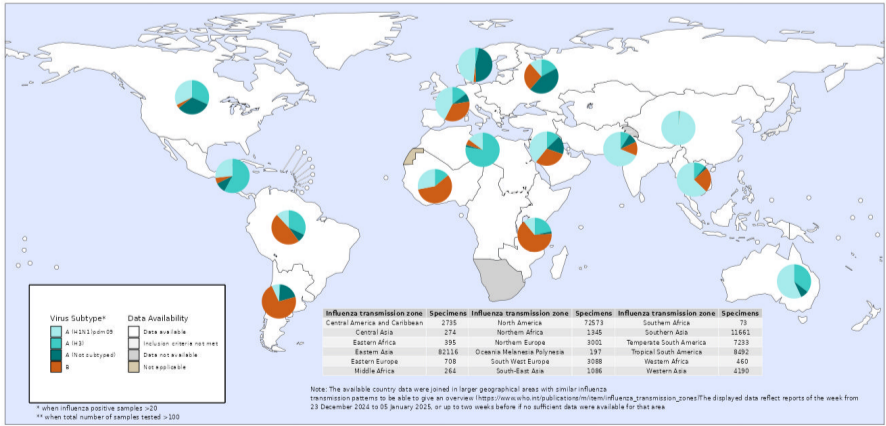
### Additional information

Data on respiratory virus surveillance are provided to WHO through participation or collaboration with the [Global Influenza Surveillance and Response System \(GISRS\)](#). Countries, areas, and territories (CATs) use a variety of approaches to monitor respiratory virus activity and data in this report may vary from surveillance reports posted elsewhere. Data in this report include virologic results from sentinel surveillance and other types of systematically conducted virologic surveillance, depending on the CAT. Differences in surveillance approaches limit comparison of percent positivity between CATs. The [source of surveillance used in this report](#) was determined in collaboration with WHO Regional Offices and the reporting CAT. Analyses stratified by source of surveillance is available through [RespiMart](#). Additional information on COVID-19 is reported on the [WHO COVID-19 dashboard](#).

The proportion of specimens testing positive for influenza or SARS-CoV-2 was smoothed over a 3-week period among CATs who reported testing at least 10 specimens for 2 weeks of the 3-week period. The change in smoothed proportion of specimens testing positive for each virus was calculated as the absolute difference from the smoothed value during the prior reporting week.

Activity is summarized by geographical groupings of CATs. These groupings were used for their geographical description and do not imply similarity of respiratory virus transmission within each group. More information about the geographical groupings can be found [here](#).

### Specimens testing positive for influenza, by virus type and subtype



## Regional Reports

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