Global Respiratory Virus Activity: Weekly update No. 542

GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM (**GISRS**)

Co-circulation | Influenza | SARS-CoV-2 | RSV

SUMMARY (Based on data reported to WHO for week 34, ending 24 August 2025)

Globally, influenza and SARS-COV-2 activity remained low. At low levels of circulation, SARS-CoV-2 predominated with increasing percent positivity observed in recent weeks. SARS-CoV-2 predominated in the temperate and subtropical areas of the Northern hemisphere, however influenza continues to be more predominant than SARS-CoV-2 in the temperate and subtropical areas of the Southern Hemisphere and in tropical areas, influenza and SARS-CoV-2 activity were at similar levels. [Figures 1a, 1b, 1c and 1d]

❖ Influenza

Globally, influenza activity remained low, with influenza A viruses continuing to predominate. Different patterns were observed across hemispheres and transmission zones. [Figure 2]

In the Southern hemisphere, influenza activity remained stable in most reporting countries with an increase in activity observed in a single country in South-East Asia. Influenza positivity remained elevated (>10%) in South-East Asia and Oceania. [Figures 3 and 4]

In the Northern hemisphere, over the past few weeks, influenza activity remained low and stable in most transmission zones. Influenza positivity was elevated in Central America and the Caribbean, Tropical South America, Western and Middle Africa, Northern Europe, Western, Southern and South-East Asia and percent positivity was over 30% in some countries. An increase in activity was observed in Central America and the Caribbean, Western, Southern and South-East Asia. [Figures 3 and 4]

In the transmission zones with elevated positivity, influenza A(H1N1)pdm09 predominated in Central America and the Caribbean, Western and Middle Africa, Northern Europe and Oceania whilst influenza A(H3N2) was the predominant circulating virus in Western, Southern Asia and South-East Asia. Influenza A(H1N1)pdm09 and influenza A(H3N2) were codominant in Tropical South America. [Figures 5 and 6]

❖ SARS-CoV-2

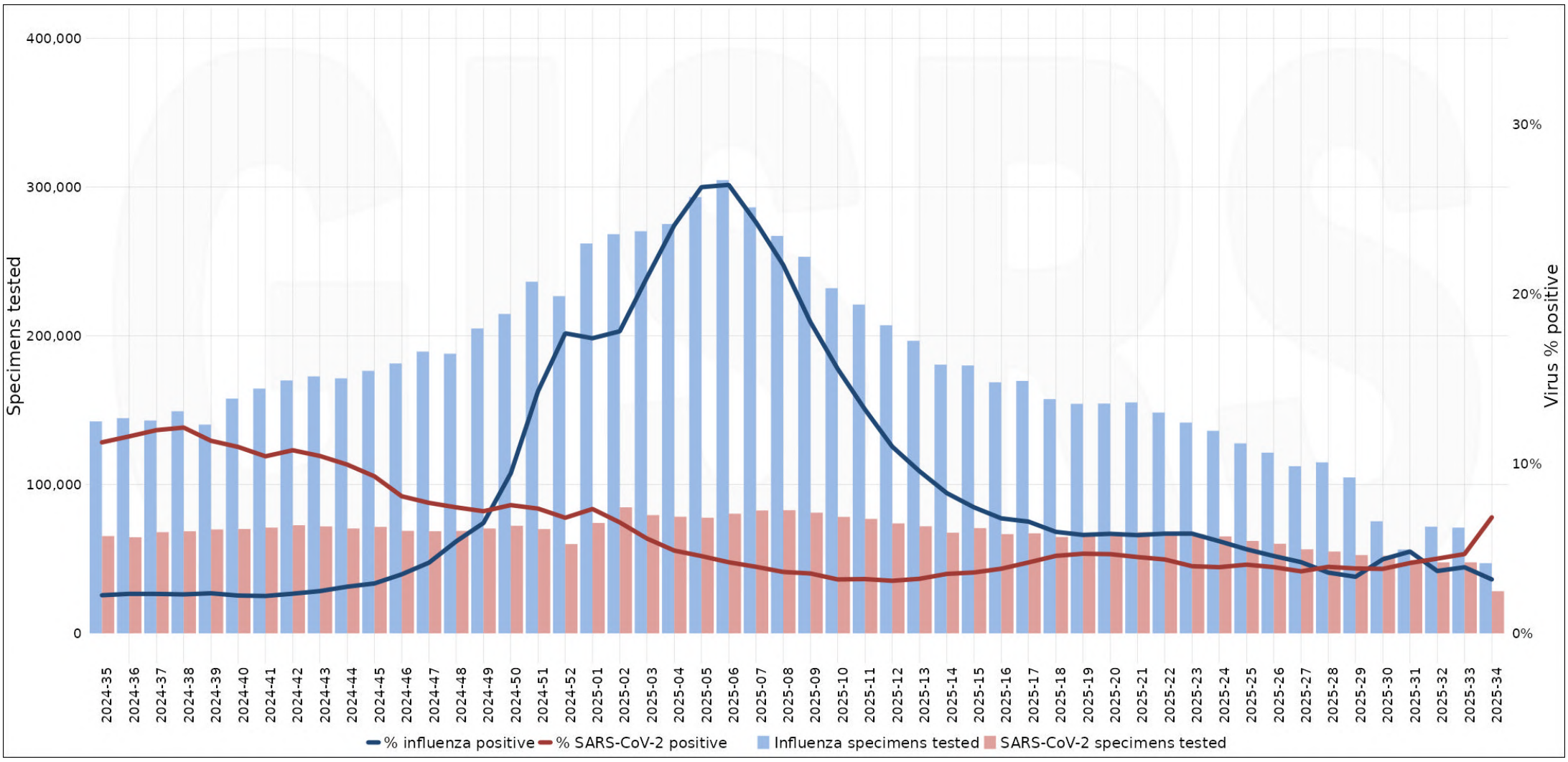
Globally, SARS-CoV-2 positivity remained at low levels but increased slightly, with a few countries reporting elevated positivity (>10%) in Central America and the Caribbean, tropical South America, Europe, Western, Southern and Eastern Asia. Small increases in activity were reported some countries in Europe, Western and Eastern Asia. [Figures 7 and 8]

❖ Respiratory Syncytial Virus (RSV)

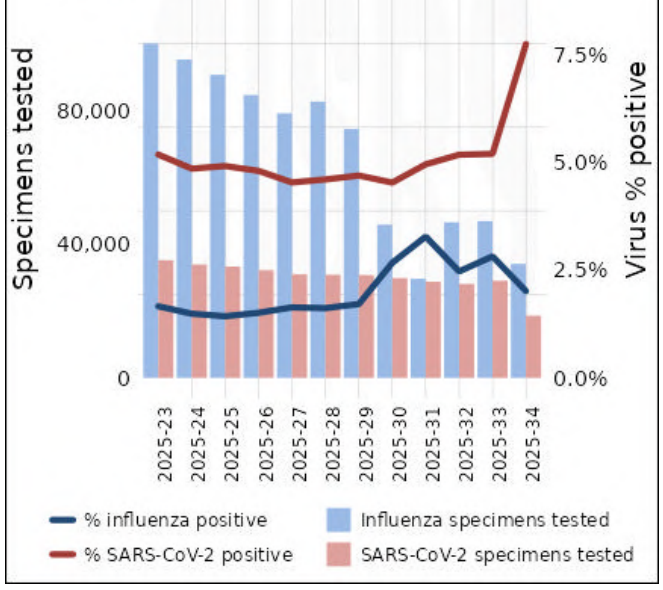
RSV positivity remained elevated in some countries in Central America and the Caribbean, Tropical and Temperate South America and Western Africa. RSV positivity rates were over 30% in single countries in Central America and the Caribbean and Temperate South America. RSV positivity remained stable and low across the majority of reporting countries, with a small increase in activity reported in one country in Central America and the Caribbean. [Figures 9 and 10]

Co-circulation of influenza and SARS-CoV-2

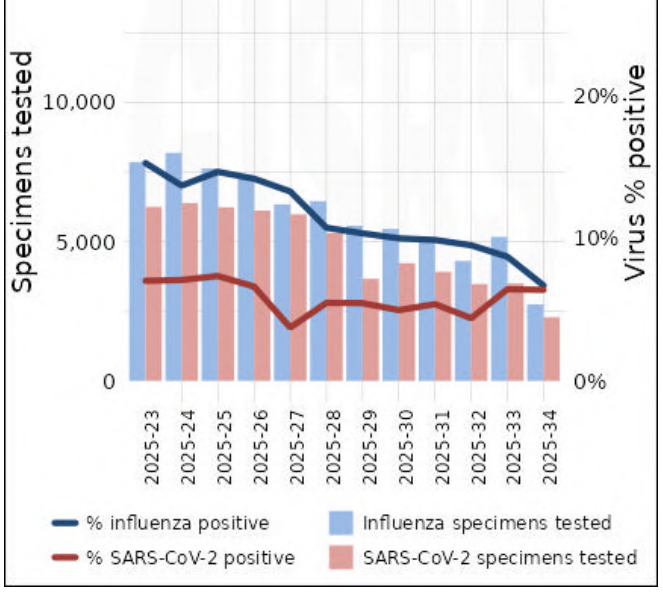
1a) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity at the global level (last 12 months)



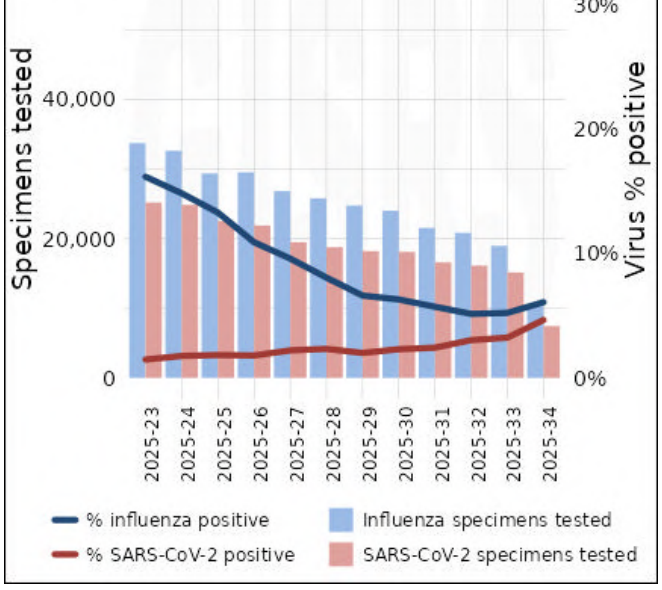
1b) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Northern hemisphere temperate and subtropical areas



1c) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Tropical areas

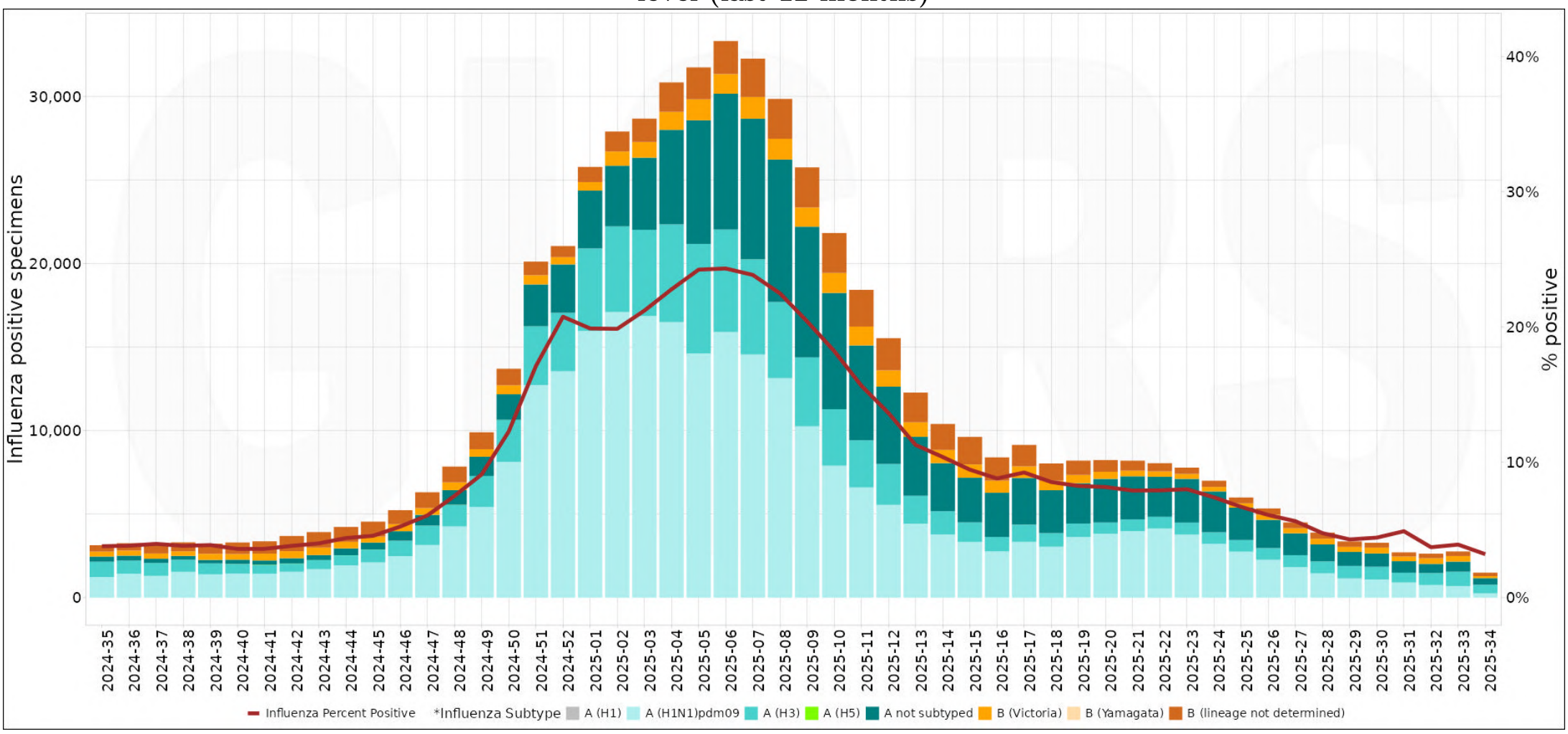


1d) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Southern hemisphere temperate and subtropical areas

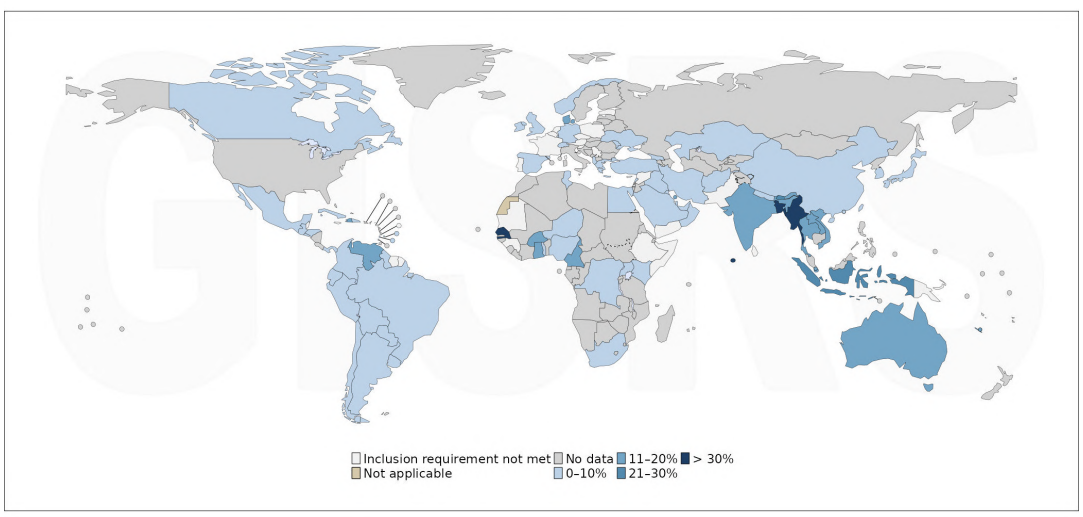


Influenza

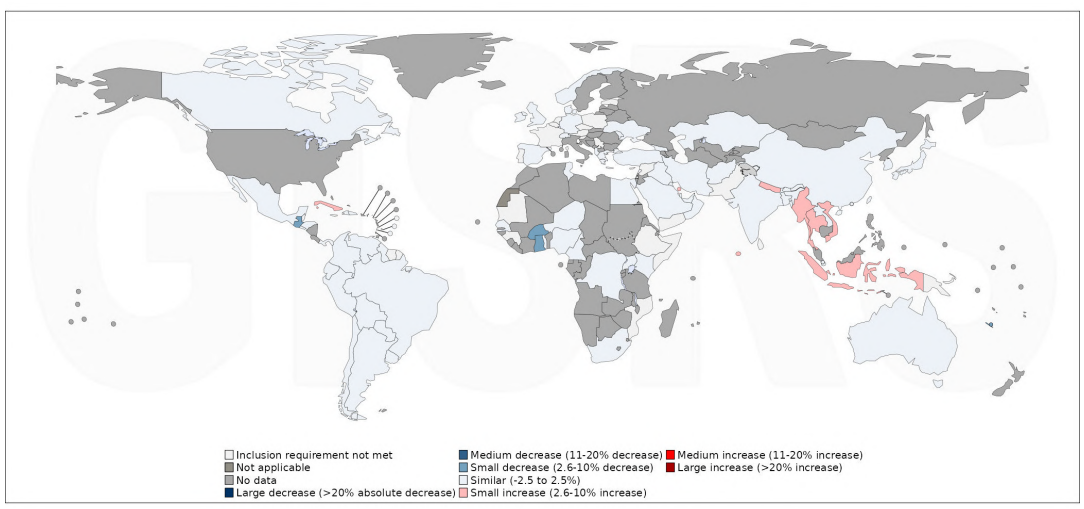
2) Weekly numbers of influenza virus positive specimens by type and subtype and percent positivity at the global level (last 12 months)



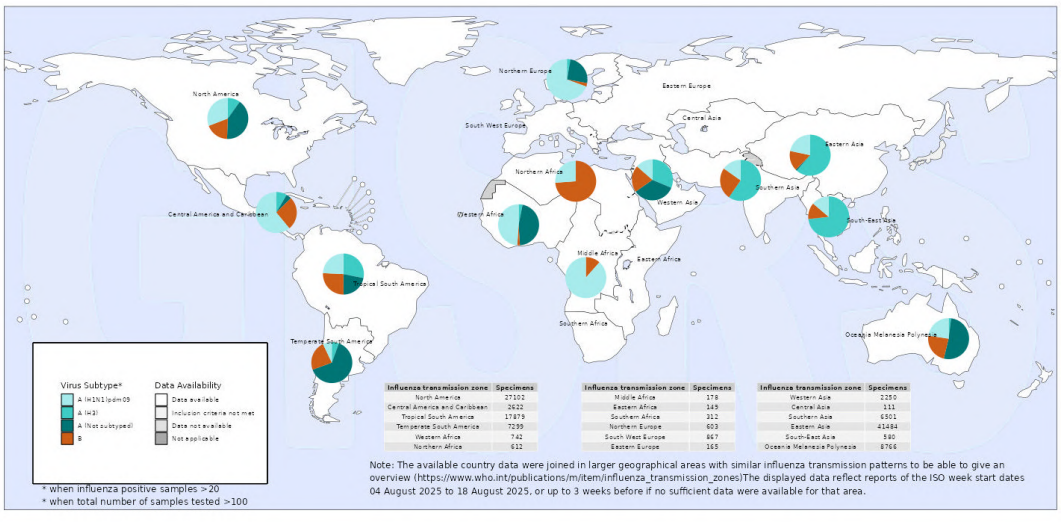
3) Proportions of specimens that tested positive for influenza (year-week: 2025-34)



4) Change in proportions of specimens that tested positive for influenza (year-week: 2025-34)



5) Proportions of influenza virus types and subtypes by influenza transmission zones (year-week: 2025-34)

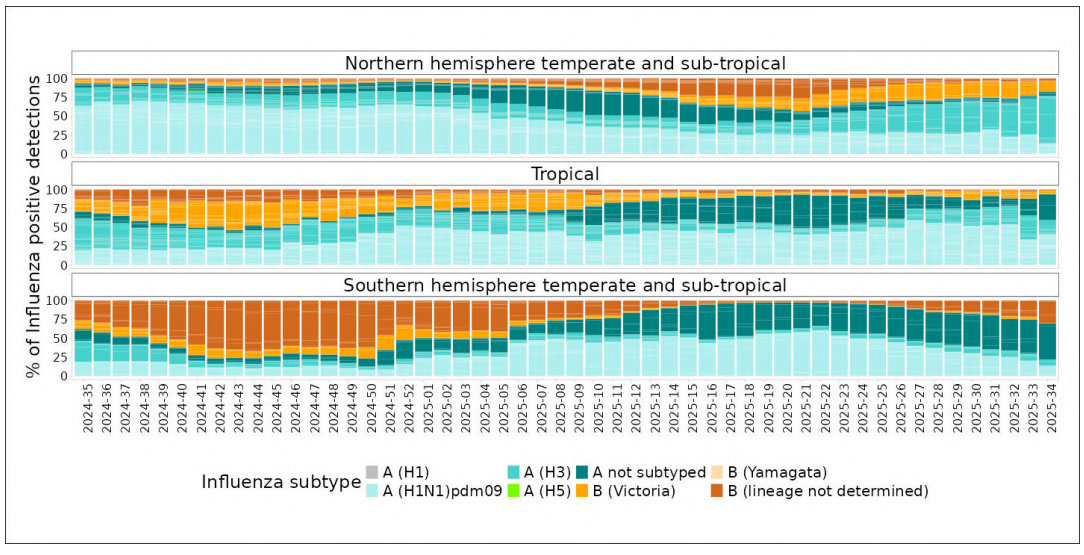


Influenza transmission zone	Specimens
North America	17102
Central America and Caribbean	2622
Tropical South America	17879
Temperate South America	7289
Western Africa	742
Northern Africa	612

Influenza transmission zone	Specimens
Middle Africa	178
Eastern Africa	145
Southern Africa	312
Northern Europe	603
South West Europe	867
Eastern Europe	165

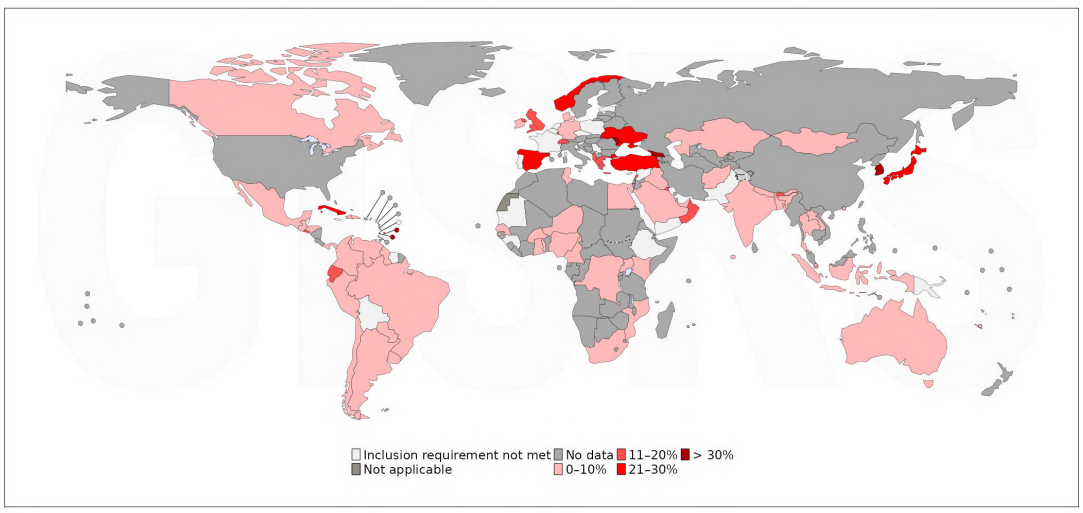
Influenza transmission zone	Specimens
Western Asia	2250
Central Asia	111
Southern Asia	6501
Eastern Asia	41484
South-East Asia	590
Oceania Melanesia Polynesia	8766

6) Weekly distribution of influenza virus types and subtypes by geographic zone (last 12 months)

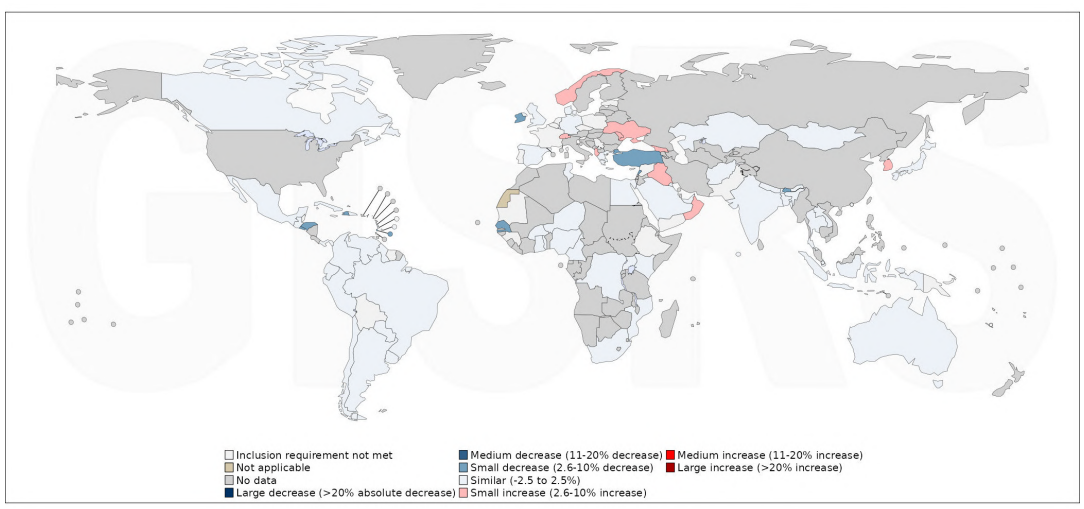


SARS-CoV-2

7) Proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-34)

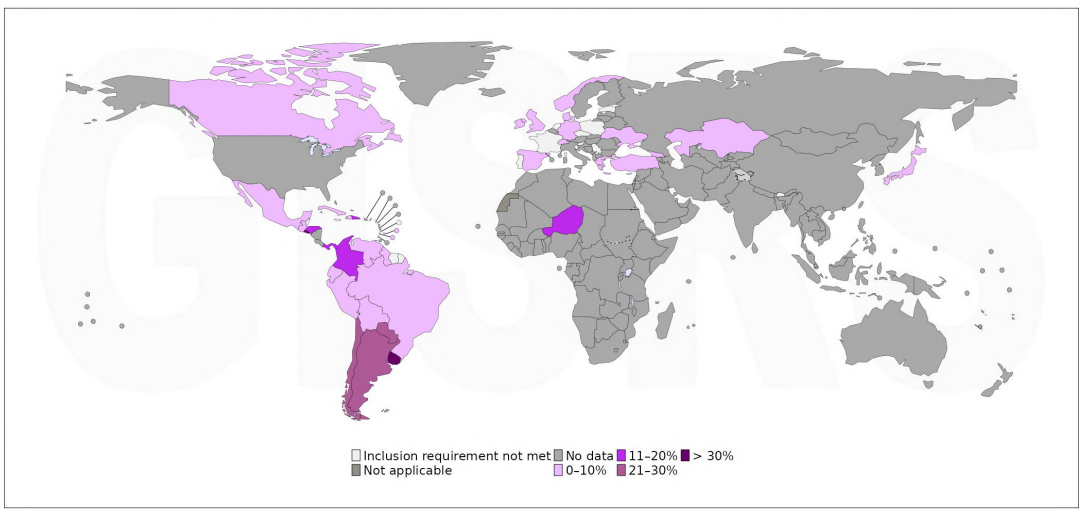


8) Change in proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-34)

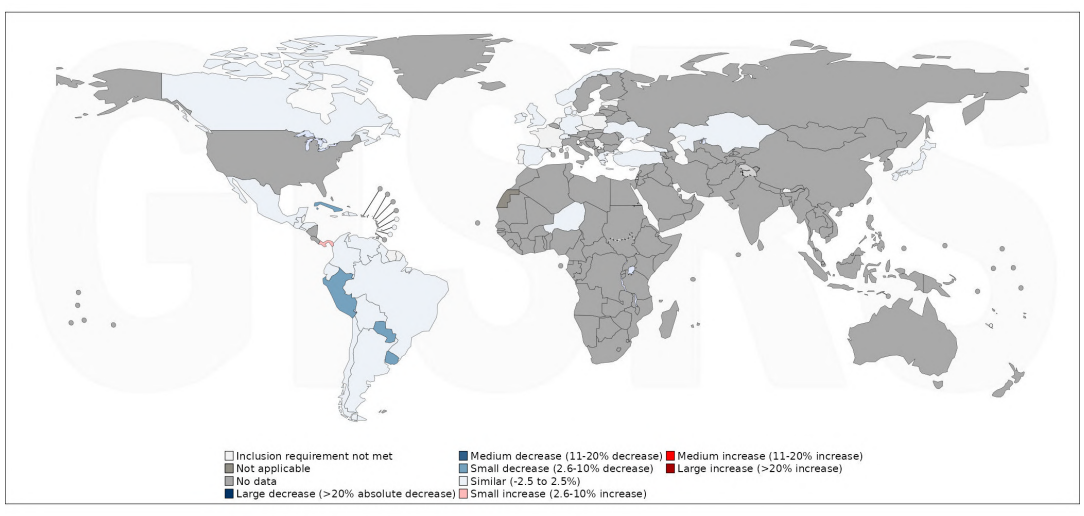


Respiratory syncytial virus

9) Proportions of specimens that tested positive for RSV (year-week: 2025-34)



10) Change in proportions of specimens that tested positive for RSV (year-week: 2025-34)



Additional information

Data and methods

The data presented in this report originates from virologic surveillance conducted by countries, areas, and territories (CATs) and submitted to WHO FluNet through participation or collaboration with the Global Influenza Surveillance and Response System (GISRS). These CATs employ diverse methodologies to monitor respiratory virus activity, which may result in variations between this report and other surveillance summaries published elsewhere.

This report includes virologic data from both **sentinel surveillance and other systematically conducted surveillance**. Due to differences in surveillance strategies, direct comparisons of percent positivity between CATs should be interpreted with caution. The data source used for each CAT was decided jointly corresponding with WHO Regional Offices and the respective reporting entity.

To assess trends, the proportion of specimens tested positive for influenza or SARS-CoV-2 was smoothed over a 3-weeks period. This analysis includes only countries that tested 10 or more specimens in at least two of the three weeks. Weekly changes in the smoothed positivity rate for each virus were calculated as absolute differences from the previous week. These absolute changes were categorized and visualized in the proportion change maps. Analyses stratified by source of surveillance are available through RespiMart.

The influenza transmission zones map is based on data aggregated over a 3-weeks period, moving backward from the current week until a minimum threshold of 100 tested samples is reached within each influenza transmission zone. Pie charts are displayed on the map only if the total percent positivity in a influenza transmission zones map is 20% or higher. All trend analyses are based on ISO 8601 calendar week numbering.

Activity summaries are organized by geographical groupings of CATs. These groupings are intended solely for geographic reference and do not imply uniformity in respiratory virus transmission patterns within each group. It is important to note that specimens tested for influenza, SARS-CoV-2, and RSV may not originate from the same sample sources within surveillance systems.

Suggested citation: Global respiratory virus activity: weekly update No 542 (week 2025-34). Geneva: World Health Organization; 2025; Licence: CC BY-NC-SA 3.0 IGO.

Additional surveillance outputs:
WHO Influenza Surveillance Outputs
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Summary was generated by the WHO Global Influenza Programme based on data last updated in RespiMart on August 31 2025 10:20:23 AM UTC