

## Global Respiratory Virus Activity: Weekly update No. 543

GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM (GISRS)

Co-circulation

Influenza

SARS-CoV-2

RSV

### SUMMARY (Based on data reported to WHO for week 35, ending 31 August 2025)

Globally, influenza and SARS-CoV-2 activity remained low. At these low levels of circulation, SARS-CoV-2 predominated, with percent positivity increasing in recent weeks. SARS-CoV-2 predominated in the temperate and subtropical areas of the northern hemisphere, whereas influenza continued to be more predominant in the temperate and subtropical areas of the southern hemisphere and in tropical areas. [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 geographic areas. [Figure 2]

In the southern hemisphere, influenza activity remained stable in reporting countries. Influenza positivity remained elevated (>10%) in Eastern Africa, 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 geographic areas. Influenza positivity was elevated in Central America and the Caribbean, Western and Middle Africa, Northern Europe, and Western, Southern and South-East Asia and percent positivity was over 30% in some countries. An increase in activity was observed in Western Africa, as well as in Southern and South-East Asia. [Figures 3 and 4]

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

#### ❖ SARS-CoV-2

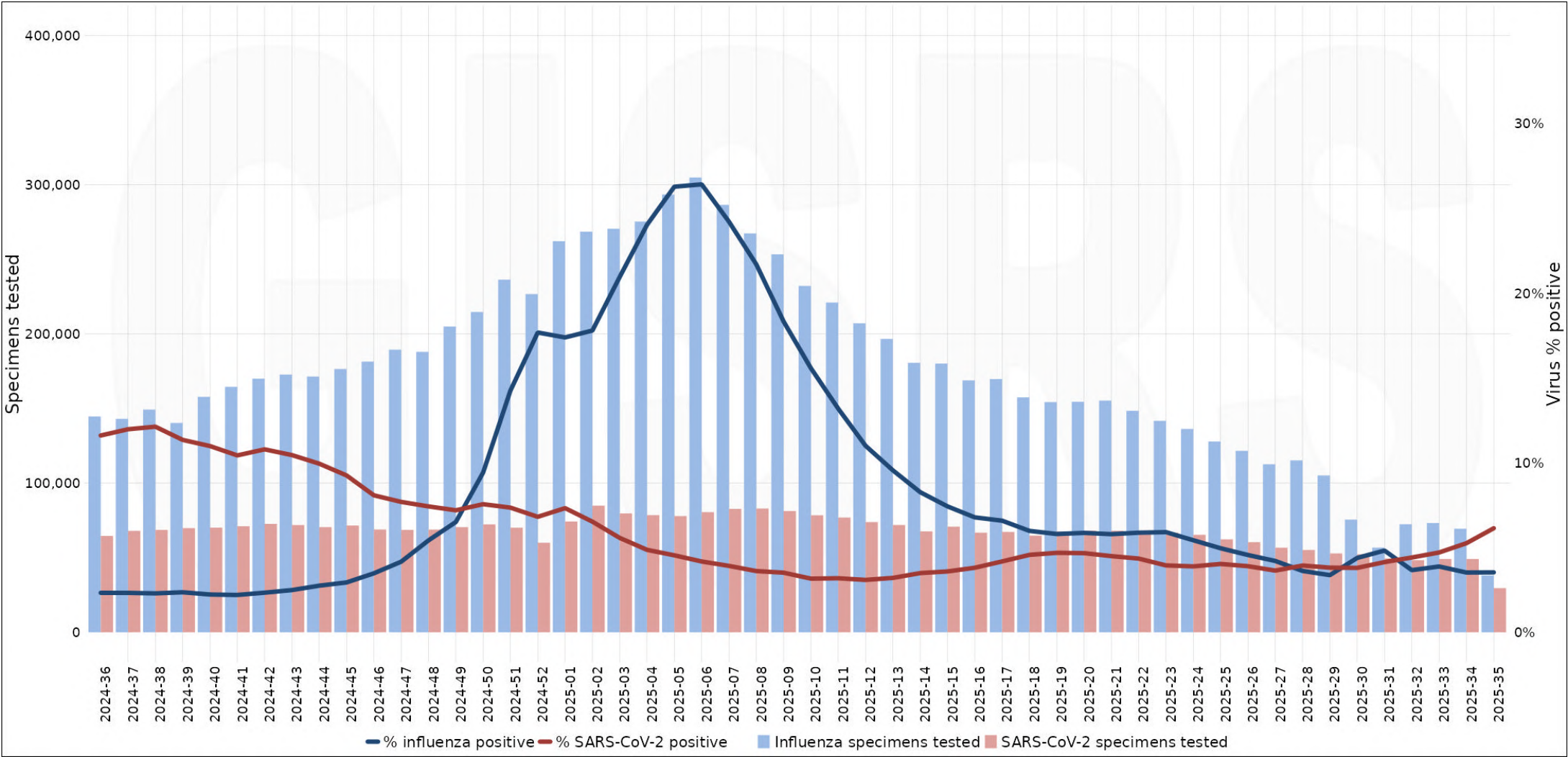
Globally, SARS-CoV-2 positivity remained low but increased slightly, with a few countries reporting elevated positivity (>10%) in Central America and the Caribbean, Tropical South America, Northern Africa, Europe, Western, Southern, Eastern and South-East Asia. Small increases in activity were reported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

#### ❖ Respiratory Syncytial Virus (RSV)

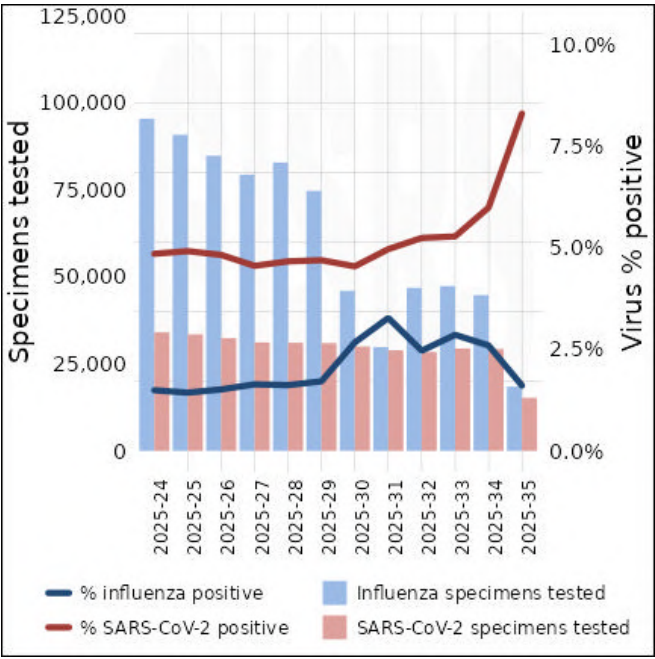
RSV positivity remained elevated in some countries in Central America and the Caribbean, Tropical and Temperate South America, Western Africa and Eastern Asia. RSV positivity rates were over 30% in a single country in Central America and the Caribbean. RSV positivity remained stable and low across the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

# Co-circulation of influenza and SARS-CoV-2

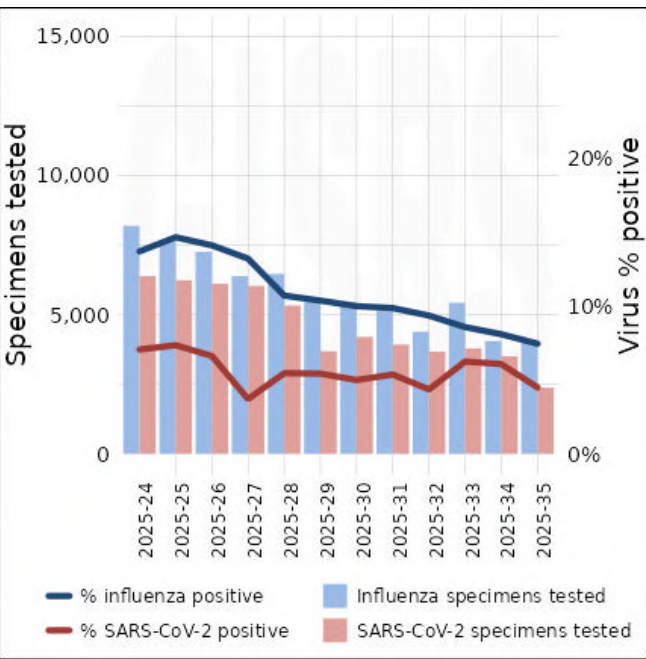
1a) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity at the global level (last 12 months)



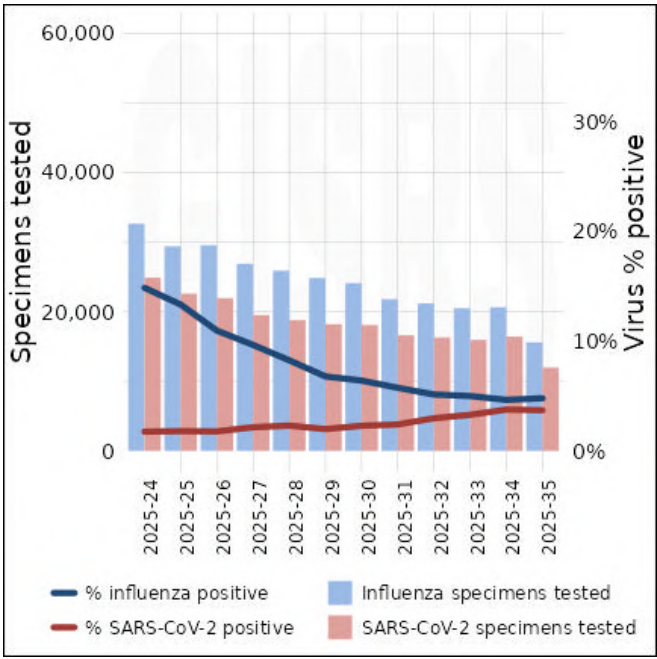
1b) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Northern hemisphere temperate and subtropical areas



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

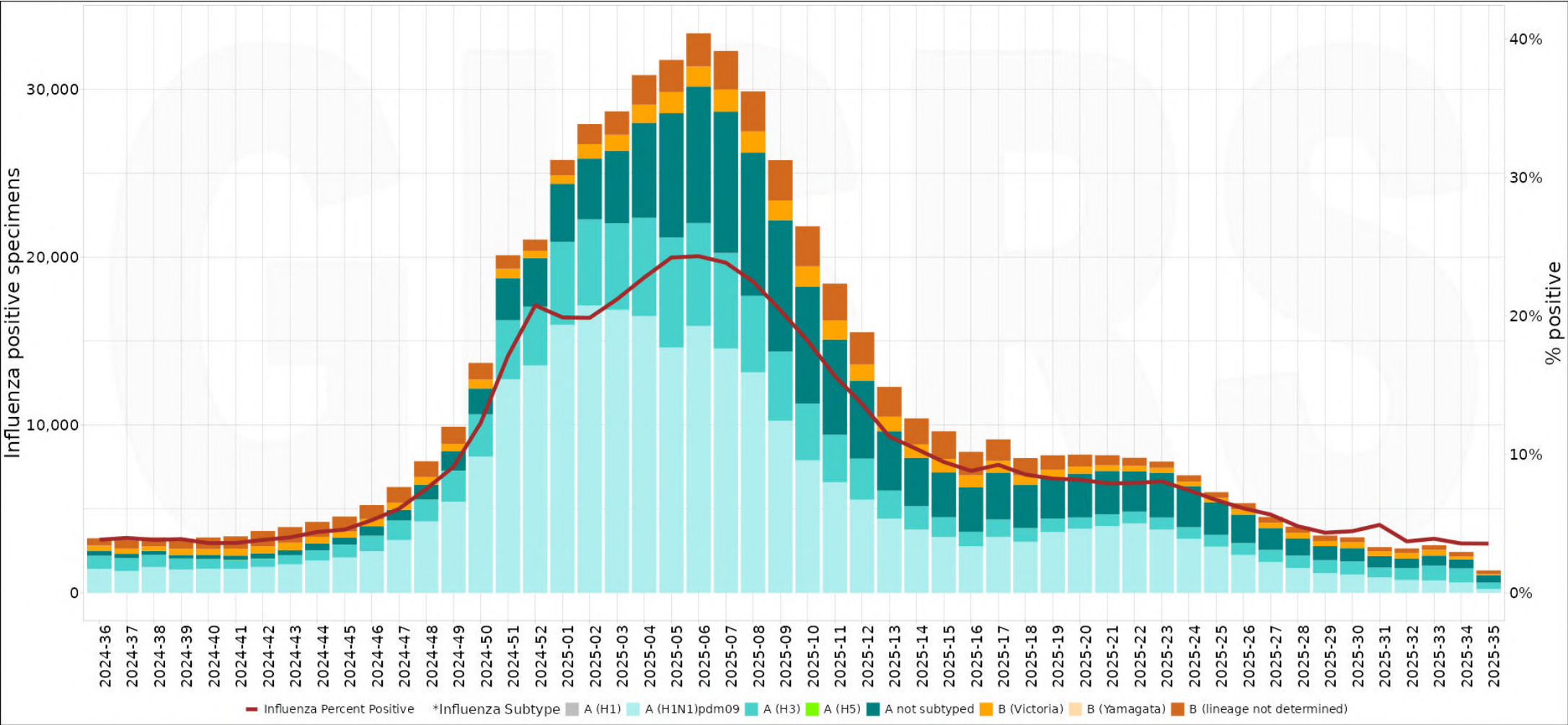


1d) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Southern hemisphere temperate and subtropical areas

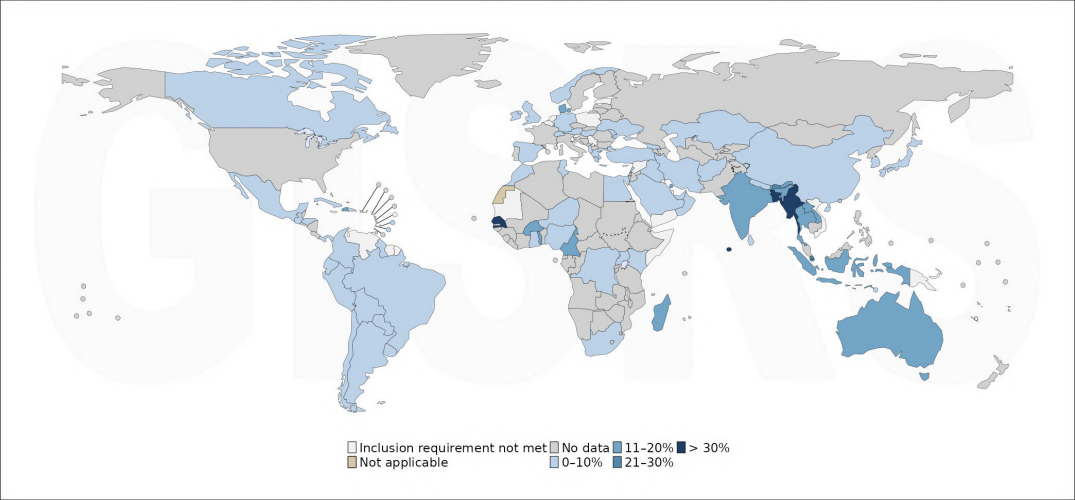


# Influenza

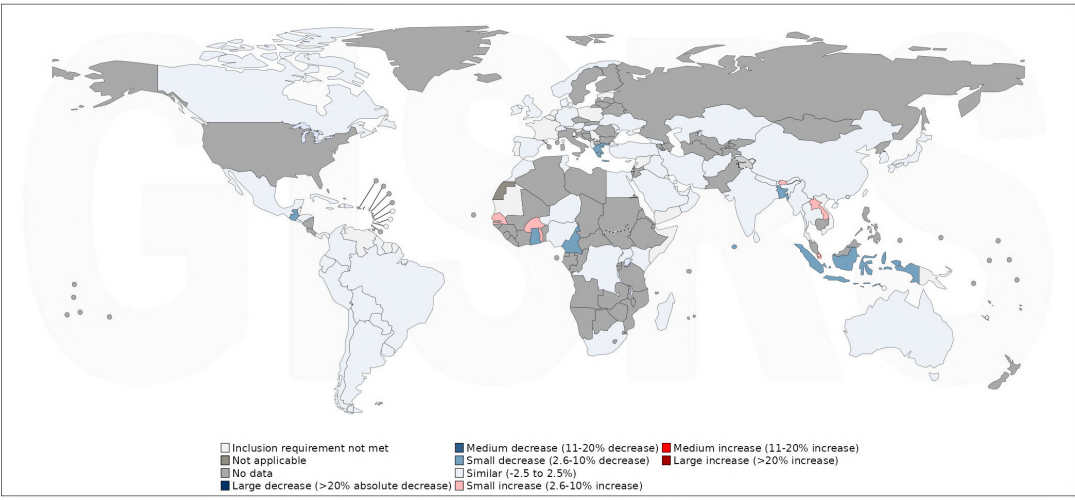
2) Weekly numbers of influenza virus positive specimens by type and subtype and percent positivity at the global level (last 12 months)



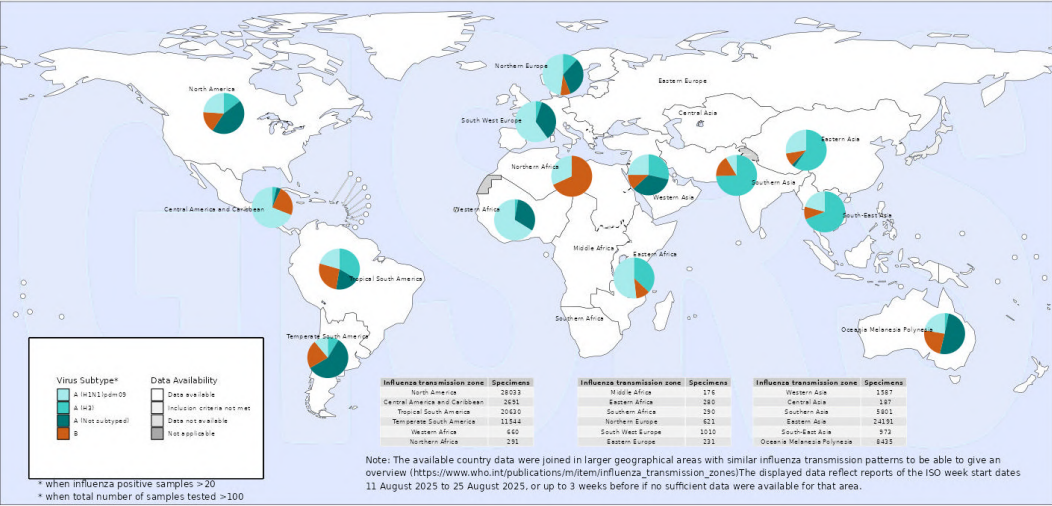
3) Proportions of specimens that tested positive for influenza (year-week: 2025-35)



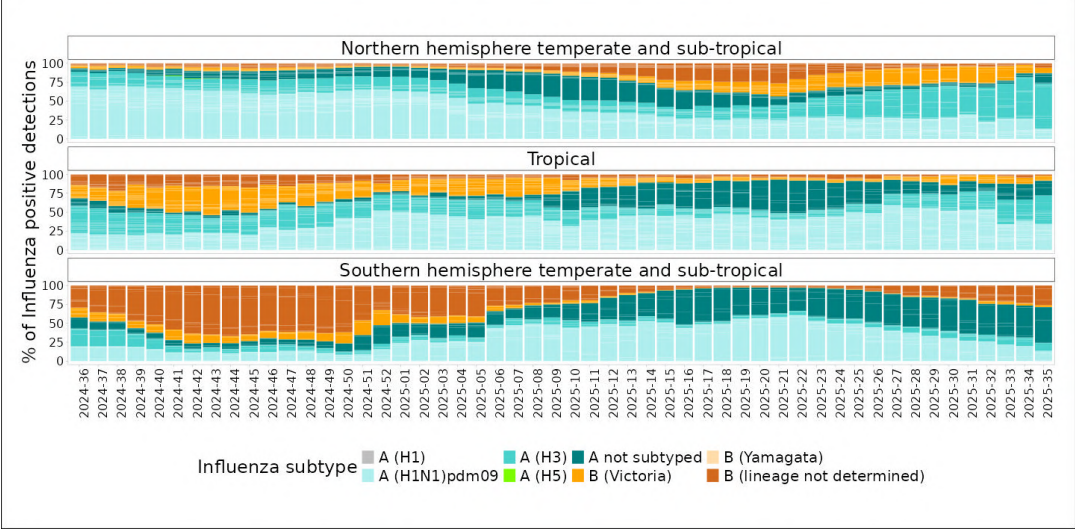
4) Change in proportions of specimens that tested positive for influenza (year-week: 2025-35)



5) Proportions of influenza virus types and subtypes by influenza transmission zones (year-week: 2025-35)

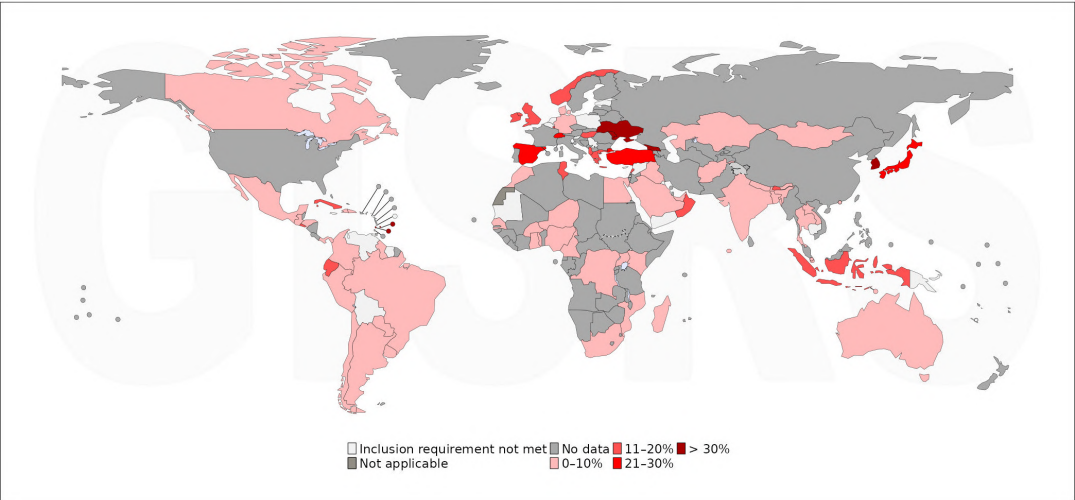


6) Weekly distribution of influenza virus types and subtypes by geographic zone (last 12 months)

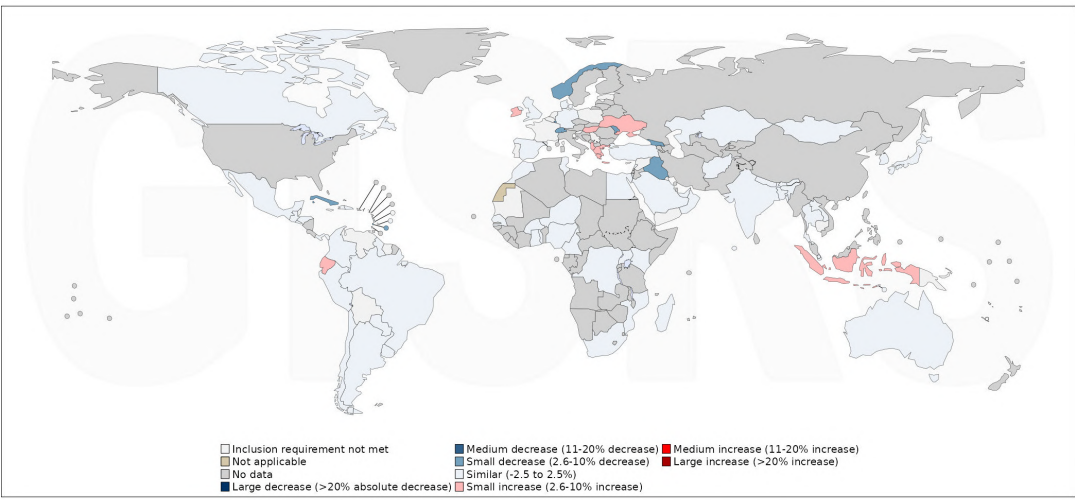


# SARS-CoV-2

7) Proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-35)

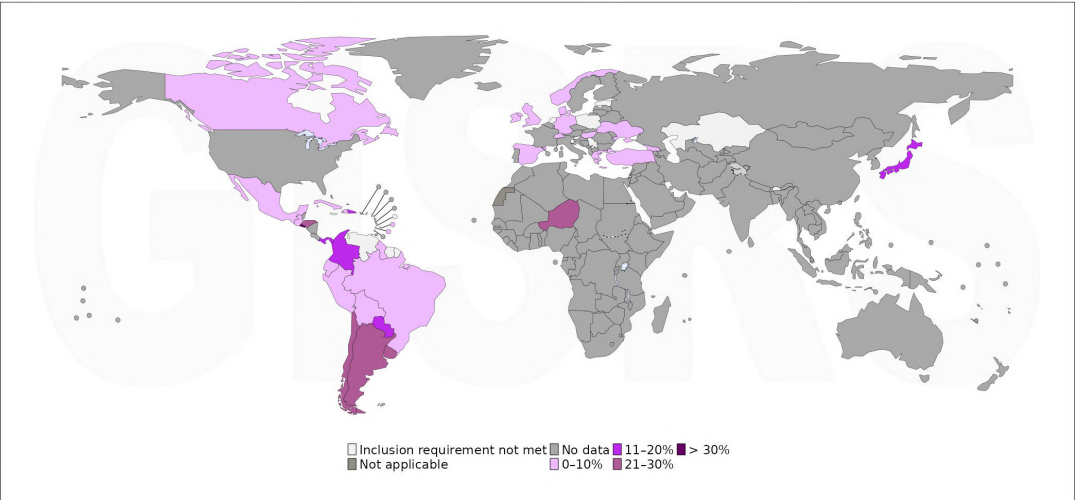


8) Change in proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-35)

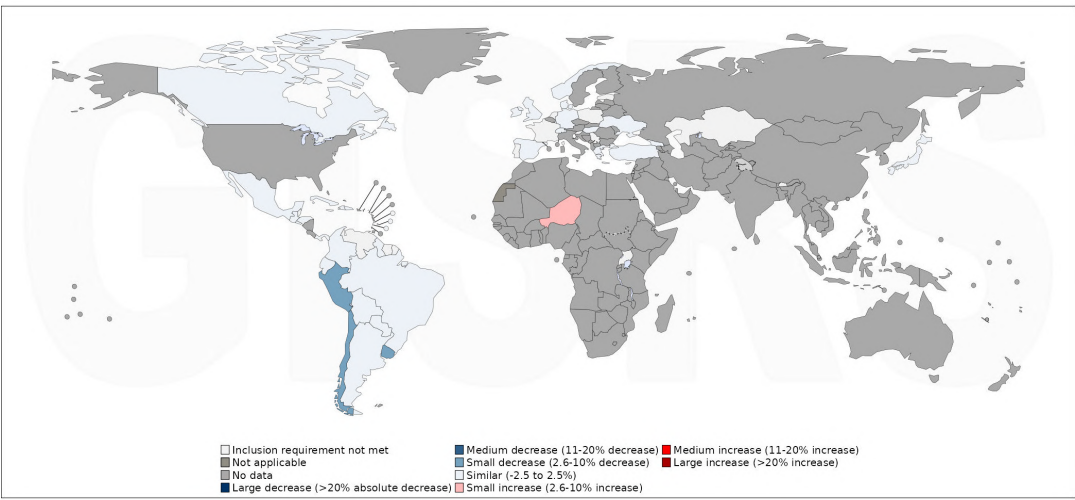


# Respiratory syncytial virus

9) Proportions of specimens that tested positive for RSV (year-week: 2025-35)



10) Change in proportions of specimens that tested positive for RSV (year-week: 2025-35)



# 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 543 (week 2025-35). Geneva: World Health Organization; 2025; Licence: [CC BY-NC-SA 3.0 IGO](#).

**Disclaimer:**

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO 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.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

**Additional surveillance outputs:**  
[WHO Influenza Surveillance Outputs](#)  
**Contact:** [fluupdate@who.int](mailto:fluupdate@who.int) or [Click here to subscribe](#) to the mailing list.

Summary was generated by the WHO Global Influenza Programme based on data last updated in RespiMart on September 06 2025 07:00:10 PM UTC