

Global Respiratory Virus Activity: Weekly update No. 546

GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM (GISRS)

Co-circulation Influenza SARS-CoV-2 RSV

SUMMARY (Based on data reported to WHO for week 38, ending 21 September 2025)

Globally, influenza and SARS-CoV-2 activity remained low. At these low levels of circulation, SARS-CoV-2 predominated, with percent positivity increasing gradually in recent weeks. SARS-CoV-2 predominated in the temperate and subtropical areas of the northern hemisphere with positivity reported above 10%, whereas influenza was more predominant in tropical areas and in the temperate and subtropical areas of the southern hemisphere where percent positivity was 10% or below. [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 low and stable in most reporting countries with elevated positivity (>10%) observed in single countries in Eastern Africa and South-East Asia. Small increases in activity were observed in single countries in Eastern Africa 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, Western and Middle Africa, Western, Southern and South-East Asia and percent positivity was over 30% in a few countries. An increase in activity was observed in single countries in Central America and the Caribbean, Middle Africa, Northern Europe 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 and Middle Africa whilst influenza A(H3N2) was the predominant circulating subtype in Asia. Influenza A(H1N1)pdm09 and influenza A(H3N2) were codominant in Eastern and Western Africa. [Figures 5 and 6]

❖ SARS-CoV-2

Globally, SARS-CoV-2 positivity increased but remained at low levels, with reporting elevated positivity (>10%) observed in Central America and the Caribbean, Tropical South America, Europe, Western and Eastern Asia and percent positivity was over 30% in a few countries. A small increase in activity was reported in one country in Northern Europe. [Figures 7 and 8]

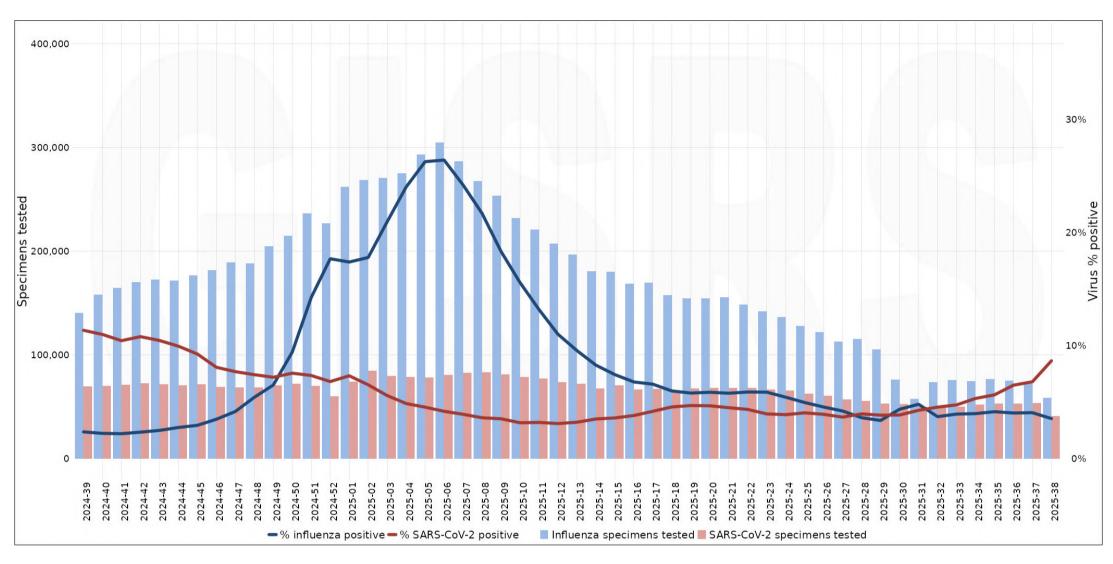
* Respiratory Syncytial Virus (RSV)

RSV positivity remained elevated in some countries in Central America and the Caribbean, Tropical and Temperate South America. RSV positivity remained stable across the majority of reporting countries, with a small increase in activity reported in two countries in Central America and the Caribbean. [Figures 9 and 10]

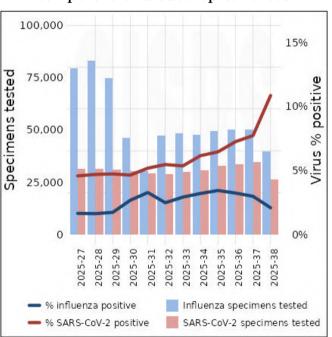


Co-circulation of influenza and SARS-CoV-2

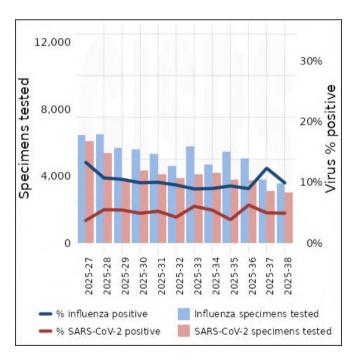
1a) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity at the global level (last 12 months)



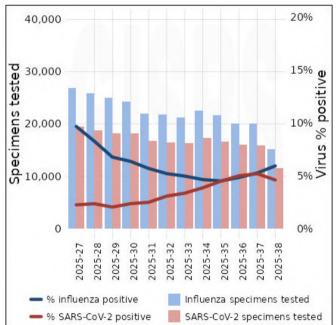
1b) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Northern hemisphere temperate and subtropical areas



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



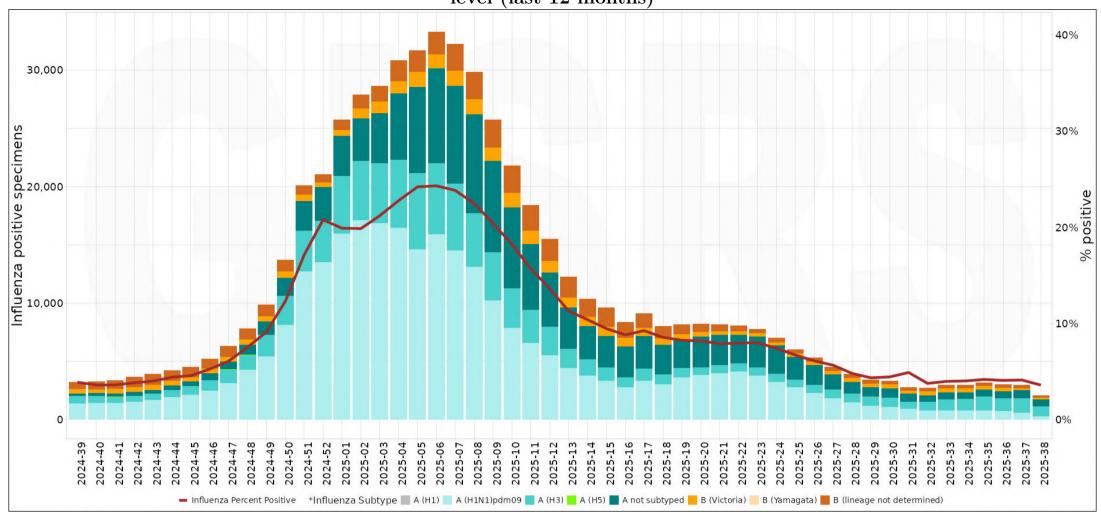
1d) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Southern hemisphere temperate and subtropical areas



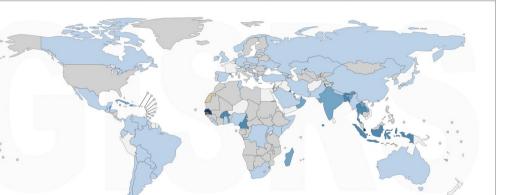


Influenza

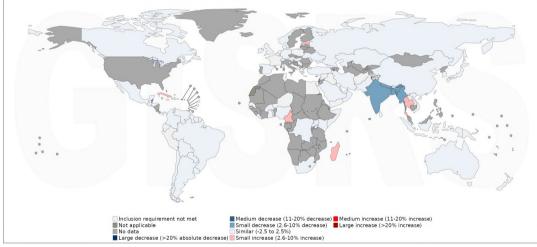
2) Weekly numbers of influenza virus positive specimens by type and subtype and percent positivity at the global level (last 12 months)



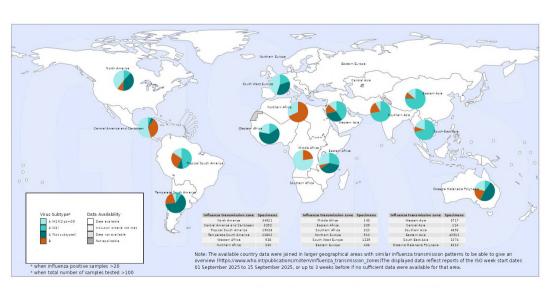
3) Proportions of specimens that tested positive for influenza (year-week: 2025-38)



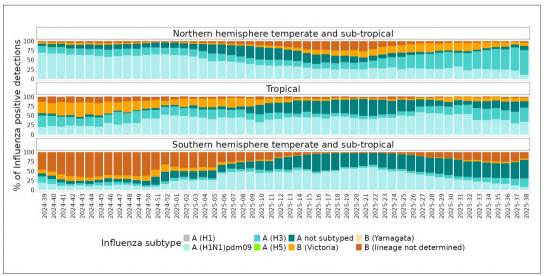
4) Change in proportions of specimens that tested positive for influenza (year-week: 2025-38)



5) Proportions of influenza virus types and subtypes by influenza transmission zones (year-week: 2025-38)

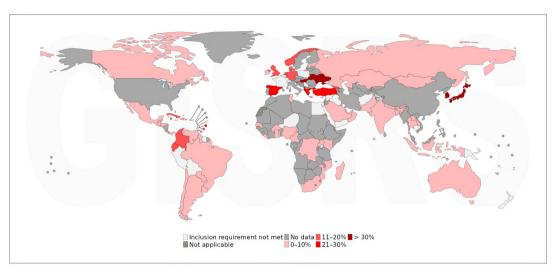


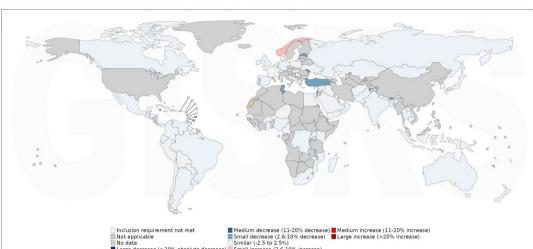
6) Weekly distribution of influenza virus types and subtypes by geographic zone (last 12 months)



SARS-CoV-2

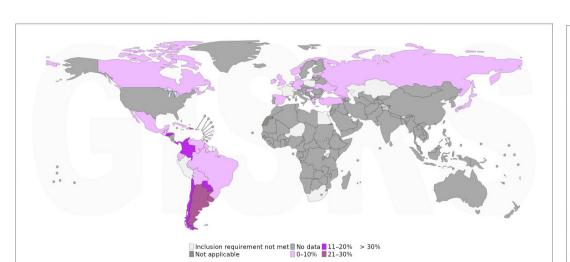
- 7) Proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-38)
- 8) Change in proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-38)



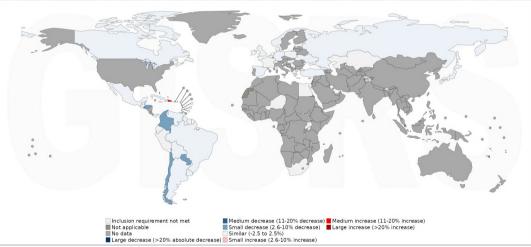


Respiratory syncytial virus

9) Proportions of specimens that tested positive for RSV (year-week: 2025-38)



10) Change in proportions of specimens that tested positive for RSV (year-week: 2025-38)



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.

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WHO Influenza Surveillance Outputs

Contact: 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 28 2025 12:05:24 PM UTC

