



World Health Organization

Global Respiratory Virus Activity: Weekly update No. 550

GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM (GISRS)

Co-circulation

Influenza

SARS-CoV-2

RSV

SUMMARY (Based on data reported to WHO for week 42, ending 19 October 2025)

Globally, influenza and SARS-CoV-2 activity remained low in week 42. At these low levels of circulation, SARS-CoV-2 continues to be more predominant than influenza overall this week. SARS-CoV-2 predominated in the temperate and subtropical regions of the northern hemisphere. Influenza was predominant in the tropics, with influenza positivity around 10%, and in the temperate and subtropical areas of the southern hemisphere where influenza percent positivity was below 10%. [Figures 1a, 1b, 1c and 1d] .

❖ Influenza

Globally, influenza activity remained low, with influenza A viruses continuing to predominate. [Figure 2]

In the northern hemisphere, influenza activity remained low and stable in most countries. Influenza percent positivity was elevated in Central America and the Caribbean, Northern and Eastern Africa, and Northern Europe, with levels over 30% in Western and Middle Africa, Western, Southern and South-East Asia. An increase in activity compared to the previous week was observed in countries in Western and Eastern Africa, Northern Europe, Western, Southern and South-East Asia. [Figures 3 and 4]

In the southern hemisphere, influenza activity remained low and stable in most countries with elevated positivity (>10%) in single countries in Temperate South America and Eastern Africa and percent positivity over 30% in a single country in South-East Asia. No increasing trends in activity compared to the previous week were seen in countries the Southern Hemisphere. [Figures 3 and 4]

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

❖ SARS-CoV-2

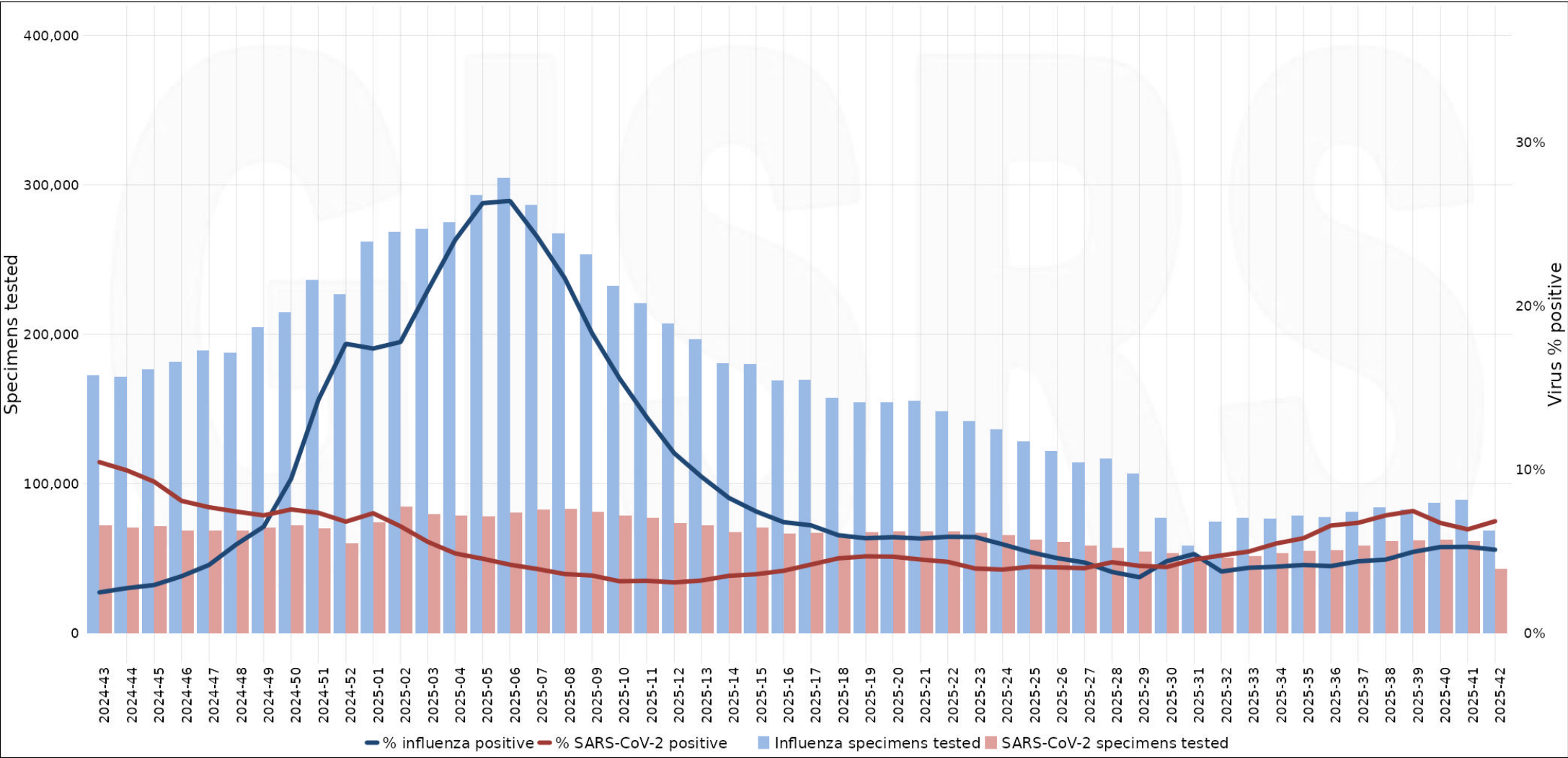
Globally, SARS-CoV-2 positivity increased but remained at low levels, with some countries reporting elevated positivity (>10%) in Central America and the Caribbean, Tropical South America, South-West and Eastern Europe, and Eastern Asia. Percent positivity was over 30% in one country in South-West Europe. Small increases in activity were reported in single countries in Eastern Africa and South-West Europe. [Figures 7 and 8]

❖ Respiratory Syncytial Virus (RSV)

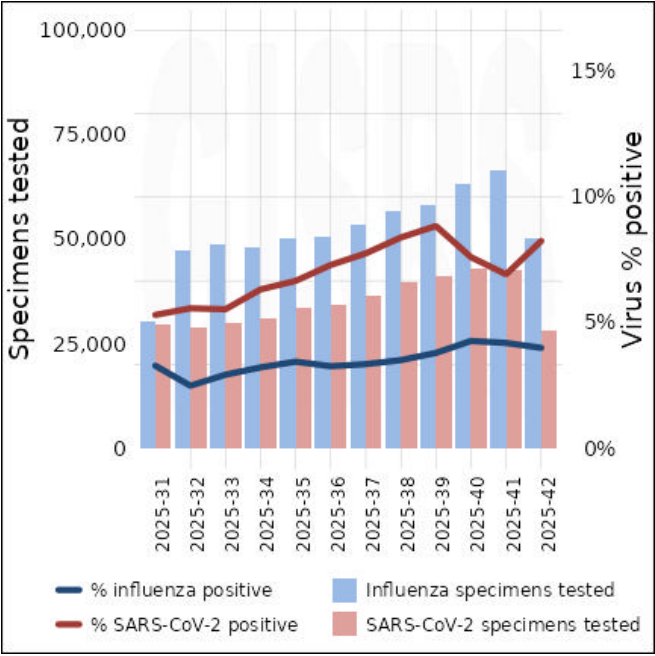
RSV percent positivity remained elevated in some countries in Western and Eastern Africa, and over 30% in two countries in Central America and the Caribbean. RSV positivity remained stable across most countries, with increases in activity in a few countries in Central America and the Caribbean. [Figures 9 and 10] RSV and influenza activity were both elevated in a few countries of Central America and the Caribbean.

Co-circulation of influenza and SARS-CoV-2

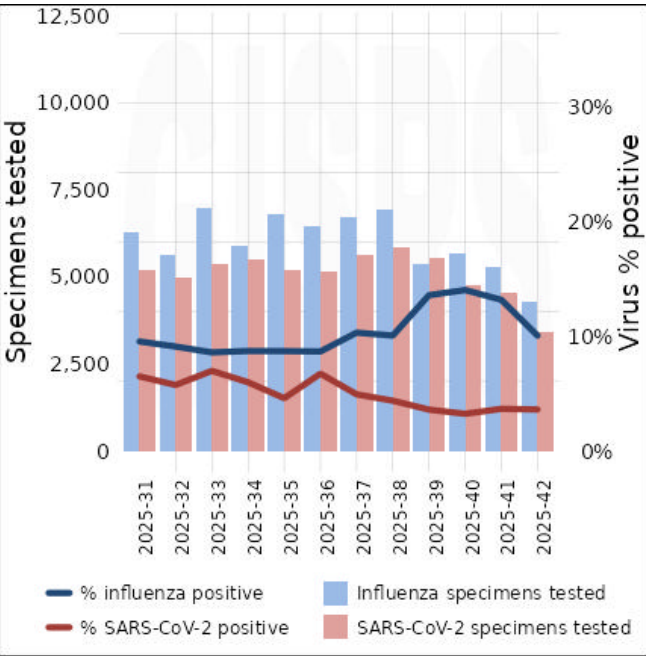
1a) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity at the global level (last 12 months)



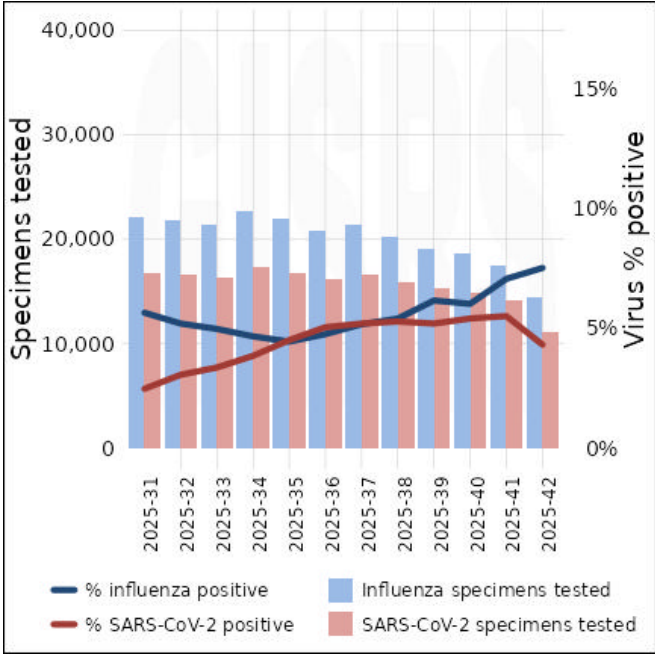
1b) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Northern hemisphere temperate and subtropical areas



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

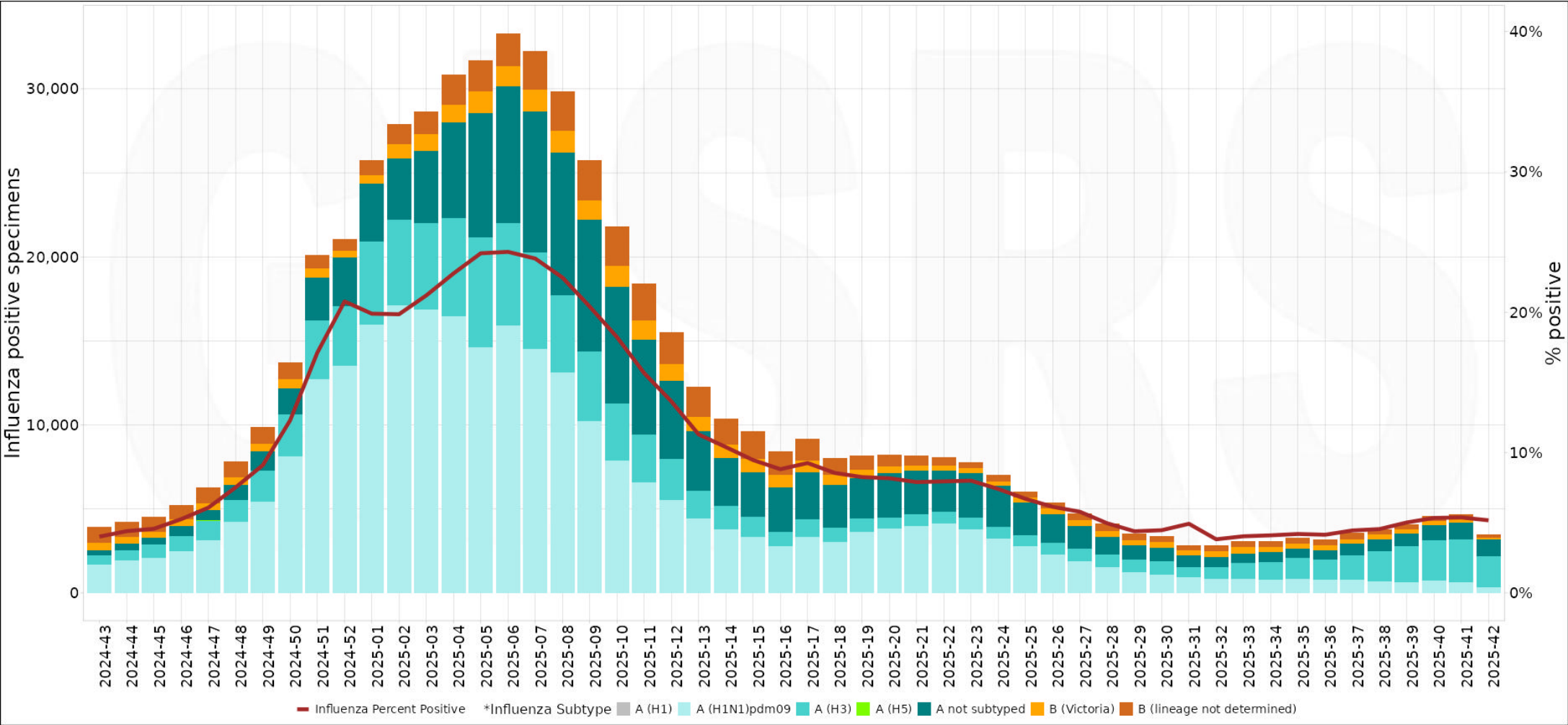


1d) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Southern hemisphere temperate and subtropical areas

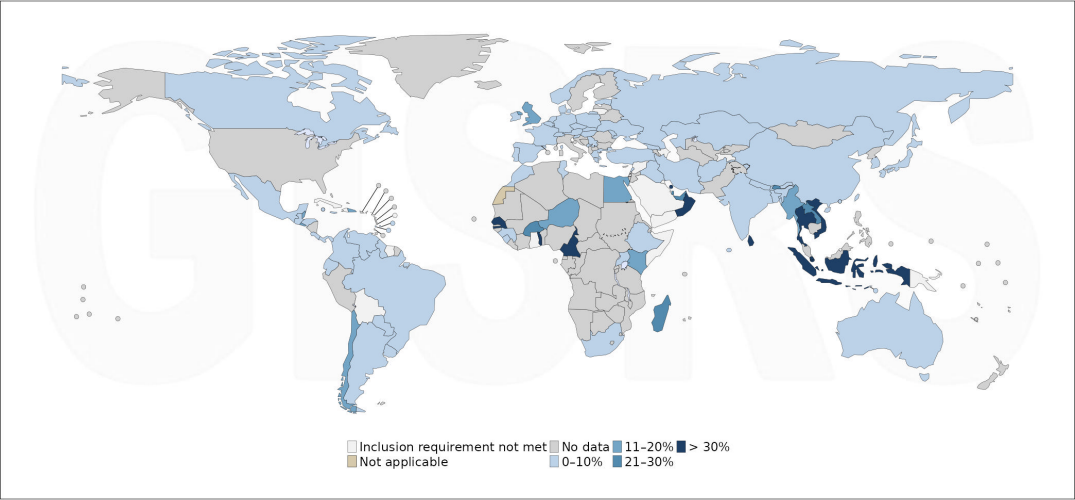


Influenza

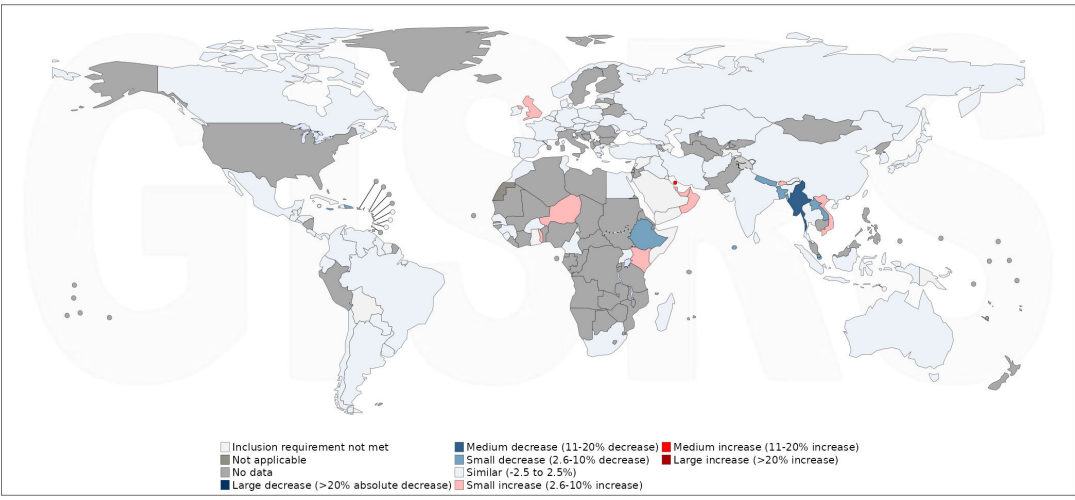
2) Weekly numbers of influenza virus positive specimens by type and subtype and percent positivity at the global level (last 12 months)



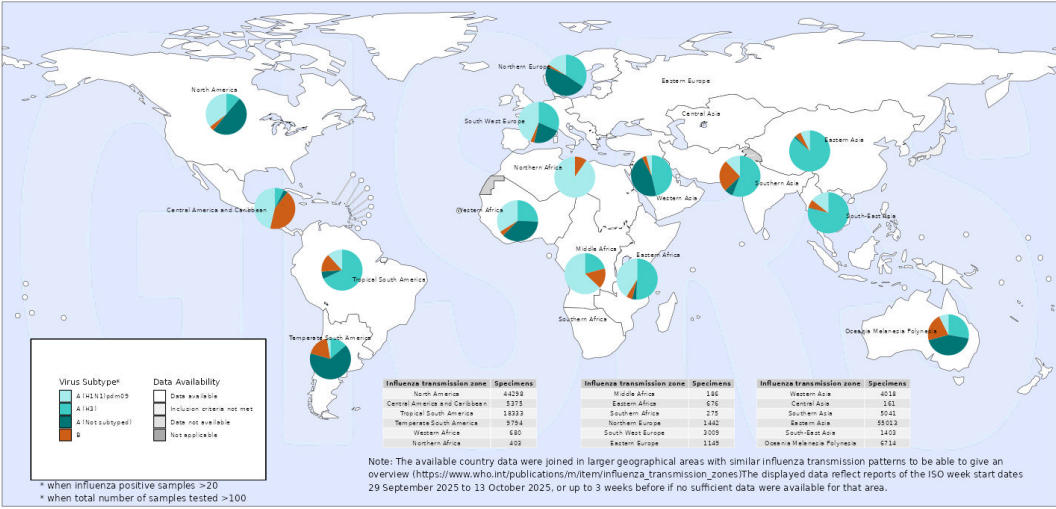
3) Proportions of specimens that tested positive for influenza (year-week: 2025-42)



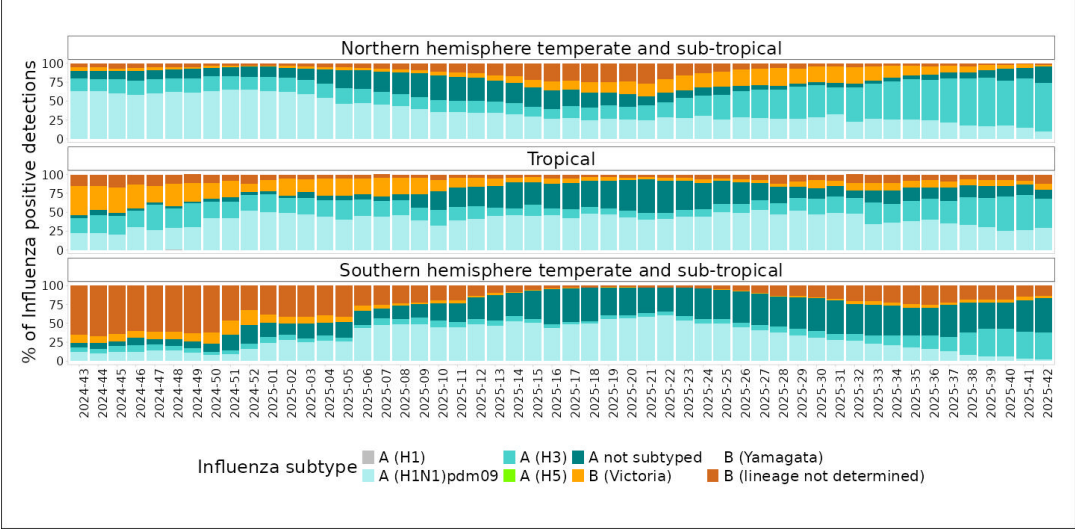
4) Change in proportions of specimens that tested positive for influenza (year-week: 2025-42)



5) Proportions of influenza virus types and subtypes by influenza transmission zones (year-week: 2025-42)

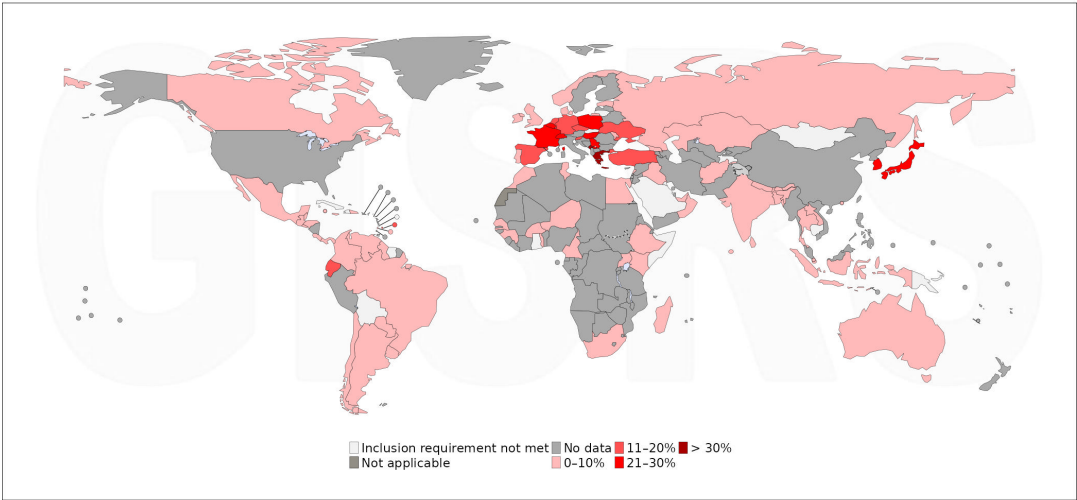


6) Weekly distribution of influenza virus types and subtypes by geographic zone (last 12 months)

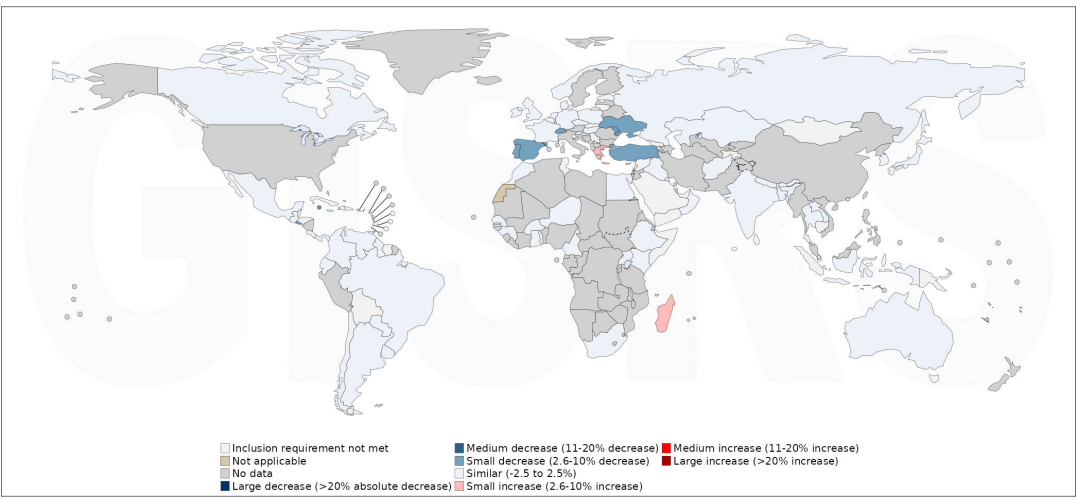


SARS-CoV-2

7) Proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-42)

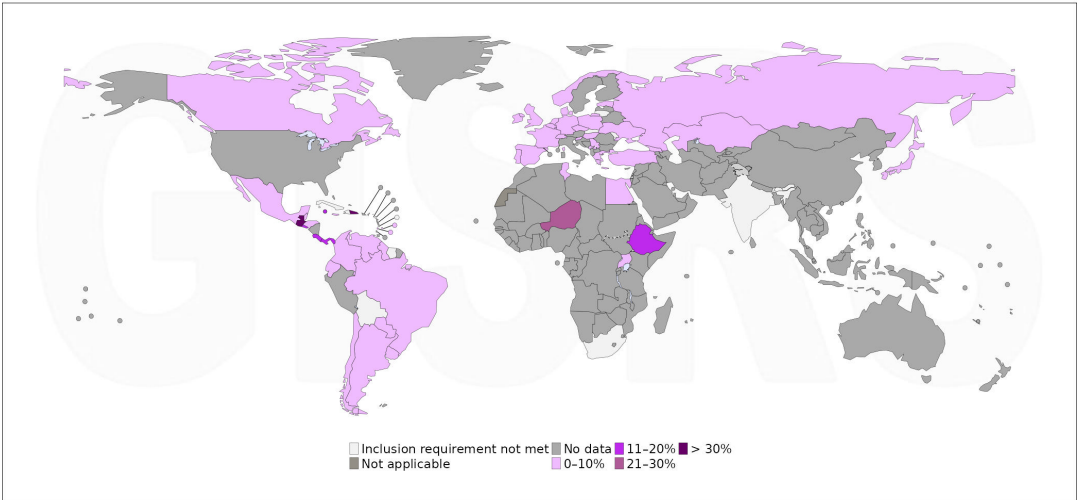


8) Change in proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-42)

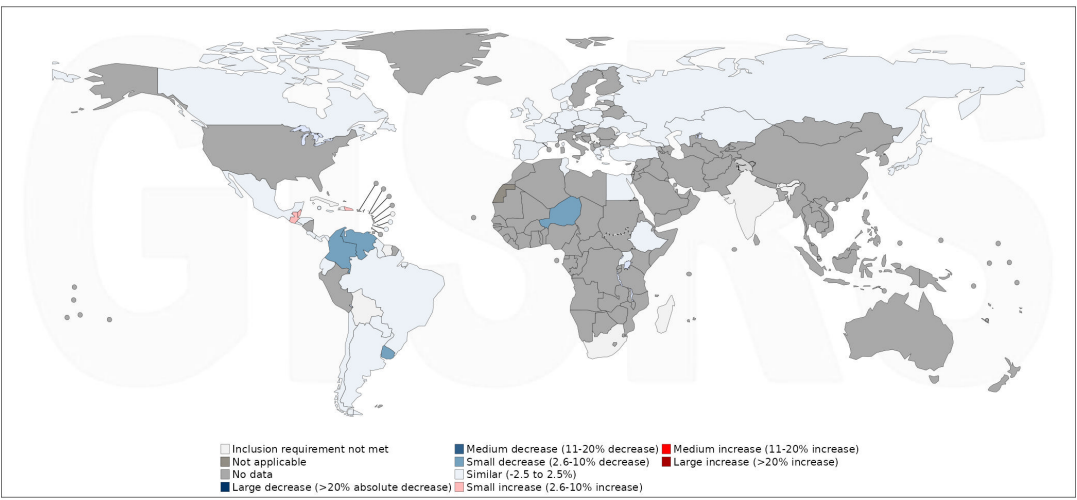


Respiratory syncytial virus

9) Proportions of specimens that tested positive for RSV (year-week: 2025-42)



10) Change in proportions of specimens that tested positive for RSV (year-week: 2025-42)



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 550 (week 2025-42). 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 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 October 27 2025 01:18:36 AM UTC