



World Health Organization

Global Respiratory Virus Activity: Weekly update No. 552

GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM (GISRS)

Co-circulation

Influenza

SARS-CoV-2

RSV

SUMMARY (Based on data reported to WHO for week 44, ending 02 November 2025)

Globally, influenza and SARS-CoV-2 activity remained low in week 44. Influenza predominated all areas with positivity around 10% in the northern hemisphere temperate and subtropical areas, and over 10% in the tropical areas and southern hemisphere temperate and subtropical areas. [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 in most countries. Influenza percent positivity was elevated in a few countries in Central America and the Caribbean, Northern Africa, Northern Europe, Southern and Eastern Asia, and was over 30% in Western, Eastern and Middle Africa, Western and South-East Asia. Small increases in activity were observed in countries in Central America and the Caribbean, Western and Middle Africa, Europe and Asia. [Figures 3 and 4]

In the southern hemisphere, influenza activity remained low and stable in most countries with elevated positivity (>10%) in a single country in Temperate South America and two countries in Eastern Africa and percent positivity over 30% in a single country in South-East Asia. Small increases in activity were observed in single countries in Temperate South America, Middle and Eastern Africa. [Figures 3 and 4]

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

❖ SARS-CoV-2

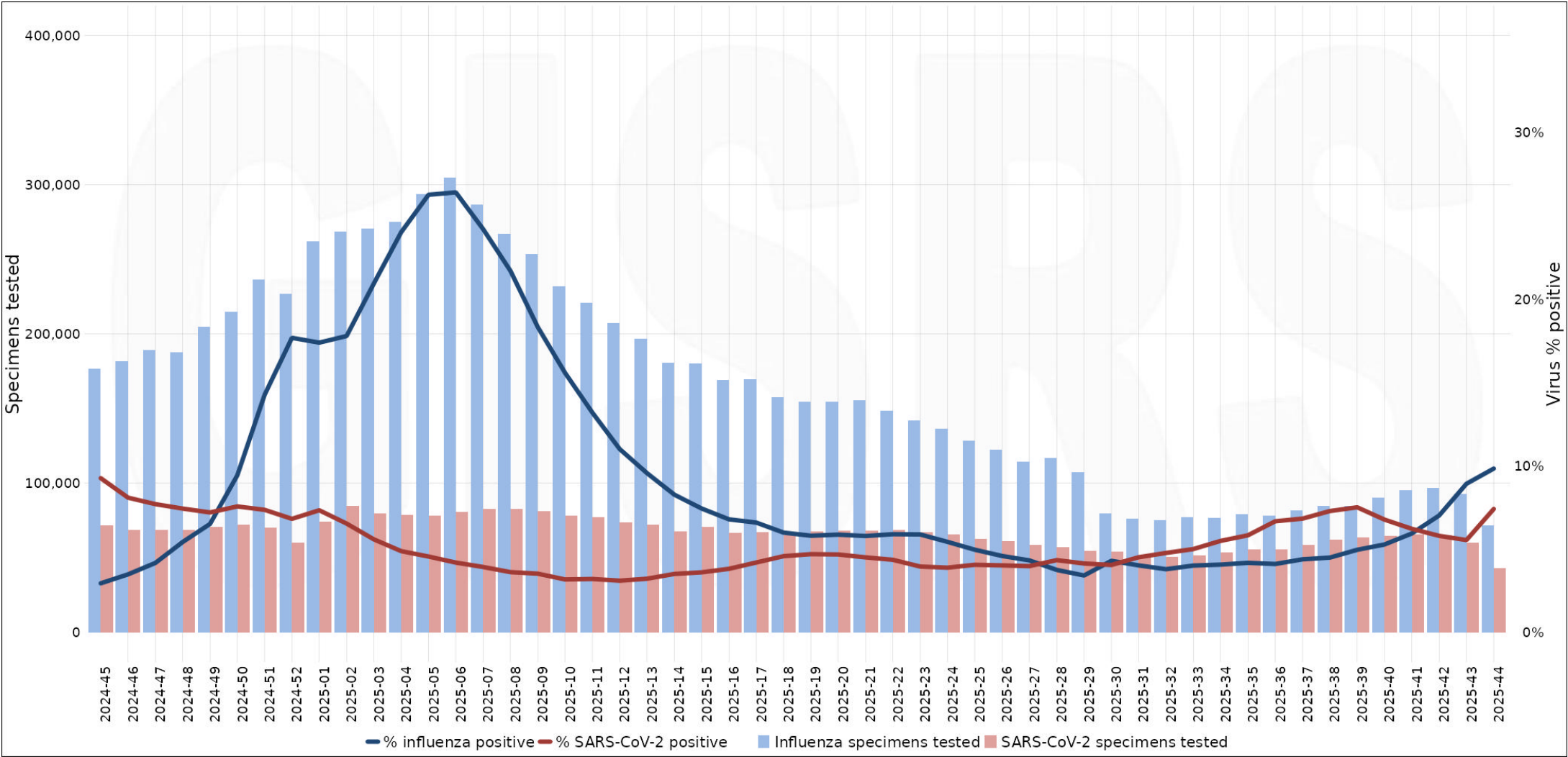
Globally, SARS-CoV-2 positivity increased but remained at low levels, with some countries reporting elevated positivity (>10%) in Tropical and Temperate South America, South West and Eastern Europe, and Eastern Asia. Percent positivity was over 30% in one country in South West Europe and Western Asia.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

❖ Respiratory Syncytial Virus (RSV)

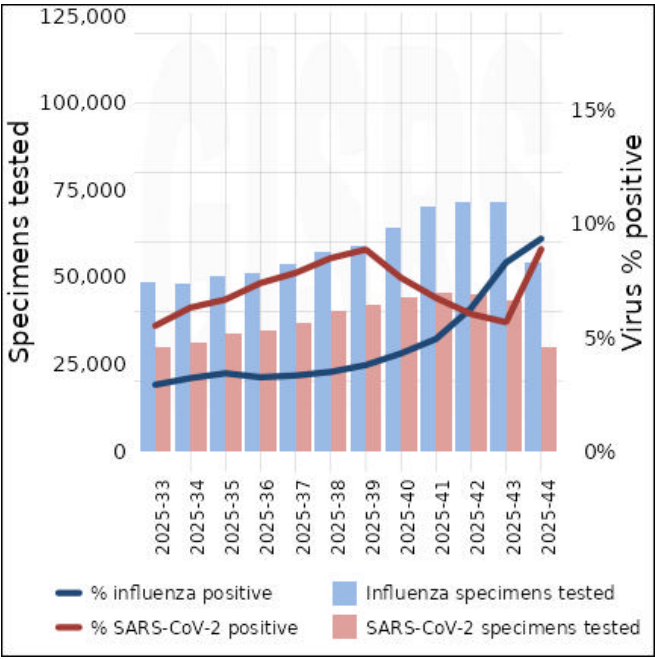
RSV percent positivity remained elevated in Central America and the Caribbean with two countries reporting positivity over 30%, and single countries in Western and Eastern Africa and Eastern Asia. Compared to the previous reporting period, RSV positivity remained stable across most countries, with increases in activity in a few countries in Central America and the Caribbean and one country in South West Europe. [Figures 9 and 10] RSV and influenza activity were both elevated in one country Central America and the Caribbean and one country in Western Africa.

Co-circulation of influenza and SARS-CoV-2

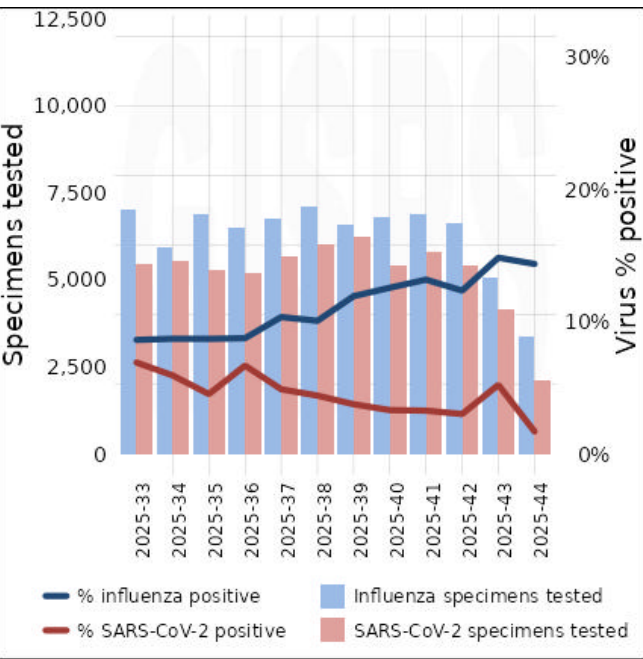
1a) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity at the global level (last 12 months)



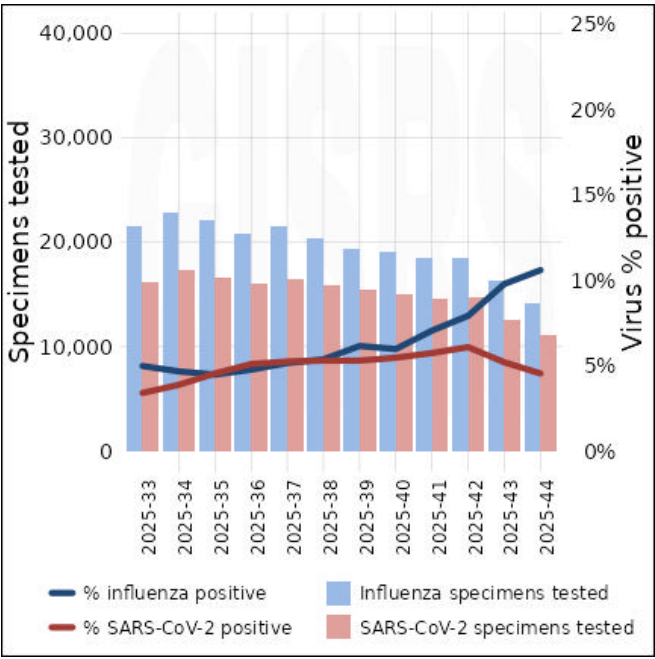
1b) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Northern hemisphere temperate and subtropical areas



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

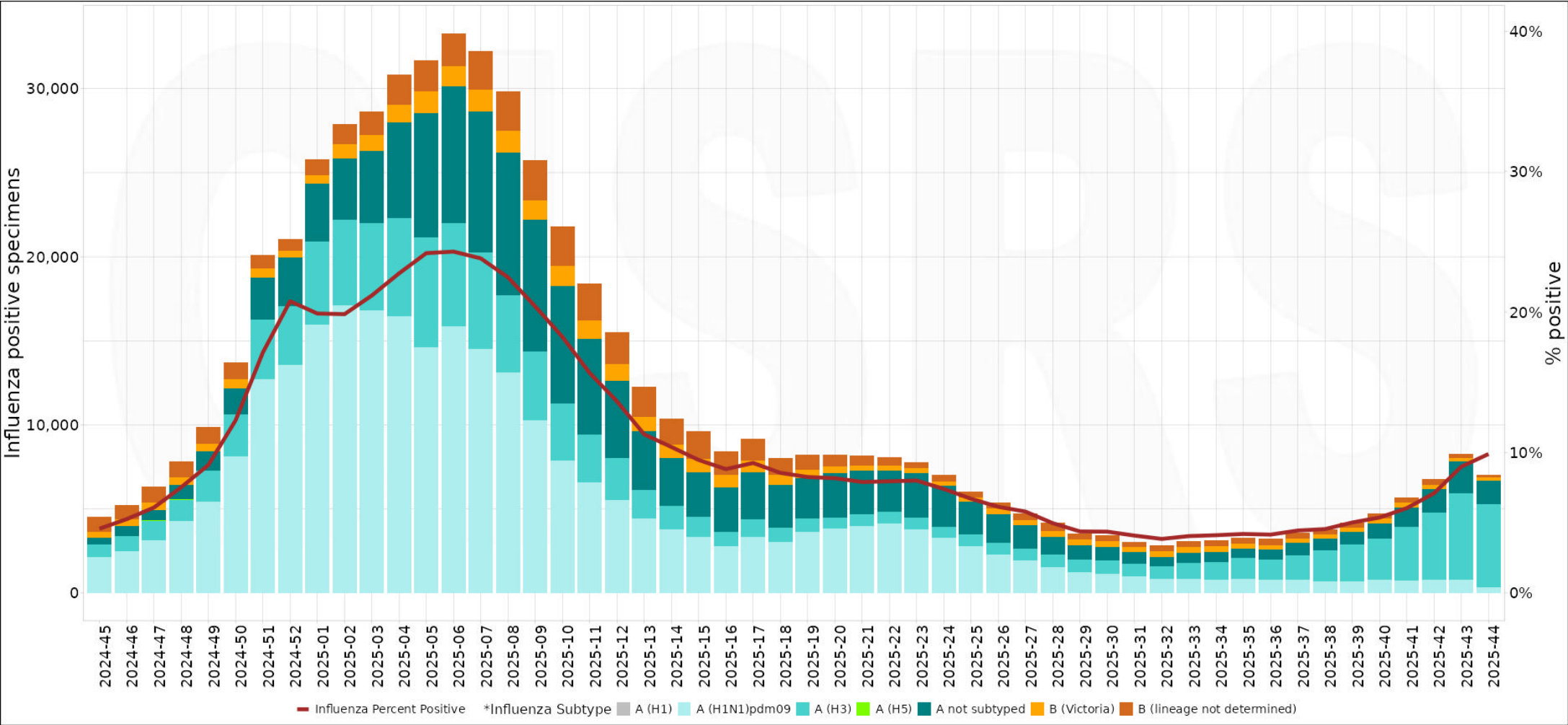


1d) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Southern hemisphere temperate and subtropical areas

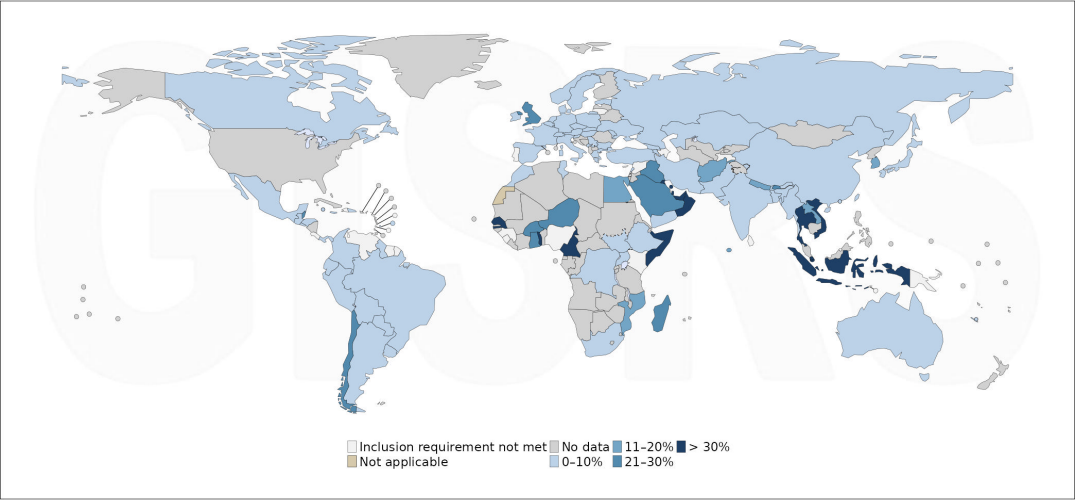


Influenza

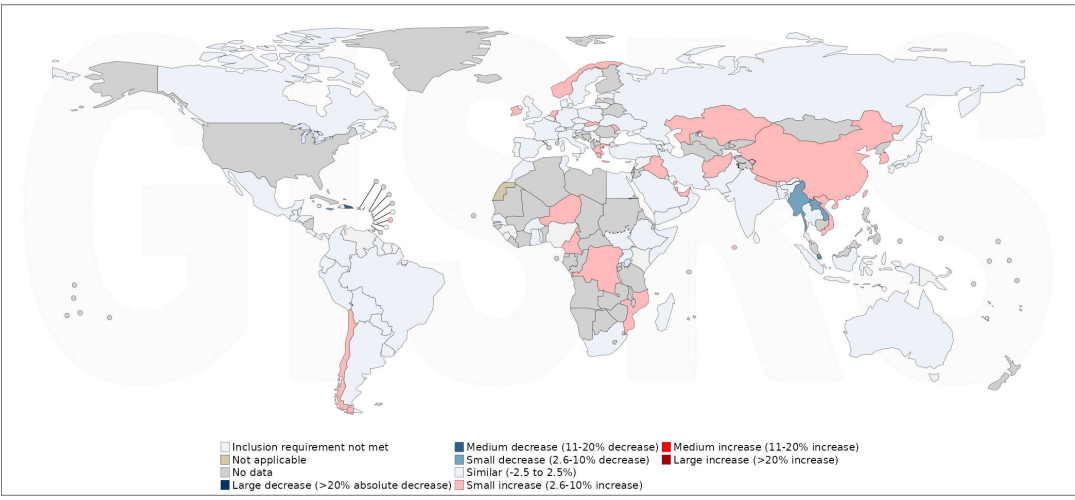
2) Weekly numbers of influenza virus positive specimens by type and subtype and percent positivity at the global level (last 12 months)



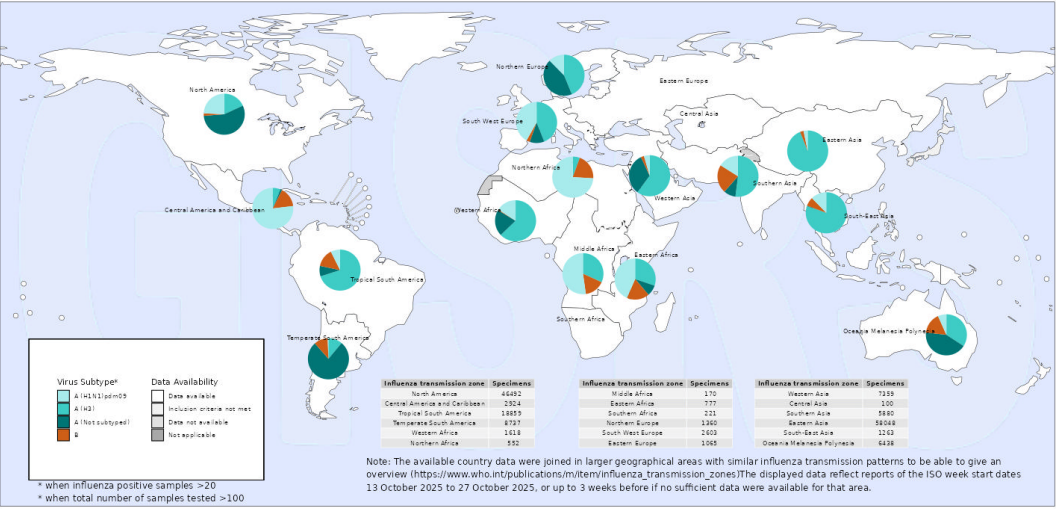
3) Proportions of specimens that tested positive for influenza (year-week: 2025-44)



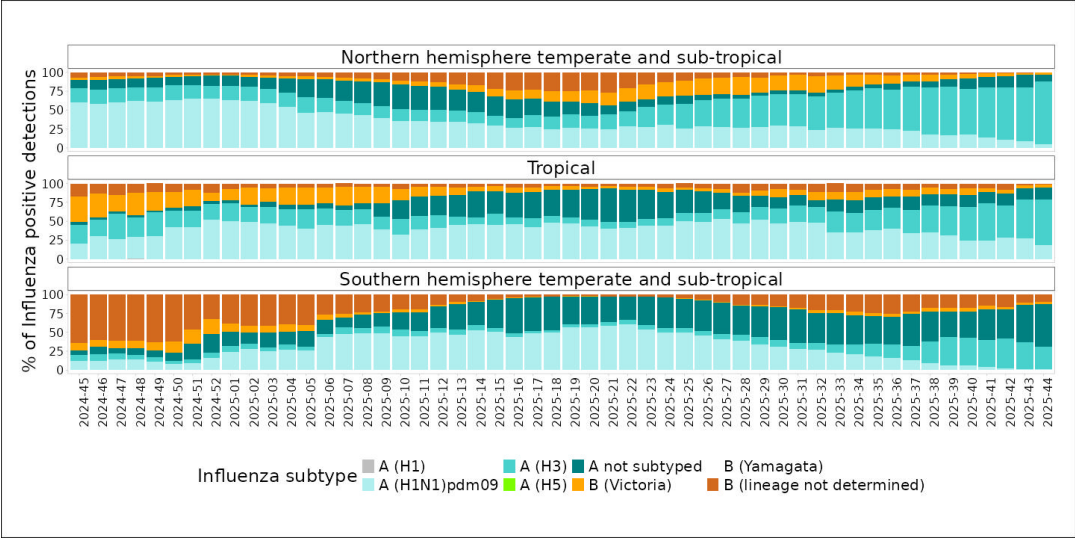
4) Change in proportions of specimens that tested positive for influenza (year-week: 2025-44)



5) Proportions of influenza virus types and subtypes by influenza transmission zones (year-week: 2025-44)

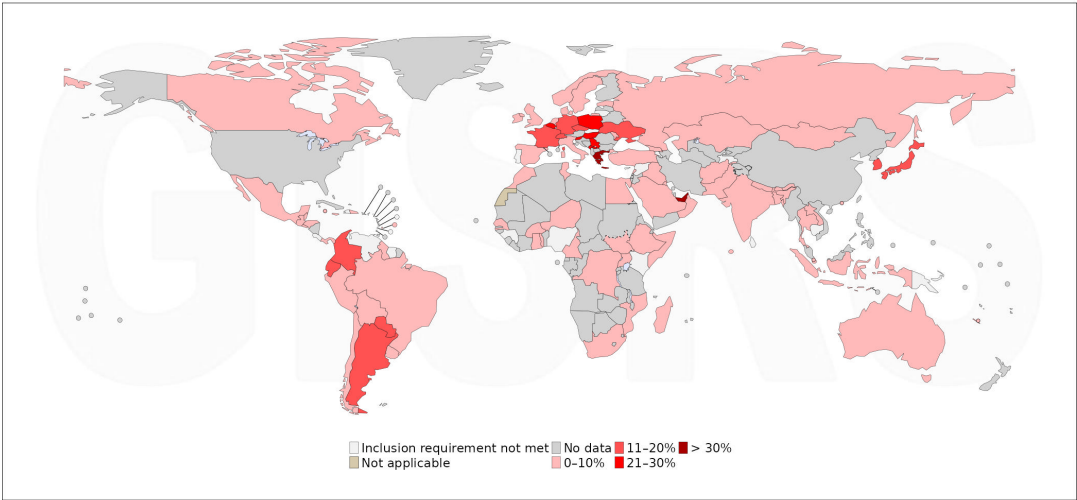


6) Weekly distribution of influenza virus types and subtypes by geographic zone (last 12 months)

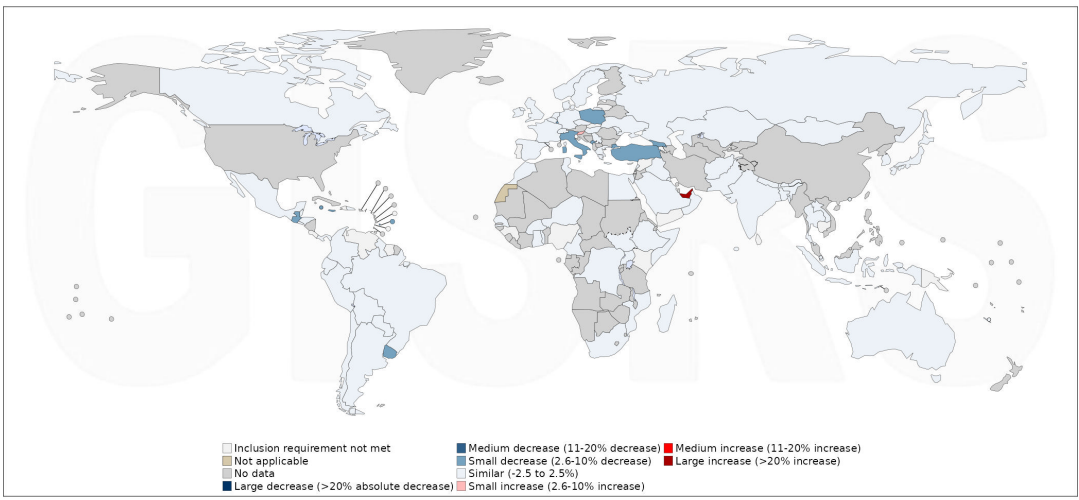


SARS-CoV-2

7) Proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-44)

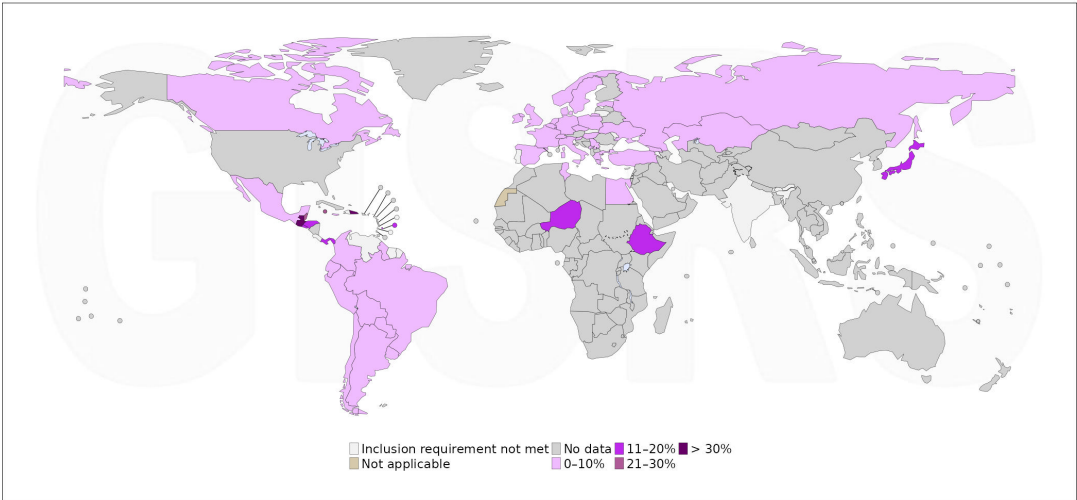


8) Change in proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-44)

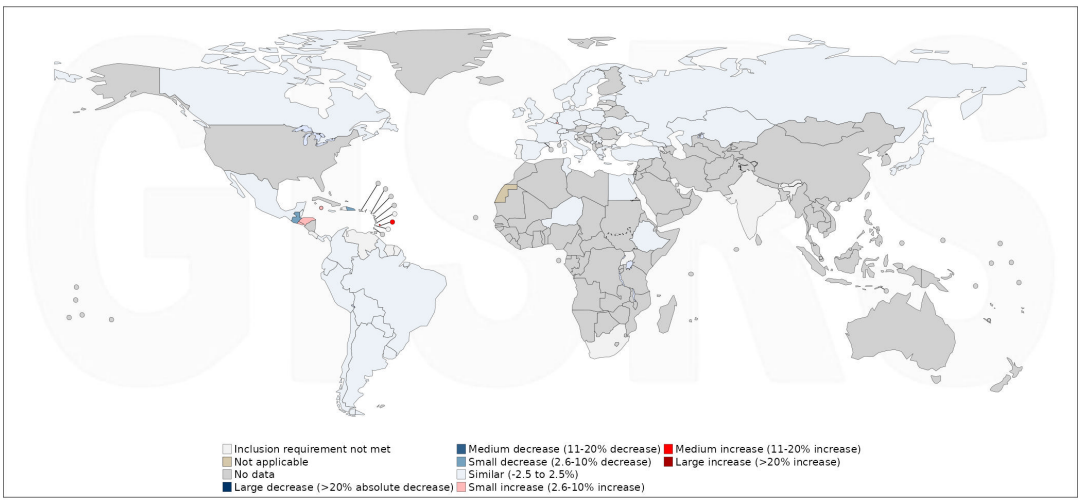


Respiratory syncytial virus

9) Proportions of specimens that tested positive for RSV (year-week: 2025-44)



10) Change in proportions of specimens that tested positive for RSV (year-week: 2025-44)



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](#)
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Summary was generated by the WHO Global Influenza Programme based on data last updated in RespiMart on November 10 2025 01:57:25 AM UTC