



# World Health Organization

## Global respiratory virus activity weekly update

Week 49, ending 07 December 2025

Update No. 557

GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM (GISRS)

Co-circulation

Influenza

SARS-CoV-2

RSV

### SUMMARY

Globally, influenza activity was elevated with positivity just under 20% in week 49. SARS-CoV-2 activity remained stable and low overall. Influenza predominated and positivity was at or above 10% in the northern hemisphere temperate and sub-tropical, southern hemisphere temperate and subtropical, and the tropical areas. [Figures 1a, 1b, 1c and 1d] .

#### ❖ Influenza

Globally, influenza detections continued to increase with influenza A viruses predominant among influenza detections in all zones. [Figure 2]

In the northern hemisphere, influenza percent positivity was elevated (>10%) in countries in North America, Central America and the Caribbean, Tropical South America, Northern, Western and Middle Africa, Northern and South-West Europe, and Central, Southern, South-East and Western Asia. Percent positivity was over 30% in countries in Central America and the Caribbean, Northern and Western Africa, Northern and South West Europe, and Eastern, Southern, South-East and Western Asia. Increases in activity were observed in countries in North America, Central America and the Caribbean, Western Africa, Northern and South West Europe, and Asia. [Figures 3 and 4]

In the southern hemisphere, influenza activity remained low overall although elevated positivity (>10%) was reported in a few countries in Tropical and Temperate South America, Middle and Eastern Africa, and Oceania; percent positivity was over 30% in a single country in Eastern Africa. No increases in activity compared to the previous week were observed. [Figures 3 and 4]

In the zones with elevated positivity, influenza A(H3N2) was predominant in all zones except Central America and the Caribbean where there was codominance of influenza A(H1N1)pdm09 and A(H3N2) and Tropical South America and Northern Africa where influenza A(H1N1)pdm09 was predominant. [Figures 5 and 6]

#### ❖ SARS-CoV-2

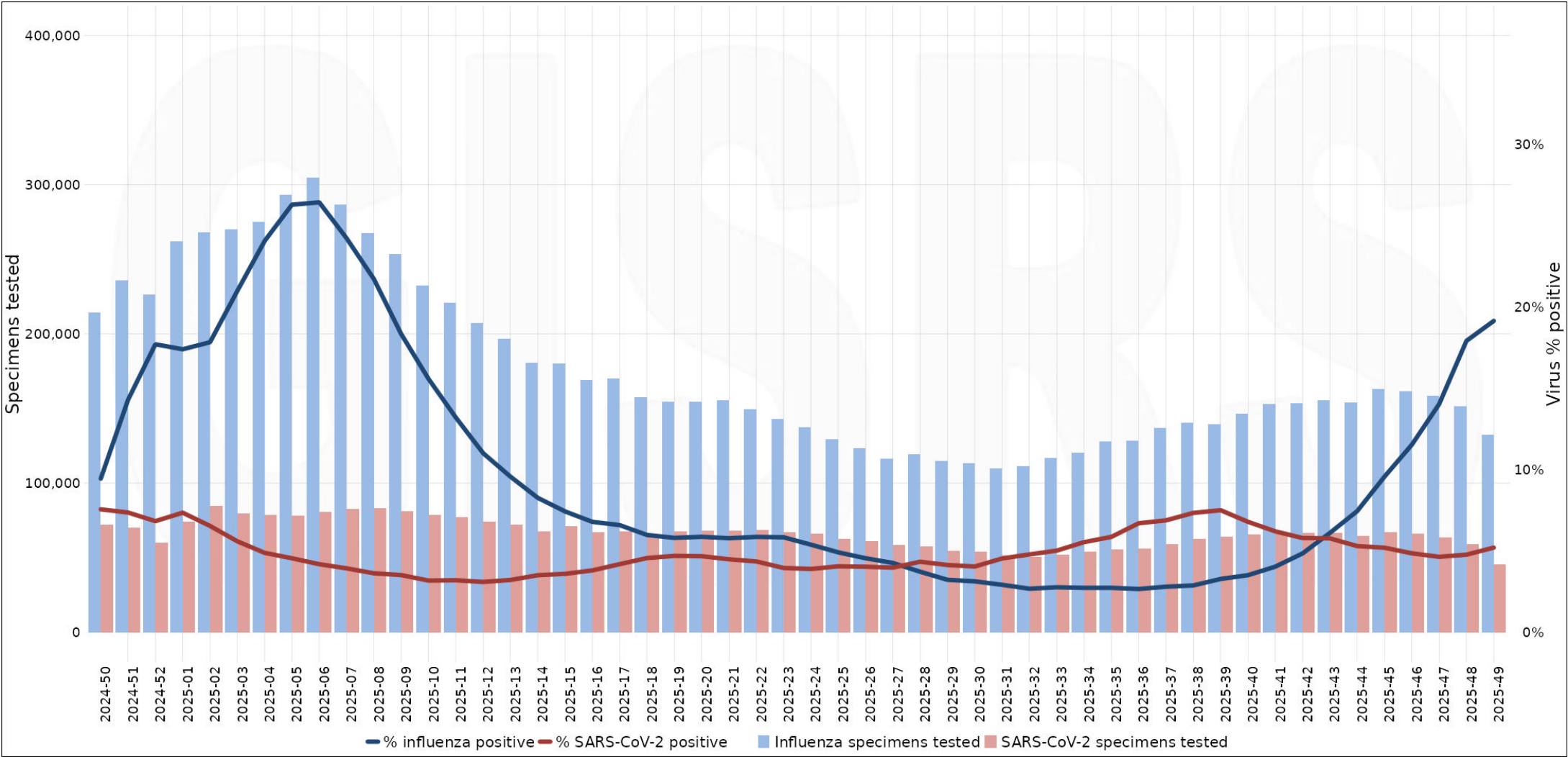
Globally, SARS-CoV-2 positivity remained stable and low, with some countries reporting elevated positivity (>10%) in Temperate South America, Europe and Southern Asia. Percent positivity was over 30% in a single country in South West Europe. Small increases in activity were reported in countries in Northern and South West Europe and Southern Asia. [Figures 7 and 8]

#### ❖ Respiratory Syncytial Virus (RSV)

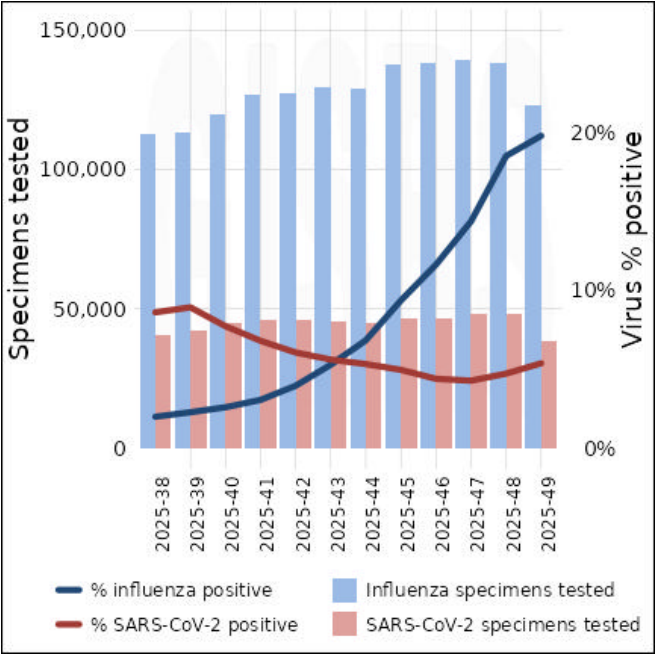
RSV activity was stable and low overall although elevated percent positivity (>10%) was reported in few countries in Central America and the Caribbean, Tropical South America, South West Europe and Southern Asia. An increase in activity compared to the previous reporting period was reported in a single country in Central America and the Caribbean. [Figures 9 and 10] RSV and influenza activity were both elevated in single countries in Central America and the Caribbean and Tropical South America.

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

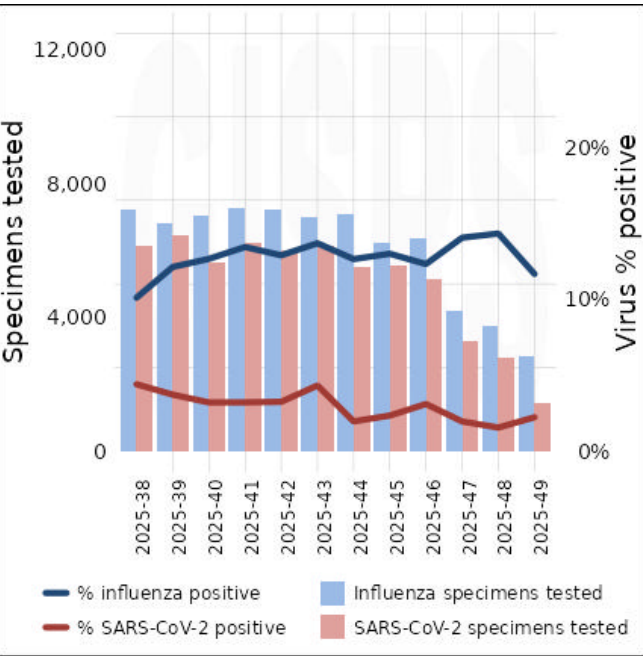
1a) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity at the global level (last 12 months)



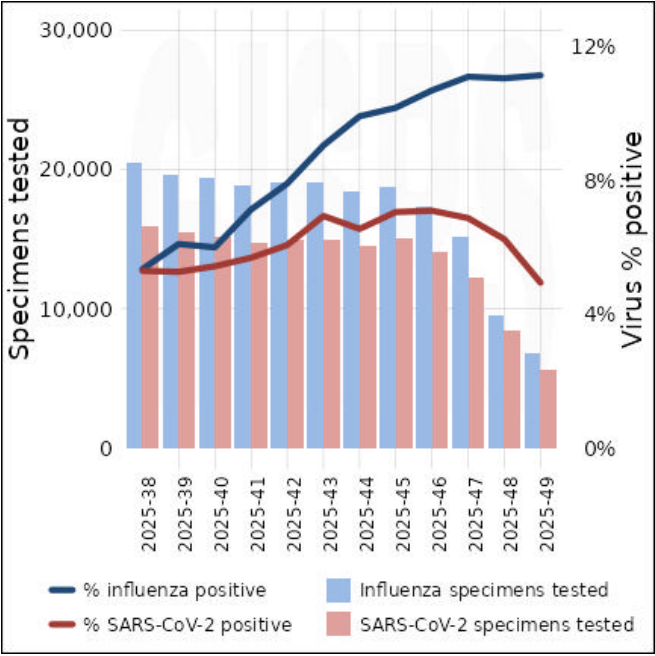
1b) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Northern hemisphere temperate and subtropical areas



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

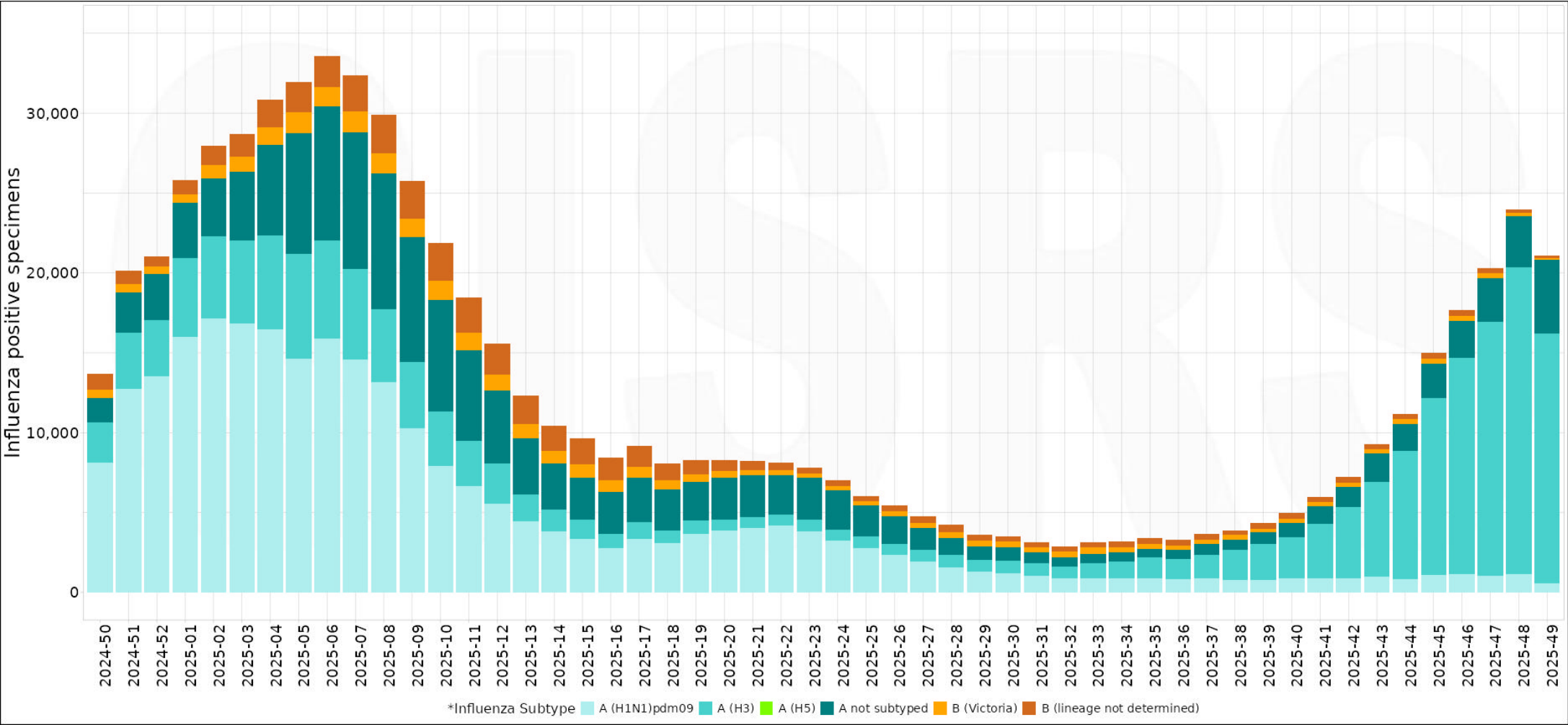


1d) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Southern hemisphere temperate and subtropical areas

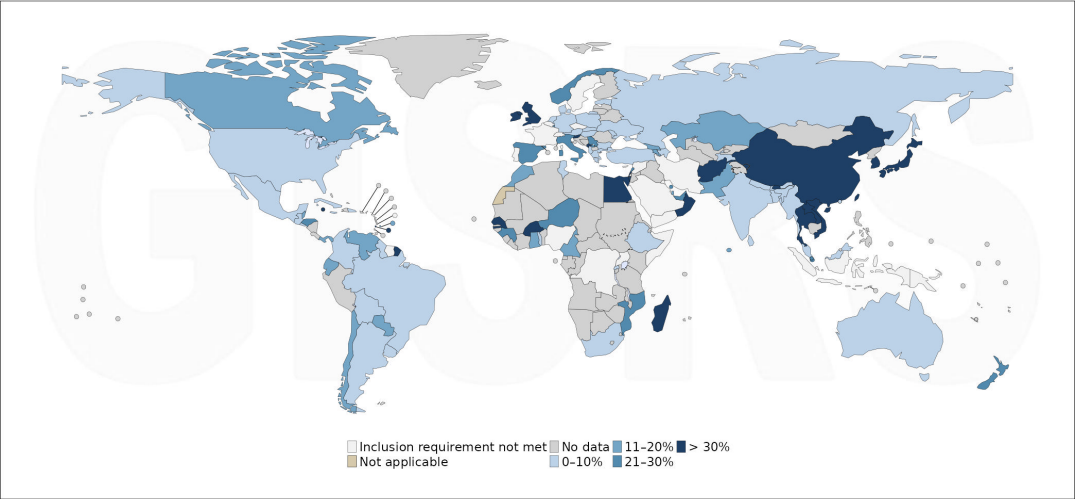


# Influenza

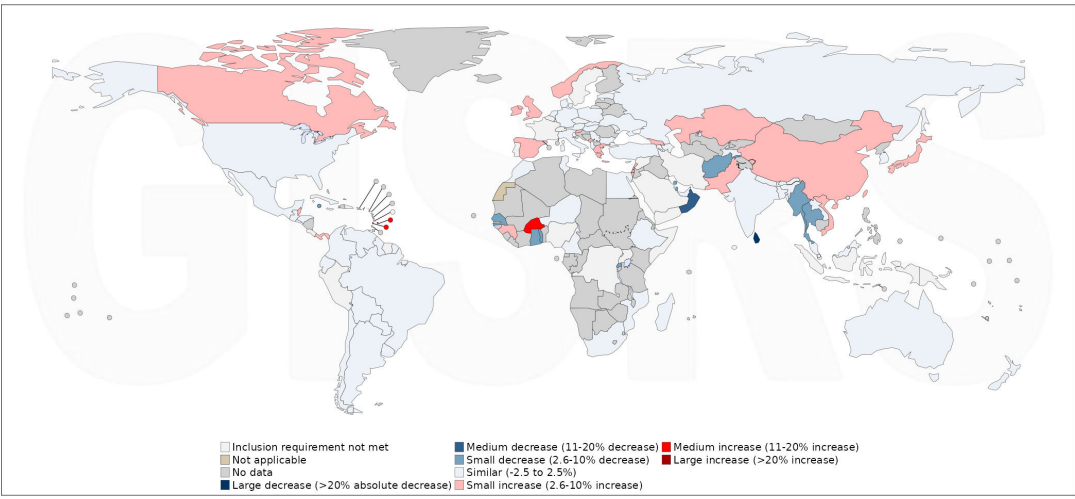
2) Weekly numbers of influenza virus positive specimens by type and subtype at the global level (last 12 months)



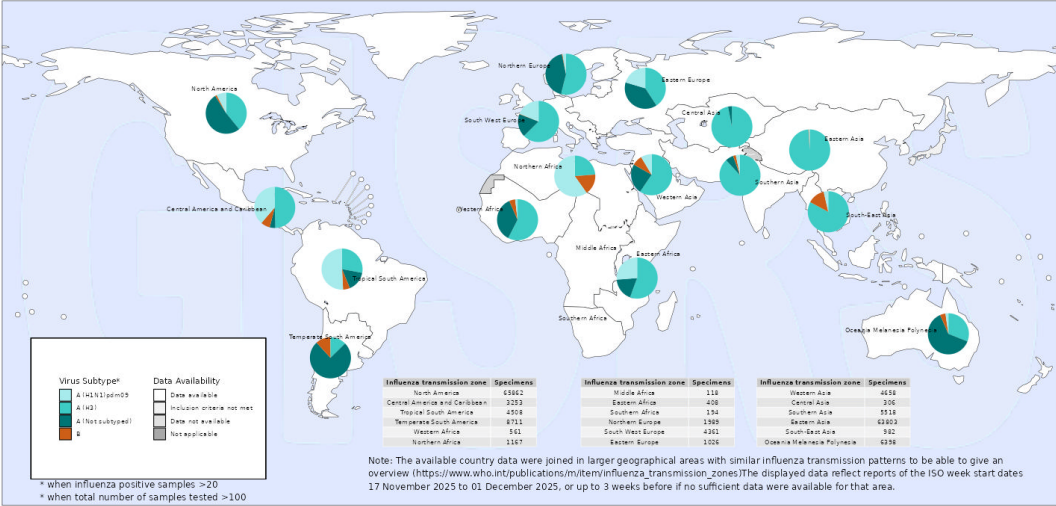
3) Proportions of specimens that tested positive for influenza (year-week: 2025-49)



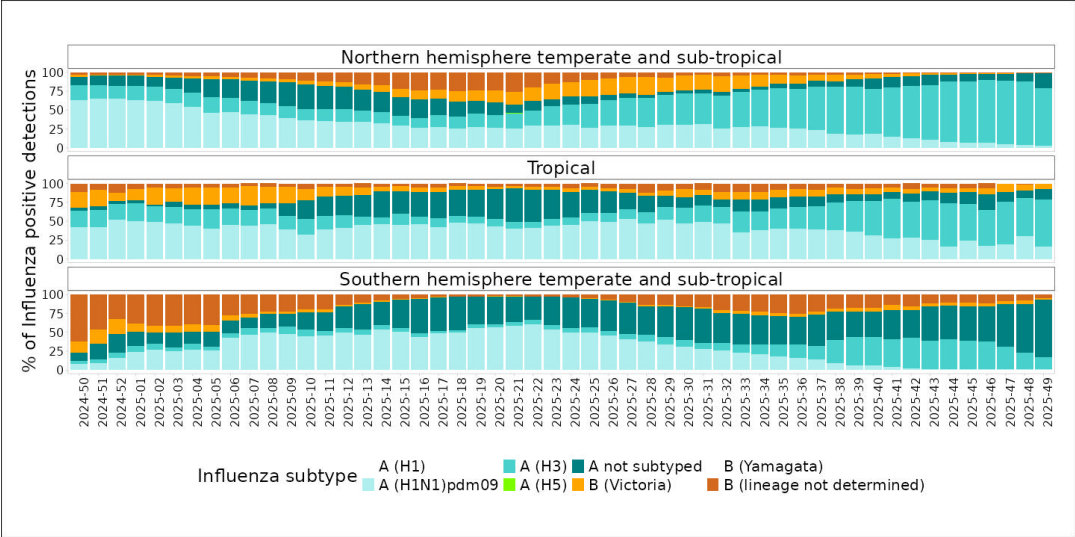
4) Change in proportions of specimens that tested positive for influenza (year-week: 2025-49)



5) Proportions of influenza virus types and subtypes by influenza transmission zones (year-week: 2025-49)



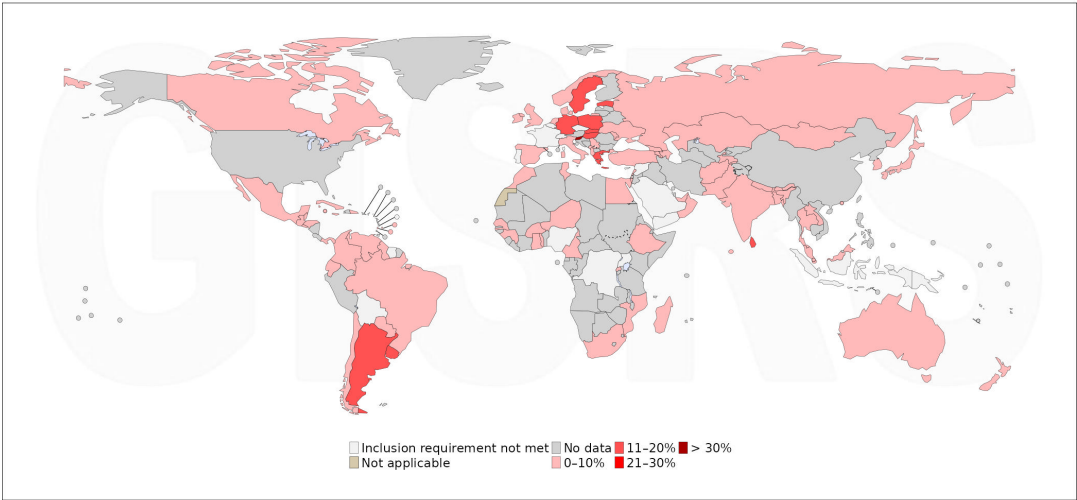
6) Weekly distribution of influenza virus types and subtypes by geographic zone (last 12 months)



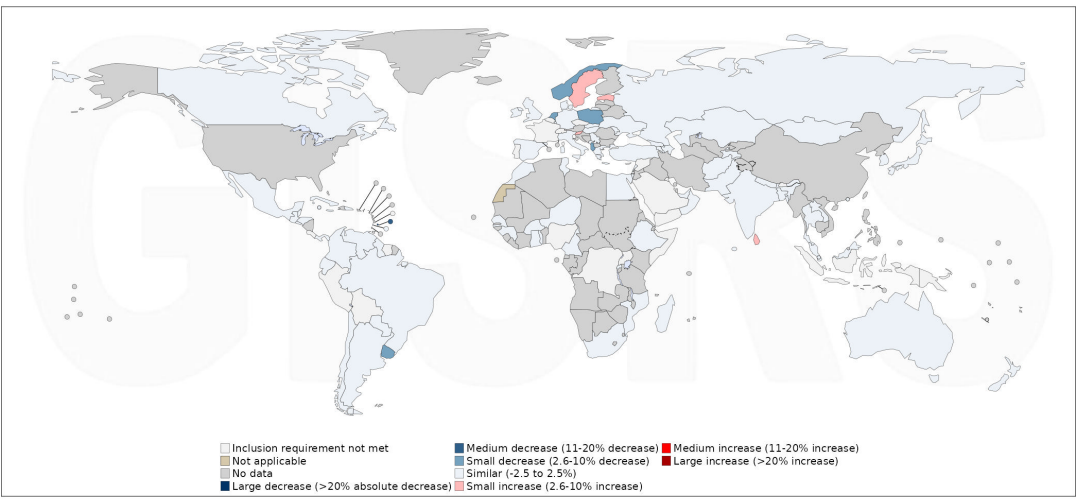


# SARS-CoV-2

7) Proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-49)

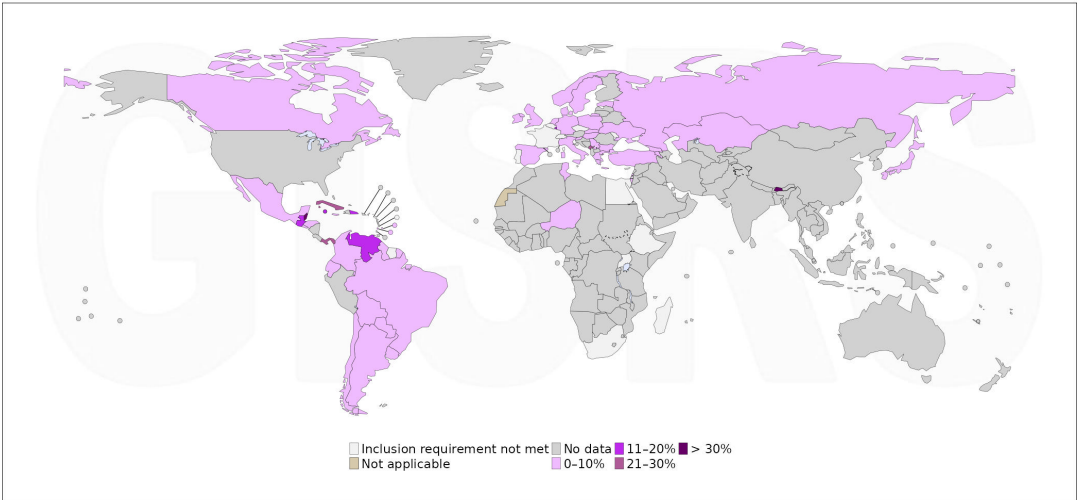


8) Change in proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-49)

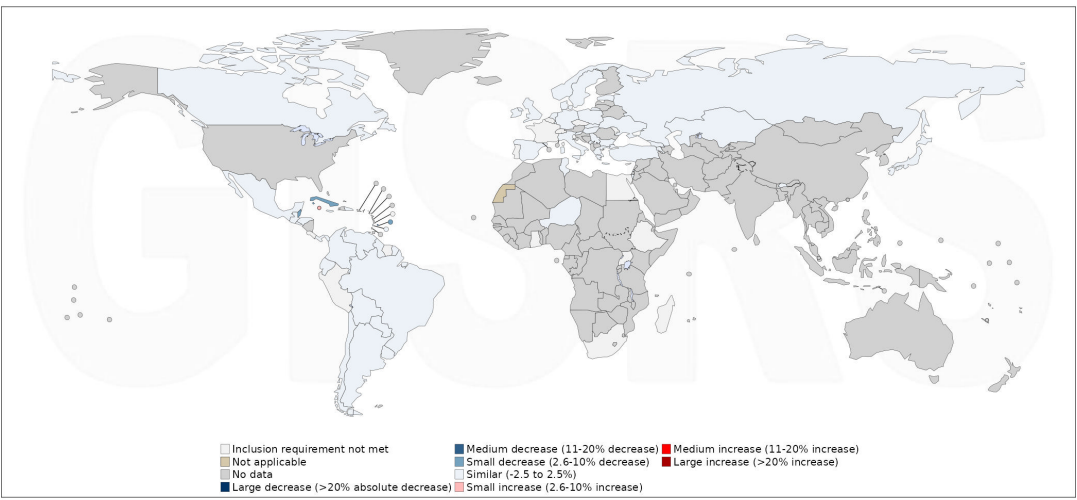


# Respiratory syncytial virus

9) Proportions of specimens that tested positive for RSV (year-week: 2025-49)



10) Change in proportions of specimens that tested positive for RSV (year-week: 2025-49)



# 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 557 (week 2025-49). 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 December 14 2025 11:10:56 PM UTC