

Brief summary of seasonal influenza activity, October 2024 - May 2025

18 September 2025

Seasonal influenza is an acute respiratory infection caused by influenza viruses that circulate globally and year-round. Influenza disease can cause illness ranging from mild to severe, sometimes resulting in hospitalization or death. While most individuals recover within a week without need for medical care, influenza can lead to serious complication including death, especially among high-risk groups such as young children, the elderly, pregnant women and those with underlying conditions.¹

In temperate regions, seasonal influenza typically peaks during the winter months, whereas in tropical areas, influenza viruses can circulate year-round with seasonality and intensity that varies across countries. To support surveillance and response efforts, WHO groups countries, areas and territories (CATs) based on shared patterns of influenza circulation.²

The [WHO Global Influenza Surveillance and Response System \(GISRS\)](#) coordinates global influenza surveillance and monitors and analyzes the spread and evolution of influenza viruses. Data on respiratory virus surveillance is provided to WHO through participation or collaboration with GISRS. CATs report their data on respiratory through regional platform of the global platform [RespiMart](#) (FluNet and FluID). CATs use a variety of approaches to monitor respiratory virus activity and data in this report may vary from surveillance reports posted elsewhere.³

From October 2024 through May 2025 influenza activity was reported in all influenza transmission zones. The predominant viruses varied across transmission zones and between countries (see **Fig. 1**).

In the **temperate northern hemisphere**, influenza activity generally was elevated between December 2024 and March 2025 with a peak in January. Influenza A viruses predominated among the reported detections, and influenza A(H1N1)pdm09 viruses predominated among the subtyped viruses during this period of increased activity in most transmission zones (see **Fig. 2**).

In the **temperate southern hemisphere**, influenza activity generally remained low. In March 2025, influenza activity began to increase in temperate South America, with influenza A(H1N1)pdm09 predominant, and Southern Africa, with A(H3N2) predominant (see **Fig. 3**).

¹ World Health Organization, *Influenza (Seasonal)*. Available at: <https://www.who.int/health-topics/influenza-seasonal>

² World Health Organization, *Influenza transmission zones*. Available at: https://www.who.int/publications/m/item/influenza_transmission_zones

³ Data in this report include virologic results from sentinel surveillance and other types of systematically conducted virologic surveillance, depending on the CAT. Differences in surveillance approaches limit comparison of percent positivity between CATs. The source of surveillance used in this report was determined in collaboration with WHO Regional Offices and the reporting CAT.

Fig. 1. Distribution of Influenza virus type/subtype by influenza transmission zone, 1 October 2024 through 31 May 2025.

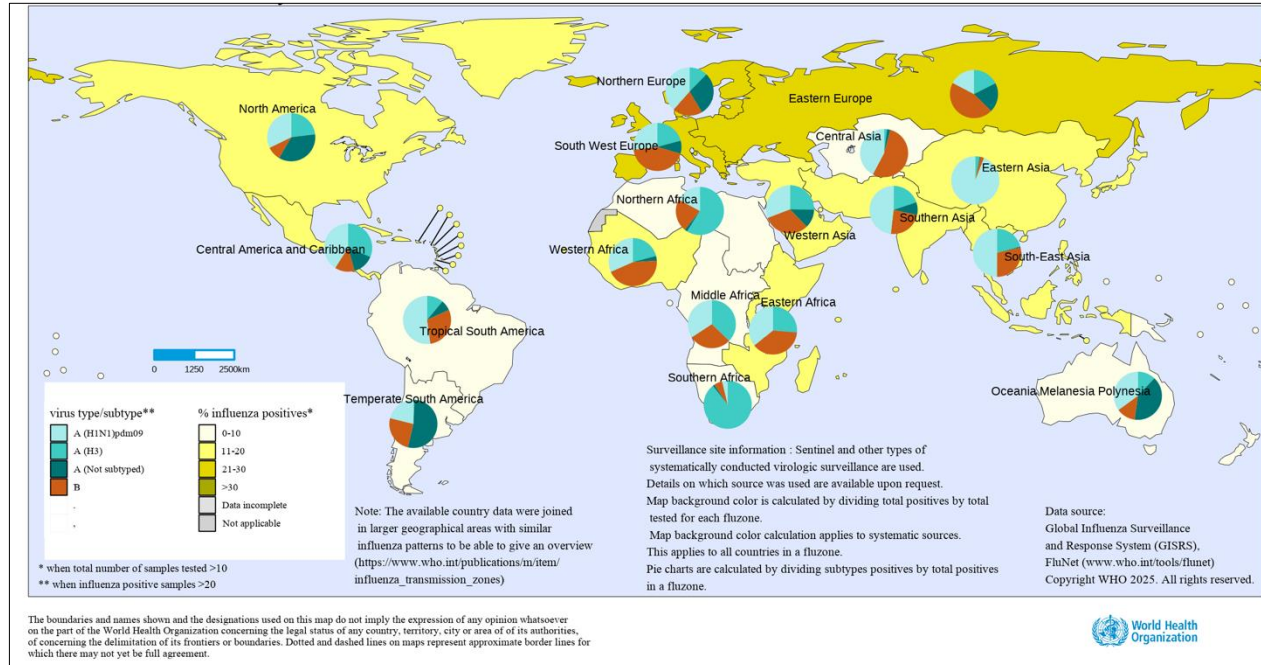


Fig. 2. Virus detections by subtype reported to FluNet, 1 Oct 2024 through 31 May 2025 for the northern hemisphere.

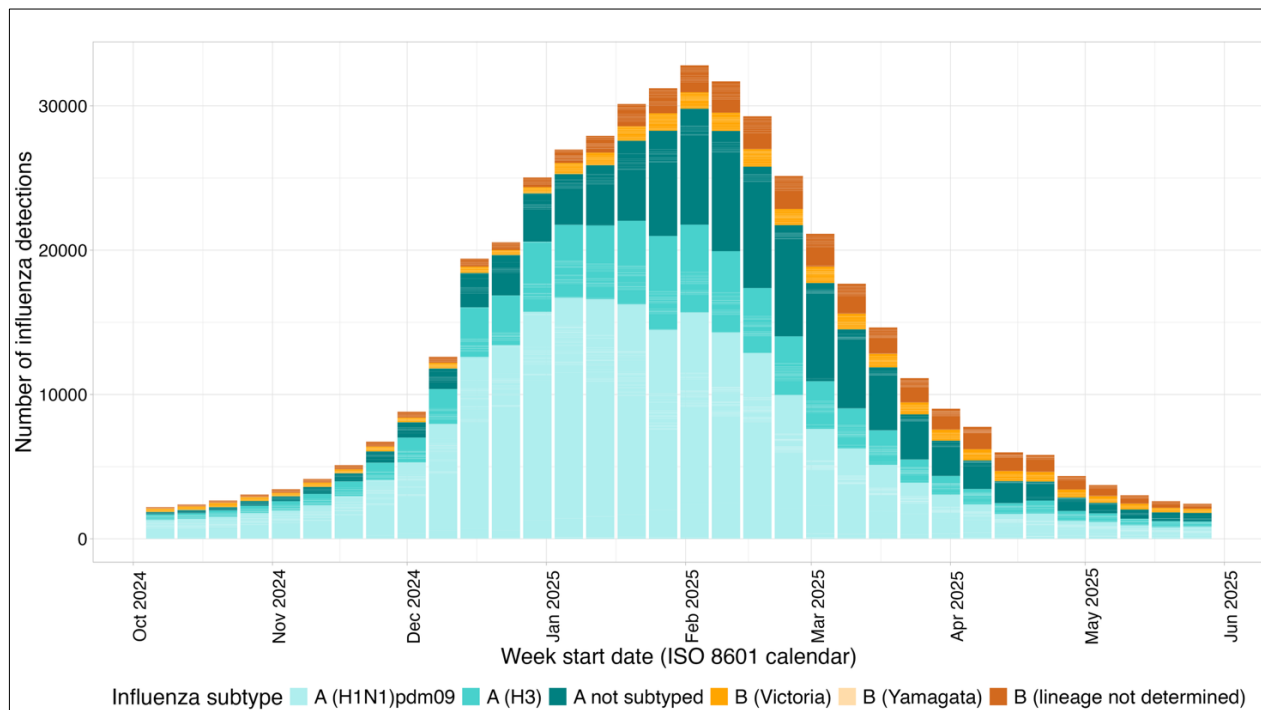
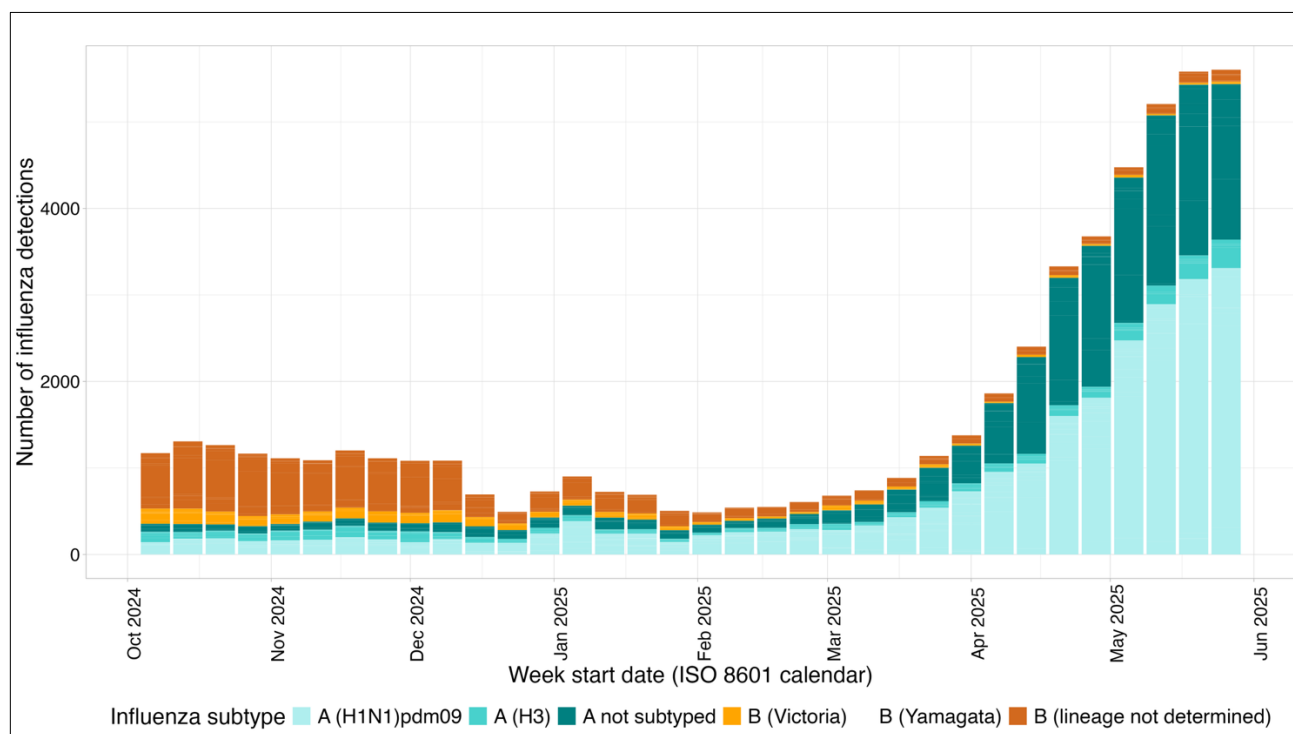


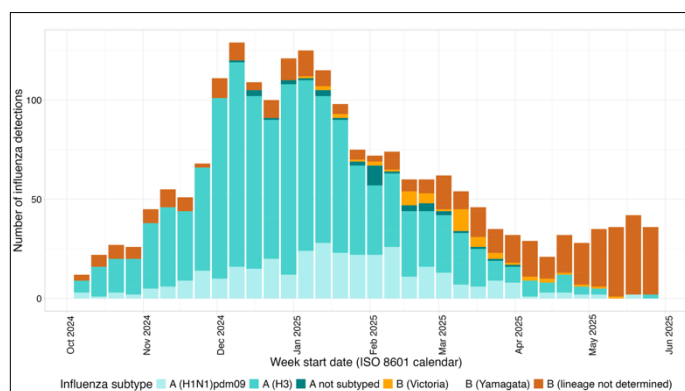
Fig. 3. Virus detections by subtype reported to FluNet, 1 Oct 2024 through 31 May 2025 for the southern hemisphere.



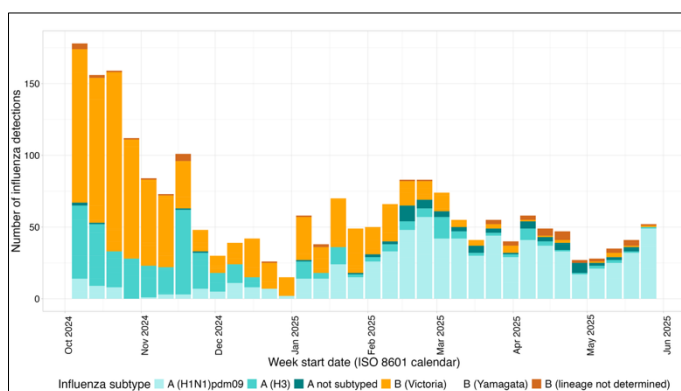
In Africa, influenza activity in *Northern Africa* increased in October 2024, peaked in December 2025 and decreased through May. Influenza A(H3N2) viruses predominated through most of this period of increased activity. In *Western Africa*, influenza activity was highest in October and remained at a low level from December through May. Influenza A(H3N2) and B viruses predominated until December and from February, influenza A(H1N1)pdm09 viruses predominated. In *Middle Africa*, influenza activity decreased from October and remained low from February through May. Influenza A(H3N2) viruses predominated through January and influenza B viruses predominated from February. In *Eastern Africa*, influenza activity increased slightly from February with all seasonal subtypes detected throughout the period. In *Southern Africa*, influenza activity increased slightly in March with influenza A(H3N2) viruses predominant.

Figs. 4a-e. Influenza virus detections by type and subtype, as reported to FluNet, 1 October 2024 through 31 May 2025.

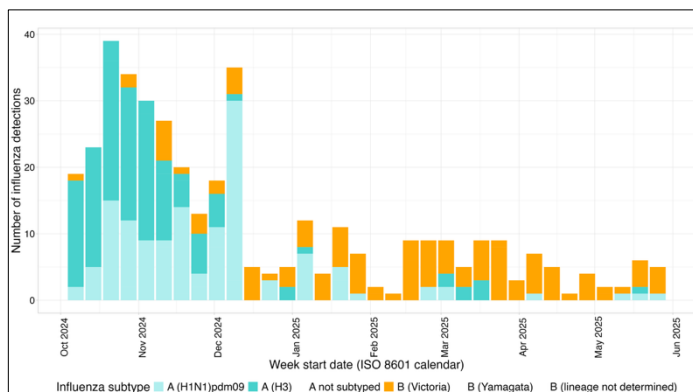
4a: Northern Africa



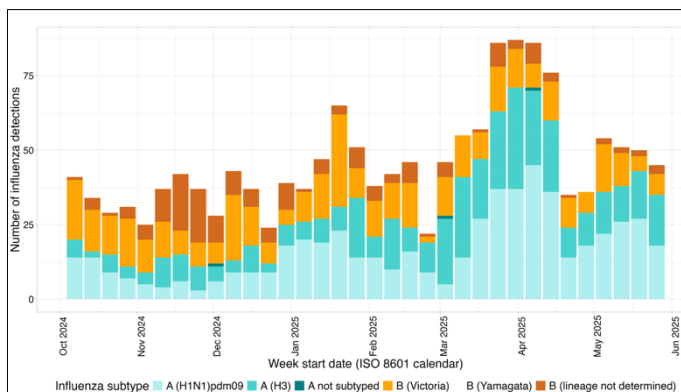
4b: Western Africa



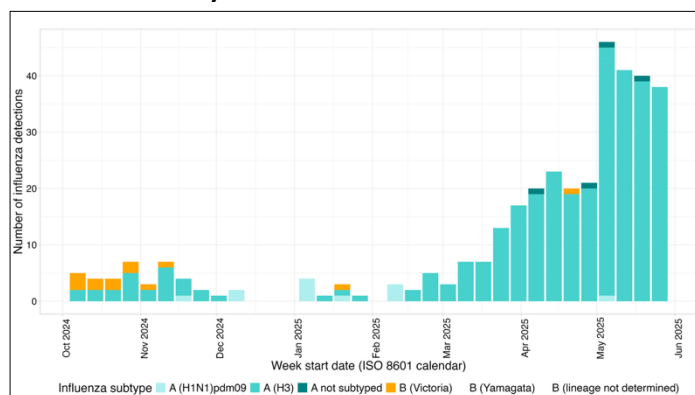
4c: Middle Africa



4d: Eastern Africa



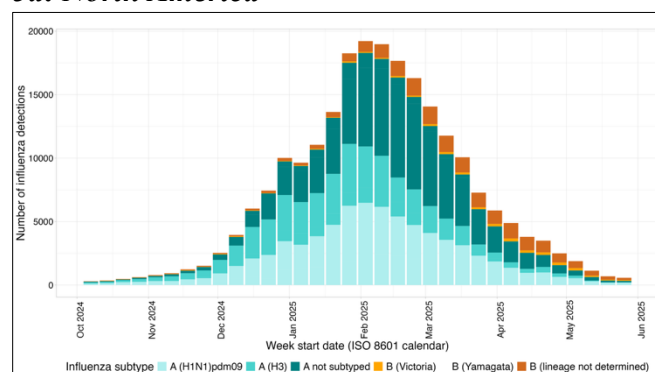
4e: Southern Africa



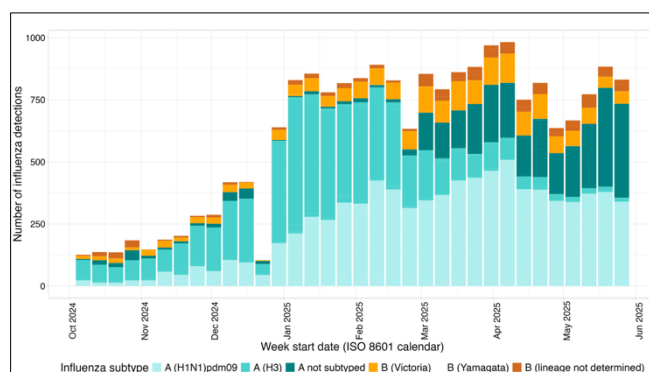
In the Americas, influenza activity in *North America* increased in November, peaked in February and decreased through May. Influenza A viruses predominated during this period with roughly equal proportions of A(H1N1)pdm09 and A(H3N2) viruses among subtyped viruses. In *Central America and the Caribbean*, influenza activity increased from November, remained elevated from January to April and peaked in April. Influenza A(H3N2) viruses predominated through January and A(H1N1)pdm09 viruses predominated from February through May. In *Tropical South America*, influenza activity increased in April and remained elevated through May and peaked in May. All seasonal subtypes circulated but influenza A(H1N1)pdm09 predominated from February. In *Temperate South America*, influenza activity increased in March with A(H1N1)pdm09 predominant.

Figs. 5a-d. Influenza virus detections by type and subtype as reported to FluNet, 1 October 2024 through 31 May 2025

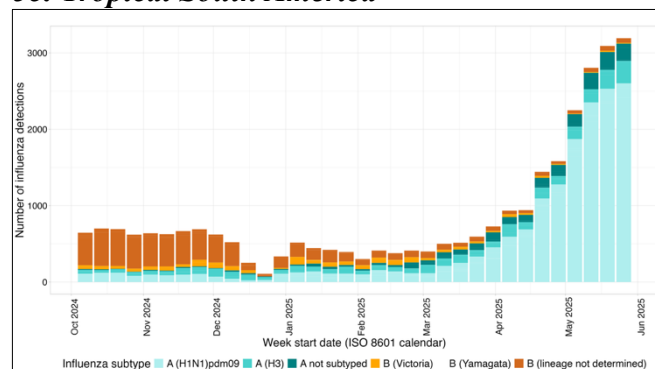
5a: North America



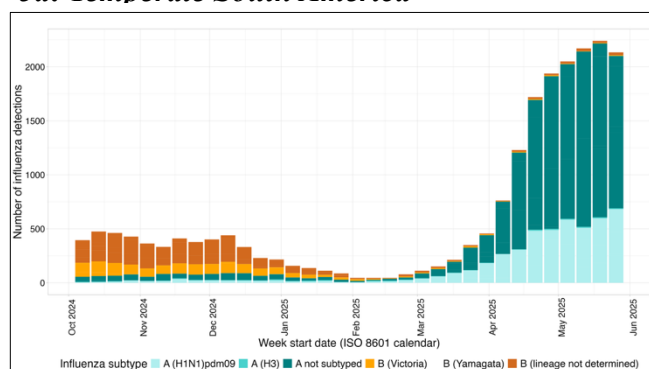
5b: Central America and the Caribbean



5c: Tropical South America



5d: Temperate South America



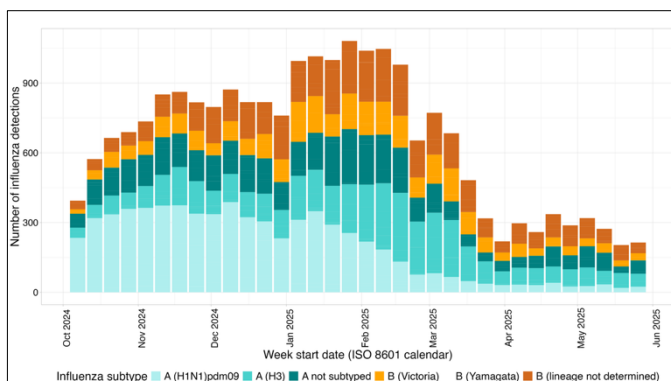
In Asia, influenza activity in *Western Asia* was elevated from October to March and peaked in January, then decreased and remained low from April. Influenza A viruses predominated through March with influenza A(H1N1)pdm09 predominant through mid-January and A(H3N2) viruses predominant from February, among the subtyped A viruses. Influenza B viruses were also detected throughout the period. In *Central Asia*, influenza detections were low with A(H1N1)pdm09 predominant through mid-January and influenza B viruses predominant for the remainder of the period. In *Eastern Asia*, influenza activity, almost

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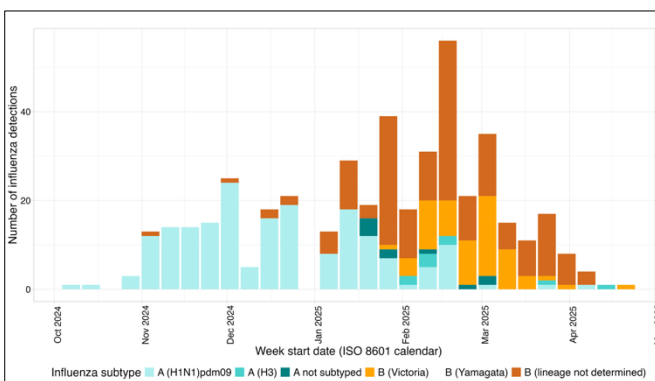
exclusively due to influenza A(H1N1)pdm09 virus detections, increased from November, peaked in January and decreased to a low level by March. In *Southern Asia*, influenza activity increased in November, peaked in January and decreased to a low level by March. Influenza A(H1N1)pdm09 predominated for most of this period with an increased proportion of influenza A(H3N2) viruses since March and continued B virus detections throughout. In *South-East Asia*, there was sustained activity during this period with a decrease from February. Influenza A(H1N1)pdm09 predominated for most of this period, with continued influenza A(H3N2) and B virus detections at low levels throughout the period.

Fig. 6a-e. Influenza virus detections by type and subtype, as reported to FluNet, 1 October 2024 through 31 May 2025.

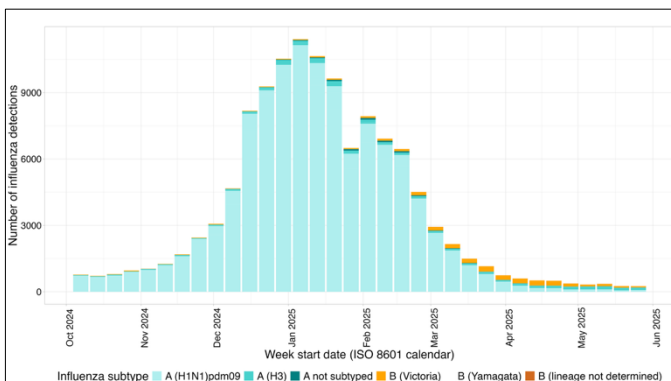
6a: Western Asia



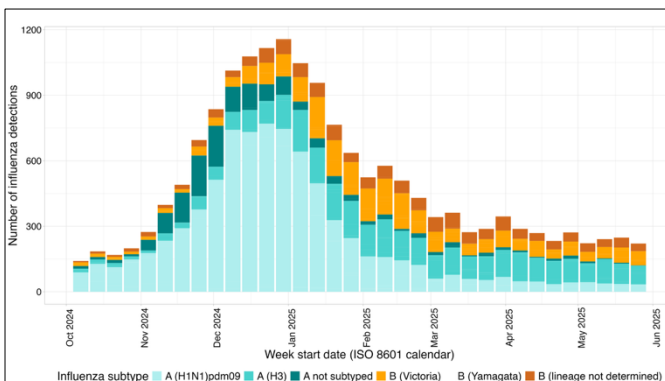
6b: Central Asia



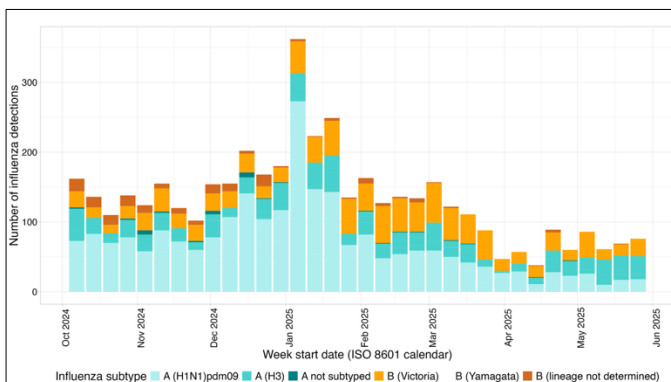
6c: Eastern Asia



6d: Southern Asia



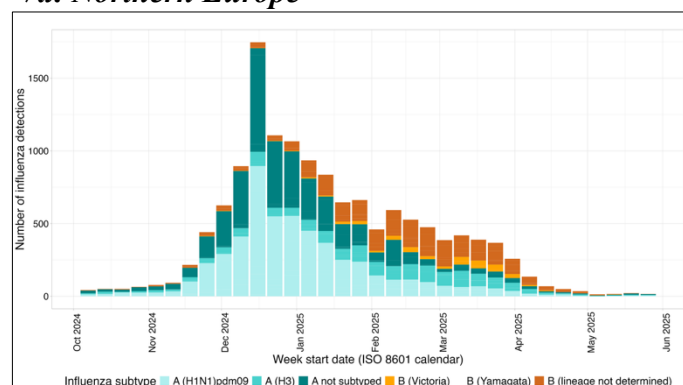
6e: South-East Asia



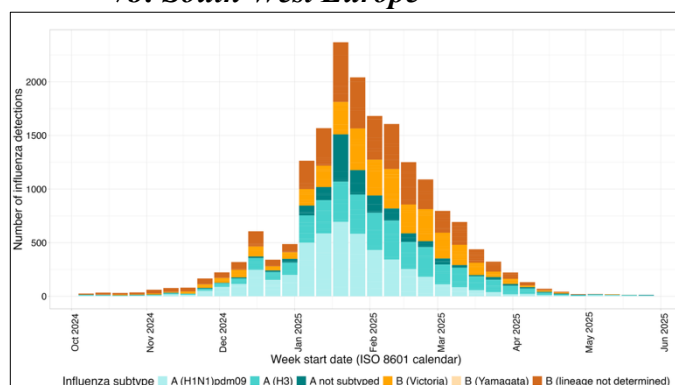
In Europe, influenza activity increased in *Northern Europe* in November, peaked in December and decreased to a low level by April. Influenza A(H1N1)pdm09 predominated during the period of increased activity. In *South-West Europe*, influenza activity increased in November but peaked in February then decreased through April. Influenza A viruses predominated with a lower proportion of influenza B virus detections during the period of increased activity. In *Eastern Europe*, influenza activity increased in December, peaked in February and remained elevated through March. Influenza A viruses predominated during the first part of the period of increased activity and influenza B viruses predominated during the latter part. Among the subtyped influenza A viruses, A(H1N1)pdm09 and A(H3N2) viruses were detected at roughly equal proportions.

Fig. 7a-c. Influenza virus detections by type and subtype as reported to FluNet, 1 October 2024 through 31 May 2025.

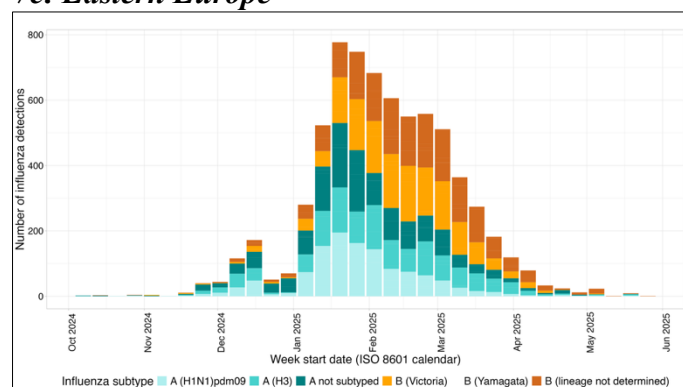
7a: Northern Europe



7b: South-West Europe

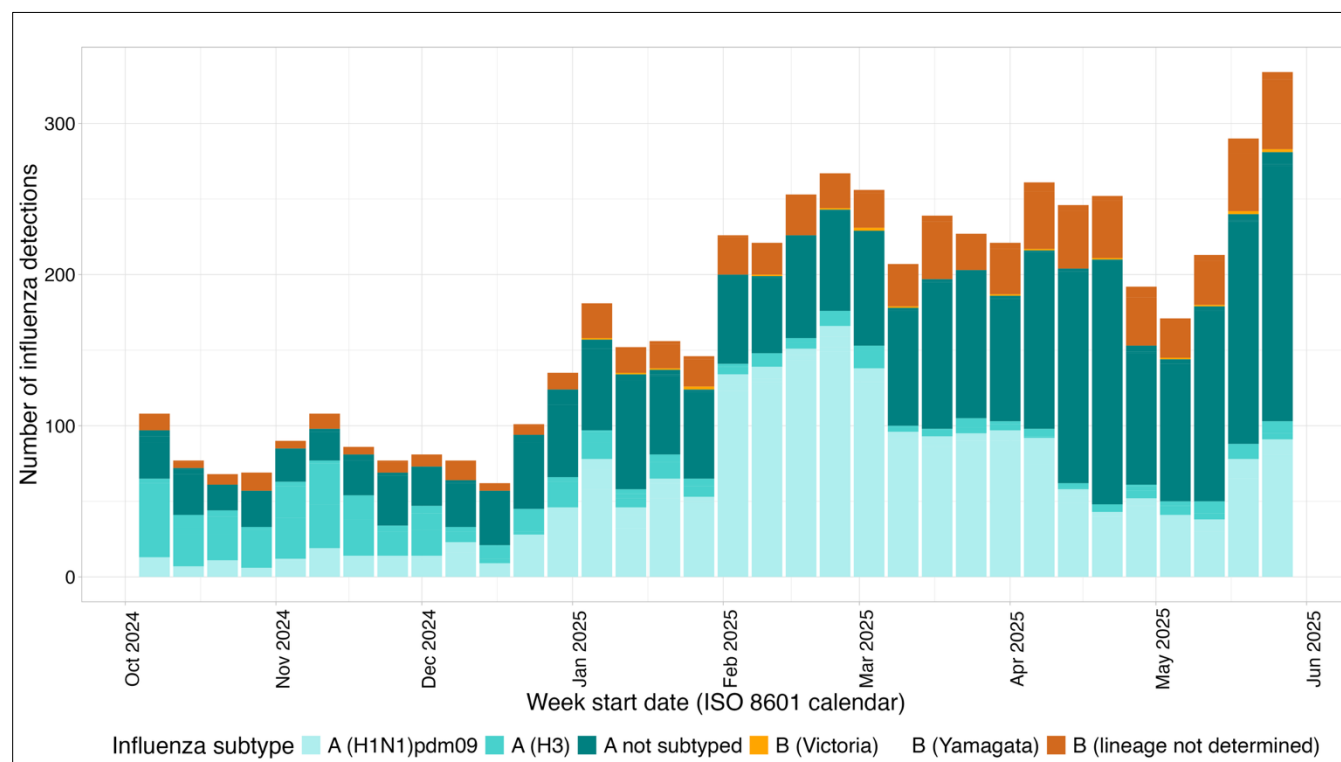


7c: Eastern Europe



In Oceania, influenza activity was sustained though remained low during this period. Influenza A(H1N1)pdm09 predominated throughout the period.

Fig. 8. Influenza virus detections by type and subtype in Oceania Melanesia Polynesia, as reported to FluNet, 1 October 2024 through 31 May 2025.



Detailed information by country of the extent of seasonal influenza activity and type/subtype of viruses worldwide is available on the WHO website: <https://www.who.int/tools/flunet>.

Acknowledgements

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