

Influenza Update N° 414

7 March 2022, based on data up to 20 February 2022

In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 virus detections from sentinel and non-sentinel surveillance performed by the Global Influenza Surveillance and Response System (GISRS) and GISRS-associated surveillance systems and reported to FluNet is included.

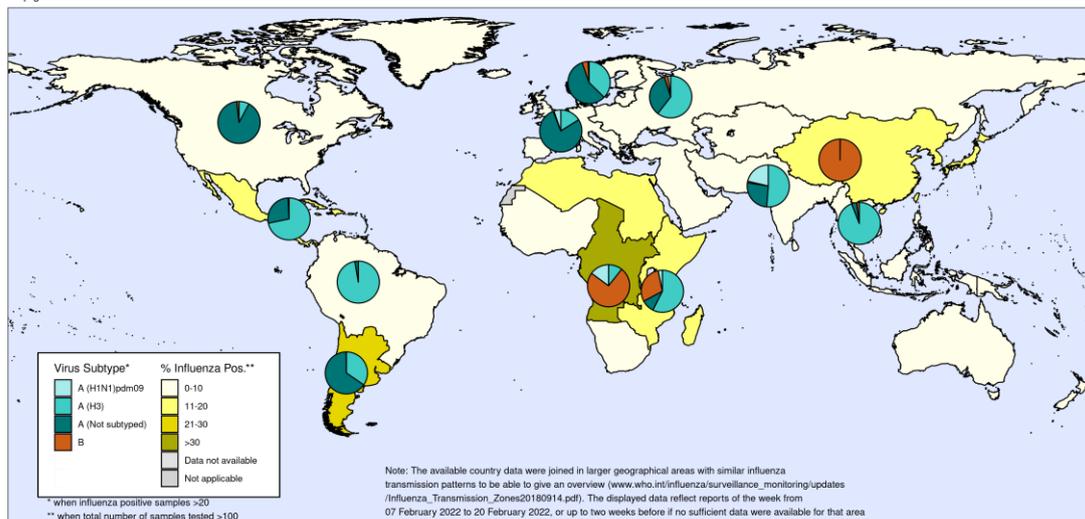
Summary

- The current influenza surveillance data should be interpreted with caution as the ongoing COVID-19 pandemic has influenced to varying extents health seeking behaviours, staffing/routines in sentinel sites, as well as testing priorities and capacities in Member States. Various hygiene and physical distancing measures implemented by Member States to reduce SARS-CoV-2 virus transmission have likely played a role in reducing influenza virus transmission.
- Globally, influenza activity remained low and decreased this period after a peak at the end of 2021.
- **With the increasing detections of influenza during COVID-19 pandemic, countries are recommended to prepare for the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance [integrated surveillance](#) to monitor influenza and SARS-CoV-2 at the same time, and step-up their influenza vaccination campaign to prevent severe disease and hospitalizations associated with influenza. Clinicians should consider influenza in differential diagnosis especially for high-risk groups for influenza, and test and treat according to national guidance.**
- In the temperate zones of the northern hemisphere, influenza activity decreased with detections of mainly influenza A(H3N2) viruses and B/Victoria lineage viruses reported.
- In North America, influenza virus detections remained low and were predominantly A(H3N2) among those detected and subtyped. Respiratory syncytial virus (RSV) activity also further decreased in the USA and Canada.
- In Europe, influenza activity remained stable at low levels with influenza A(H3N2) predominant. Very little RSV activity was observed.
- In East Asia, influenza activity with mainly influenza B/Victoria lineage detections decreased in China. Influenza illness indicators and activity remained low in the rest of the subregion.
- In Northern Africa, influenza detections of influenza A(H3N2) continued to be reported.
- In Western Asia, influenza activity was low across reporting countries.
- In the Caribbean and Central American countries, influenza activity of predominantly influenza A(H3N2) decreased overall.
- In tropical South America, low influenza activity was reported with influenza A(H3N2) predominant.
- In tropical Africa, influenza activity was reported mainly from Eastern Africa with influenza A(H3N2) predominating followed by influenza B/Victoria lineage, and from Middle Africa with influenza B predominantly detected.
- In Southern Asia, influenza virus detections of predominantly influenza A(H3N2) decreased.
- In South-East Asia, mainly influenza A(H3N2) detections were reported as well as some influenza B. RSV activity was elevated in Mongolia and Republic of Korea.

- In the temperate zones of the southern hemisphere, influenza activity remained low overall, although increased detections of influenza A(H3N2) were reported in some countries in temperate South America.
- National Influenza Centres (NICs) and other national influenza laboratories from 115 countries, areas or territories reported data to FluNet for the time period from 07 February 2022 to 20 February 2022 (data as of 2022-03-04 08:07:21 UTC). The WHO GISRS laboratories tested more than 419 390 specimens during that time period. A total of 13 619 specimens were positive for influenza viruses, of which 9 346 (68.6%) were typed as influenza A and 4 273 (31.4%) as influenza B. Of the subtyped influenza A viruses, 224 (11.1%) were influenza A(H1N1)pdm09 and 1 797 (88.9%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, 4 085 (100%) belonged to the B-Victoria lineage.
- The WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2022-2023 Northern Hemisphere Influenza Season was held on 21-24 February 2022 in Geneva, Switzerland. The recommended composition of influenza virus vaccines for use in the 2022-2023 northern hemisphere influenza season can be consulted at the following link: <https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2022-2023-northern-hemisphere-influenza-season>.

Percentage of respiratory specimens that tested positive for influenza by influenza transmission zone¹. Map generated on 04 March 2022.

Percentage of respiratory specimens that tested positive for influenza
By influenza transmission zone
Map generated on 04 March 2022



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization 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.

Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/flu-net)
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¹Information in this report is categorized by influenza transmission zones, which are geographical groups of countries, areas or territories with similar influenza transmission patterns. For more information on influenza transmission zones, see:

https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2020/influenza_transmission_zones20180914.pdf?sfvrsn=dba8eca5_3

- During the COVID-19 pandemic, WHO encourages countries, especially those that have received the [multiplex influenza and SARS-CoV-2](#) reagent kits from GISRS, to conduct integrated surveillance of influenza and SARS-CoV-2 and report epidemiological and laboratory information in a timely manner to established regional and global platforms. Revised interim guidance has just been published here: https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1.
- At the global level, SARS-CoV-2 percent positivity from *sentinel surveillance* decreased across all WHO regions during this reporting period. However, positivity rate was above 50% in the Eastern Mediterranean and between 20% and 30% in all other Regions of WHO, with exception of the African Region of WHO where positivity remained under 10%. Overall positivity from non-sentinel sites also showed a decreasing trend.
- NICs and other national influenza laboratories from 57 countries, areas or territories from six WHO regions (African Region: 1; Region of the Americas: 16; Eastern Mediterranean Region: 3; European Region: 28; South-East Asia Region: 4; Western Pacific Region: 5) reported to FluNet from sentinel surveillance sites for time period from 07 Feb 2022 to 20 Feb 2022 (data as of 2022-03-04 08:07:21 UTC). The WHO GISRS laboratories tested more than 88 036 sentinel specimens during that time period and 29 789 (33.8%) were positive for SARS-CoV-2. Additionally, more than 2.3 million non-sentinel or undefined reporting source samples were tested in the same period and 694 820 were positive for SARS-CoV-2. Further details are included at the end of this update.

For more detailed information, see the Influenza reports from WHO Regional Offices:

- WHO Region of the Americas: www.paho.org/influenzareports
- WHO Eastern Mediterranean Region: <http://www.emro.who.int/health-topics/influenza/situation-update.html>
- WHO European Region: www.flunewseurope.org/
- WHO Western Pacific Region: <https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza>

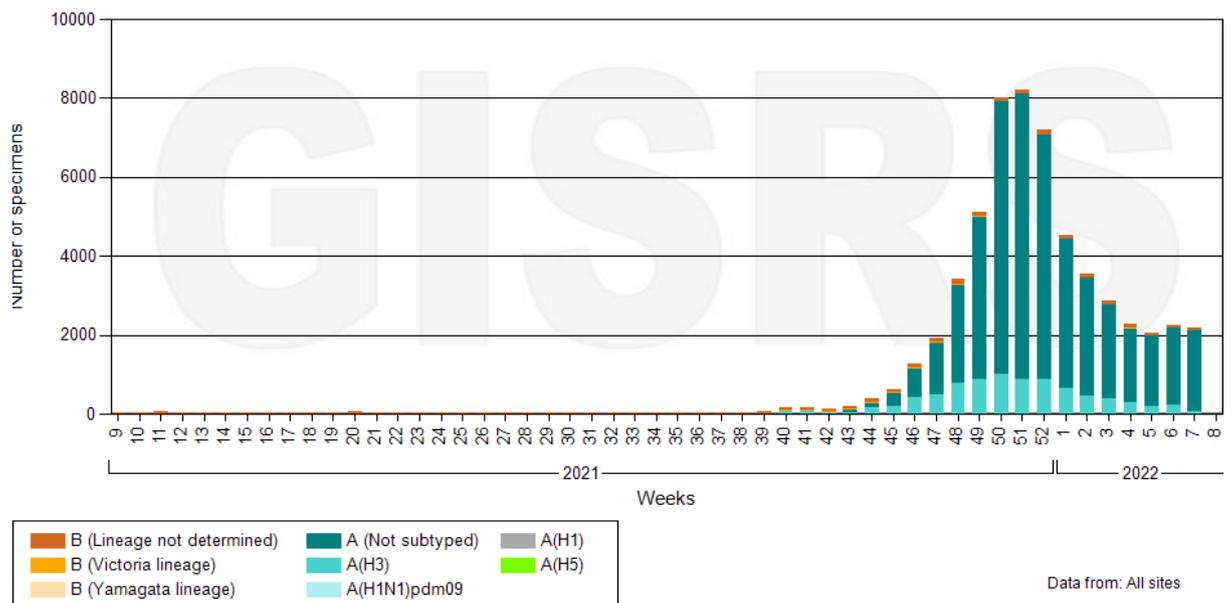
Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity remained low and was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. In Canada, influenza-like illness (ILI) activity remained below levels reported during the same time period in the seasons prior to the 2020-2021 season. Influenza A and B virus detections remained low and sporadic. RSV activity remained below expected levels. In the United States of America (USA), ILI activity remained below the national baseline. Influenza positivity increased slightly with influenza A virus detections, exclusively A(H3N2) viruses among the subtyped viruses. RSV detections decreased further this period. Influenza hospitalizations increased slightly during this period, and cumulative influenza hospitalization rates increased compared to the previous season but less than recent pre-COVID-19 pandemic seasons at this time of year. The percentage of deaths attributed to pneumonia, influenza or COVID-19

in the USA increased and remained above the epidemic threshold established from historical data.

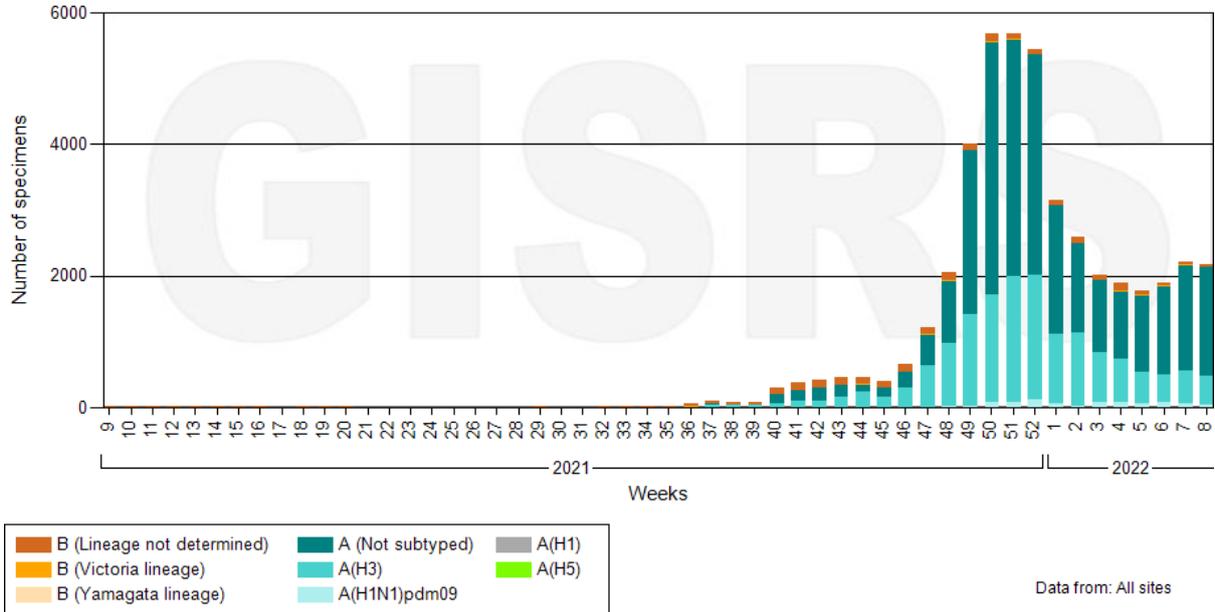
- In Europe, overall influenza activity remained steady with the majority of countries reporting baseline or low intensity (based on ILI activity) and Armenia reporting high intensity. Influenza positivity from samples collected through sentinel surveillance was above 10% in a few countries (France, Hungary, Italy, Luxembourg, Slovenia, Switzerland and United Kingdom (Scotland)). Among influenza positive samples influenza A(H3N2) predominated, followed by A(H1N1)pdm09 and influenza B viruses. Very little RSV activity was observed across Europe. Pooled all-cause mortality estimates from the EuroMOMO network remained elevated particularly among the elderly (65 years or older) in recent month.
- In central Asia, there were no influenza detections reported in this period.
- In Northern Africa, the number of influenza detections has decreased slightly compared to recent weeks. Algeria reported one influenza A(H3N2) detection for this reporting period after a peak in influenza detections in week 1/2022. Tunisia reported ongoing detections of mainly influenza A(H3N2) and some A(H1N1)pdm09 viruses.
- In Western Asia, low influenza activity was reported across reporting countries with detections of influenza A(H3N2) and B viruses.
- In East Asia, influenza activity decreased slightly, mainly reflecting the activity reported from China where the percent positivity appeared to decrease after peaking in week 2/2022. Influenza B (Victoria lineage) viruses were predominately detected. Mongolia reported sporadic detections of influenza A(H3N2) viruses; ILI rate and the proportion of hospitalizations due to pneumonia remained elevated though showing a small decrease, likely attributed to COVID-19 cases in recent weeks. In the other countries of the subregion, influenza illness indicators and activity remained low. RSV activity was elevated in Mongolia and Republic of Korea in recent weeks.

Number of specimens positive for influenza by subtype in North America



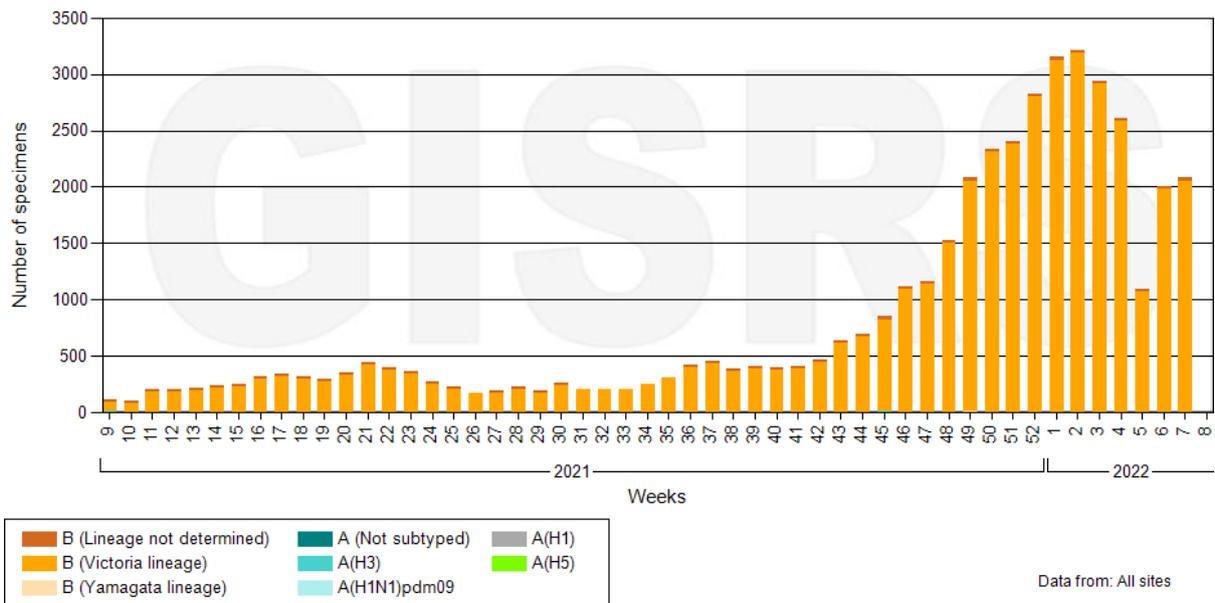
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Number of specimens positive for influenza by subtype in the European Region of WHO



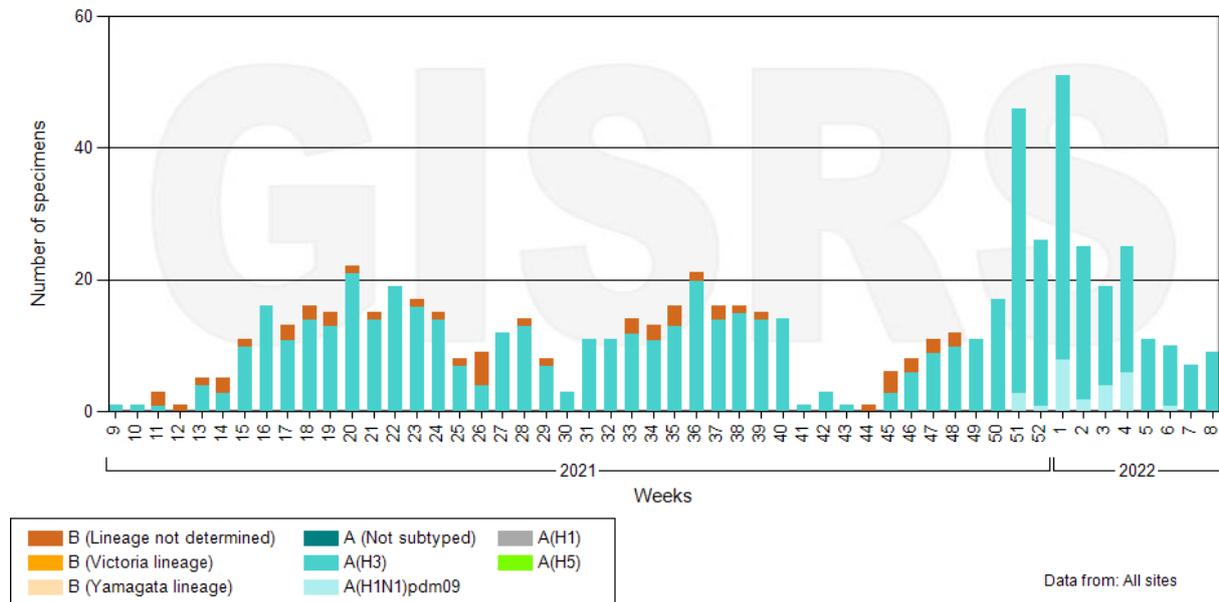
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Number of specimens positive for influenza by subtype in Eastern Asia



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Number of specimens positive for influenza by subtype in Northern Africa



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, influenza activity remained overall low with detections of predominantly influenza A(H3N2). In Central America, influenza activity decreased in Mexico, Guatemala and Nicaragua. The number of SARI cases remained at moderate-intensity levels in Costa Rica, with 60% of sampled cases positive for SARS-CoV-2.
- In the tropical countries of South America, influenza A(H3N2) detections and the percent positivity for influenza decreased and returned to similar to or below levels normally seen at this time of year.

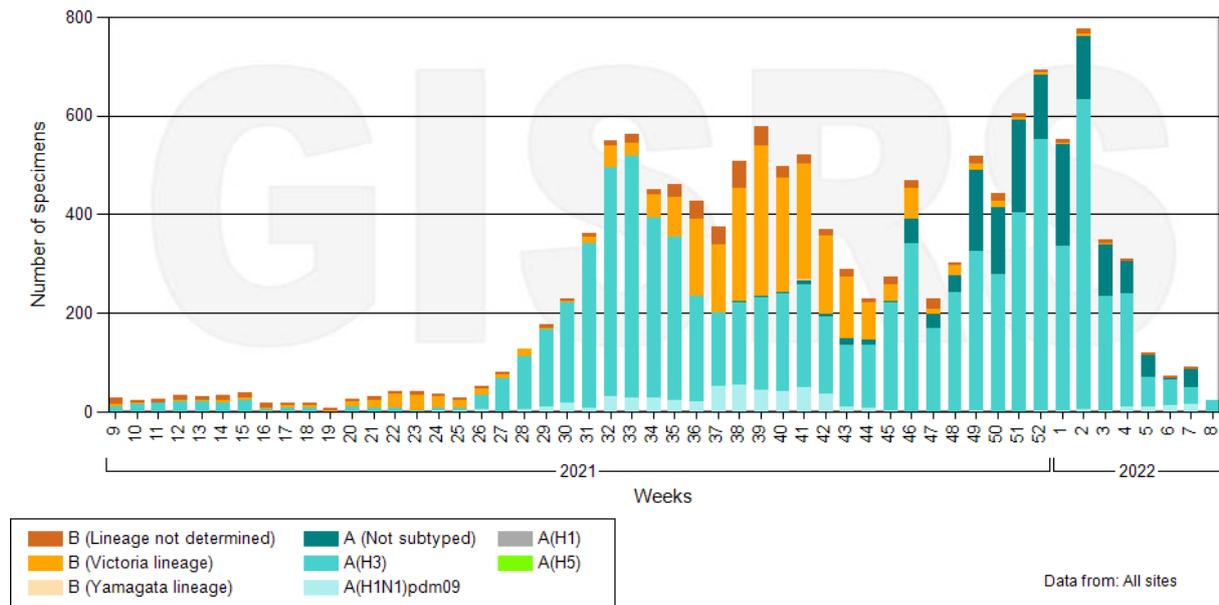
Tropical Africa

- In Western Africa, sporadic influenza detections were reported. Côte d'Ivoire and Ghana reported influenza A(H3N2) detections, while Senegal reported a single detection of influenza A(H1N1)pdm09 and Nigeria reported one detection of influenza B. Several other countries conducted influenza testing but reported no detections.
- In Middle Africa, South Sudan reported several detections of influenza B.
- In Eastern Africa, Kenya reported one influenza A(H3N2) and one influenza B detection. Mozambique continued to report a relatively elevated number of influenza detections, mainly of influenza A(H3N2) subtype. Those influenza B viruses for which lineage was determined belonged to the Victoria lineage.

Tropical Asia

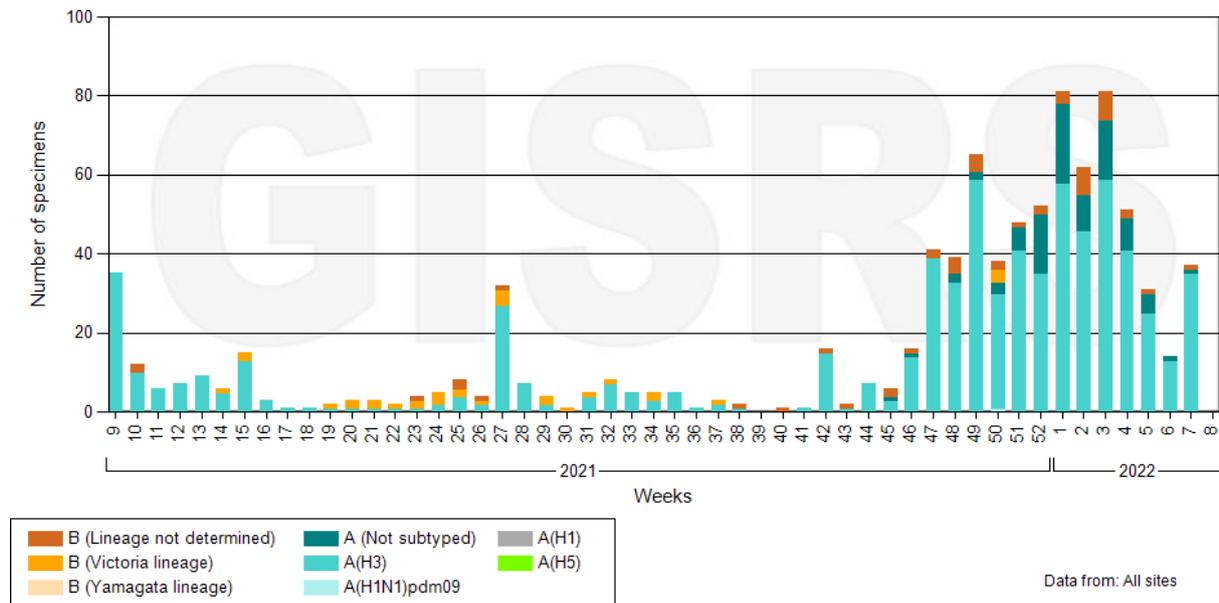
- In Southern Asia, the number of influenza detections decreased overall with influenza A(H3N2) predominately detected. These were reported by Bhutan, Iran (Islamic Republic of), and Sri Lanka. Detections of influenza A(H1N1)pdm09 increased in Pakistan in recent weeks.
- In South East Asia, Malaysia continued to report detections of influenza A(H3N2) and few influenza B viruses. Decreased influenza A were reported in the Philippines in recent weeks. In Timor-Leste influenza A(H3N2) detections decreased in comparison with previous weeks.

Number of specimens positive for influenza by subtype in Southern Asia



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Number of specimens positive for influenza by subtype in South East Asia

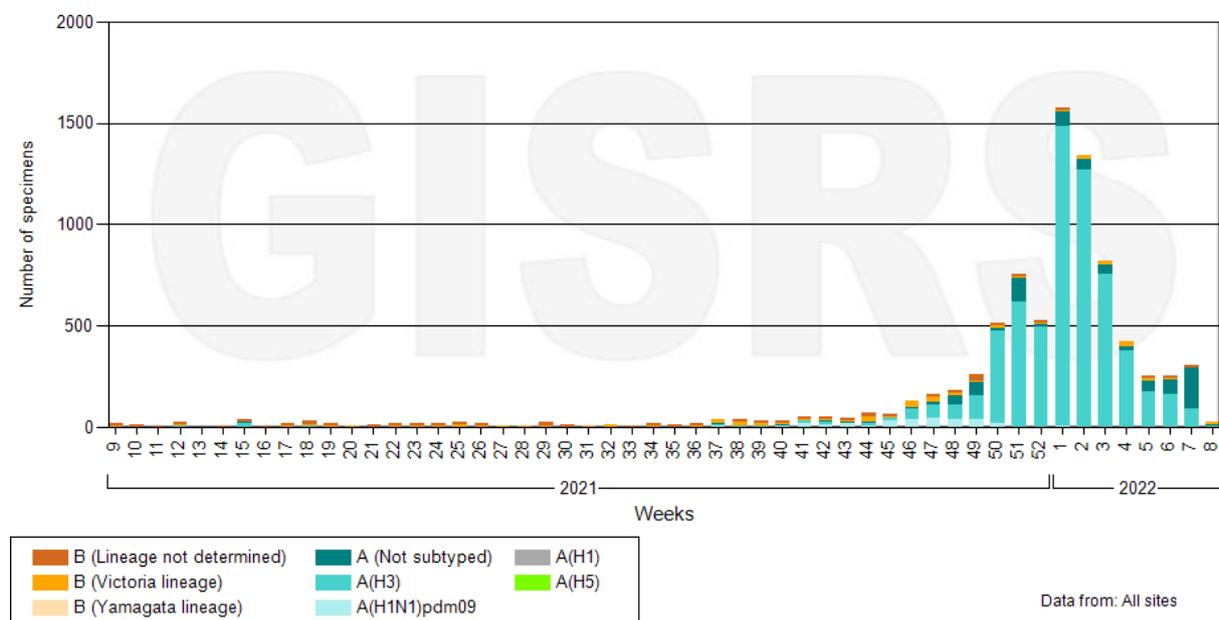


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Countries in the temperate zone of the southern hemisphere

- In the temperate zones of the southern hemisphere, influenza activity remained low overall as expected at this time of year, and the influenza detections reported in recent weeks in temperate South America seems to decrease again.
- In Oceania, very few influenza virus detections were reported in the region except in French Polynesia, where a declining number of detections of influenza A(H3N2) continued to be reported.
- In South Africa, influenza transmission and impact remained below the seasonal threshold, with only a single influenza B (Victoria lineage) virus reported which was detected outside of routine influenza surveillance systems. The detection rate for SARS-CoV-2 was similar to previous weeks. RSV detections increased but remain below seasonal levels.
- In temperate South America, influenza A(H3N2) detections increased overall in recent weeks. In Argentina, influenza detections continued to increase, and positivity reached extraordinary level which was much higher than normally seen at this time of year. In Chile, influenza positivity continued to decrease, but this was still at higher levels than normally seen at this time of year. In Paraguay percentage positivity for influenza was at baseline levels.

Number of specimens positive for influenza by subtype in southern hemisphere



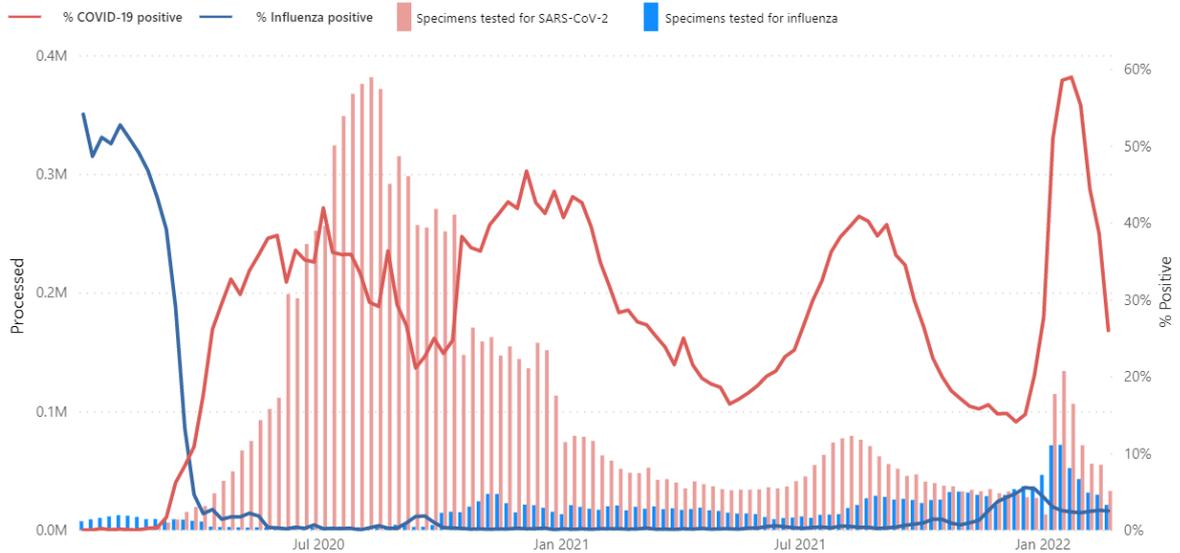
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
 Data generated on 03/03/2022

SARS-CoV-2 sentinel surveillance data reported to FluNet

- SARS-CoV-2 data are included from those countries reporting testing one or more sentinel specimens for SARS-CoV-2 per week. Influenza data are included from those countries reporting testing one or more sentinel specimens for influenza per week regardless of their reporting of SARS-CoV-2 testing data. Currently, there are a limited number of countries reporting such data to FluNet in a timely and consistent way. The charts below show the data globally and by WHO

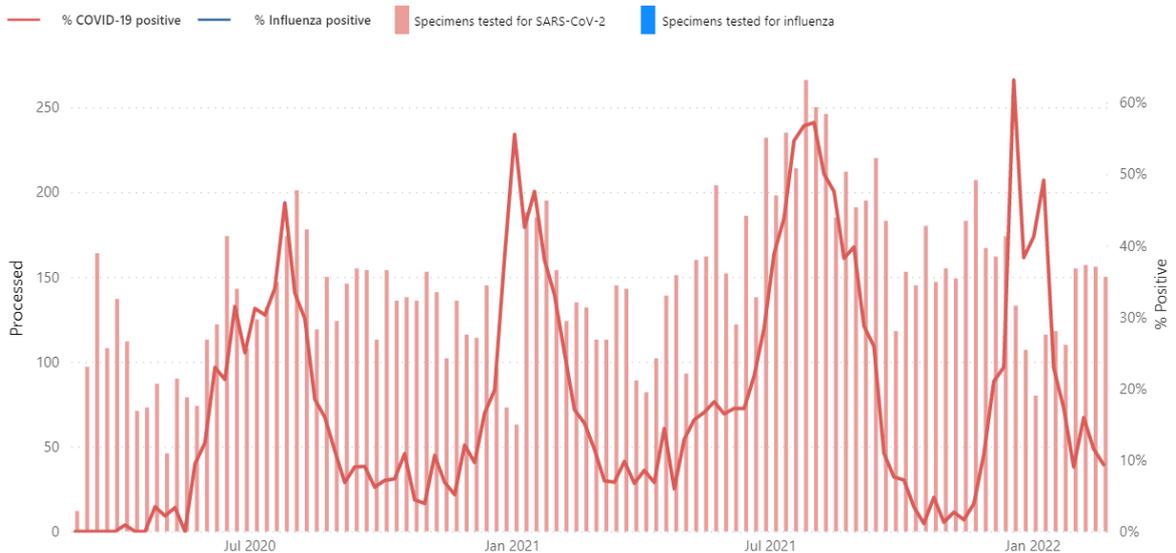
region from the data reported to date to WHO from a limited number of countries and thus the trends in percent positivity do not reflect the situation as a whole in the region.

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet globally



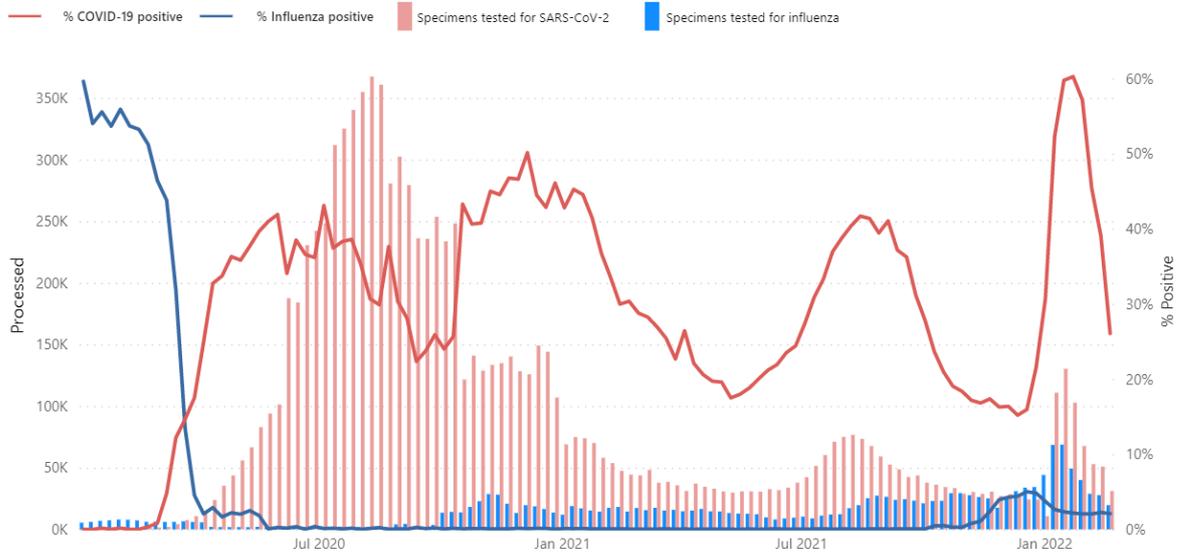
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO African Region



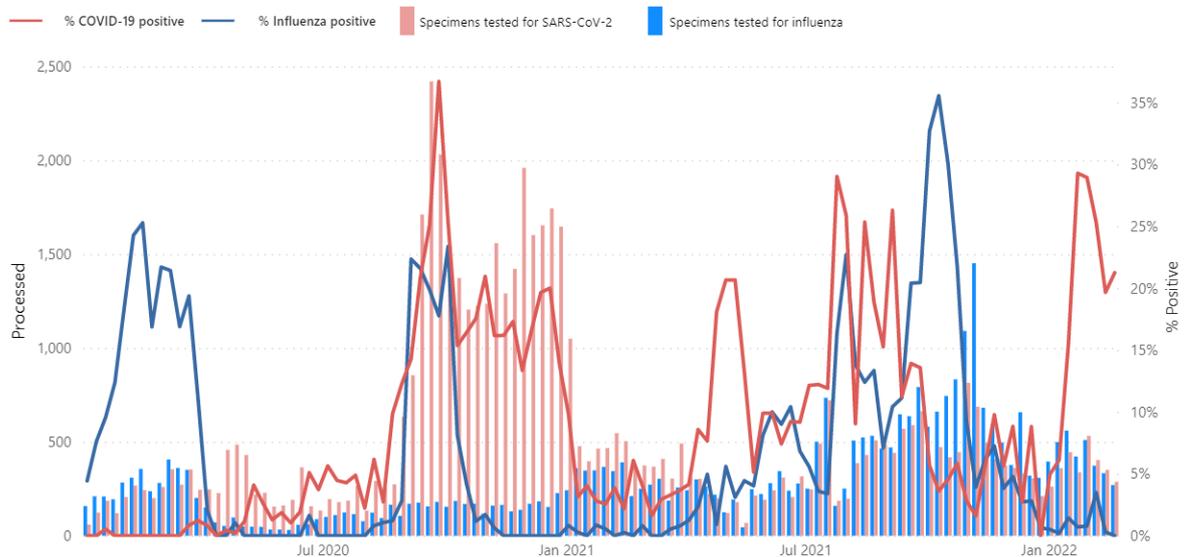
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO Region of the Americas



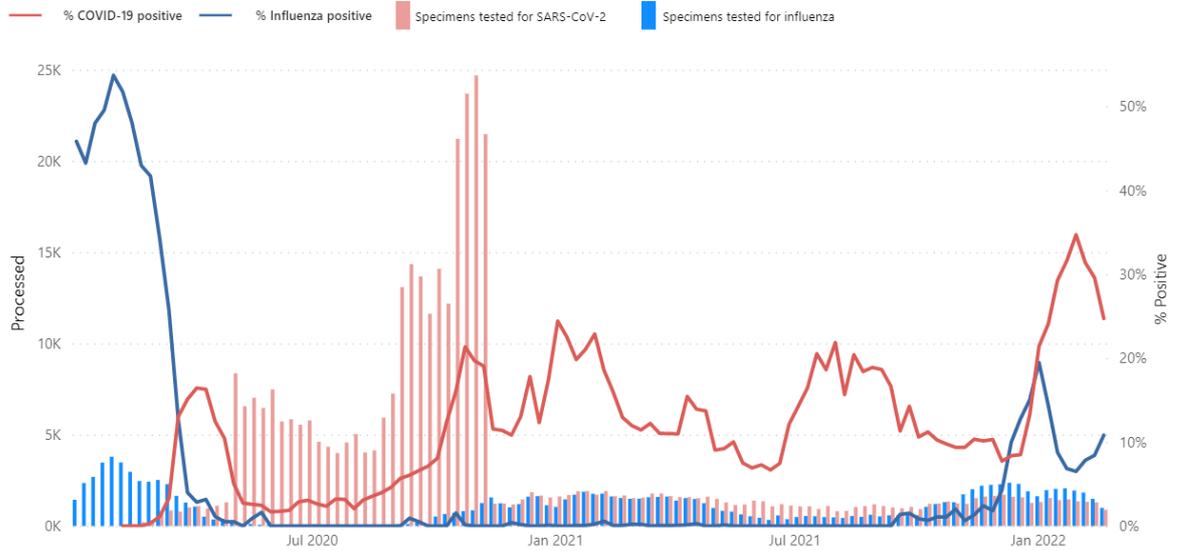
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO South-East Asia Region



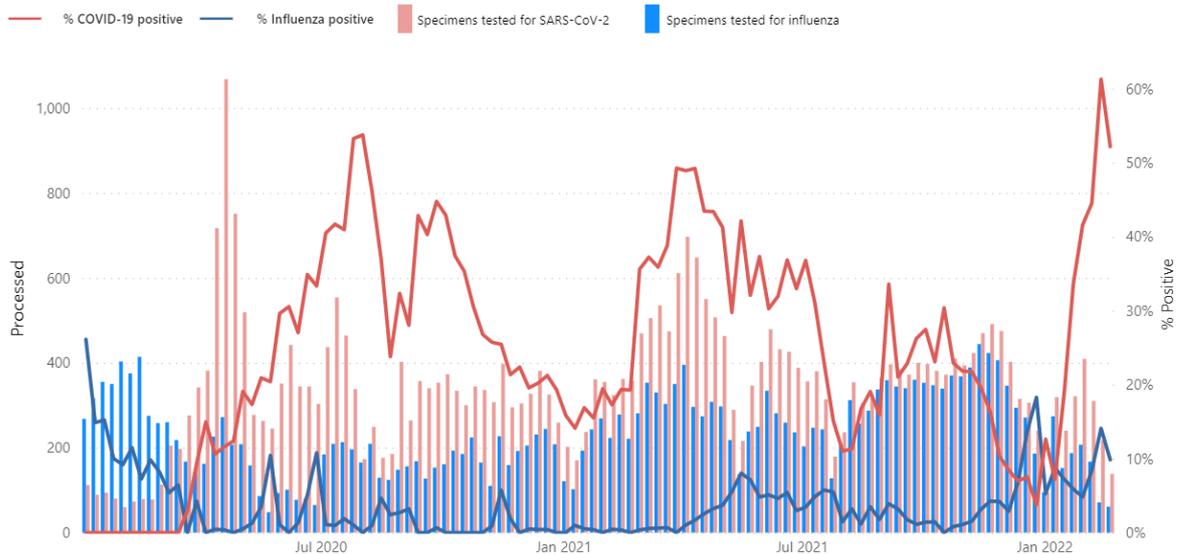
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO European Region



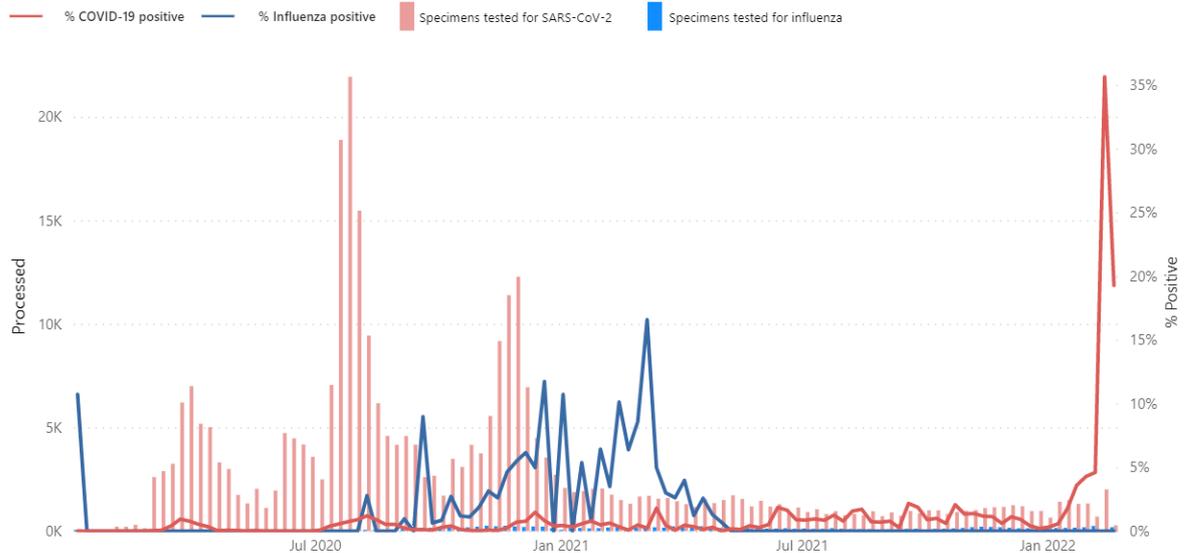
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO Eastern Mediterranean Region



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Influenza and SARS-CoV-2 virus detections from sentinel surveillance reported to FluNet from countries, areas and territories in the WHO Western Pacific Region



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 04/03/2022

Sources of data

The Global Influenza Programme monitors influenza activity worldwide and publishes an update every two weeks. The updates are based on available epidemiological and virological data sources, including FluNet (reported by the WHO Global Influenza Surveillance and Response System), FluID (epidemiological data reported by national focal points) and influenza reports from WHO Regional Offices and Member States. During the COVID-19 pandemic, FluNet has also been receiving updates on testing of samples obtained from routine influenza surveillance systems for SARS-CoV-2. Completeness can vary among updates due to availability and quality of data available at the time when the update is developed.

Seasonal influenza reviews: [Review of global influenza circulation, late 2019 to 2020, and the impact of the COVID-19 pandemic on influenza circulation](#)

Epidemiological Influenza updates: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates>

Virological surveillance updates: <https://www.who.int/tools/flunet/flunet-summary>

Influenza surveillance outputs: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>

Influenza – COVID-19 Interface, including surveillance outputs: <https://www.who.int/teams/global-influenza-programme/influenza-covid19>

Contact: fluupdate@who.int