

Influenza Update N° 415

21 March 2022, based on data up to 06 March 2022

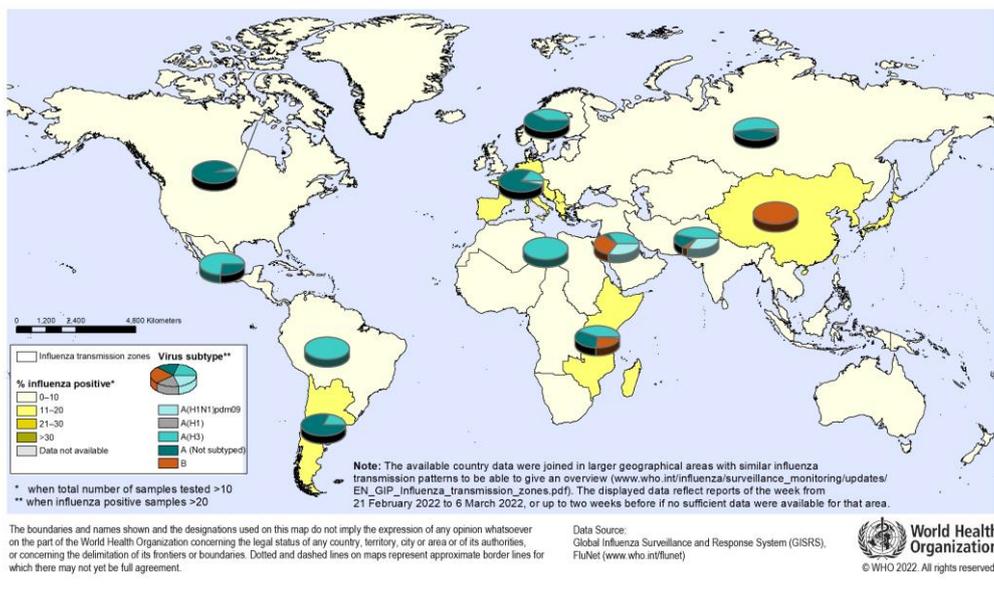
In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 virus detections from sentinel and non-sentinel surveillance performed by the Global Influenza Surveillance and Response System (GISRS) and GISRS-associated surveillance systems and reported to FluNet is included.

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 increased or remained stable with detections of mainly influenza A(H3N2) viruses and B/Victoria lineage viruses reported.
- In North America, influenza activity increased in recent weeks but remained lower than pre-COVID-19 pandemic levels at this time of the year and was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. Respiratory syncytial virus (RSV) activity further decreased in the United States of America (USA) and Canada.
- In Europe, overall influenza activity appeared to increase again with influenza A(H3N2) predominant. Very little RSV activity was observed.
- In East Asia, influenza activity with mainly influenza B/Victoria lineage detections increased in China. Elsewhere, influenza illness indicators and activity remained low. Increased RSV activity was reported in Mongolia and the Republic of Korea.
- 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 detections were predominantly influenza A(H3N2) and activity remained low.
- In tropical South America, low influenza activity was reported with influenza A(H3N2) predominant.
- In tropical Africa, influenza activity was reported from Eastern Africa with influenza A(H3N2) predominating followed by influenza B/Victoria lineage viruses.

- In Southern Asia, influenza virus detections were at low levels with influenza A(H1N1)pdm09, A(H3N2) and B viruses detected.
- In South-East Asia, influenza detections were at low levels with influenza A(H3N2) predominant.
- In the temperate zones of the southern hemisphere, influenza activity remained low overall, although detections of influenza A(H3N2) continue to be reported in some countries in temperate South America.
- National Influenza Centres (NICs) and other national influenza laboratories from 117 countries, areas or territories reported data to FluNet for the time period from 21 February 2022 to 06 March 2022* (data as of 2022-03-18 09:25:53 UTC). The WHO GISRS laboratories tested more than 367 148 specimens during that time period. 17 423 were positive for influenza viruses, of which 12 922 (74.2%) were typed as influenza A and 4501 (25.8%) as influenza B. Of the sub-typed influenza A viruses, 337 (12%) were influenza A(H1N1)pdm09 and 2475 (88%) were influenza A(H3N2). Of the characterized B viruses, none belonged to the B-Yamagata lineage and all (4371) 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 21 March 2022.



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

- 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 except in the South-East Asia Region where the positivity was above 40%. The positivity rate was between 10% and 30% in all 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.
- National Influenza Centres (NICs) and other national influenza laboratories from 55 countries, areas or territories reported data to FluNet for the time period from six WHO regions (African Region: 1; Region of the Americas: 16; Eastern Mediterranean Region: 4; European Region: 26; South-East Asia Region: 5; Western Pacific Region: 3) reported to FluNet from sentinel surveillance sites for time period from 21 Feb 2022 to 06 Mar 2022* (data as of 2022-03-18 09:25:53 UTC). The WHO GISRS laboratories tested more than 54 328 sentinel specimens during that time period and 10 238 (18.8%) were positive for SARS-CoV-2. Additionally, more than 735 845 non-sentinel or undefined reporting source samples were tested in the same period and 112 402 were positive for SARS-CoV-2. Further details are included at the end of this update and in the surveillance outputs here 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>

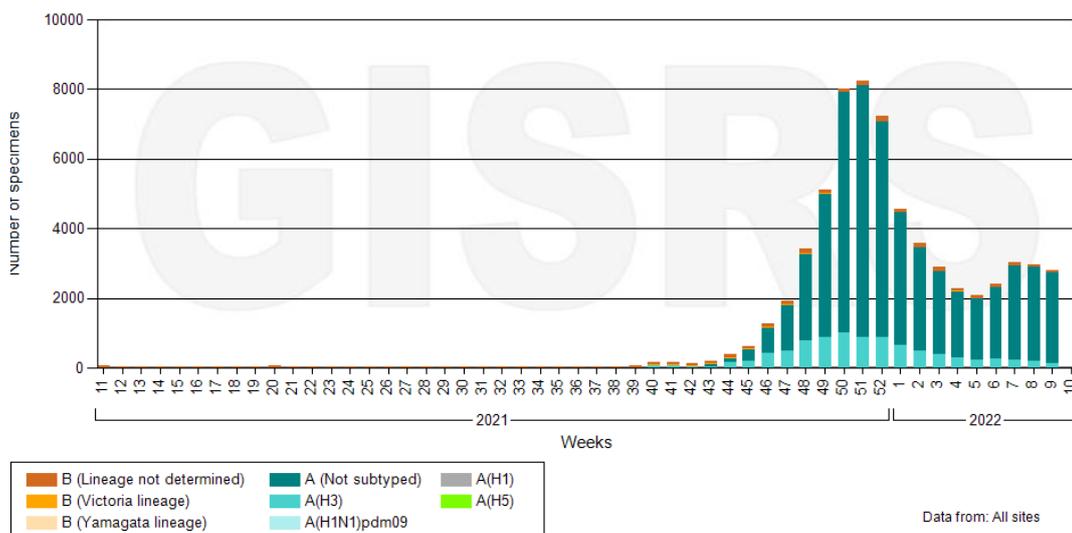
Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity increased in recent weeks but remained lower than pre-COVID-19 pandemic levels at this time of the year, 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 USA, ILI activity remained below the national baseline. Influenza positivity increased slightly with influenza A virus detections, with A(H3N2) viruses predominant among the subtyped viruses. 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. RSV detections remained low this period.

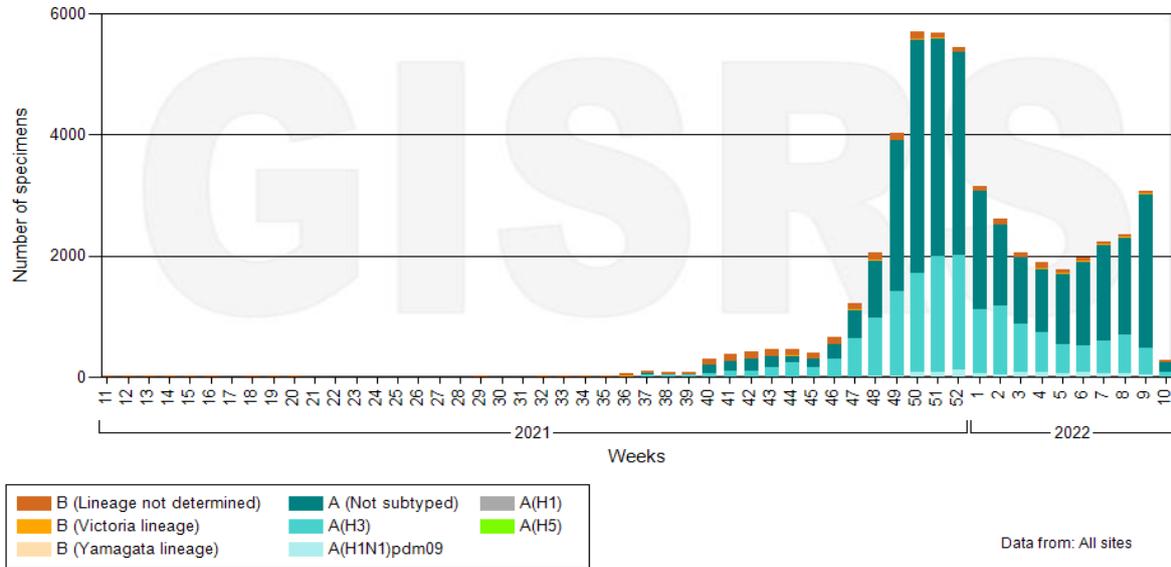
- In Europe, overall influenza activity appeared to increase again. The influenza positivity of specimens from patients presenting with ILI and acute respiratory infection (ARI) at sentinel sites increased to 14%, above the regional epidemic threshold. Influenza positivity was above 10% in a few countries (Denmark, France, Hungary, Luxembourg, Norway, Republic of Moldova, Slovenia, Spain, Switzerland and the United Kingdom of Great Britain and Northern Ireland (Scotland)). Among subtyped influenza 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 and showed elevated excess mortality particularly among people aged 45 to 64 years, as well as among those aged 65 years or older.
- In central Asia, there were no influenza detections reported in this period.
- In Northern Africa, detections continued at low levels with influenza A(H3N2) predominant. Algeria and Morocco, who reported detections in previous weeks, reported no new detections this period. Tunisia reported ongoing detections of A(H3N2) viruses.
- In Western Asia, low influenza activity was reported across reporting countries with detections of influenza A and B/Victoria lineage viruses.
- In East Asia, influenza activity increased slightly, mainly reflecting the activity reported from China where the percent positivity appeared to increase again especially in the Southern provinces, after a peak in week 2/2022. Influenza B/Victoria lineage viruses predominated among the detection. In Hong Kong SAR, China, ILI consultation rates at sentinel outpatient clinic increased in recent weeks and were close to the levels recorded in 2019, likely related with increased SARS-CoV-2 circulation. In Mongolia, the ILI rate and the proportion of hospitalizations due to pneumonia remained elevated and RSV activity continued to increase. In the other countries of the subregion, influenza illness indicators and activity remained low. RSV activity was elevated but declining in the Republic of Korea.

Number of specimens positive for influenza by subtype in North America



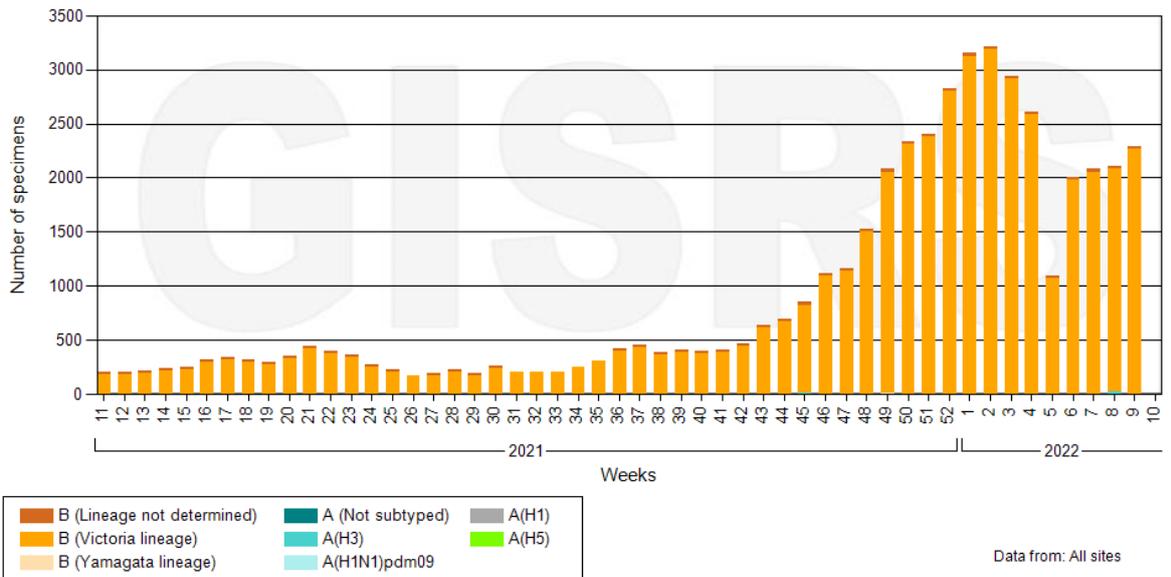
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

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



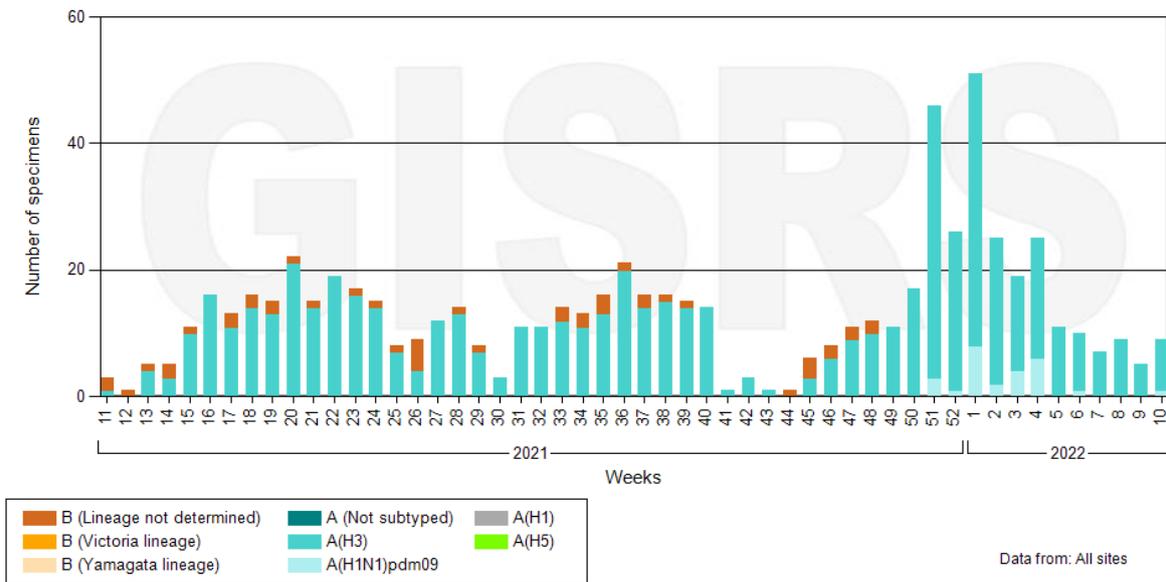
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

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 17/03/2022

Number of specimens positive for influenza by subtype in Northern Africa



Data source: FluNet (www.who.int/toolkits/flu-net). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

Countries in the tropical zone

Tropical countries of Central America, the Caribbean and South America

- In the Caribbean and Central American countries, influenza detections were predominantly influenza A(H3N2) and activity remained low. Influenza activity decreased in most reporting countries, except in French Guiana where activity increased. In Central America, influenza activity decreased in Mexico, Guatemala, Honduras and Nicaragua and increased in El Salvador. The number of severe acute respiratory infection (SARI) cases remained at moderate-intensity levels in Costa Rica, with 47% 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 seasonal threshold levels except in the Plurinational State of Bolivia and Ecuador where influenza positivity increased slightly above seasonal thresholds.

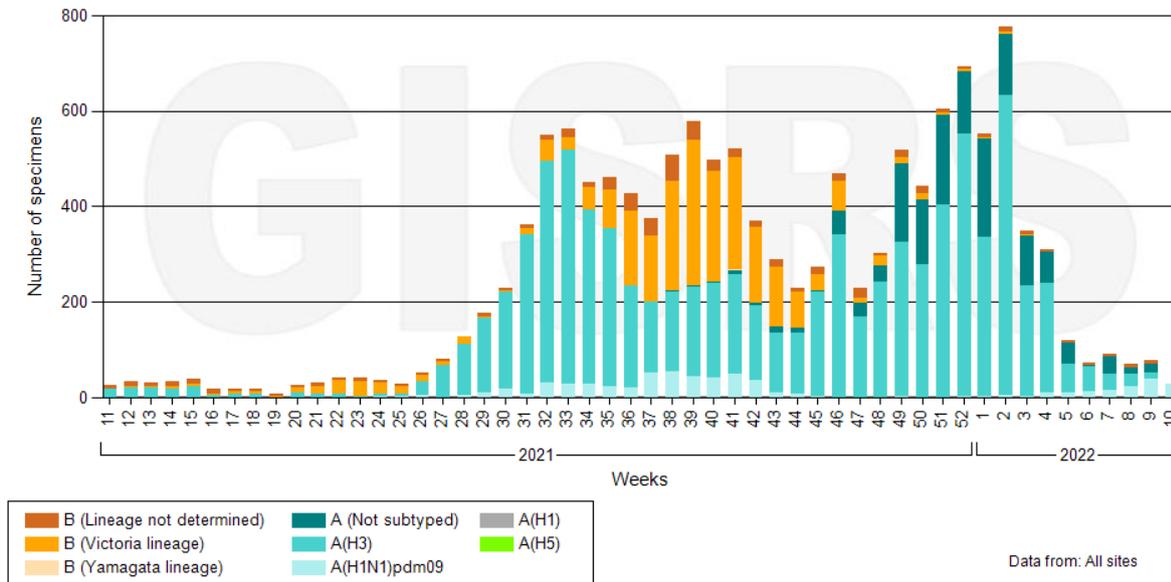
Tropical Africa

- In Western Africa, sporadic influenza detections were reported. Burkina Faso reported a single A(H3N2) virus detection and Côte d'Ivoire reported one A(H3N2) and one A(H1N1)pdm09 virus detection. Several other countries reported no detections for this period.
- In Middle Africa, no influenza detections were reported in this period.
- In Eastern Africa, influenza A and B virus detections continued to be reported. Mozambique continued to report a relatively elevated number of influenza detections, mainly influenza A(H3N2), when the subtype was determined along with some influenza B/Victoria lineage viruses. Ethiopia and Uganda also reported mainly influenza A(H3N2) and some influenza B detections. Madagascar reported decreasing numbers of influenza A detections.

Tropical Asia

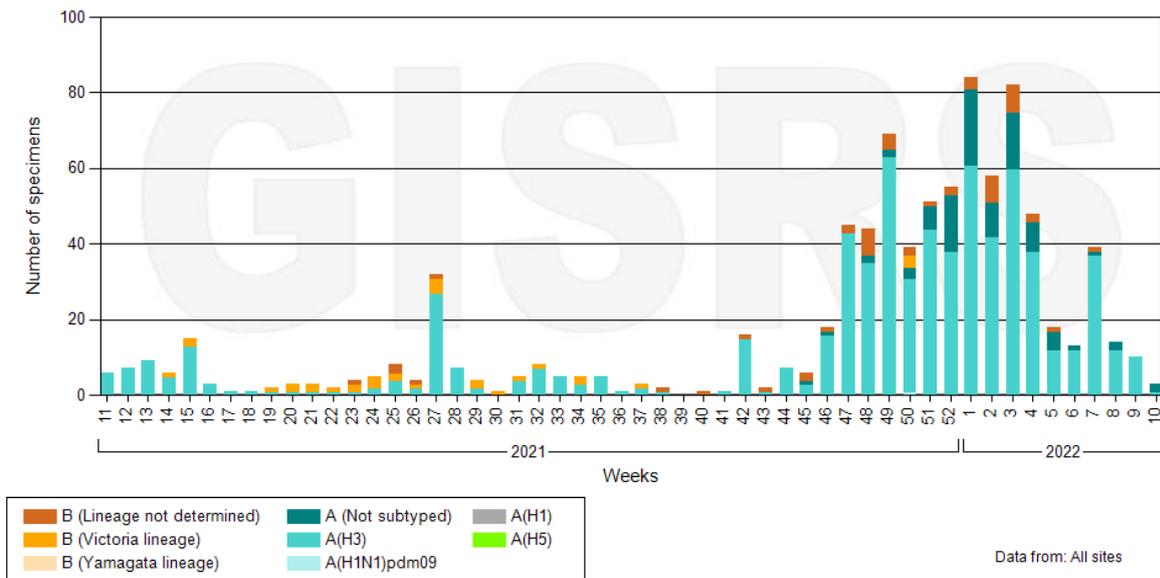
- In Southern Asia, influenza detections were at low levels with all subtypes detected. Bhutan and India reported sporadic A(H3N2) detections. Iran (Islamic Republic of) reported influenza A detections with A(H3N2) predominant among the subtyped and a few B virus detections. Detections of predominantly influenza A(H1N1)pdm09 continued to be reported in Pakistan in recent weeks but A(H3N2) and B viruses were also detected. Sri Lanka reported one B virus detection.
- In South East Asia, influenza detections were at low levels with influenza A(H3N2) predominant. ILI activity decreased in Indonesia and continued in an increasing trend in Singapore. Singapore reported some A(H3N2) virus detections after a long period without influenza detections. ILI activity increased slightly in Lao People’s Democratic Republic but remained below levels seen in previous years at this time Malaysia continued to report detections of influenza A(H3N2) but at decreased levels.

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 17/03/2022

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

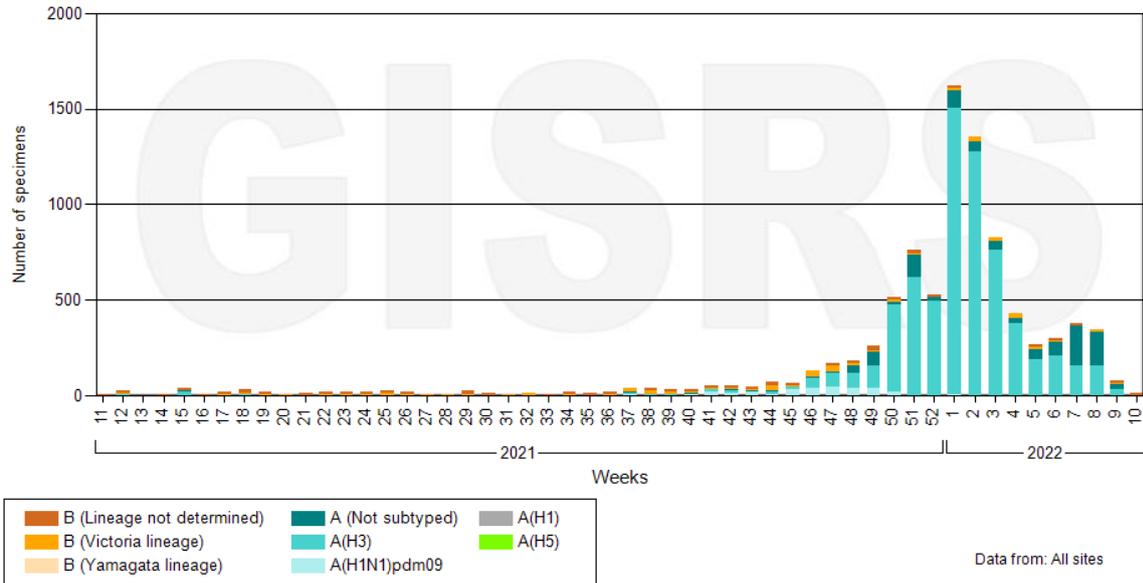


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

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, although some countries continue to detect influenza A(H3N2) viruses.
- In Oceania, very few influenza virus detections were reported in the region and activity remained low except in Fiji where ILI activity was elevated. Sentinel surveillance samples showed a 39% positivity rate for influenza and 8% positivity for COVID-19.
- In South Africa, influenza transmission and impact remained below the seasonal threshold, with only a single influenza A virus (unsubtyped) reported through routine influenza surveillance systems. The detection rate for SARS-CoV-2 in routine influenza surveillance systems decreased. RSV detections continued but remained 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 was still higher 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

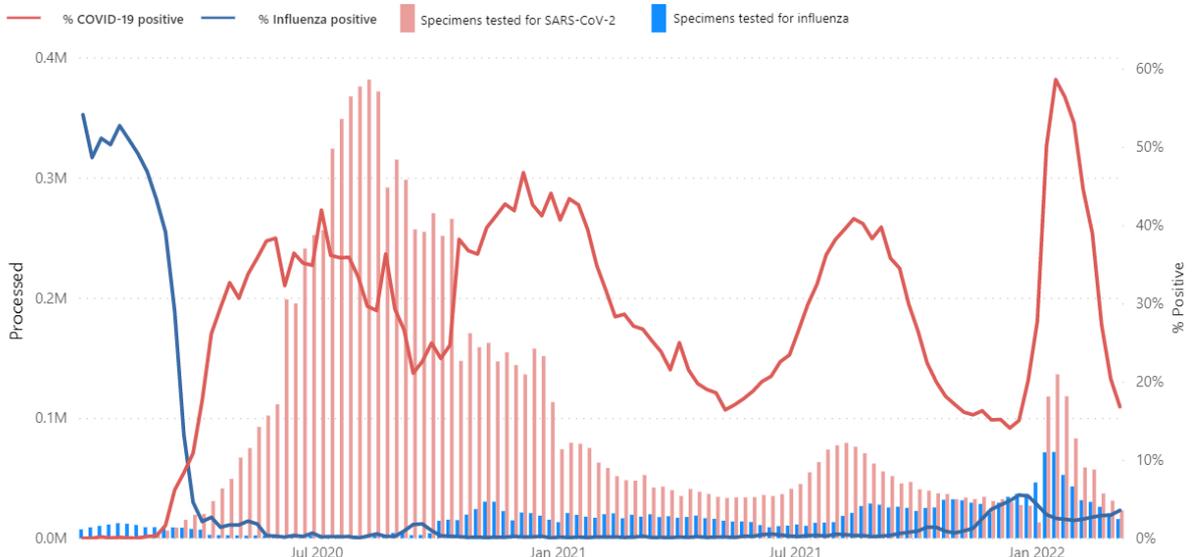


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

SARS-CoV-2 sentinel surveillance data reported to FluNet

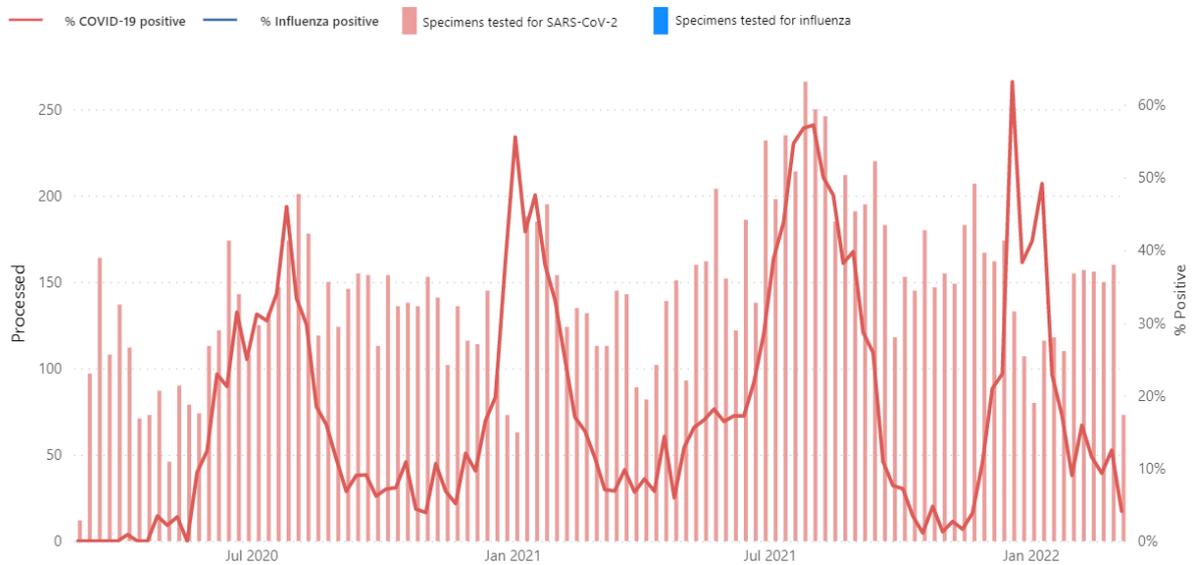
- SARS-CoV-2 data are included from those countries reporting testing one or more sentinel specimens for SARS-CoV-2 per week. Influenza data are included from those countries reporting testing one or more sentinel specimens for influenza per week regardless of their reporting of SARS-CoV-2 testing data. 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



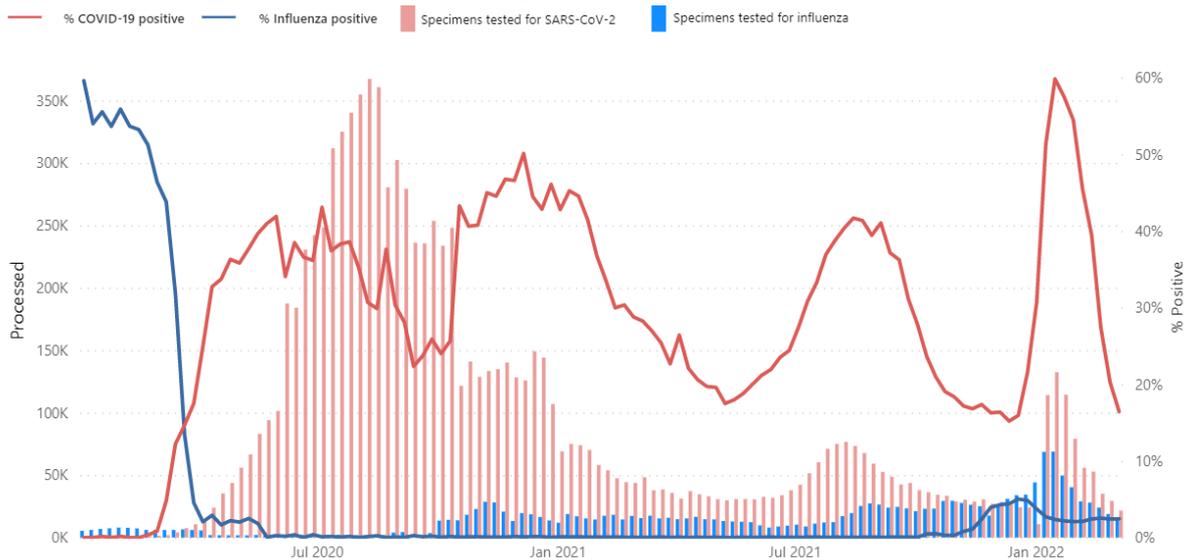
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

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



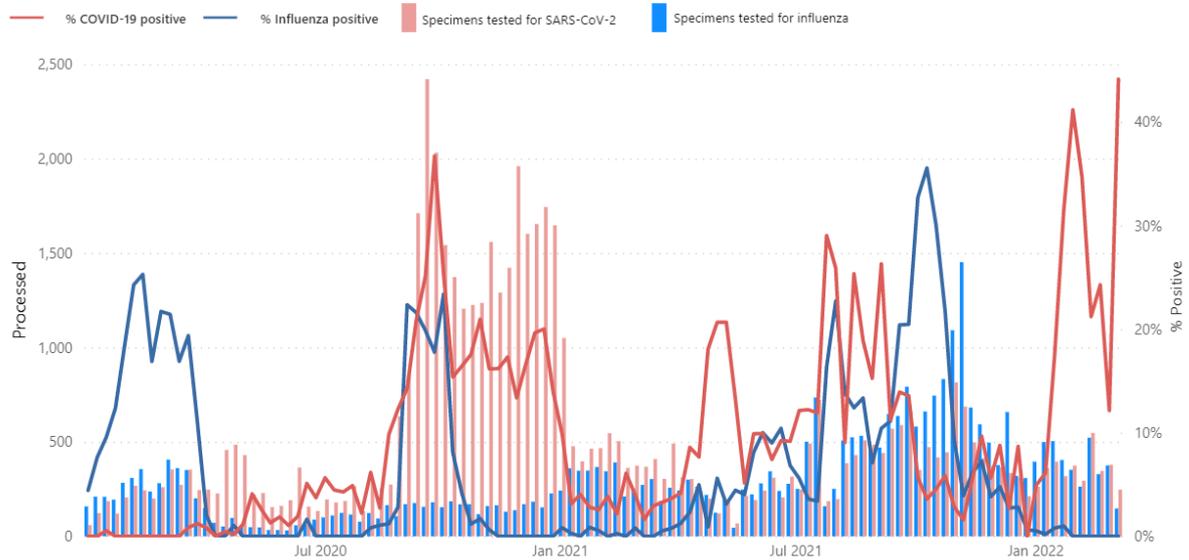
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

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



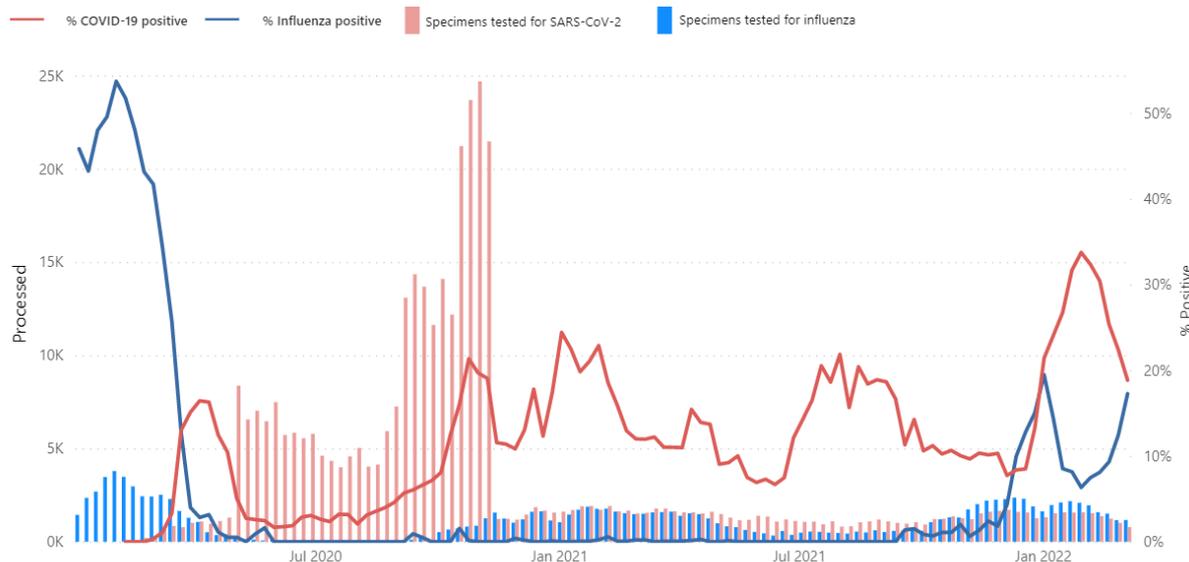
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

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



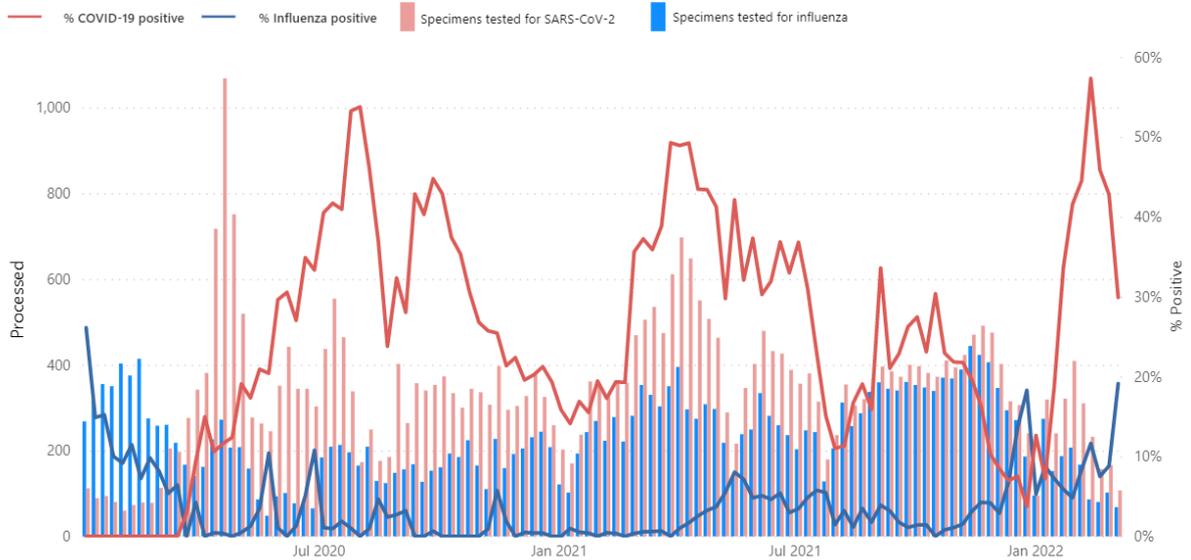
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

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



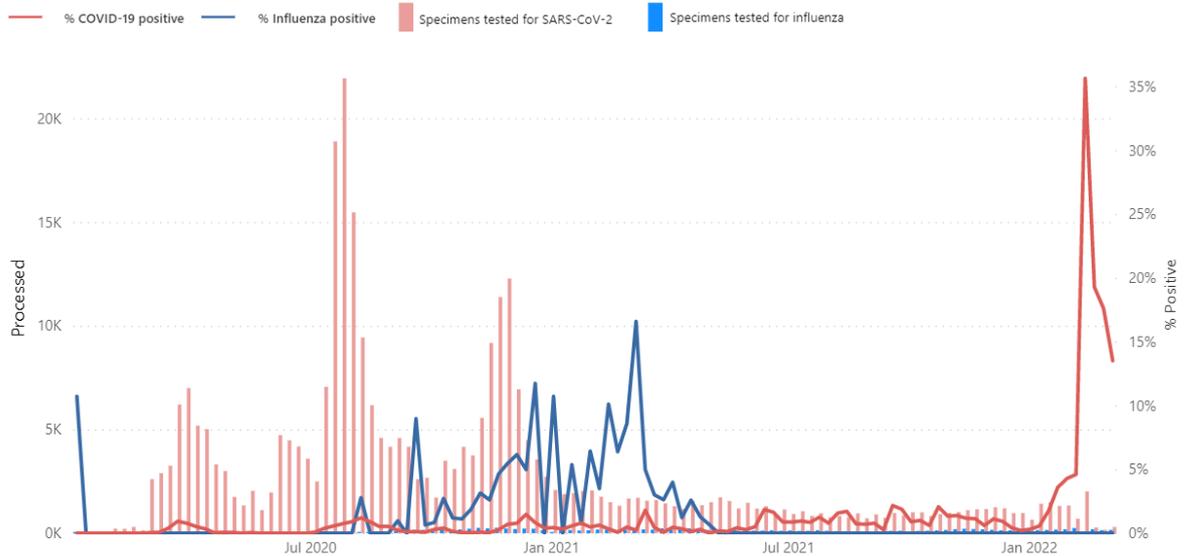
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 17/03/2022

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 17/03/2022

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 17/03/2022

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