Influenza Update N° 416

04 April 2022, based on data up to 20 March 2022

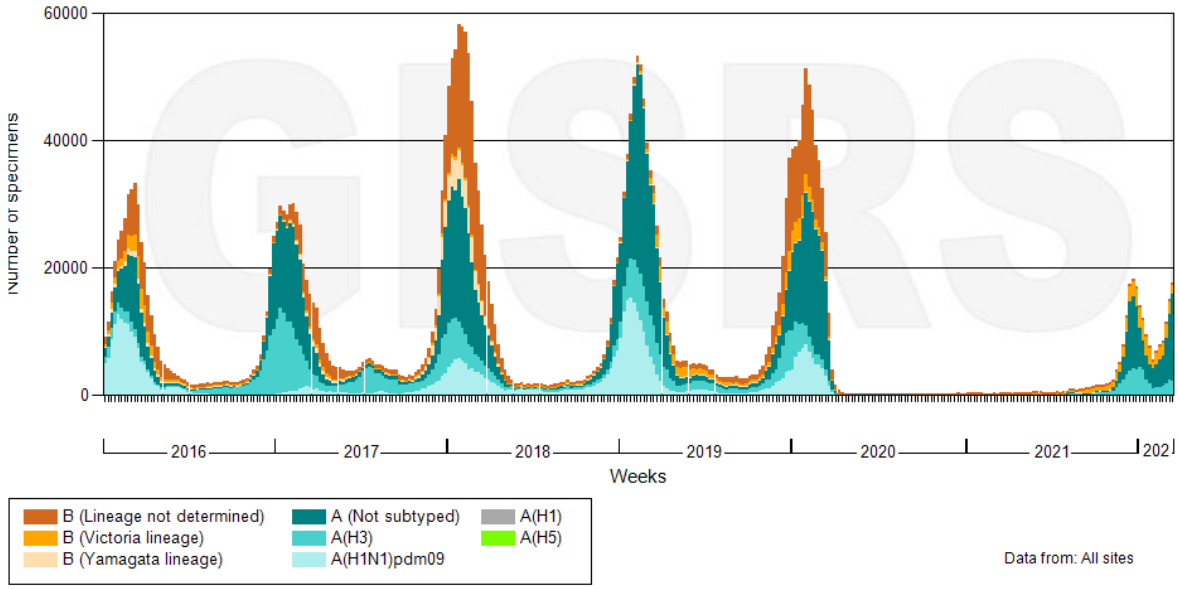
In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 virus detections from sentinel and non-sentinel surveillance performed by the Global Influenza Surveillance and Response System (GISRS) and GISRS-associated surveillance systems and reported to FluNet is included.

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 in comparison with pre-COVID years, but activity has increased again since February 2022 after an initial decrease in January 2022.
- **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 continues to increase with influenza A(H3N2) predominant. Very little RSV activity was observed.
- In Central Asia, no influenza detections were reported.
- In East Asia, influenza activity with mainly influenza B/Victoria lineage detections appeared to decrease in China. Elsewhere, influenza illness indicators and activity remained low. Increased RSV activity was reported in Mongolia.
- In Northern Africa, influenza detections of influenza A(H3N2) continued to be reported in Tunisia.
- In Western Asia, influenza activity was low across reporting countries.
- In the Caribbean and Central American countries, low influenza activity was reported with influenza A(H3N2) predominant.
- 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 viruses.
- In Southern Asia, influenza virus detections were at low levels with influenza A(H1N1)pdm09 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 viruses (with A(H3N2) predominant among the subtyped viruses) continued to be reported in some countries in temperate South America and South Africa.

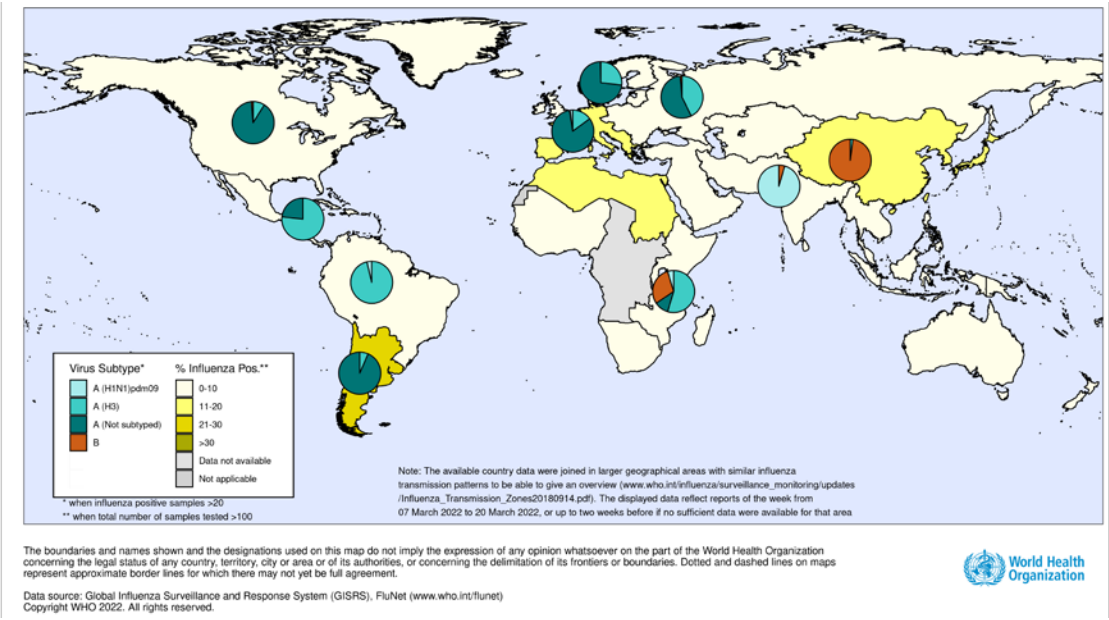
Number of specimens positive for influenza by subtype globally, 2016-20 March 2022



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

- National Influenza Centres (NICs) and other national influenza laboratories from 111 countries, areas or territories reported data to FluNet for the time period from 07 March 2022 to 20 March 2022* (data as of 2022-04-01 06:58:55 UTC). The WHO GISRS laboratories tested more than 377 735 specimens during that time period. 32 703 were positive for influenza viruses, of which 29 030 (88.8%) were typed as influenza A and 3673 (11.2%) as influenza B. Of the sub-typed influenza A viruses, 315 (6.5%) were influenza A(H1N1)pdm09 and 4504 (93.5%) were influenza A(H3N2). Of the characterized B viruses, none belonged to the B-Yamagata lineage and 3440 (100%) to the B-Victoria lineage.

Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone[1]. Map generated on 01 April 2022.



- 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 to around 10% in all WHO regions during this reporting period except in the Eastern Mediterranean Region where activity increased slightly to 18% and in the European Region where activity was stable around 15%. 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: 15; Eastern Mediterranean Region: 4; European Region: 28; South-East Asia Region: 3; Western Pacific Region: 4) reported to FluNet from sentinel surveillance sites for time period from 07 Mar 2022 to 20 Mar 2022* (data as of 2022-04-01 06:58:55 UTC). The WHO GISRS laboratories tested more than 38 168 sentinel specimens during that time period and 4808 (12.6%) were positive for SARS-CoV-2. Additionally, more than 982 044 non-sentinel or undefined reporting source samples were tested in the same period and 66 425 were positive for SARS-CoV-2. Further details are included at the end of this update and in the surveillance outputs here.

[1]Information 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

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

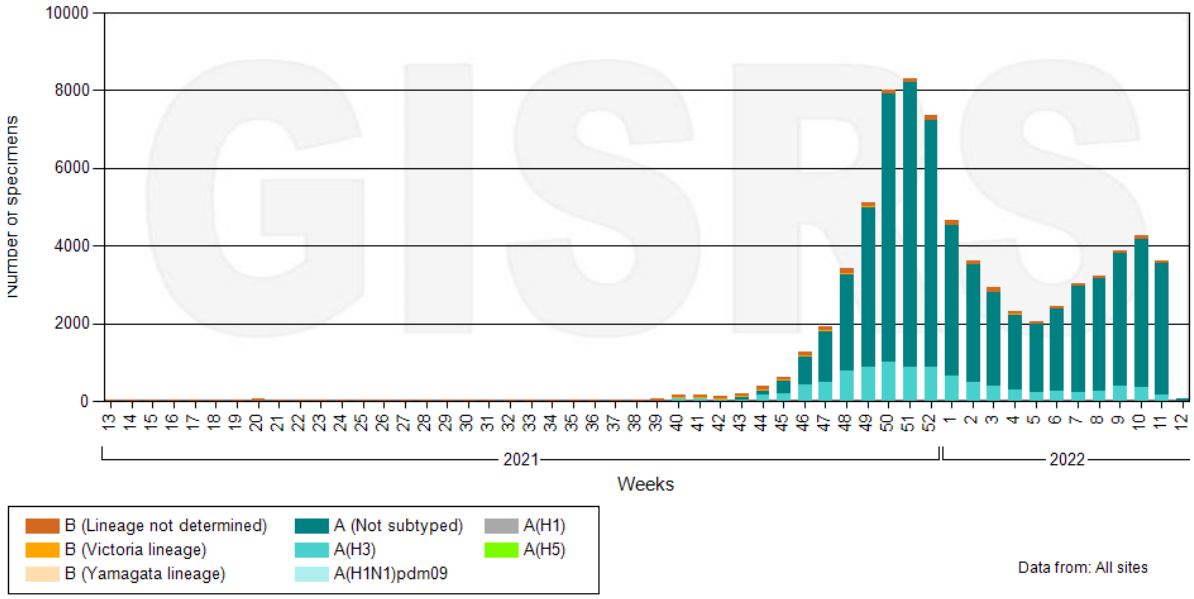
- WHO Region of the Americas: www.paho.org/influenzareports
- WHO Eastern Mediterranean Region: http://www.emro.who.int/health-topics/influenza/situation-update.html
- WHO European Region: www.flunewseurope.org/
- WHO Western Pacific Region:https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza

Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity continued to increase 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 indicated a slight increasing trend in recent weeks . Influenza A and B virus detections increased slightly but remained low and sporadic. RSV activity remained below expected levels. In the USA, ILI activity increased slightly but 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 during this period and cumulative influenza hospitalization rates were 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 decreased but remained above the epidemic threshold established from historical data. RSV detections remained low this period.
- In Europe, overall influenza activity has continued to rise, with an increase in the number of countries reporting widespread activity/medium intensity. Some countries appear to be experiencing a late influenza season. The positivity of specimens from patients presenting with ILI and ARI at sentinel sites has increased above 20%, above the regional epidemic threshold. Some countries in the region have observed positivity in the last 2 weeks over 30% including Belgium, Denmark, France, Hungary, Italy, Luxembourg, Netherlands, Serbia, Slovenia, Spain and Switzerland. Among subtyped samples, influenza A(H3N2) predominated, followed by A(H1N1)pdm09 and influenza B viruses. Pooled all-cause mortality estimates from the EuroMomo network show that excess mortality appears to have started declining among those 45 and older.
- In central Asia, there were no influenza detections reported in this period.
- In Northern Africa, detections of influenza A(H3N2) viruses continued to be reported in Tunisia. Algeria and Morocco reported no detections despite ongoing testing.
- In Western Asia, sporadic detections of influenza A(H3N2) viruses were reported in a few countries.
- In East Asia, influenza activity of predominantly influenza B/Victoria lineage viruses continued to be reported in China, though decreased. In Hong Kong SAR, China, ILI consultation rate at sentinel outpatient clinic decreased to low level. In Mongolia, the ILI rate and the proportion of hospitalizations due to pneumonia remained elevated. A few detections of influenza A(H3N2) were reported while RSV detections continued to increase and were high in both

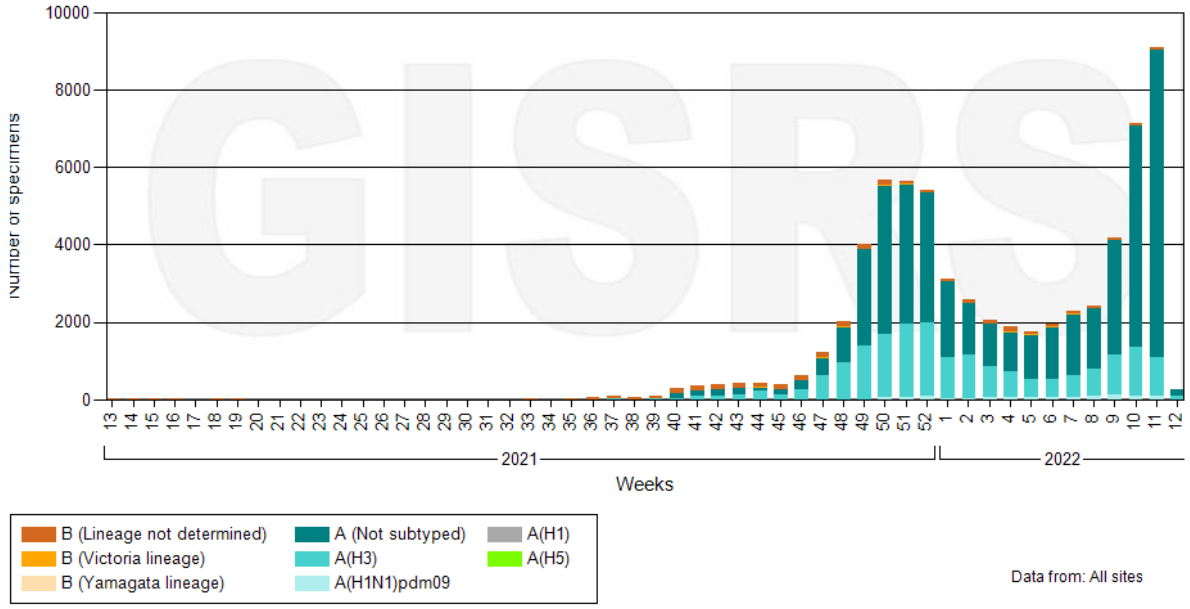
out-patients and in-patients. In the other countries of the subregion, influenza illness indicators and activity remained low.

Number of specimens positive for influenza by subtype in North America



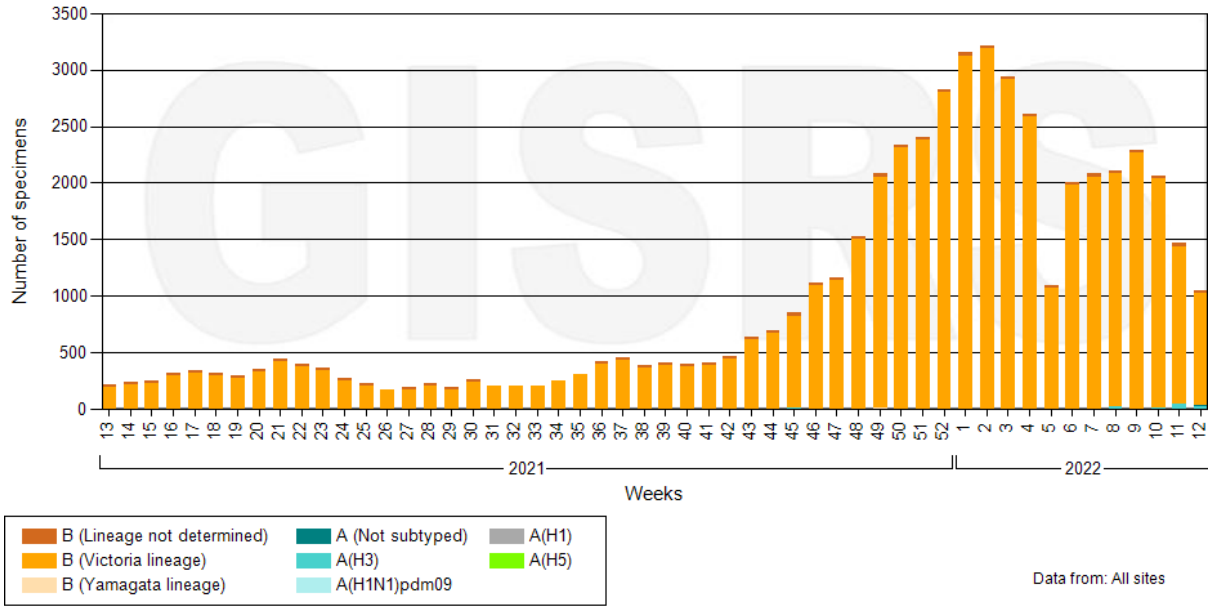
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 31/03/2022

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



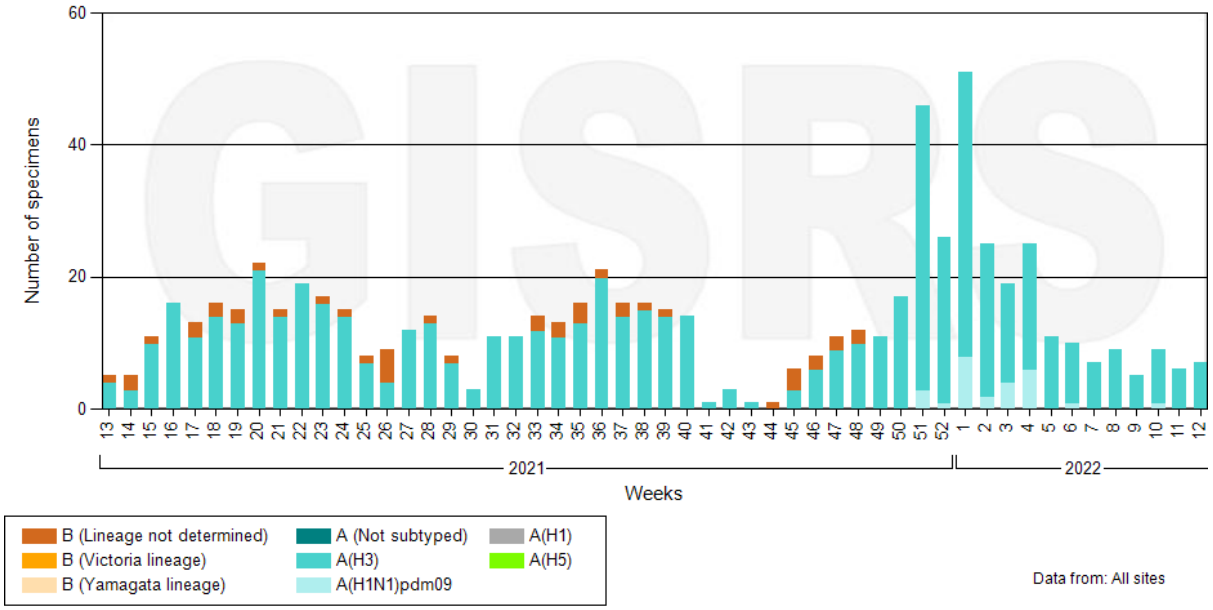
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 31/03/2022

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 31/03/2022

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 31/03/2022

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 were activity continued to increase. In Central America, influenza activity was below seasonal threshold levels except in Nicaragua where influenza

remained at low levels and in El Salvador where influenza activity continued to increase to moderate levels. The number of severe acute respiratory infection (SARI) cases declined but remained at moderate-intensity levels in Costa Rica with 51% 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 remained below seasonal threshold levels except in Ecuador where influenza positivity increased slightly above seasonal thresholds. The proportion of SARI cases among all hospitalizations increased but remained at low levels in Ecuador.

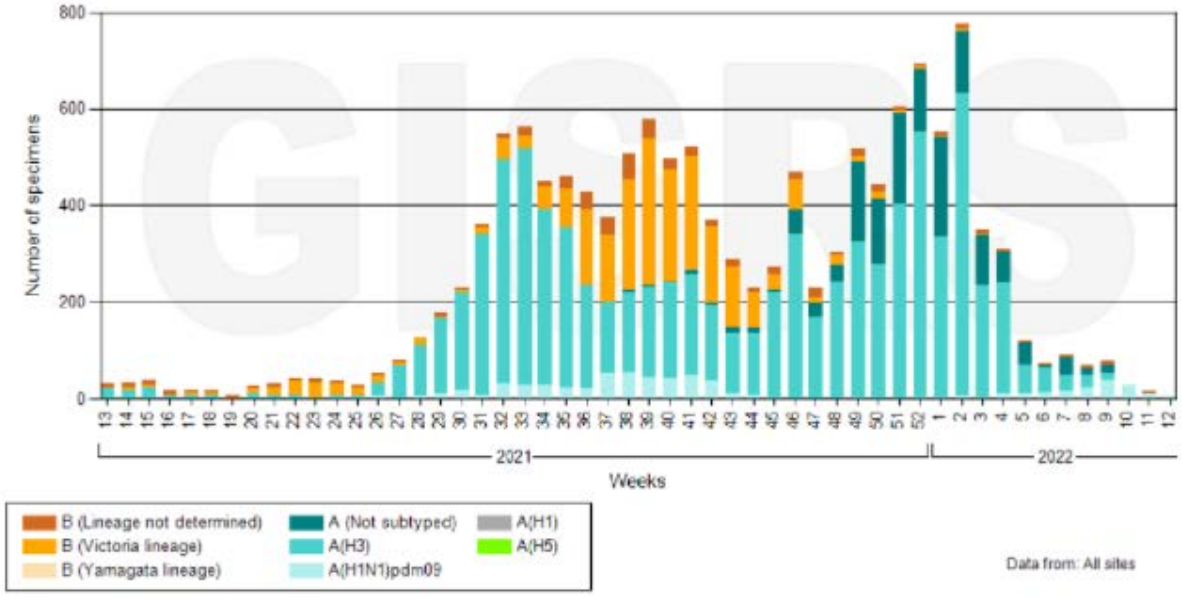
Tropical Africa

- In Western Africa, sporadic influenza A(H3N2) detections were reported in Ghana and Togo.
- In Middle Africa, one detection of influenza B/Victoria lineage was reported from South Sudan.
- In Eastern Africa, influenza A and B virus detections continued to be reported at low levels in Ethiopia, Kenya and Madagascar. Detections of all seasonal influenza subtypes decreased in Mozambique. Uganda reported increased influenza detections mainly of A(H3N2) viruses followed by B/Victoria lineage viruses.

Tropical Asia

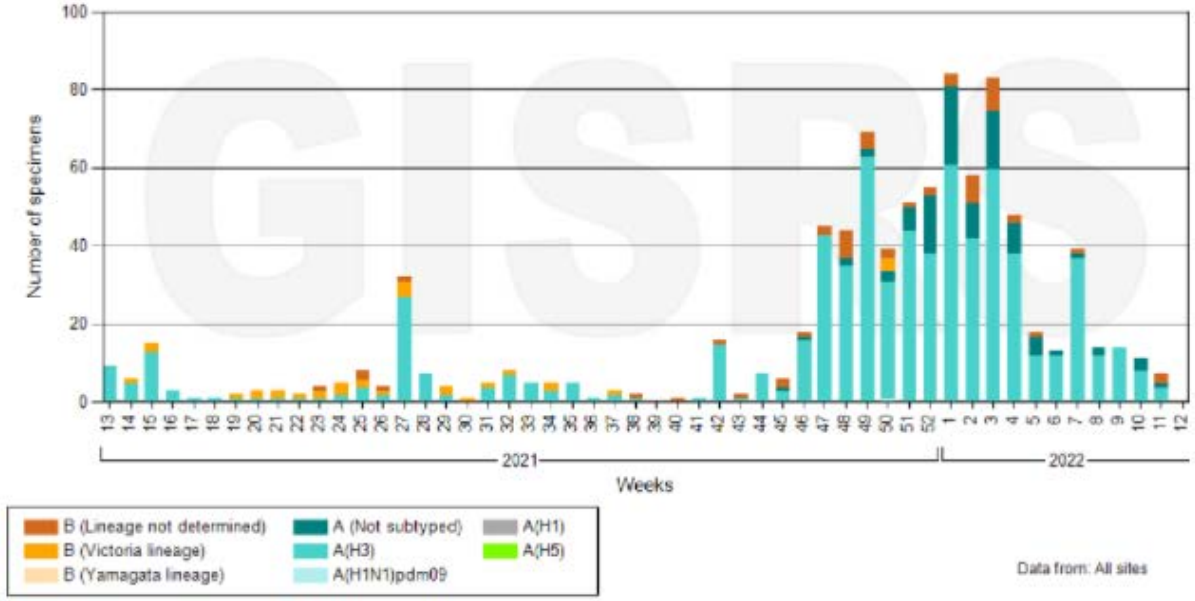
- In Southern Asia, influenza detections were at low levels with influenza A(H1N1)pdm09 and influenza B viruses detected among the reporting countries. India and Pakistan reported sporadic A(H1N1)pdm09 detections and both reported one influenza B virus detection.
- In South East Asia, influenza detections were at low levels with influenza A(H3N2) predominant among reporting countries. Singapore and Malaysia reported a few A(H3N2) virus detections and Malaysia also reported a few influenza B virus detections this period.

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 01/04/2022

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

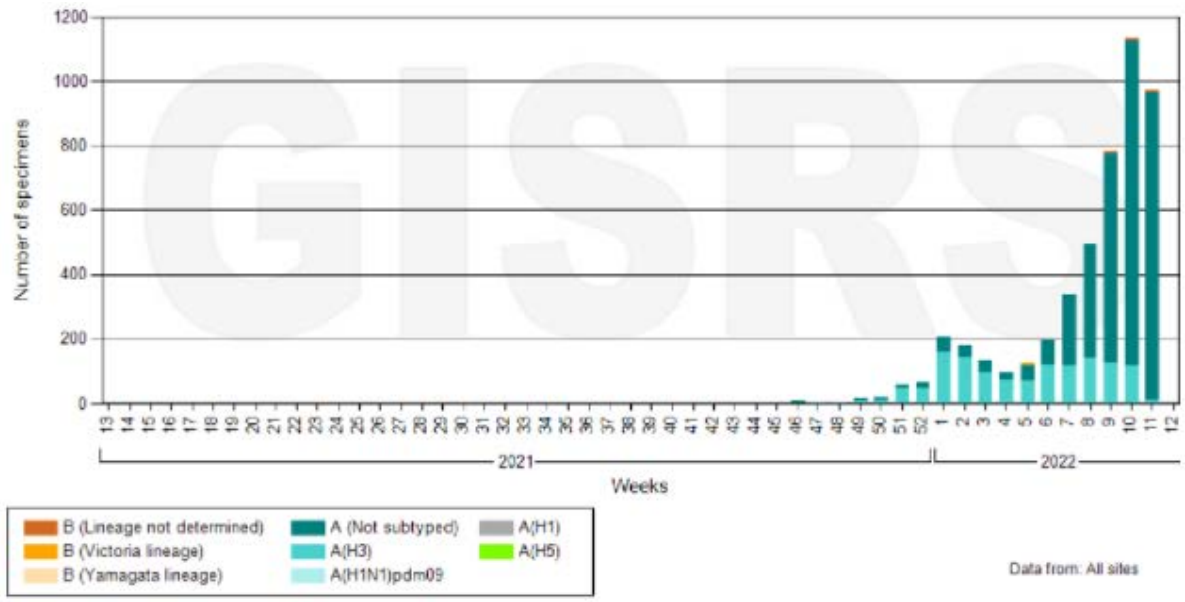


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 01/04/2022

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 viruses.
- In Oceania, very few influenza virus detections were reported in the region. Some Pacific Island Countries reported elevated ILI activity.
- In South Africa, influenza transmission and impact remained below the seasonal threshold, with sporadic detections of influenza A, including both A(H1N1)pdm09 and A (H3N2) viruses. The detection rate for SARS-CoV-2 in routine influenza surveillance systems decreased. RSV detection rate among children under 5 years of age in pneumonia surveillance continued to increase and reached moderate levels.
- In temperate South America, influenza A detections increased overall in recent weeks, with influenza A(H3N2) predominant among the subtyped viruses. In Argentina, influenza detections continued to increase this period and positivity remained in the extraordinary level and much higher than normally seen at this time of year. ILI and SARI activities remained below seasonal thresholds. In Chile, influenza positivity continued to decrease to the seasonal threshold and ILI increased slightly to low levels. Paraguay and Uruguay each reported a few influenza A(H3N2) detections this reporting period but activity remained low or below the seasonal threshold.

Number of specimens positive for influenza by subtype in Temperate South America

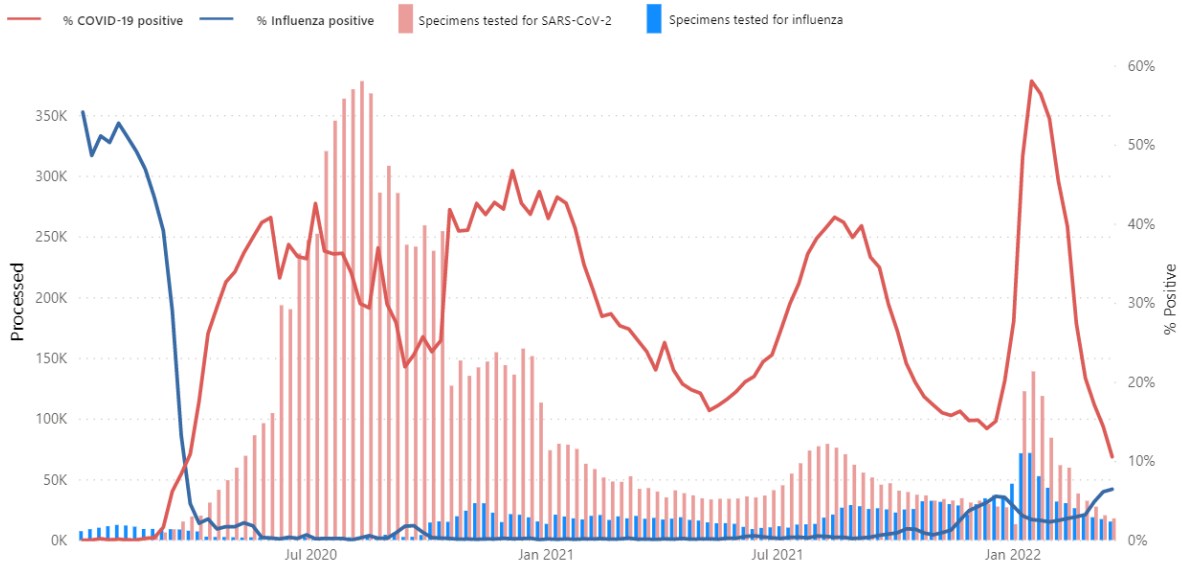


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 31/03/2022

SARS-CoV-2 sentinel surveillance data reported to FluNet

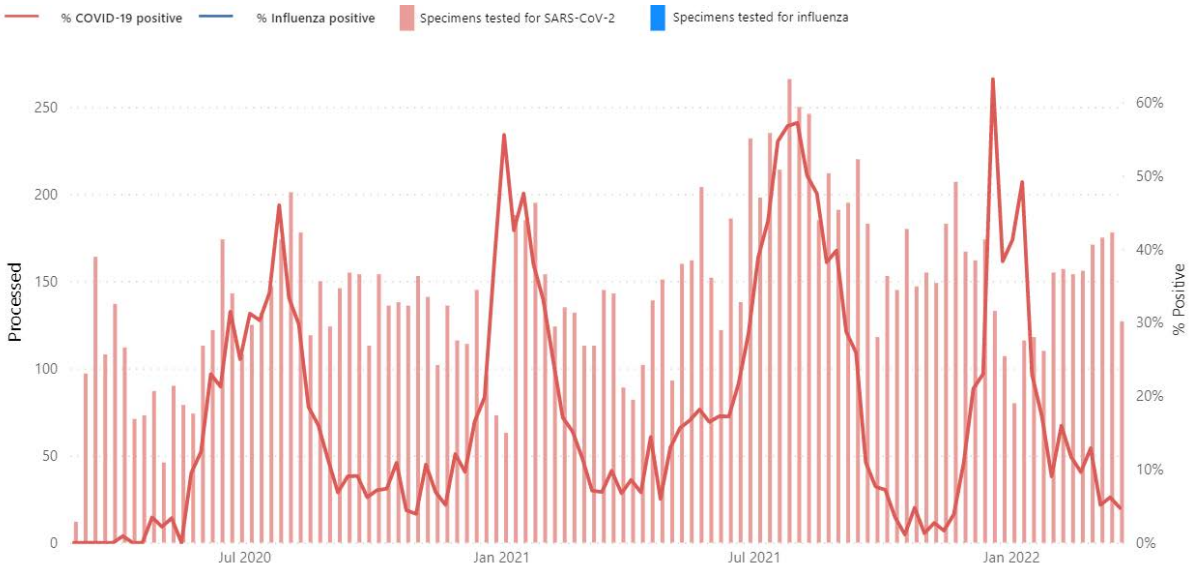
- SARS-CoV-2 data are included from those countries reporting testing one or more sentinel specimens for SARS-CoV-2 per week. Influenza data are included from those countries reporting testing one or more sentinel specimens for influenza per week regardless of their reporting of SARS-CoV-2 testing data.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



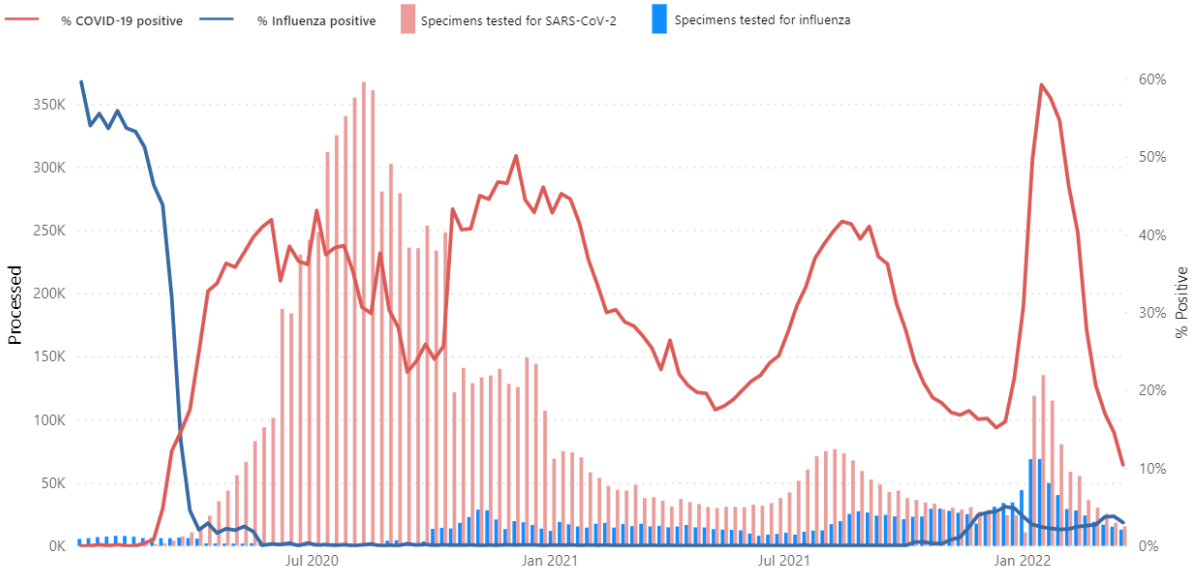
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 01/04/2022

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



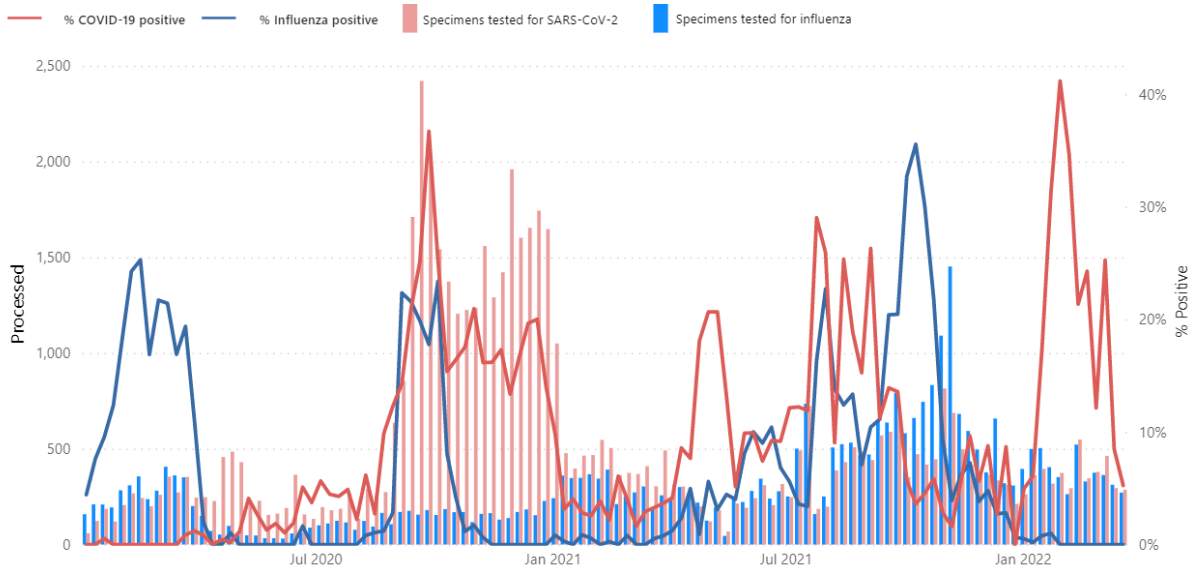
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 01/04/2022

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



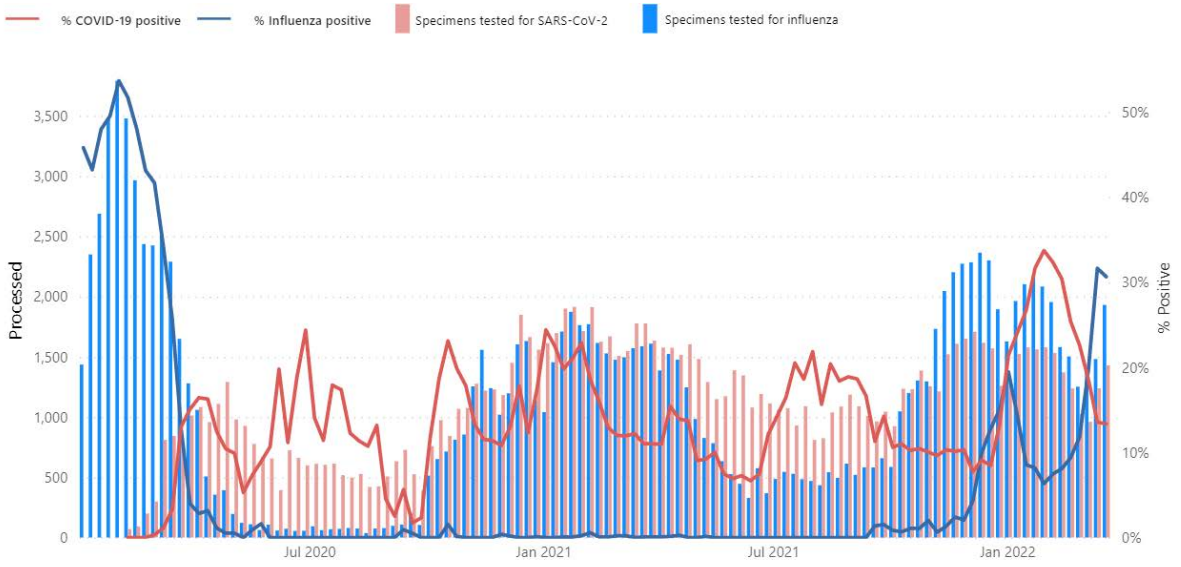
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 01/04/2022

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



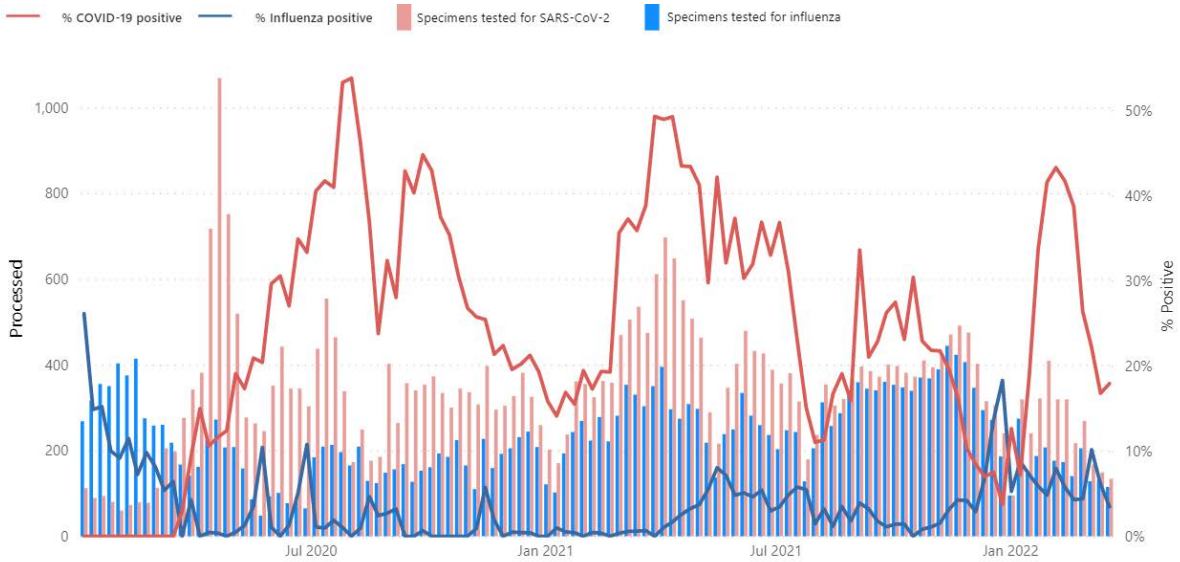
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 01/04/2022

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



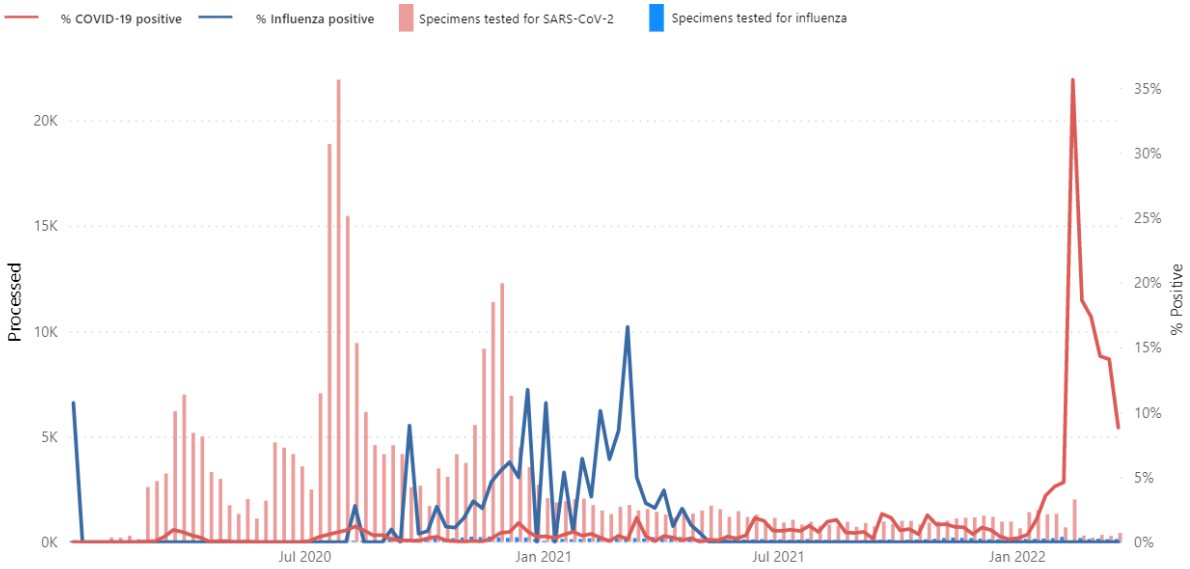
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 01/04/2022

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 01/04/2022

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 01/04/2022

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