

Influenza Update N° 419

16 May 2022, based on data up to 1 May 2022

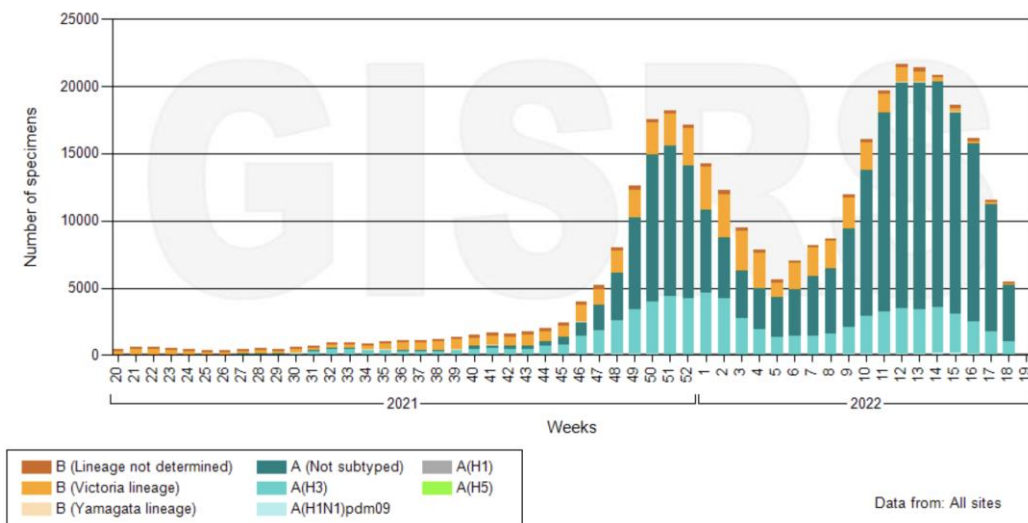
In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 virus detections from sentinel and non-sentinel surveillance performed by the Global Influenza Surveillance and Response System (GISRS) and GISRS-associated surveillance systems and reported to FluNet is included.

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 continued to decrease, following a peak in March 2022.
- **Countries are recommended to monitor for the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance [integrated surveillance](#) 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 or remained stable. Detections were mainly influenza A(H3N2) viruses and B/Victoria lineage viruses, with some detections of A(H1N1)pdm09 viruses.
- In the countries of North America, influenza activity was stable compared to the previous period and influenza positivity was higher than usual for this time of year and was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. Respiratory syncytial virus (RSV) activity remained low in the United States of America (USA) and Canada.
- In Central Asia, a single influenza B detection was reported in Kazakhstan.
- In Europe, overall influenza continues to decline with influenza A(H3N2) predominant.
- In East Asia, in China influenza activity with mainly influenza B/Victoria lineage detections continued to decrease, with A(H3N2) becoming the predominantly detected virus across the southern provinces. Elsewhere, influenza illness indicators and activity remained low.
- In Northern Africa, Tunisia continued to report few detections of mainly influenza A(H3N2) and one influenza A(H1N1)pdm09 detection, and Egypt reported increasing detections of influenza B followed by A(H3N2) .
- In Western Asia, influenza activity was low across reporting countries, with the exception of Georgia where detections of influenza A(H3N2) continued to be reported though decreasing.
- 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 remained low with influenza A(H3N2) predominating followed by influenza B/Victoria lineage viruses.

- In Southern Asia, influenza virus detections were at low levels with a few detections of A(H3N2) and A(H1N1)pdm09 viruses.
- In South-East Asia, low detections of A(H3N2) were reported in Singapore and Timor-Leste.
- In the temperate zones of the southern hemisphere, influenza activity was low overall as expected at this time of year, except in Argentina and Chile. In Argentina, influenza detections remained elevated, and positivity was at a high intensity level. In Chile, positivity increased above the epidemic threshold.

Number of specimens positive for influenza by subtype globally

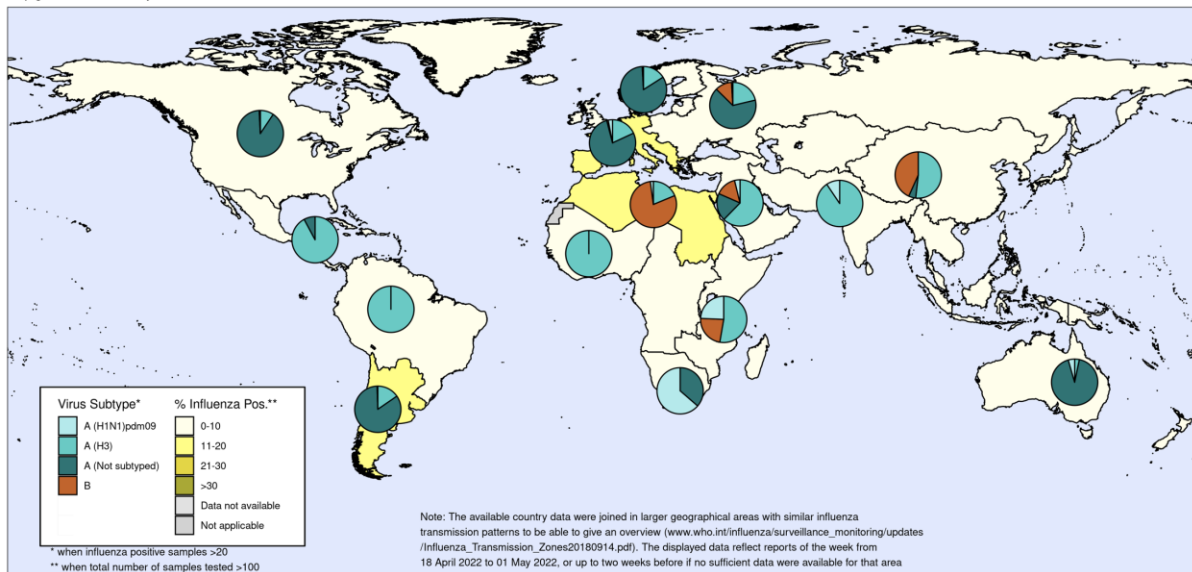


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

- National Influenza Centres (NICs) and other national influenza laboratories from 111 countries, areas or territories reported data to FluNet for the time period from 18 April 2022 to 01 May 2022 (data as of 2022-05-13 06:58:26 UTC). The WHO GISRS laboratories tested more than 346,542 specimens during that time period. 27,625 were positive for influenza viruses, of which 27,081 (98%) were typed as influenza A and 544 (2%) as influenza B. Of the sub-typed influenza A viruses, 283 (6.5%) were influenza A(H1N1)pdm09 and 4,098 (93.5%) were influenza A(H3N2). Of the characterized B viruses, all 257 (100%) belonged to the B/Victoria lineage.

Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone¹. Map generated on 13 May 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



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/fluNet)
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- 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.
- Overall COVID positivity from sentinel surveillance increased during the reporting period and was just above 10%. The highest increases were observed in the Western Pacific Region of WHO, with positivity at 28%. A significant increase was also observed the South-East Asian Region of WHO with positivity at 16%. Activity from non-sentinel sites was varied. Similar to sentinel sites, the largest increase in positivity was observed in the Western Pacific Region of WHO where positivity was above 30%. Activity also increased in the African and Eastern Mediterranean Regions of WHO, but remained under 10%. Activity decreased among non-sentinel sites in the Region of the Americas of WHO, but similar to the region's sentinel sites, positivity remained under 10%. Activity also decreased significantly among South-East Asia Region of WHO, but remained elevated above 30%.
- NICs and other national influenza laboratories from 46 countries, areas or territories from six WHO regions (African Region: 1; Region of the Americas: 15; Eastern Mediterranean Region: 3; European Region: 20; South-East Asia Region: 4; Western Pacific Region: 3) reported to FluNet from sentinel surveillance sites for time period from 18 Apr 2022 to 01 May 2022 (data as of 2022-05-13 06:58:26 UTC). The WHO GISRS laboratories tested more than 30,065 sentinel specimens during that time period and 2741 (9.1%) were positive for SARS-CoV-2. Additionally, more than 496 585 non-sentinel or undefined reporting source samples were tested in the same period and 31 982 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:

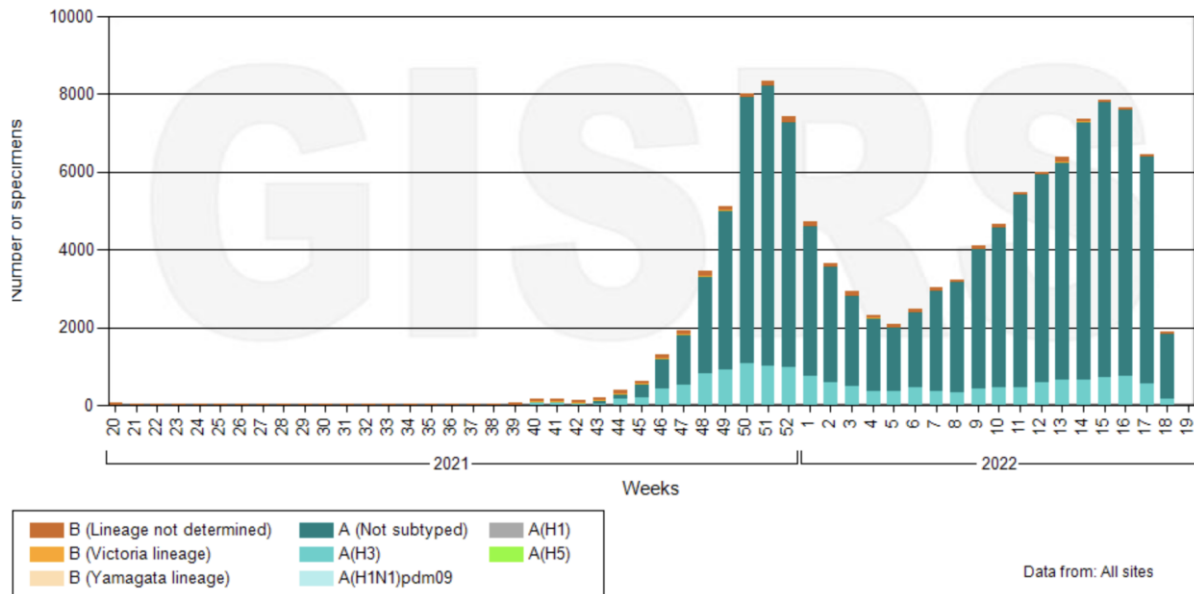
- WHO Region of the Americas: www.paho.org/influenzareports
- WHO Eastern Mediterranean Region: <http://www.emro.who.int/health-topics/influenza/situation-update.html>
- WHO European Region: www.flunewseurope.org/
- WHO Western Pacific Region: <https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza>

Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity was stable compared to the previous period and influenza positivity was higher than usual for this time of year compared to the past five seasons. Activity was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. In Canada, influenza-like illness (ILI) activity continued to increase. Influenza activity of predominantly A viruses continued to increase above the seasonal threshold at a later time in the year than usual. RSV activity remained below expected levels. In the USA, ILI activity was stable and remained below the national baseline. Influenza positivity was stable with influenza A virus detections, with A(H3N2) viruses predominant among the subtyped viruses. Influenza hospitalizations decreased slightly 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 remained just above the epidemic threshold established from historical data. RSV detections remained low this period.
- In Europe, overall influenza activity continued to decline, with a similar number of countries reporting widespread activity/medium intensity compared to the previous two weeks. Among the subtyped samples, influenza A(H3N2) predominated, followed by A(H1N1)pdm09 and influenza B viruses. The positivity of specimens from patients presenting with ILI and acute respiratory infection (ARI) at sentinel sites decreased to between 17 and 19% over the reporting period. Some countries in Western Central Europe continued to observe positivity over 30% including Finland, France, the Netherlands, Poland and Serbia, although the number of countries in this group has decreased. Pooled all-cause mortality estimates from the EuroMomo network continued to show a decrease in excess mortality among all age-groups.
- In Central Asia, Kazakhstan continued to report sporadic detections of influenza B viruses.
- In Northern Africa, Tunisia continued to report few detections of mainly influenza A(H3N2) and one influenza A(H1N1)pdm09 detection. Egypt reported increasing detections of influenza B followed by A(H3N2) viruses.
- In Western Asia, influenza detections were low across reporting countries with the exception of Georgia where detections of influenza A(H3N2) continued to be reported though decreasing.
- In East Asia, influenza activity continued to decrease in China. While influenza B/Victoria lineage viruses remained the predominately detected viruses in the northern provinces, influenza A(H3N2) became the predominant detected virus across the southern provinces in China. In Mongolia, the ILI rate and the proportion of hospitalizations due to pneumonia continued to decrease though remaining above the expected levels for this time of the year;

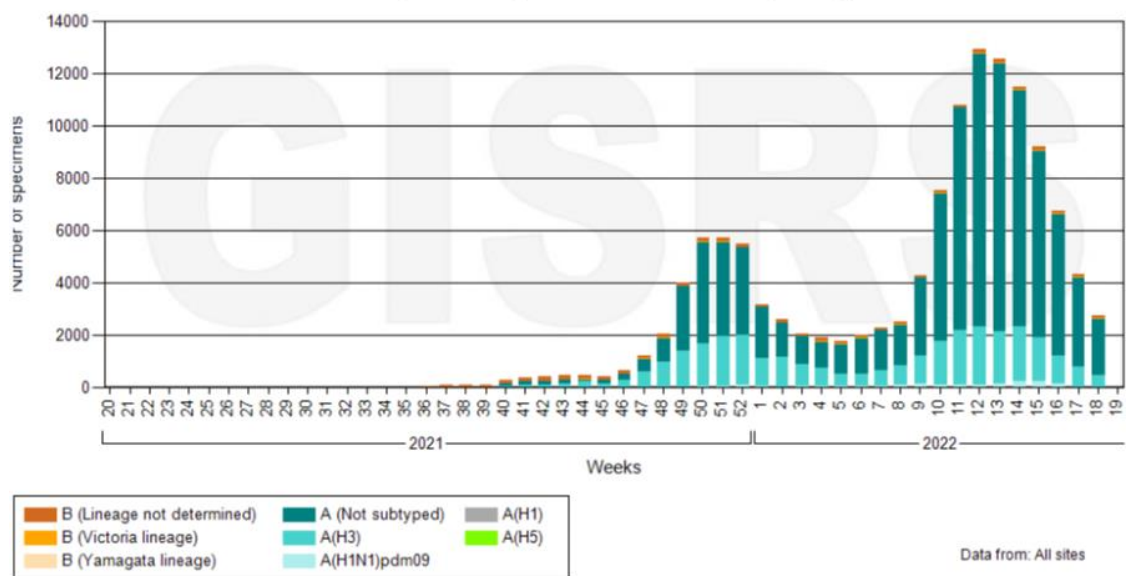
a few influenza A(H3N2) viruses were detected. In the other countries of the subregion, influenza illness indicators and activity remained low.

Number of specimens positive for influenza by subtype in North America



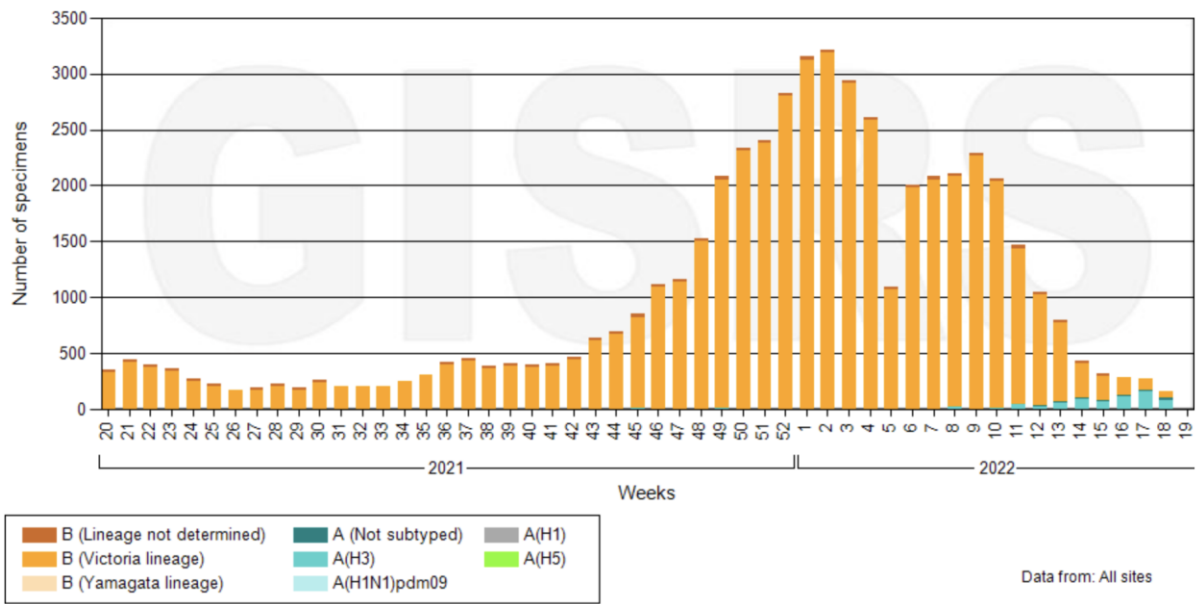
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

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



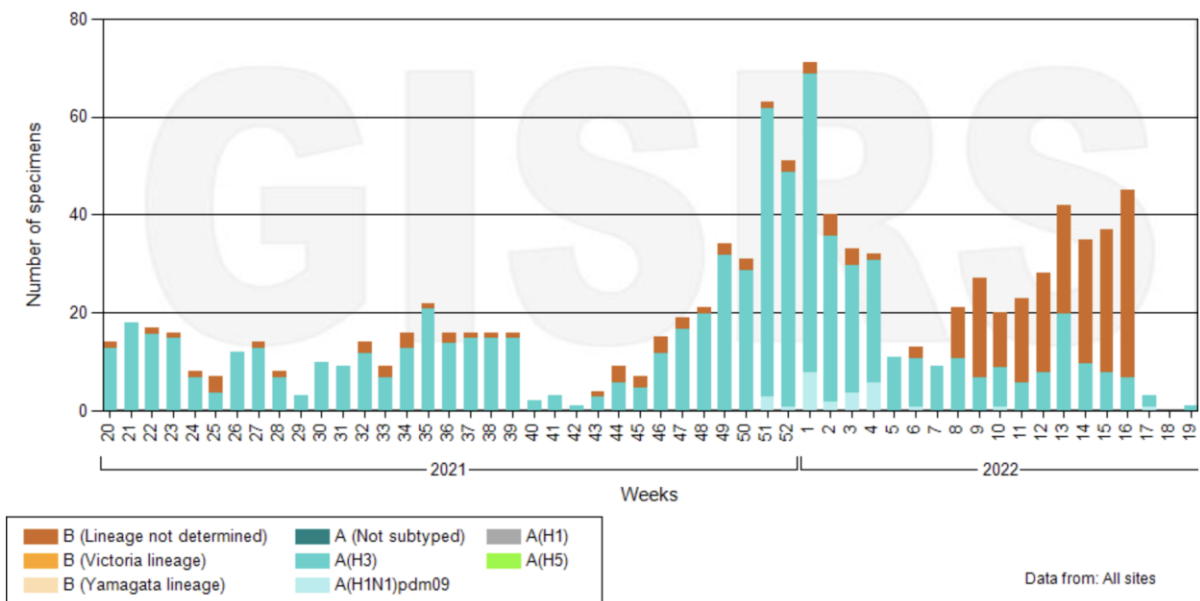
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

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 16/05/2022

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 16/05/2022

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 Belize where activity rose slightly but remained low. In Puerto Rico, the percentage of visits for ILI continued to increase to high levels for this time of year. In Guatemala, the number of ILI cases increased above the average expected at this time of year and were at moderate levels. In Haiti, the number of severe acute respiratory infection (SARI) cases remained above epidemic levels.
- In the tropical countries of South America, influenza A(H3N2) detections and the percent positivity for influenza remained below seasonal threshold levels except in Peru. In Peru, influenza positivity remained elevated, but lower than previous weeks and above the epidemic threshold. In Bolivia (Plurinational State of), SARI activity was moderate and above average for this time of year. RSV activity increased in Ecuador to levels higher than previous years except 2015 and 2016. RSV activity increased in Brazil but remained below levels observed in pre-SARS-CoV-2 pandemic years.

Tropical Africa

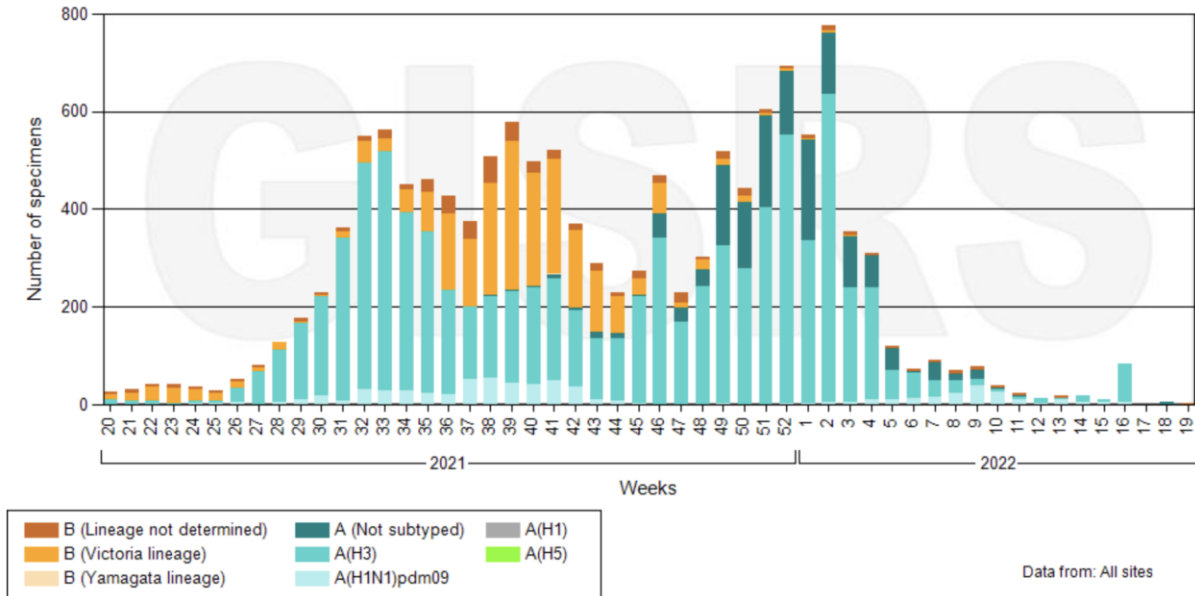
- In Western Africa, influenza A(H3N2) detections were reported in similar numbers to previous weeks. Burkina Faso reported a single detection, Ghana reported increasing detections and Togo reported similar numbers of detections as in previous weeks. Côte d'Ivoire, Guinea, Mauritania and Nigeria reported no detections despite ongoing testing.
- In Middle Africa, no detections were reported.
- In Eastern Africa, fewer influenza detections were reported than in previous weeks. Ethiopia reported decreased detections of influenza A(H3N2) and influenza B viruses. Madagascar reported influenza A detections in similar numbers to previous weeks. Mozambique reported a single influenza B detection. Mauritius reported sporadic influenza A(H3N2) between weeks 14 and 17, having previously not reported detections for two years. The French territories of Réunion and Mayotte remained in a pre-epidemic phase with a slight decrease in influenza activity indicators in Mayotte and a substantial decrease in emergency consultations in Réunion. Activity is driven by influenza A(H1N1)pdm09 in Mayotte and influenza A(H1N1)pdm09 and influenza A(H3N2) in Réunion. The United Republic of Tanzania reported increasing detections of mainly influenza A(H1N1)pdm09 as well as some influenza A(H3N2) and influenza B detections in recent weeks. Zambia reported increased influenza A detections, the majority of which were A(H3N2) viruses.

Tropical Asia

- In Southern Asia, influenza detections were low overall. A few detections of A(H3N2) were reported in India and Iran (Islamic Republic of). India also reported detections of influenza A(H1N1)pdm09. Bhutan reported an increase in A(H3N2) detections as well as increased SARI rates.

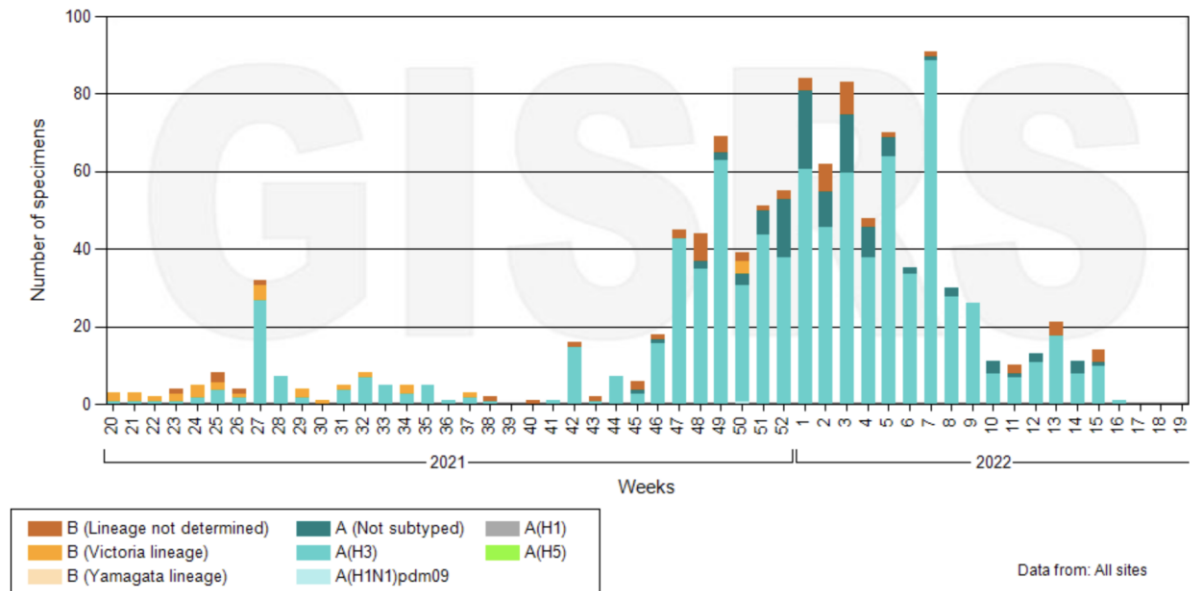
- In South-East Asia, activity remained low with a few detections of influenza A(H3N2) viruses continuing to be reported from Singapore and Timor-Leste.

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 16/05/2022

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 16/05/2022

Countries in the temperate zone of the southern hemisphere

- In the temperate zones of the southern hemisphere, influenza activity was low overall as expected at this time of year, except in Argentina and Chile.
- In Oceania, very few influenza virus detections were reported. In Australia, influenza detections have increased but remain below the five-year average. ILI activity was elevated in New Caledonia, Fiji, French Polynesia and Kiribati, although with a reducing trend.
- In South Africa, influenza transmission and impact remain below the seasonal threshold, with sporadic detections of influenza A (A(H1N1)pdm09 where subtyped). The detection rate for SARS-CoV-2 remained low as in previous weeks but increased a little. The RSV detection rate increased slightly to high levels in children under five years of age.
- In temperate South America, influenza A detections continued to decrease, with influenza A(H3N2) predominant among the subtyped viruses and only one influenza B virus reported. In Argentina, influenza detections remained elevated and positivity was at a high intensity level and much higher than normally seen at this time of year. In Chile, positivity was increased slightly above the average expected for this time of year and was above the seasonal threshold. A higher-than-average number of ILI cases was also reported in Chile. Uruguay reported increased SARI rates above the seasonal threshold and average expected at this time of year.

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

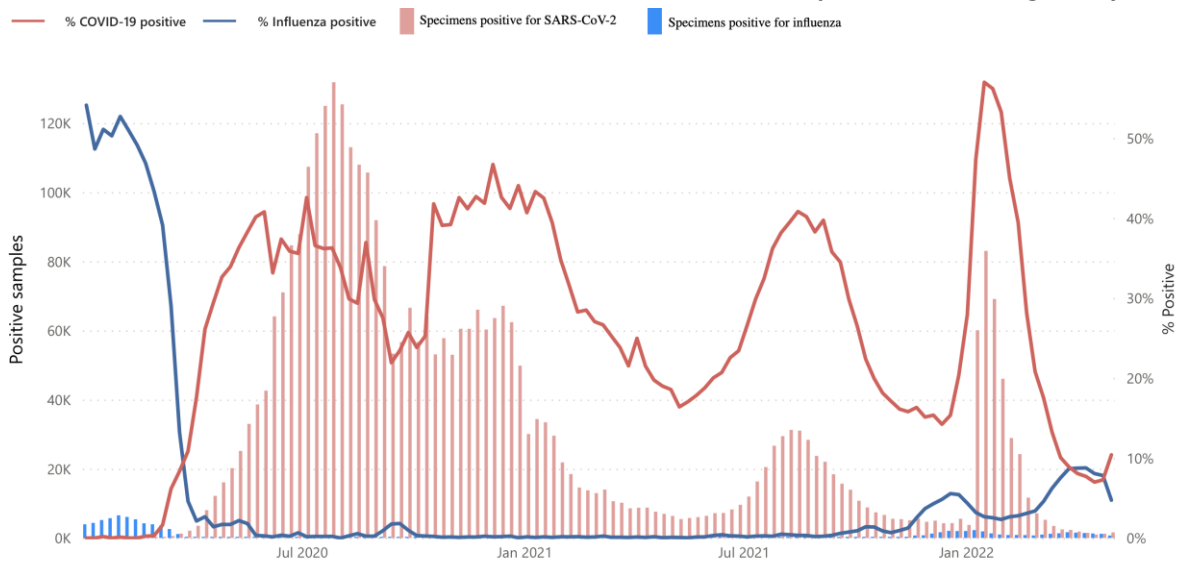


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

SARS-CoV-2 sentinel surveillance data reported to FluNet

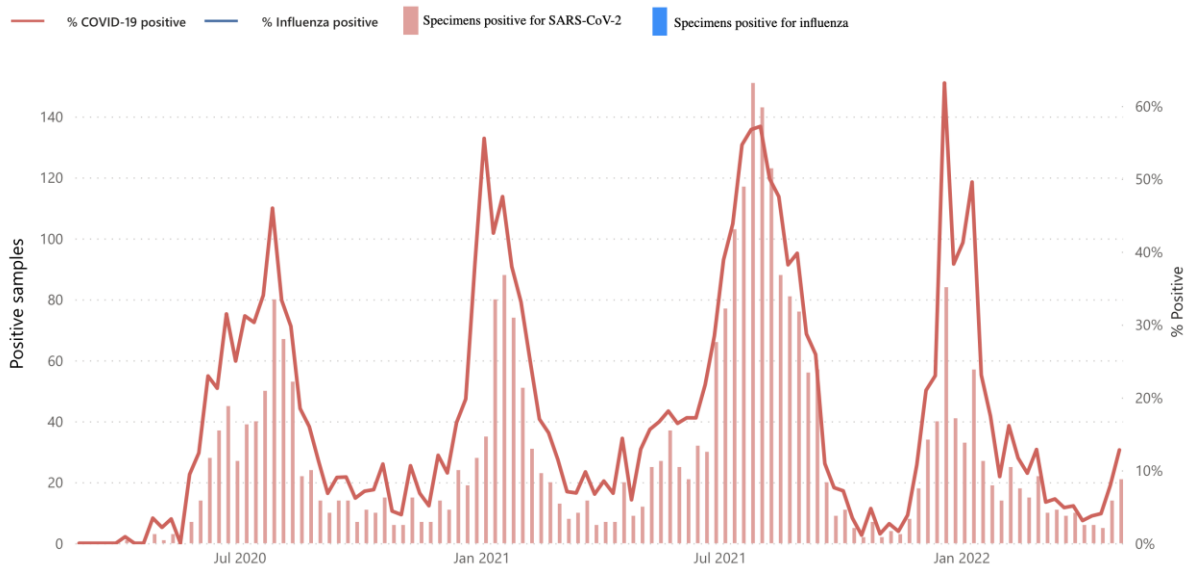
- SARS-CoV-2 data are included from those countries reporting testing one or more sentinel specimens for SARS-CoV-2 per week. Influenza data are included from those countries reporting testing one or more sentinel specimens for influenza per week regardless of their reporting of SARS-CoV-2 testing data.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



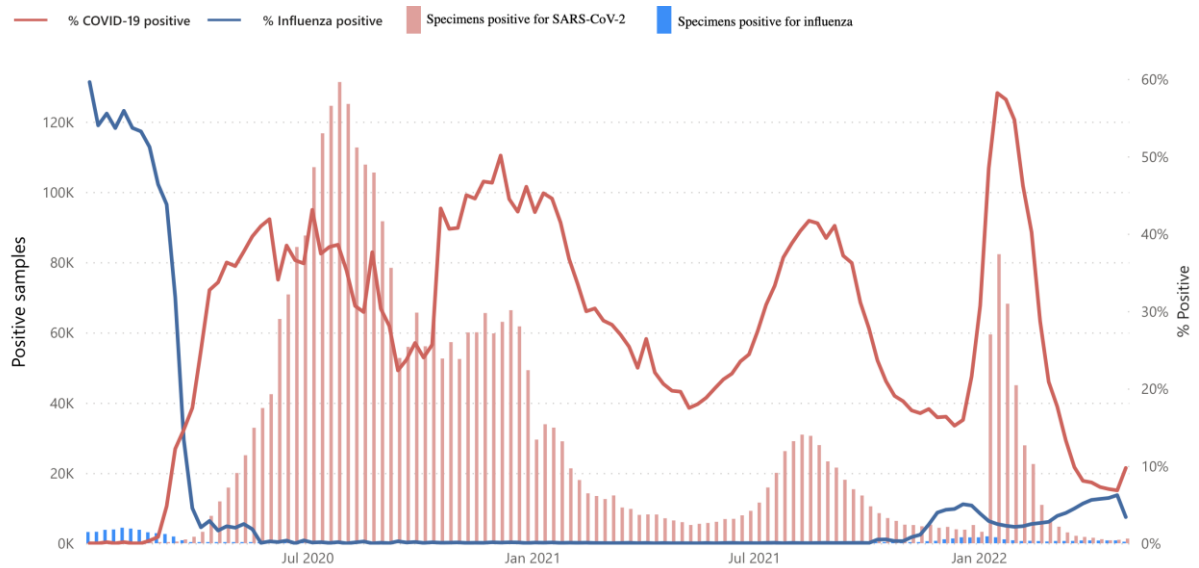
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

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



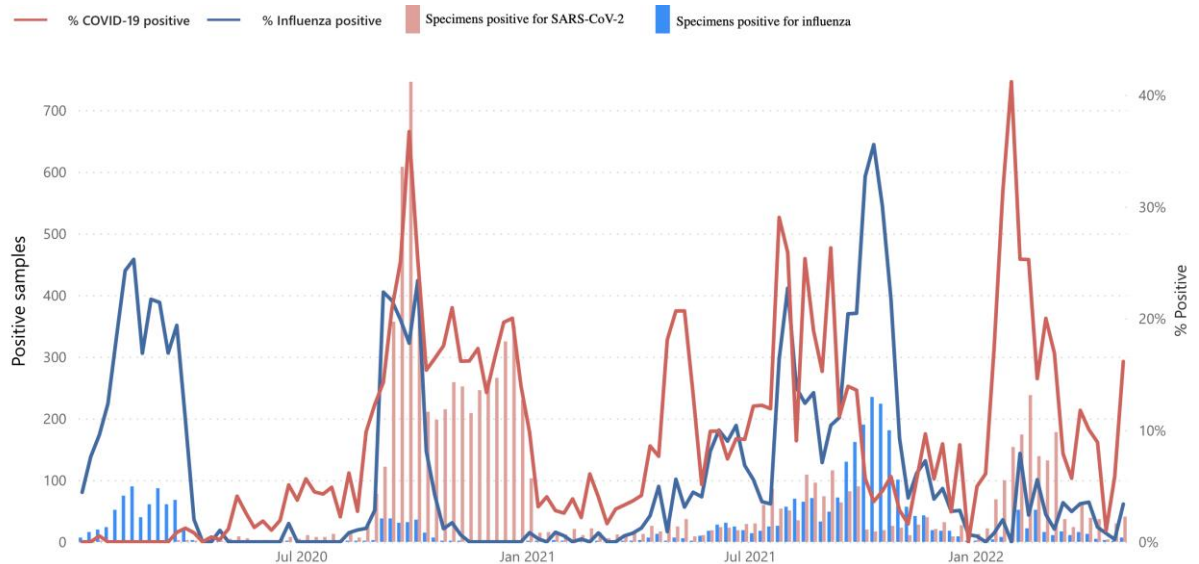
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

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



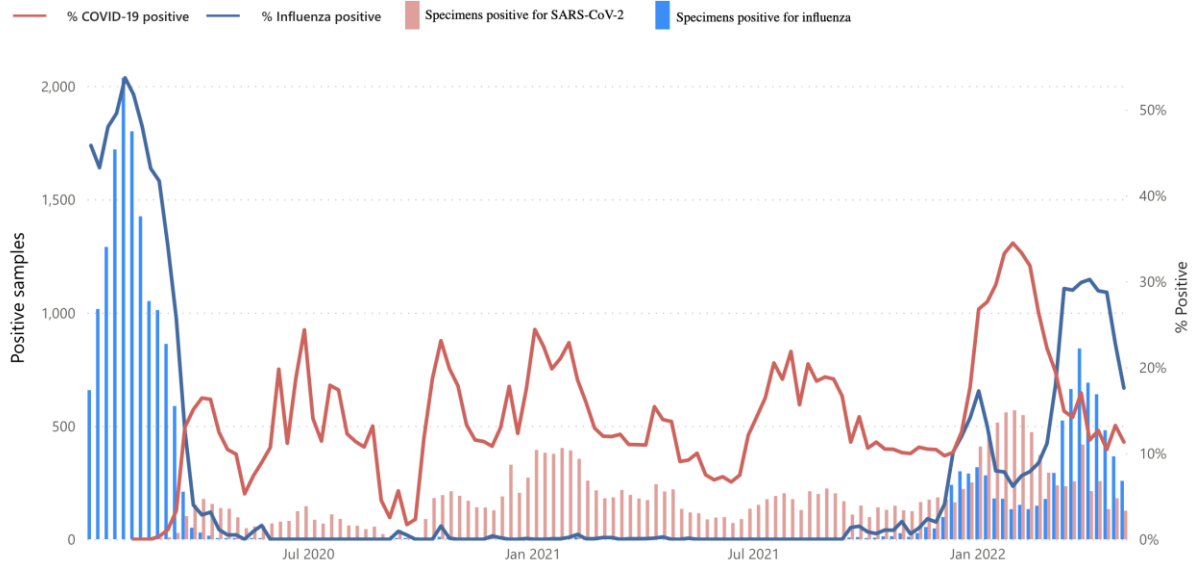
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

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



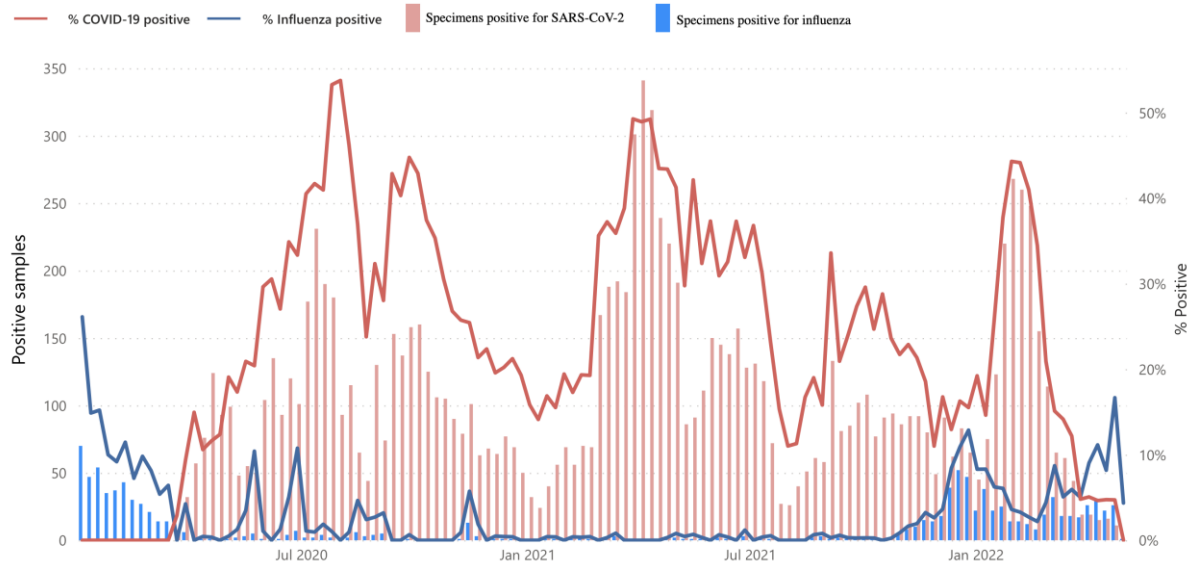
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

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



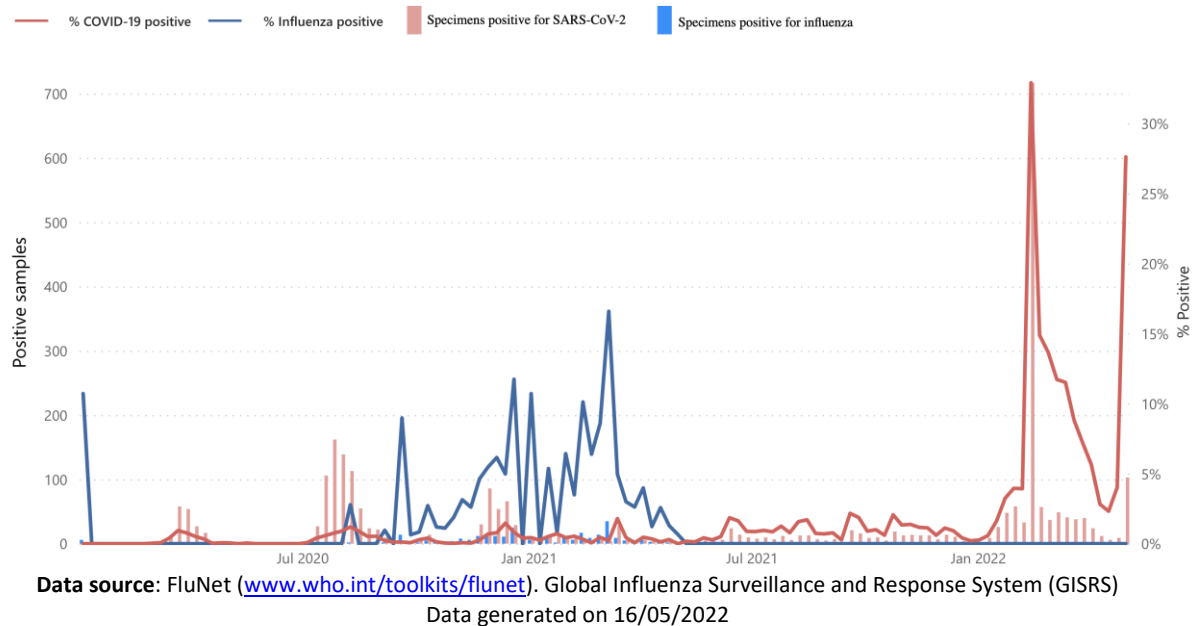
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 16/05/2022

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 16/05/2022

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



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