

## Influenza Update N° 432

14 November 2022, based on data up to 30 October 2022

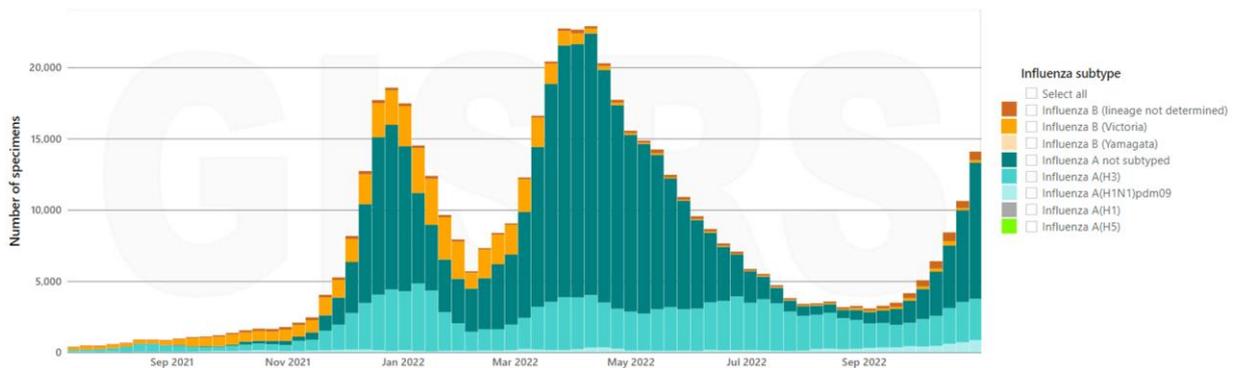
In this update, in addition to the influenza surveillance information, that of the SARS-CoV-2 surveillance by the Global Influenza Surveillance and Response System (GISRS) through its associated sentinel and non-sentinel surveillance systems and reported to FluNet is included. Information on respiratory syncytial virus (RSV) is included where available.

### Summary

- **Countries are recommended to monitor the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance [integrated surveillance](#), and in northern hemisphere countries 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.**
- Globally, influenza activity increased and where subtyped, influenza A(H3N2) viruses predominated. An increasing trend of influenza activity was observed in the northern hemisphere while a plateau was observed in the southern hemisphere.
- In the countries of North America, influenza activity increased steeply in recent weeks. Influenza A(H3N2) was predominant among the few subtyped viruses.
- In Europe, overall influenza activity followed an increasing trend but remained relatively low. Influenza A viruses predominated among the reported detections in general with A(H3N2) viruses accounting for the majority of subtyped influenza A viruses.
- In central Asia, Kazakhstan reported high influenza activity with B/Victoria-lineage viruses predominating.
- In East Asia, influenza activity of predominantly influenza A(H3N2) remained stable at intermediate levels overall.
- In Western Asia influenza activity was elevated. Detections of influenza continued to increase in some countries of the Arabian Peninsula.
- In the Caribbean and Central American countries, low influenza activity was reported with influenza A(H3N2) most frequently detected.
- In the tropical countries of South America, influenza detections were low and A(H3N2) detections predominated.
- In tropical Africa, influenza activity remained low with detections of influenza A(H3N2), B/Victoria and A(H1N1)pdm09 reported.
- In Southern Asia, influenza activity increased steeply, with elevated activity reported in Bhutan, Iran and Pakistan. The majority of subtyped detections were influenza A(H3N2), followed by A(H1N1)pdm09 and few influenza B detections.
- In South East Asia, detections of predominantly influenza A(H3N2) followed by influenza B and influenza A(H1N1)pdm09 decreased.
- In the temperate zones of the southern hemisphere, overall influenza activity appeared to decrease this reporting period, except in temperate South America where activity increased in several countries.

- In Oceania, influenza activity remained very low with detections of influenza A(H1N1)pdm09 and influenza A(H3N2) and some B viruses in Australia. ILI activity in New Zealand and, in general, across the Pacific Islands remained low except in a few countries.
- In Southern Africa, decreasing detections of influenza B/Victoria and influenza A(H3N2) were reported.
- In temperate South America, influenza detections have continued to increase in Argentina, Chile and Uruguay. Influenza A(H3N2) viruses predominated in Chile and Uruguay, while influenza B and influenza A(H1N1)pdm09 predominated among subtyped viruses in Argentina.

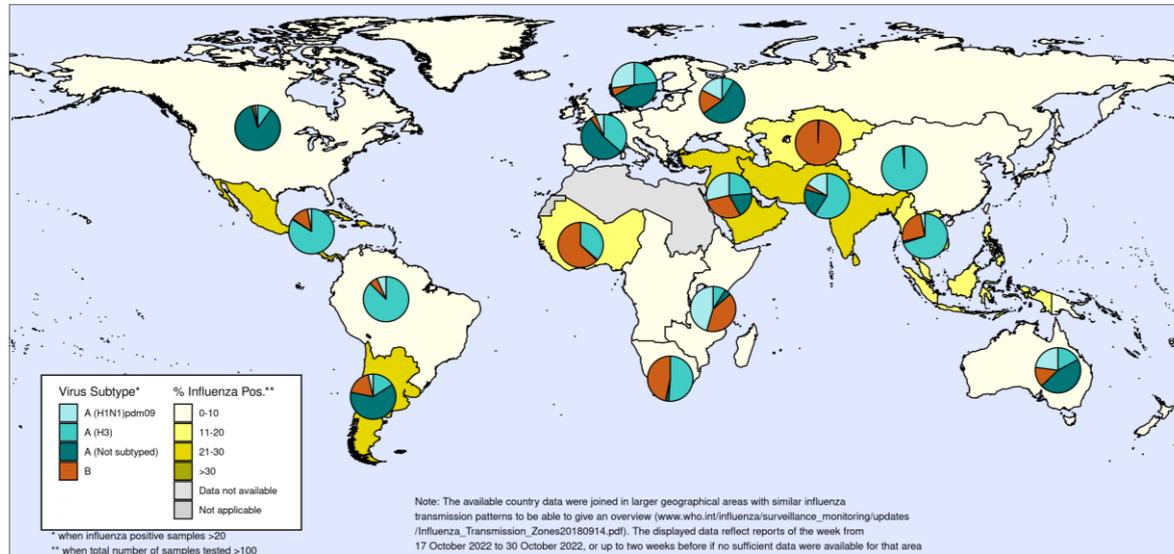
### Number of specimens positive for influenza by subtype globally



Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 10/11/2022

## Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone<sup>1</sup>. Map generated on 11 November 2022.

Percentage of respiratory specimens that tested positive for influenza  
By influenza transmission zone  
Map generated on 11 November 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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- National Influenza Centres (NICs) and other national influenza laboratories from 105 countries, areas or territories reported data to FluNet for the time period from 17 October 2022 to 30 October 2022 (data as of 14/11/2022 15:32:32 AM UTC). The WHO GISRS laboratories tested more than 229940 specimens during that time period. 15723 were positive for influenza viruses, of which 14589 (92.8%) were typed as influenza A and 1134 (7.2%) as influenza B. Of the sub-typed influenza A viruses, 1424 (21.2%) were influenza A(H1N1)pdm09 and 5284 (78.8%) were influenza A(H3N2). Of the characterized B viruses, all 300 (100%) belonged to the B/Victoria lineage.

### SARS-CoV-2 sentinel surveillance

- COVID-19 positivity from sentinel surveillance increased a little but remained under 10%, after a long-term downtrend beginning in mid-2022. Activity increased sharply in the Region of the Americas, with percent positivity reaching 20%. In the European Region, positivity was stable around 10%. In the Western Pacific Region, positivity declined sharply but remained just above 10%. Positivity declined and was below 10% in all other regions. COVID-19 positivity from non-sentinel surveillance increased to just over 10% due to increased positivity in the South-East Asia and Western Pacific Regions.
- 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

<sup>1</sup>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://www.who.int/publications/m/item/influenza\\_transmission\\_zones](https://www.who.int/publications/m/item/influenza_transmission_zones)

integrated surveillance of influenza and SARS-CoV-2 and report epidemiological and laboratory information in a timely manner to established regional and global platforms. The guidance can be found here: [https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated\\_sentinel\\_surveillance-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1).

- National Influenza Centres (NICs) and other national influenza laboratories from 58 countries, areas or territories reported data to FluNet for the time period from six WHO regions (African Region: 9; Region of the Americas: 12; Eastern Mediterranean Region: 3; European Region: 28; South-East Asia Region: 3; Western Pacific Region: 3) reported to FluNet from sentinel surveillance sites for time period from 17 October 2022 to 30 October 2022 (data as of 14/11/2022 15:32:32 AM UTC). The WHO GISRS laboratories tested more than 17395 sentinel specimens during that time period and 1157 (6.7%) were positive for SARS-CoV-2. Additionally, more than 76586 non-sentinel or undefined reporting source samples were tested in the same period and 3761 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](http://www.paho.org/influenzareports)
- WHO Eastern Mediterranean Region: <https://www.emro.who.int/health-topics/influenza/updates.html>
- WHO European Region: [www.flunewseurope.org/](http://www.flunewseurope.org/)
- WHO Western Pacific Region: <https://www.who.int/westernpacific/emergencies/surveillance/seasonal-influenza>

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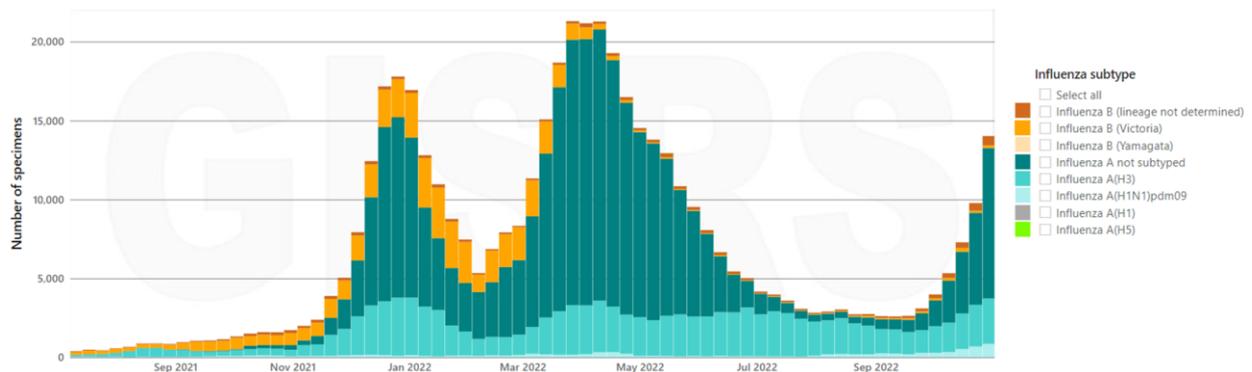
### Countries in the temperate zone of the northern hemisphere

- In the countries of North America, influenza activity increased steeply in recent weeks and early compared to previous seasons. In Canada, ILI activity increased above the seasonal average for this time of year. Influenza percent positivity increased above the seasonal threshold. Influenza-associated pediatric hospitalizations were well above average for this time of year. In the United States of America (USA), ILI continued to increase well above the national baseline with an increase observed in all age-groups. An early increase in influenza activity compared to previous seasons was reported. Cumulative influenza hospitalizations to date were greater compared to the same data for past seasons since 2010-11. The percentage of deaths attributed to pneumonia, influenza or COVID-19 in the USA remained above the epidemic threshold established from historical data, with the majority of recent mortality attributed to COVID-19. In both countries, several respiratory viruses were co-circulating. Influenza A viruses predominated and A(H3N2) viruses accounted for the majority of subtyped influenza A viruses. RSV activity increased further in both countries and was above average levels for this time of year in Canada.
- In Europe, overall influenza activity remained low but with an increasing trend. Influenza A(H3N2) predominated among the subtyped influenza A viruses, with some detections of A(H1N1)pdm09 and B viruses. Activity remained highest in South West Europe (3.62% positivity) where Germany, Portugal and Spain reported an increasing trend in activity, with widespread activity in Portugal. Germany and Spain reported influenza positivity above the 10% epidemic threshold. Malta reported high-intensity activity with local spread. RSV

activity was very high and increasing in France, high and increasing in Ireland and moderate but decreasing in the United Kingdom. Pooled all-cause mortality estimates from the EuroMomo network continued to show increased excess mortality across most age-groups.

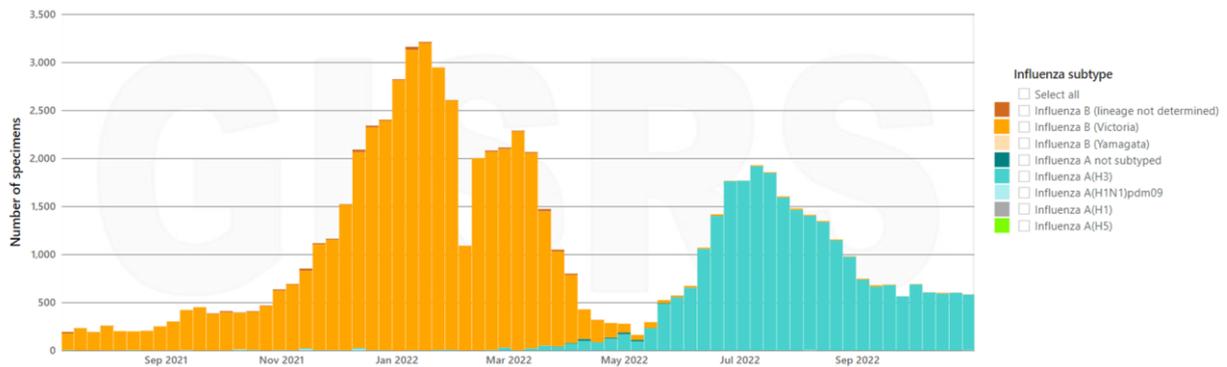
- In Central Asia, influenza activity was high (20.4% influenza positivity), where the majority of detections were B viruses reported from Kazakhstan. Kazakhstan reported widespread activity and influenza positivity above 10%, together with elevated ILI and SARI activity. There were sporadic detections of A and B viruses from Kyrgyzstan and Tajikistan.
- In Northern Africa, no detections were reported this period.
- In Western Asia, detections of influenza continued to increase in some countries of the Arabian Peninsula, with all seasonal influenza subtypes co-circulating in Oman and the United Arab Emirates, influenza A(H1N1)pdm09 predominating in Qatar and influenza B predominating in Saudi Arabia. Detections of predominantly influenza A(H3N2) continued to be reported with increased percent positivity in Bahrain. Increased ILI activity was reported from Georgia, Saudi Arabia and Türkiye. SARI activity increased in Saudi Arabia.
- In East Asia, influenza and ILI activity in China remained stable at medium level of activity with influenza A(H3N2) viruses predominant. A few influenza A(H3N2) viruses and one influenza B virus detection were reported in the Republic of Korea with the ILI rate reported to be slightly above the seasonal threshold. RSV activity continued to increase in children under one year of age in the Republic of Korea. In Mongolia, ILI rate and the proportion of hospitalizations due to pneumonia remained above expected levels; detections of respiratory viruses other than influenza increased slightly in recent weeks with RSV detected among hospitalized patients.

### Number of specimens positive for influenza by subtype in the northern hemisphere



Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 10/11/2022

## Number of specimens positive for influenza by subtype in Eastern Asia



Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 10/11/2022

## 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 low overall, with A(H3N2) detections predominant. RSV activity was also low. In Puerto Rico, detections of predominantly influenza A increased and were above the average for the time of year and the seasonal threshold. In Guatemala, influenza A(H3N2) and influenza B detections and influenza-like-illness were also increasing, higher than the average for the time of year and above the seasonal threshold. SARI cases were above the seasonal threshold. In Nicaragua, detections of influenza B increased and the percent positivity was at low levels and increased above the average for the time of year. In Panama, RSV activity decreased but remained at moderate levels. In Jamaica, SARI was at low levels but pneumonia activity was moderate and increasing. In Costa Rica, SARI decreased a little but remained at moderate levels. In El Salvador, SARI increased and was above the average and the seasonal threshold.
- In the tropical countries of South America, influenza detections generally remained low and A(H3N2) viruses predominated. In Bolivia (Plurinational State of) influenza detections were few but increased and percent positivity rose to just below the moderate threshold. SARI activity was stable around the moderate threshold. In Colombia, influenza detections were at baseline levels but pneumonia and ARI were both at low levels, just below the moderate threshold and higher than the average for the time of year. In Brazil, RSV activity was elevated and continued to increase. Elsewhere, RSV activity remained at baseline levels.

### Tropical Africa

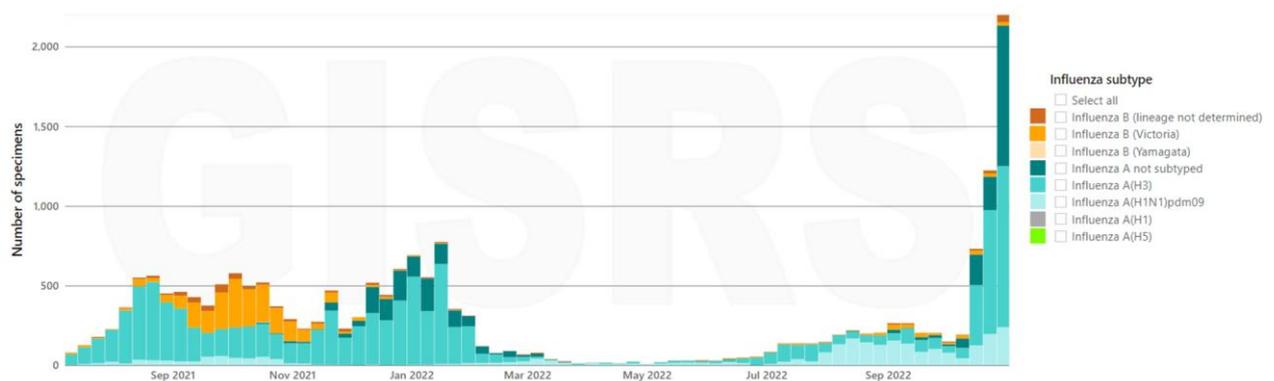
- In Western Africa, the overall number of reported influenza detections was similar to previous weeks, with influenza A(H3N2) detections decreasing and influenza B/Victoria detections increasing. Côte d'Ivoire and Guinea reported sporadic influenza B/Victoria detections, having reported sporadic influenza A(H3N2) detections in previous weeks. Ghana reported sustained detections of mainly influenza B/Victoria and fewer influenza A(H3N2) viruses. Niger reported influenza A(H3N2) detections.

- In Middle Africa, no detections were reported this period.
- In Eastern Africa, influenza A and B detections decreased. Ethiopia reported detections of influenza A(H3N2) and influenza B viruses. Mozambique reported influenza A(H1N1)pdm09 detections and one influenza A(H3N2) detection. An influenza epidemic driven primarily by influenza A(H1N1)pdm09 with cocirculation of influenza A(H3N2) and influenza B continues in Réunion, with emergency consultations for influenza-like illness increasing slightly but influenza detections in hospitals decreasing. The United Republic of Tanzania reported a single influenza B detection. Zambia reported elevated detections of mainly influenza B viruses and fewer influenza A(H3N2) viruses.

### Tropical Asia

- In Southern Asia, influenza activity increased steeply mainly due to an increase in detections in Iran, where predominantly influenza A(H3N2) followed by influenza A (H1N1)pdm09 and few influenza B/Victoria detections were reported. Increasing activity was also reported in Bhutan where the vast majority of detections were influenza A(H3N2) and only few influenza A(H1N1)pdm09 detections were reported. In Pakistan, influenza detections of mainly B/Victoria and some influenza A(H3N2) and A(H1N2)pdm09 viruses remained elevated. India reported decreasing detections A(H1N1)pdm09, A(H3N2) and influenza B, while Nepal reported decreasing detections of influenza A(H3N2) and A(H1N1)pdm09. Sri Lanka reported few detections of mainly A(H1N1)pdm09, as well as influenza B and influenza A(H3N2) with a slightly increasing trend.
- In South-East Asia, influenza activity decreased, with detections of predominately influenza A(H3N2) along with some influenza A(H1N1)pdm09 and influenza B/Victoria viruses being reported. Influenza detections decreased in all countries reporting this period except in Malaysia where influenza A detections decreased but influenza B detections increased. In Lao People's Democratic Republic, influenza A(H3N2), influenza B and influenza-like-illness indicators decreased. Singapore reported decreasing influenza A(H3N2) detections and Thailand reported decreasing detections of mainly influenza A(H3N2) as well as some influenza B viruses.

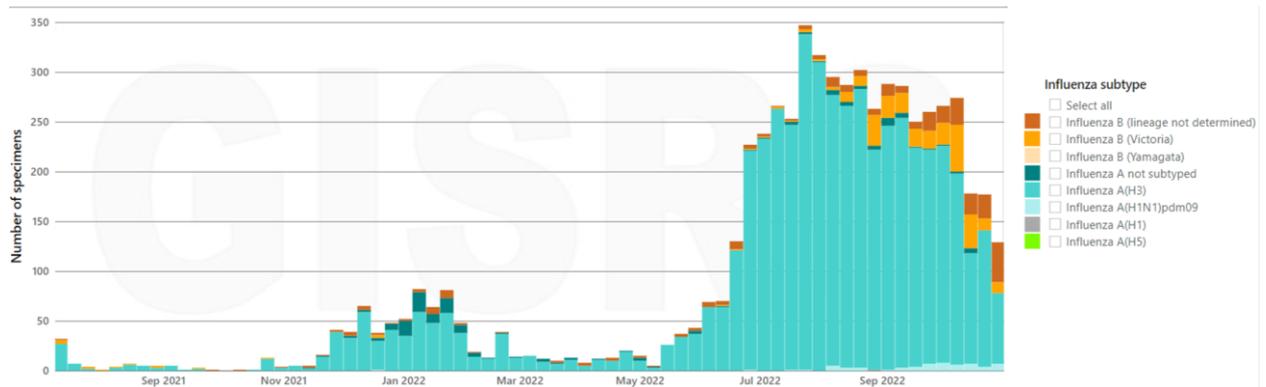
### Number of specimens positive for influenza by subtype in South Asia



Data source: FluNet ([www.who.int/toolkits/flu-net](http://www.who.int/toolkits/flu-net)). Global Influenza Surveillance and Response System (GISRS)

Data generated on 10/11/2022

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

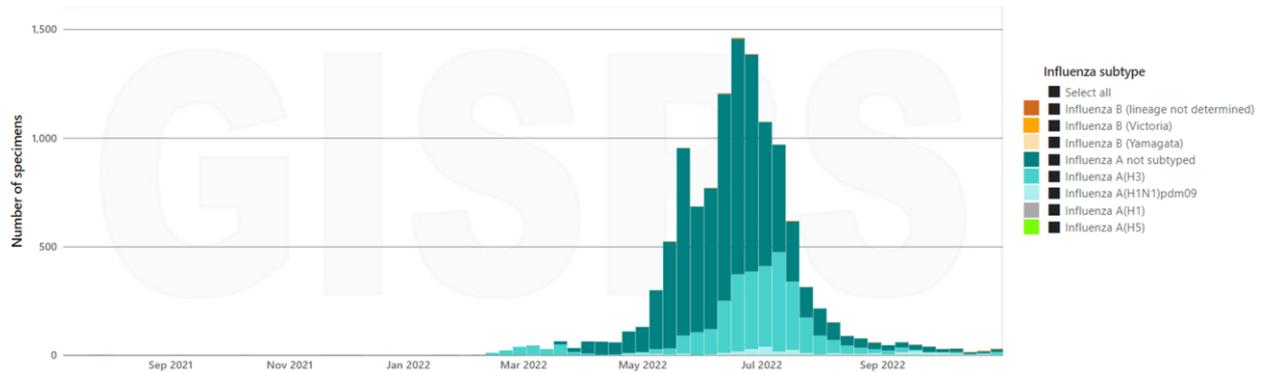


Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 10/11/2022

## Countries in the temperate zone of the southern hemisphere

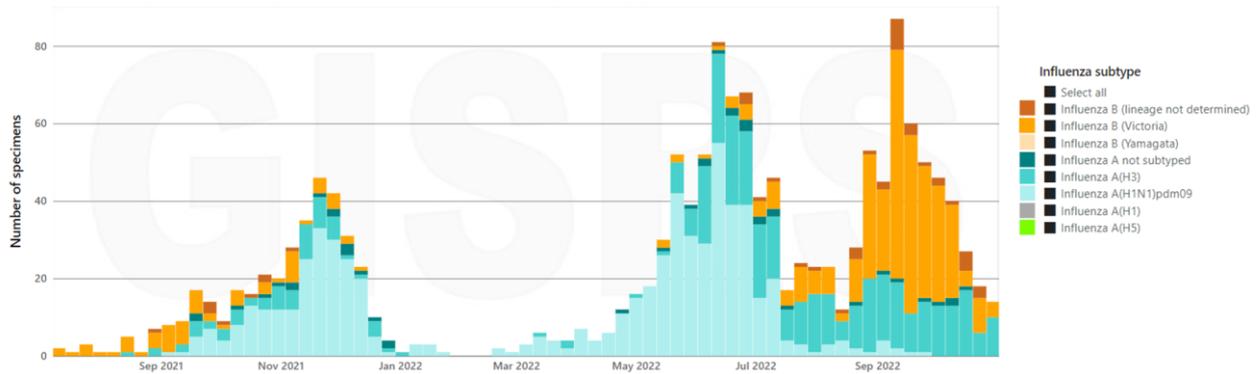
- Across Australia, influenza detections and activity remained low. The vast majority of detections were influenza A, with sporadic influenza B detections. Influenza activity remained very low in New Zealand. The hospitalization rate for SARI in children under 5 years and those over 80 years of age decreased significantly in the Auckland Region. In the Pacific Islands, ILI activity overall was low or decreasing except in the Northern Mariana Islands and the Federated States of Micronesia where ILI activity was elevated.
- In South Africa, detections of influenza A(H3N2) and influenza B/Victoria decreased. The influenza detection rates in ILI and pneumonia surveillance were below the epidemic threshold. There were few SARS-CoV-2 or RSV detections, and the detection rate for RSV in children under five years of age remained below the epidemic threshold.
- In temperate South America, influenza detections continued to increase in Argentina, Chile and Uruguay. In Argentina, influenza B was predominant followed by influenza A(H1N1)pdm09 and positivity remained elevated at moderate levels while ILI was at low levels. In Chile, influenza A(H3N2) predominated and percent positivity reached high levels, far above the average for this time of year. ILI was moderate and SARI was low. In Uruguay, influenza A(H3N2) detections increased and the percent positivity was at low levels. SARI decreased and was also at low levels. RSV remained low in the subregion, and decreased in Uruguay where levels had previously been elevated.

### Number of specimens positive for influenza by subtype in Oceania



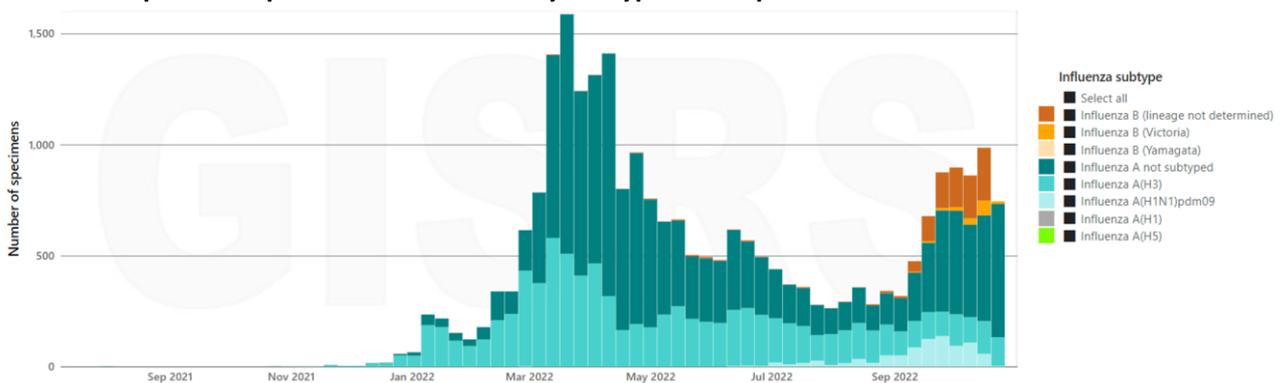
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 10/11/2022

### Number of specimens positive for influenza by subtype in Southern Africa



Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 10/11/2022

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

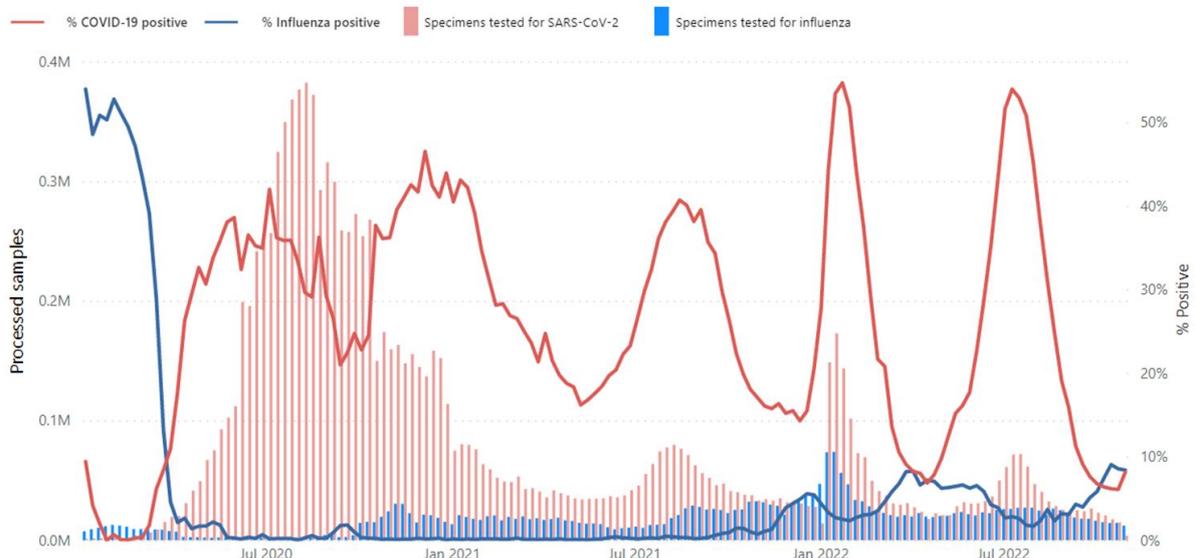


Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 10/11/2022

### SARS-CoV-2 sentinel surveillance data reported to FluNet

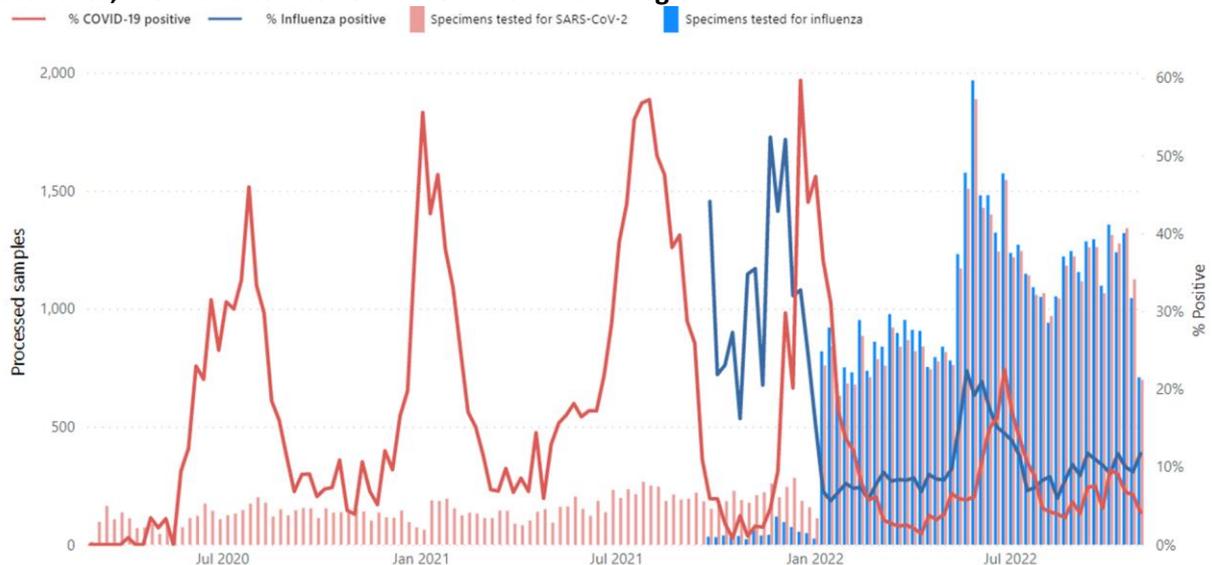
SARS-CoV-2 data are included from those countries reporting testing one or more sentinel specimens for SARS-CoV-2 per week. Influenza data are included from those countries reporting testing one or more sentinel specimens for influenza per week regardless of their reporting of SARS-CoV-2 testing data. 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. Additional information on data reported from countries can be found on the Integrated influenza and other respiratory viruses surveillance outputs dashboard [here](#).

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



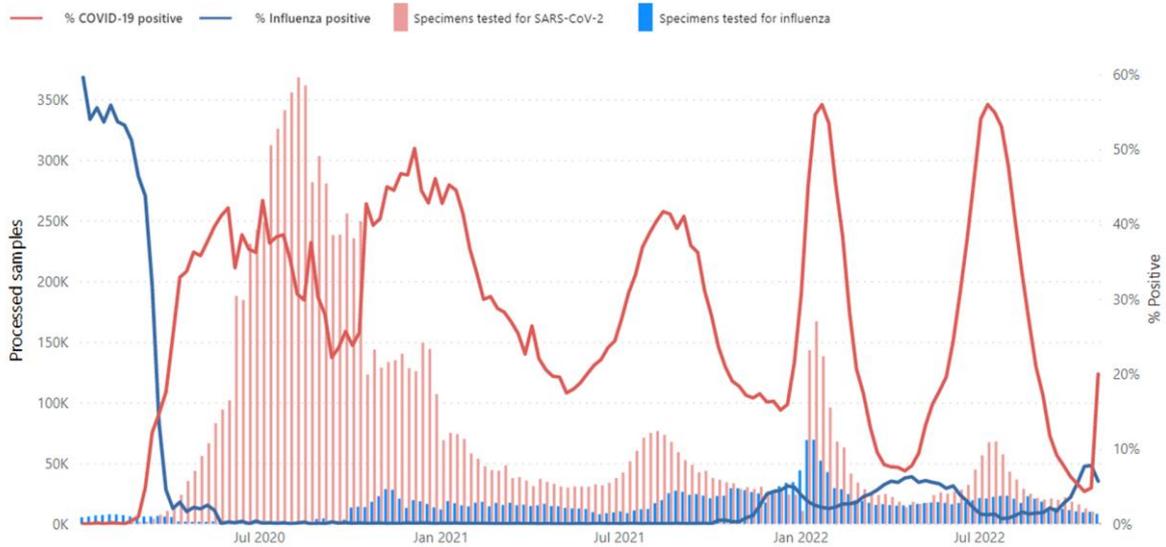
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 11/11/2022

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



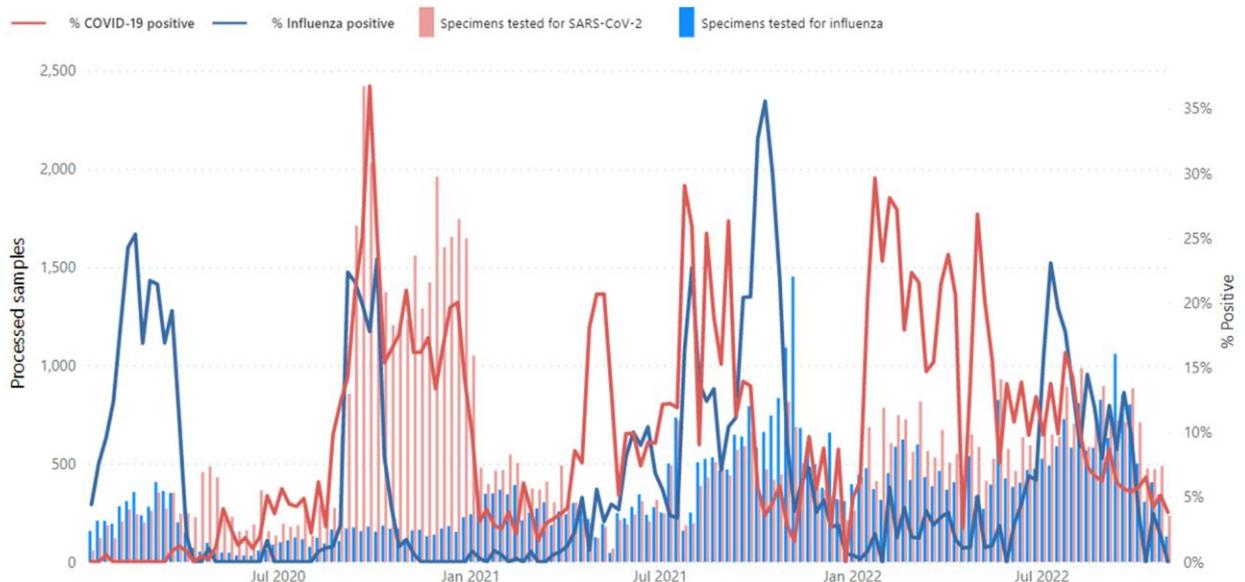
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 11/11/2022

### 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



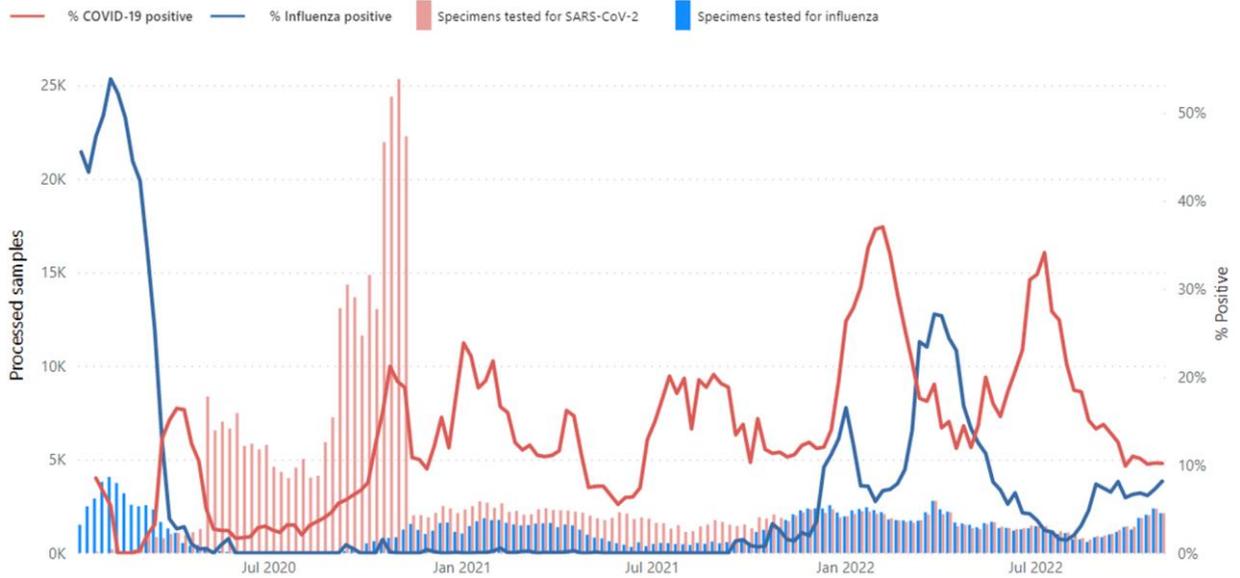
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 11/11/2022

### 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



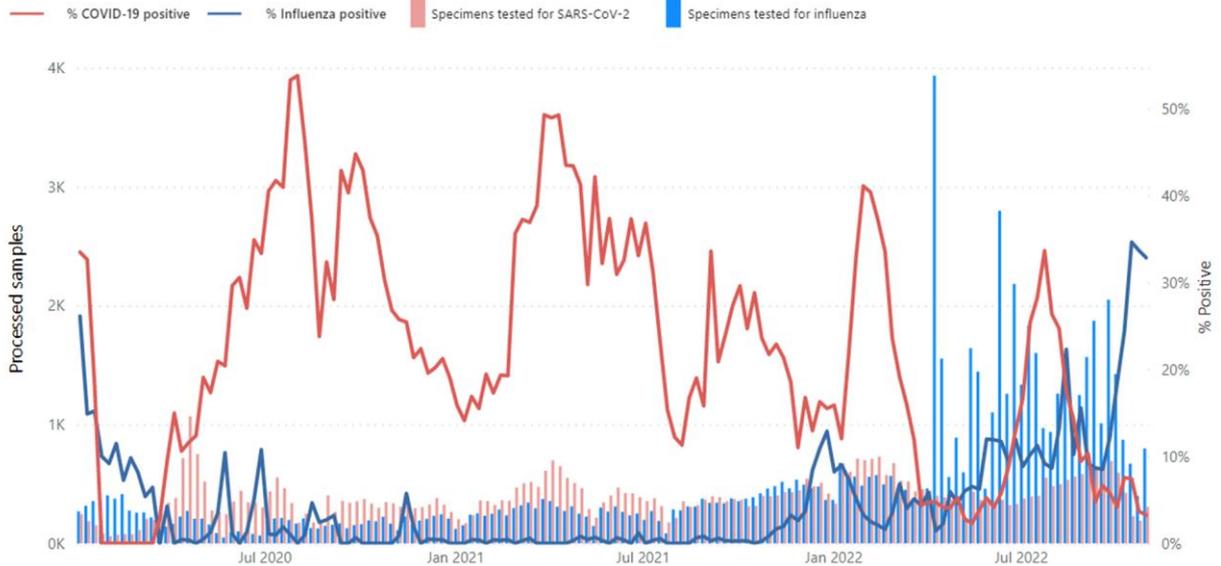
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 11/11/2022

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



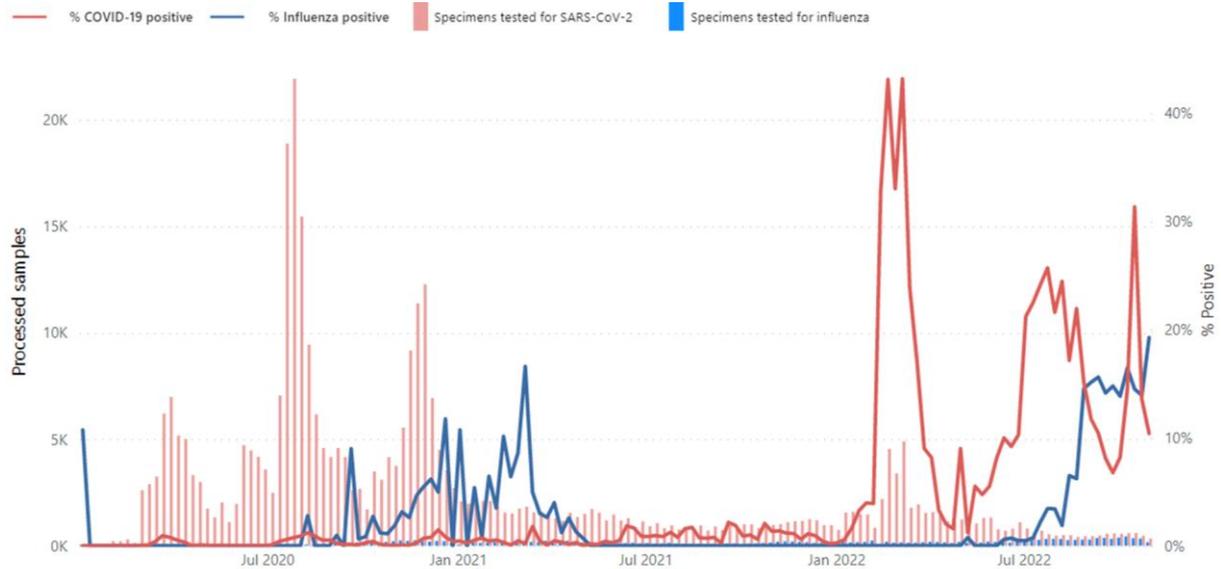
Data source: FluNet ([www.who.int/toolkits/flunet](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 11/11/2022

### 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](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 11/11/2022

## 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](http://www.who.int/toolkits/flunet)). Global Influenza Surveillance and Response System (GISRS)  
Data generated on 11/11/2022

### 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 and other respiratory virus 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>

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