

Summary

Week 47/2022 (21 November - 27 November 2022)

- The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus increased to 14% from 13% in the previous week.
- The epidemic threshold is set at 10% and week 47/2022 was the third consecutive week above this level with the start of the epidemic in the European Region being declared based on week 46/2022 data.
- Germany, Kazakhstan, Kyrgyzstan, Malta, Portugal, Romania, Russian Federation, Türkiye and United Kingdom (Scotland) reported widespread influenza activity and/or at least medium intensity.
- Germany, Spain, France, Israel, Italy, Kyrgyzstan, Kazakhstan, Luxembourg, Republic of Moldova, Portugal and Uzbekistan reported seasonal influenza activity above 10% positivity in sentinel primary care.
- Both influenza type A and type B viruses were detected with A(H3) viruses being dominant in sentinel and non-sentinel surveillance systems.
- Hospitalized cases with confirmed influenza virus infection were reported from ICU wards (2 type A viruses), other wards (64 type A viruses and 2 type B viruses) and SARI surveillance (60 type B viruses and 39 type A viruses). When comparing the different influenza type distributions by system, it is important to consider that different sets of countries report to each system.

2022-2023 season overview

- Influenza activity, based on patients in sentinel primary care settings testing positive for influenza virus infection, first crossed the epidemic threshold of 10% set for the Region in week 45/2022.
- Overall, influenza A(H3) viruses have dominated across most surveillance systems.

Other news

- RSV is another respiratory virus that causes acute disease, often severe, mainly amongst young infants and the elderly. High levels of RSV have been circulating across the Region since week 40/2022, with overall positivity amongst patients consulting in primary care with acute respiratory illness remaining at 16% in week

47/2022, as in week 46/2022. Of the 32 countries having tested sentinel primary care samples since week 40/2022, 23 (72%) have reported a percentage positivity at or above 5%.

- The **European I-MOVE network** estimated influenza vaccine effectiveness (VE) using a multi-center test-negative design among symptomatic patients presenting at primary care between weeks 40/2021 and 20/2022 (the 2021-2022 season). Influenza VE against influenza A(H1N1)pdm09 among ten study sites and among all ages was 75% (95% CI: 43–89) and 81% (95% CI: 45–93) among those aged 18–64 years. All-age VE against influenza A(H3N2) was 29% (95% CI: 12–55) and 26% (95% CI: -22–55) among those aged 15–64 years. Among the viruses sequenced, all 53 A(H1N1)pdm09 viruses belonged to clade 6B.1A.5a.1 and all of the 410 A(H3N2) viruses belonged to the 3C.2a1b.2a.2 clade.

For more information about the SARS-CoV-2 situation in the WHO European Region visit:

- WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- ECDC website: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

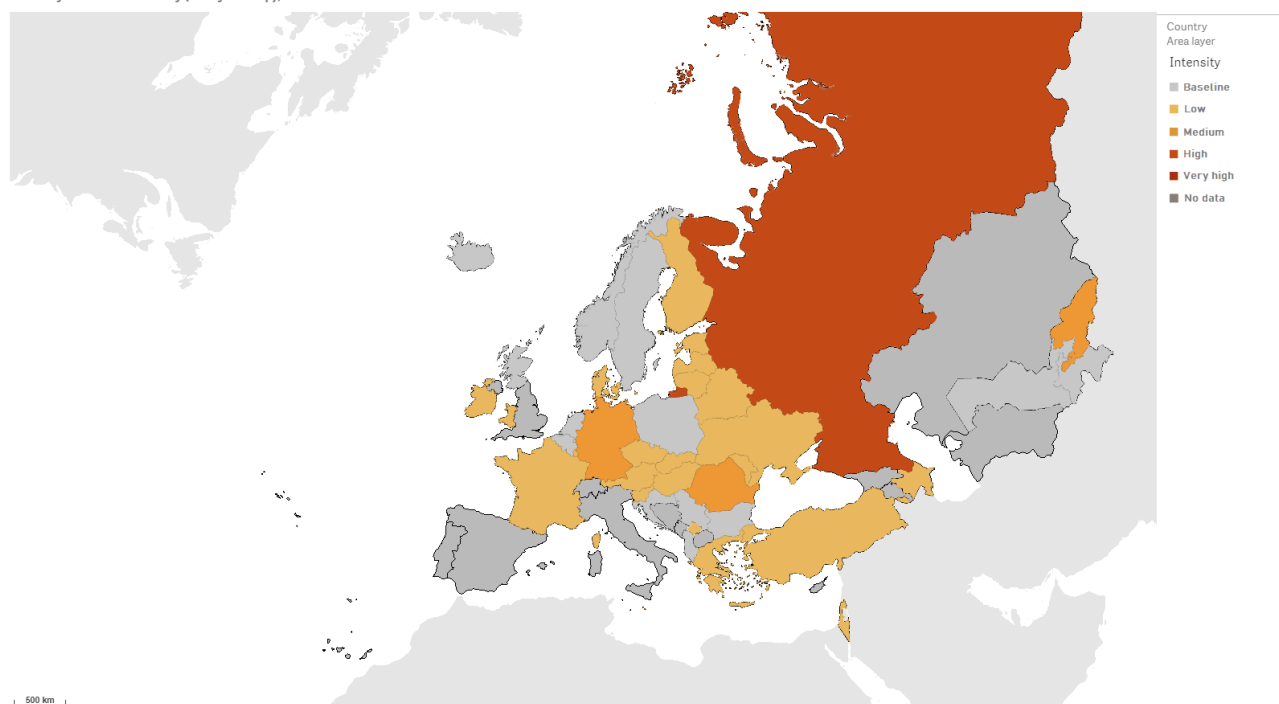
Qualitative indicators

For week 47/2022, of 40 countries and areas reporting on intensity of influenza activity, 13 reported baseline-intensity (across the Region), 22 reported low-intensity (across the Region), 3 reported medium-intensity (Germany, Kyrgyzstan and Romania) and 2 reported high-intensity (Malta and Russian Federation) (Fig. 1).

Of 41 countries and areas reporting on geographic spread of influenza viruses, 6 reported no activity (Azerbaijan, Bulgaria, Croatia, Serbia, Tajikistan and Kosovo (in accordance with UN Security Council Resolution 1244 (1999))), 18 reported sporadic spread (across the Region), 2 reported local spread (Estonia and Malta), 9 reported regional spread (across the Region) and 6 reported widespread activity (Germany, Kazakhstan, Portugal, Russian Federation, Türkiye and United Kingdom (Scotland)) (Fig. 2).

Figure 1. Intensity of influenza activity in the European Region, week 47/2022

Intensity of influenza activity (EU layout map), 2022-W47



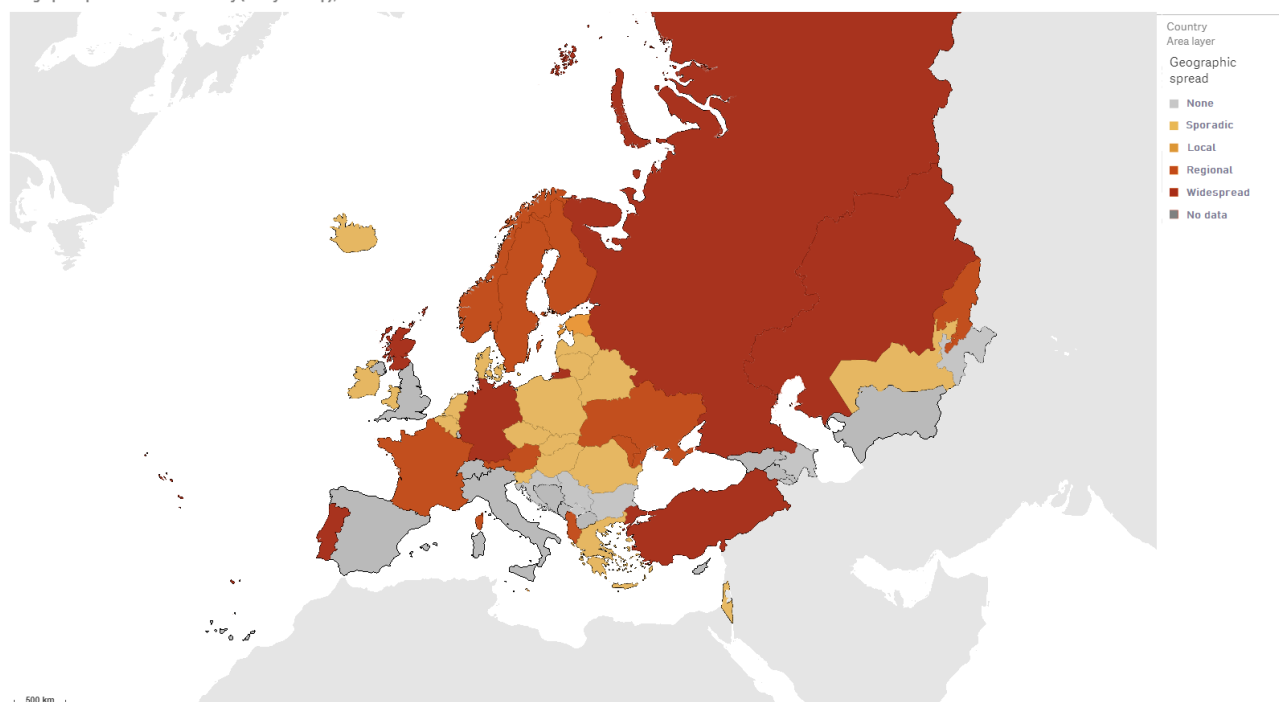
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Figure 2. Geographic spread of influenza viruses in the European Region, week 47/2022

Geographic spread of influenza activity (EU layout map), 2022-W47



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For interactive maps of influenza intensity and geographic spread, see the [Flu News Europe website](#).

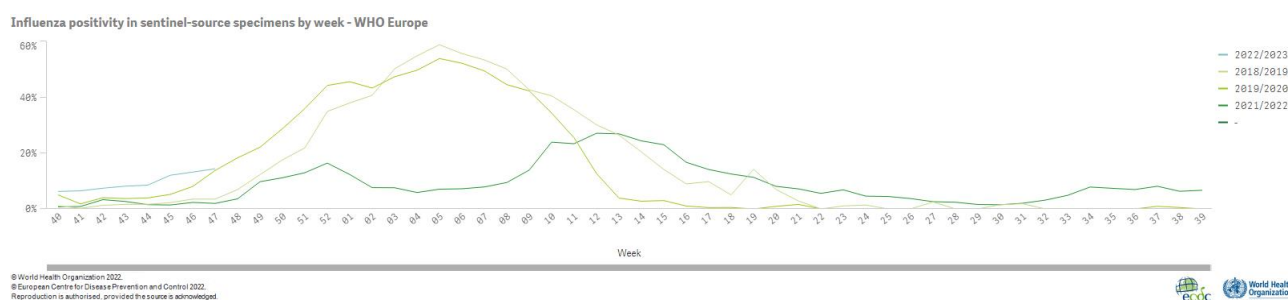
Please note:

- Assessment of the intensity of activity indicator includes consideration of ILI or ARI rates. These ILI or ARI rates might be driven by respiratory infections caused by viruses other than influenza, including SARS-CoV-2, leading to observed increases in the absence of influenza virus detections.
- Assessment of intensity and geographic spread indicators includes consideration of sentinel and non-sentinel influenza virus detection data. Non-sentinel influenza virus detections, often higher, might translate into reporting of elevated geographic spread even in the absence of sentinel detections.

Influenza positivity

For the European Region, influenza virus positivity in sentinel primary care specimens increased from 13% in the previous week to 14% in week 47/2022. This is the third consecutive week above the epidemic threshold, which is set at 10%. This is an earlier start to the influenza epidemic than in the four previous seasons: ranging from week 47 (2019/20 season) to 49 (2021/22 season) (Fig. 3).

Figure 3. Influenza virus positivity in sentinel-source specimens by week, WHO European Region, seasons 2021/2022 and 2022/2023



External data sources

Mortality monitoring:

For week 47/2022 overall pooled EuroMOMO estimates of all-cause mortality for the participating European countries show elevated but decreasing level of excess mortality. Data from 22 European countries or subnational regions were included in the week 47/2022 pooled analysis of all-cause mortality.

The full EuroMOMO report can be found here: <https://www.euromomo.eu/>

Please refer to the EuroMOMO website for a cautionary note relating to interpretation of these data.

Primary care data

Syndromic surveillance data

Of the countries and areas in which thresholds for ILI activity are defined, countries in eastern (n=5; Azerbaijan, Kazakhstan, Kyrgyzstan, Russian Federation and Tajikistan), northern (n=4; Denmark, Estonia, Ireland and Latvia), southern (n=3; Croatia, Greece and Turkey) and western (n=5; Austria, Belgium, Hungary, Luxembourg and Poland) areas of the European Region reported activity above baseline levels.

Of the countries and areas in which thresholds for ARI activity are defined, countries in eastern (n=5; Belarus, Kazakhstan, Kyrgyzstan, Russian Federation and Uzbekistan), northern (n=2; Latvia and Lithuania), southern (n=2; Bulgaria and Romania) and western (n=1; Czechia) areas of the European Region reported activity above baseline levels.

Please note:

- Assessment of the syndromic surveillance data of ILI or ARI rates might be driven by respiratory infections with viruses other than influenza, including SARS-CoV-2, leading to observed increases in the absence of influenza virus detections. The thresholds mentioned are related to the Moving Epidemic Method (MEM) method and based on historic ILI/ARI data.

Viruses detected in sentinel-source specimens (ILI and ARI)

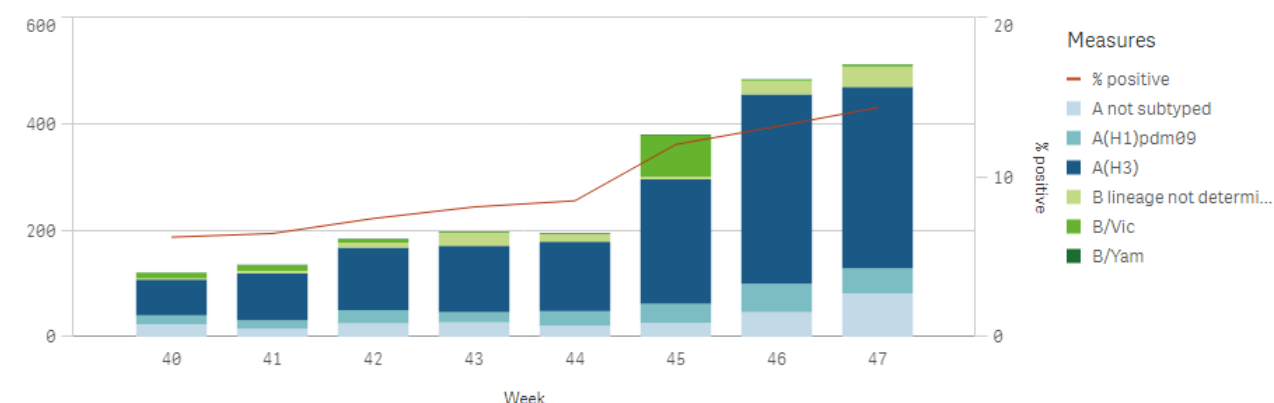
For week 47/2022, 512 (14%) of 3 563 sentinel specimens tested positive for an influenza virus; 92% were type A and 8% were type B. Of 388 subtyped A viruses, 88% were A(H3) and 12% A(H1)pdm09. Of 4 type B viruses ascribed to a lineage, all were B/Victoria (Fig. 4 and Table 1). Of 32 countries and areas across the Region that each tested at least 10 sentinel specimens in week 47/2022, 11 reported influenza-positivity detection rates at or above 10% (median 20%; range 12% - 52%): Italy (52%), Portugal (44%), Kyrgyzstan (42%), Germany (36%), Uzbekistan (21%), France (20%), Kazakhstan (16%), Republic of Moldova (15%), Spain (13%), Luxembourg (12%) and Israel (12%).

For the season to date, 2 207 (10%) of 21 579 sentinel specimens tested positive for an influenza virus. More influenza type A (n=1 967, 89%) than type B (n=240, 11%) viruses have been detected. Of 1 701 subtyped A viruses, 1 461 (86%) were A(H3) and 240 (14%) were A(H1)pdm09. Of 115 influenza type B viruses ascribed to a lineage, all were B/Victoria (52% of type B viruses were reported without a lineage) (Fig. 4 and Table 1).

Details of the distribution of viruses detected in non-sentinel-source specimens are presented in the **virus characteristics** section.

Figure 4. Influenza virus positivity and detections by type, subtype/lineage – sentinel sources, WHO European Region, season 2022/2023

Influenza virus positivity and detections by type, subtype/lineage and week - WHO Europe, season 2022/2023



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Table 1. Influenza virus detections in sentinel source specimens by type and subtype for week 47/2022 and cumulatively for the season

Sentinel Virus type and subtype	Current Week (47)		Season 2022-2023	
	Number	% ^a	Number	% ^a
Influenza A	470	91.8	1 967	89.1
A(H1)pdm09	47	12.1	240	14.1
A(H3)	341	87.9	1 461	85.9

A not subtyped	82	-	266	-
Influenza B	42	8.2	240	10.9
B/Victoria lineage	4	100	115	100
B/Yamagata lineage	0	-	0	0
Unknown lineage	38	-	125	-
Total detections (total tested)	512 (3 563)	14.4	2 207 (21 579)	10.2

^a For influenza type percentage calculations, the denominator is total detections; for subtype and lineage, it is total influenza A subtyped and total influenza B lineage determined, respectively; for total detections, it is total tested.

External data sources

Influenzanet collects weekly data on symptoms in the general community from different participating countries across the EU/EEA. Please refer to the website for additional information for week 47/2022.

Hospital surveillance

A subset of Member States and areas monitors severe disease related to influenza virus infection by surveillance of 1) hospitalized laboratory-confirmed influenza cases in ICUs, or other wards, or 2) severe acute respiratory infections (SARI).

Laboratory-confirmed hospitalized cases

1.1) Hospitalized laboratory-confirmed influenza cases - Intensive care units (ICUs)

For week 47/2022, 2 laboratory-confirmed influenza cases were reported from ICU wards (in Czechia and Ireland). Both were caused by type A viruses neither of which were ascribed to a subtype (Fig. 5 and 6).

Since week 40/2022, more influenza type A (n=80, 90%) than type B (n=9, 10%) viruses were detected (in Czechia, Ireland, Sweden and United Kingdom (England)). Of 7 subtyped influenza A viruses, 4 were A(H1)pdm09 and 3 were A(H3). No influenza B viruses were ascribed to a lineage. Of 16 cases with known age, 8 were 65 years and older, 7 were 15-64 years old, 1 was 0-4 years old and 0 were 5-14 years old.

Figure 5. Number of laboratory-confirmed hospitalized influenza cases in intensive care units (ICU) by week of reporting, WHO European Region, season 2022/2023

*Since week 43 one country stopped reporting

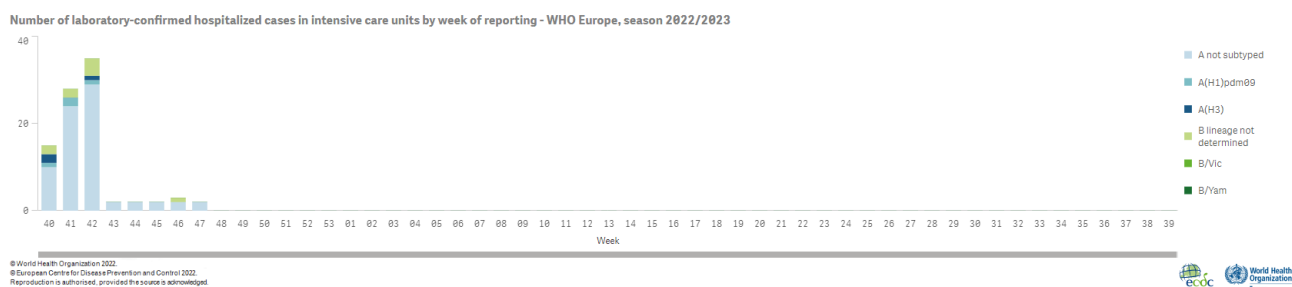
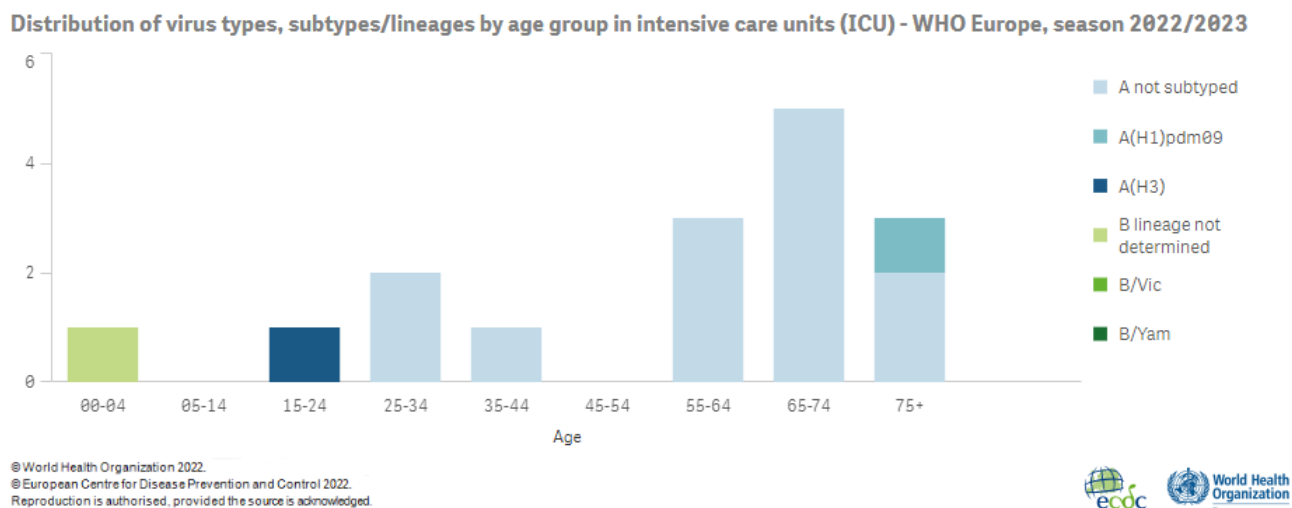


Figure 6. Distribution of influenza virus types, subtypes/lineages by age group in intensive care units (ICU), WHO European Region, season 2022/2023



1.2) Hospitalized laboratory-confirmed influenza cases – other wards

For week 47/2022, 66 laboratory-confirmed influenza cases were reported from other wards (in Ireland), with influenza type A viruses (97%) being detected more frequently than influenza type B viruses (3%). Of 2 subtyped influenza type A viruses, 1 was A(H1)pdm09 and 1 was A(H3) (Fig. 7 and 8).

Since week 40/2022, 328 influenza type A viruses and 20 influenza type B viruses were detected in cases from Ireland. Of 17 subtyped influenza A viruses, 71% (n=12) were A(H1)pdm09 and 29% (n=5) A(H3). The 348 cases with known age fell in 4 age groups: 121 were 15-64 years old, 112 were 65 years and older, 60 were 5-14 years old and 55 were 0-4 years old.

Figure 7. Number of laboratory-confirmed hospitalized influenza cases in wards other than intensive care units (non-ICU) by week of reporting, WHO European Region, season 2022/2023

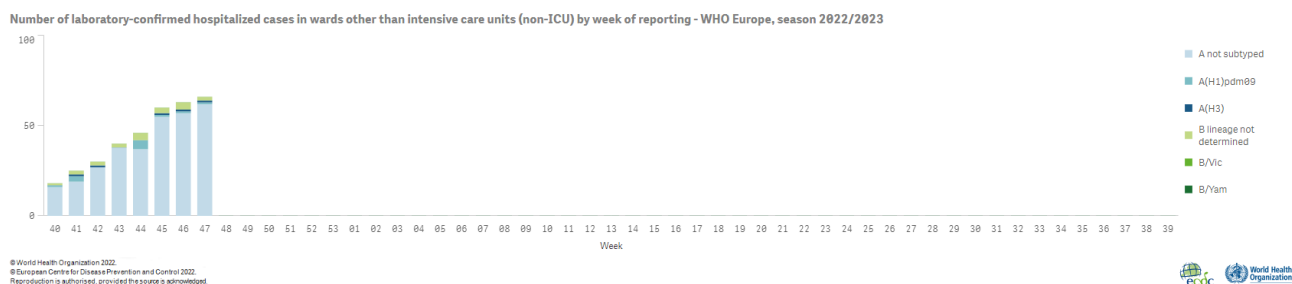
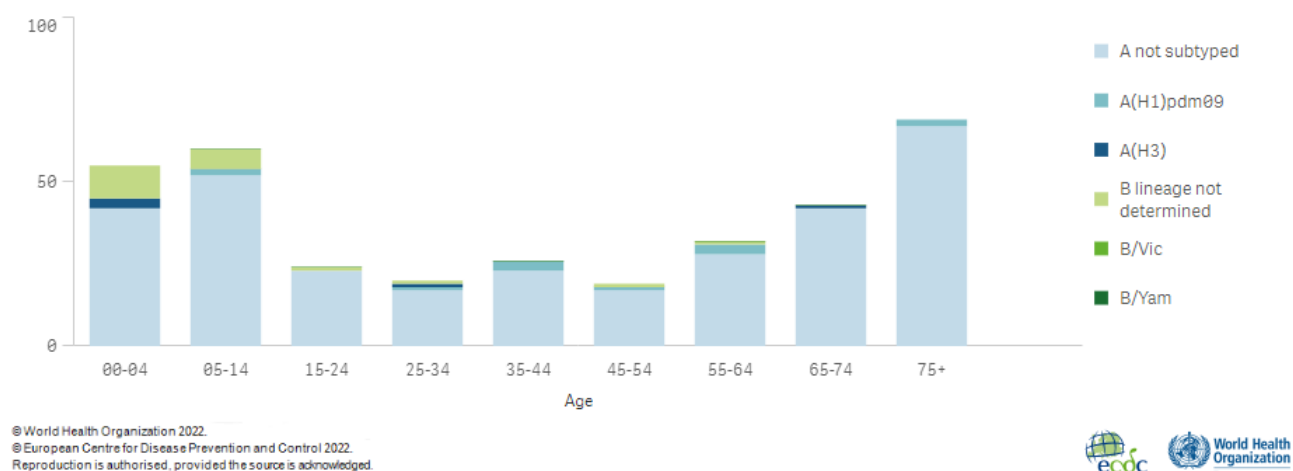


Figure 8. Distribution of influenza virus types, subtypes/lineages by age group in wards other than intensive care units (non-ICU), WHO European Region, season 2022/2023

Distribution of virus types, subtypes/lineages by age group in wards other than intensive care units (non-ICU) - WHO Europe...



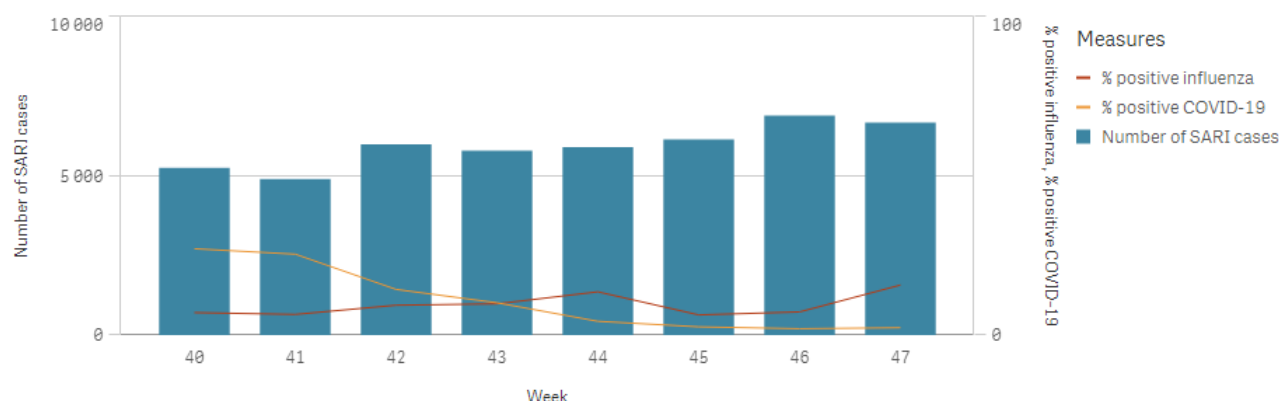
Severe acute respiratory infection (SARI)-based hospital surveillance

For week 47/2022, 5 305 SARI cases were reported by 15 countries or areas (Albania, Belarus, Germany, Ireland, Kazakhstan, Kyrgyzstan, Lithuania, Republic of Moldova, Romania, Russian Federation, Serbia, Spain, Türkiye, Ukraine and Uzbekistan). Of 630 specimens tested for influenza viruses, 16% (n=99) were positive (Fig. 9). Of these, influenza type B viruses (n=60, 61%) were detected more frequently than influenza type A viruses (n=39, 39%). The highest positivity rates for influenza virus detections were reported by Kyrgyzstan (27%), Kazakhstan (24%) and Russian Federation (20%).

For the season, 36 584 SARI cases were reported by 23 countries or areas (Albania, Armenia, Belarus, Bosnia and Herzegovina, Croatia, Georgia, Germany, Ireland, Kazakhstan, Kyrgyzstan, Lithuania, Malta, Montenegro, North Macedonia, Republic of Moldova, Romania, Russian Federation, Serbia, Spain, Türkiye, Ukraine, Uzbekistan and Kosovo (in accordance with Security Council resolution 1244 (1999))). For SARI cases testing positive for influenza virus since week 40/2022, type B viruses have been the most common (n=393 79%; 345 from Kazakhstan, 42 from Kyrgyzstan, 4 from Russian Federation, 1 from North Macedonia and 1 from Ireland). Of the 104 cases with influenza A, subtyping was performed for 81 viruses: 58 (72%) were infected by A(H1)pdm09 viruses and 23 (28%) were infected by A(H3) viruses. Of those influenza B viruses that have been ascribed to a lineage (n=139, 79%), all were B/Victoria (Fig. 10).

Figure 9. Number of severe acute respiratory infection (SARI) cases (bar) and positivity for influenza virus and SARS-CoV-2 (line) by week, WHO European Region, season 2022/2023

Number of severe acute respiratory infection (SARI) cases (bar) and positivity for influenza and COVID-19 (line) by week of r...

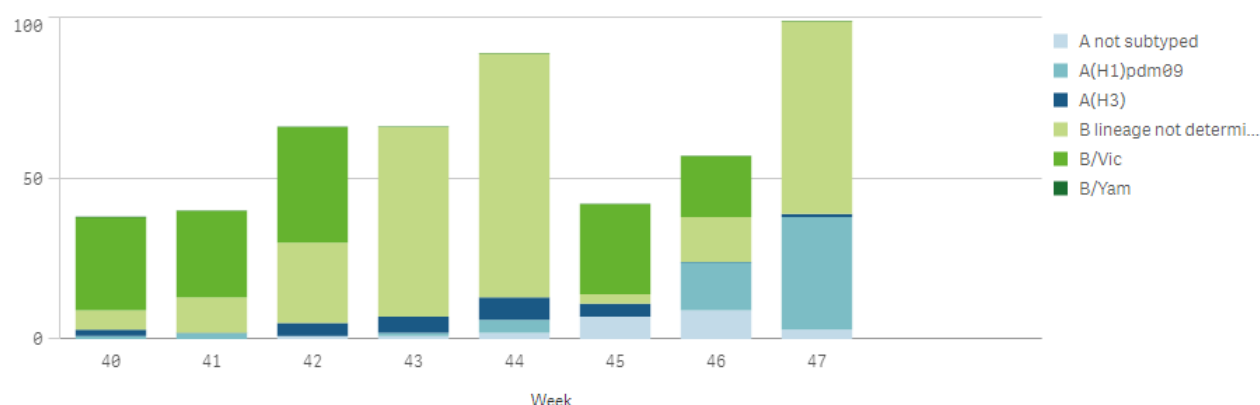


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Figure 10. Influenza virus detections by type, subtype/lineage from severe acute respiratory infection (SARI), WHO European Region, season 2022/2023

Influenza detections by virus type, subtype/lineage from severe acute respiratory infection (SARI) surveillance in hospitals - ...



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Virus characteristics

Details of the distribution of viruses detected in sentinel-source specimens can be found in the **Primary care data** section.

Non-sentinel virologic data

For week 47/2022, 3 551 of 57 670 specimens from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions) tested positive for an influenza virus; 3 336 (94%) were type A and 215 (6%) were type B. Of 976 subtyped A viruses, 539 (55%) were A(H3) and 437 (45%) were A(H1)pdm09. Of 3 type B viruses ascribed to a lineage, all were B/Victoria (Fig. 11 and Table 2).

For the season to date, more influenza type A (n=15 358, 92%) than type B (n=1 237, 8%) viruses have been detected. Of 5 028 subtyped A viruses, 3 277 (65%) were A(H3) and 1 751 (35%) were A(H1)pdm09. Of 181 influenza type B viruses ascribed to a lineage, all

were B/Victoria (85% of type B viruses were reported without a lineage) (Fig. 11 and Table 2).

Figure 11. Influenza detections by type, subtype/lineage and week, non-sentinel sources, WHO European Region, season 2022/2023

Influenza virus detections by type, subtype/lineage and week - WHO Europe, season 2022/2023

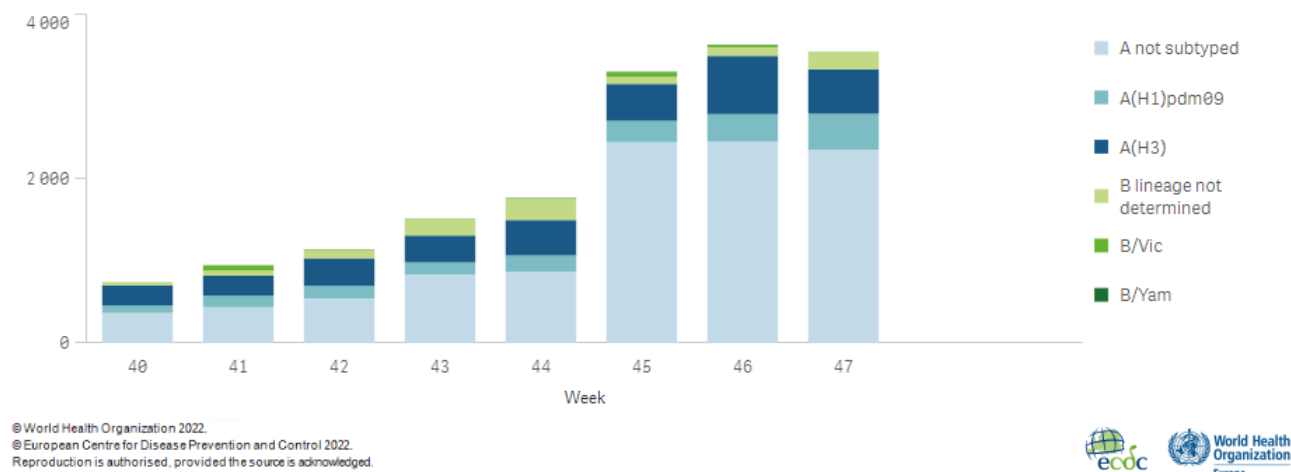


Table 2. Influenza virus detections in non-sentinel-source specimens by type and subtype, week 47/2022 and cumulatively for the season

Non-sentinel	Current Week (47)		Season 2022-2023	
Virus type and subtype	Number	% ^a	Number	% ^a
Influenza A	3 336	93.9	15 358	92.5
A(H1)pdm09	437	44.8	1 751	34.8
A(H3)	539	55.2	3 277	65.2
A not subtyped	2 360	-	10 330	-
Influenza B	215	6.1	1 237	7.5
B/Victoria lineage	3	100	181	100
B/Yamagata lineage	0	0	0	0
Unknown lineage	212	-	1 056	-
Total detections (total tested)	3 551 (57 670)	NA	16 595 (408 943)	NA

^a For type percentage calculations, the denominator is total detections; for subtype and lineage, it is total influenza A subtyped and total influenza B lineage determined, respectively; as not all countries have a true non-sentinel testing denominator, no percentage calculations for total tested are shown.

Genetic characterization

Of the 119 genetically characterized A(H1)pdm09 viruses up to week 47/2022, all belonged to clade 6B.1A.5a.2, of which 76 (64%) were represented by A/Norway/25089/2022, 42 (35%) were represented by A/Sydney/5/2021 and 1 (1%) was represented by A/Victoria/2570/2019.

Among the 125 A(H3) viruses characterized up to week 47/2022, all belonged to clade 3C.2a1b.2a.2, of which 58 (46%) were represented by A/Slovenia/8720/2022, 53 (42%)

were represented by A/Bangladesh/4005/2020 and 11 (9%) were represented by A/Darwin/9/2021. Three viruses (3%) were not attributed to a subgroup.

Up to week 47/2022, 18 B/Victoria viruses were characterized and assigned to clade V1A.3a.2 of which 10 (56%) were represented by B/Austria/1359417/2021 and 8 (44%) were not attributed to a subgroup.

Table 3. Number of influenza viruses attributed to genetic groups, cumulative for the season, WHO European Region

Number of influenza viruses attributed to genetic groups, cumulative for the season - WHO Europe

Virus Type Q	Virus Subtype Q	Genetic charact... Q	Number of influenza viruses attributed to genetic groups 2022/2023
Total			262
Influenza A			244
A(H1)pdm09			119
A/Norway/25089/2022(H1N1)pdm09_6B.1A.5a.2			76
A/Sydney/5/2021(H1N1)pdm09_6B.1A.5a.2			42
A/Victoria/2570/2019(H1N1)pdm09_6B.1A.5a.2			1
A(H3)			125
A(H3)_SubgroupNotListed *			3
A/Bangladesh/4005/2020(H3)_3C.2a1b.2a.2			53
A/Darwin/9/2021(H3)_3C.2a1b.2a.2			11
A/Slovenia/8720/2022(H3)_3C.2a1b.2a.2			58
Influenza B			18
B/Vic			18
B/Austria/1359417/2021(Victoria lineage_1A.3a.2)			10
B/Vic_SubgroupNotListed *			8

* No Clade: not attributed to a pre-defined clade and SubgroupNotListed: attributed to recognised group in current guidance but not listed here

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Currently, **WHO's October** virus characterization report is available and describes available data from circulating viruses for the 2022-2023 influenza season: type A influenza virus circulation dominated over type B, due mainly to A(H3) viruses. Vaccination remains the best protective measure for prevention of influenza.

Previously published influenza virus characterization reports are available on the **ECDC website (up to September 2022)** and the **WHO website**.

Antiviral susceptibility testing

Up to week 47/2022, 371 viruses were assessed for susceptibility to neuraminidase inhibitors (NAI) (118 A(H3), 118 A(H1)pdm09 and 17 B viruses genotypically and 109 A(H3), 6 A(H1)pdm09 and 3 B viruses phenotypically), and 135 viruses were assessed for susceptibility to baloxavir marboxil (BXM: 76 A(H3), 46 A(H1)pdm09 and 13 B viruses

genotypically). Phenotypically no viruses exceeded IC50-fold-change thresholds for reduced susceptibility to NAI and, genotypically, no markers associated with reduced susceptibility to NAI or BXM were identified.

Vaccine

Recently published results from a controlled, randomized trial in UK concluded that concomitant vaccination with one of two SARS-CoV-2 vaccines (ChAdOx1 or BNT162b2) plus an age-appropriate influenza vaccine raised no safety concerns and preserves antibody responses to both vaccines.
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02329-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02329-1/fulltext)

Available vaccines in Europe <https://www.ecdc.europa.eu/en/seasonal-influenza/prevention-and-control/vaccines/types-of-seasonal-influenza-vaccine>

Vaccine composition

On 25 February 2022, WHO published recommendations for the components of influenza vaccines for use in the 2022-2023 northern hemisphere influenza season:

The WHO recommends that quadrivalent vaccines for use in the 2022-2023 influenza season in the northern hemisphere contain the following:

Egg-based Vaccines

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell culture- or recombinant-based Vaccines

- an A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

The WHO recommends that trivalent vaccines for use in the 2022-2023 influenza season in the northern hemisphere contain the following:

Egg-based vaccines

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Cell culture- or recombinant-based vaccines

- an A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus

On 23 September 2022, WHO published recommendations for the components of influenza vaccines for use in the 2023 southern hemisphere influenza season:

Egg-based Vaccines

- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell- or recombinant-based Vaccines

- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

It is recommended that **trivalent influenza vaccines** for use in the 2023 southern hemisphere influenza season contain the following:

Egg-based vaccines

- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Cell- or Recombinant-based vaccines

- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus

The full report is published [here](#).

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Maps and commentary do not represent a statement on the legal or border status of the countries and territories shown.

All data are up to date on the day of publication. Past this date, however, published data should not be used for longitudinal comparisons, as countries retrospectively update their databases. The WHO Regional Office for Europe is responsible for the accuracy of the Russian translation.

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