

## Summary

### Week 50/2022 (12 December – 18 December 2022)

- The percentage of sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus remained above the epidemic threshold (10%) and increased to 31% from 26% in the previous week.
- Influenza activity is increasing across the Region with 33 countries or areas reporting widespread activity and/or medium to very-high intensity.
- Estonia, Finland, France, Germany, Kyrgyzstan, Lithuania, Luxembourg, Poland, Portugal, Republic of Moldova, Slovakia, Slovenia, Switzerland and Uzbekistan reported seasonal influenza activity above 40% positivity in sentinel primary care.
- Both influenza type A and type B viruses were detected with A(H3) viruses being dominant in sentinel surveillance systems but with A(H1)pdm09 viruses dominating in non-sentinel surveillance systems.
- Hospitalized patients with confirmed influenza virus infection were reported from ICU wards (34 type A viruses and 6 type B virus), other wards (293 type A viruses and 6 type B virus) and SARI surveillance (154 type A viruses and 26 type B virus). The proportion of SARI cases infected with type A viruses continued to increase.
- When comparing the different influenza type distributions by system, it is important to consider that not all countries or areas report to all systems.

### 2022-2023 season overview

- The seasonal epidemic activity threshold of 10% positivity in sentinel specimens was first crossed in week 45/2022.
- Influenza activity continues to increase across the Region with an earlier seasonal activity than in pre-COVID-19-pandemic seasons.
- Countries are experiencing a mixed distribution of circulating viruses.
- Overall, influenza A(H3) viruses have dominated in primary care sentinel specimens, influenza A(H1)pdm09 have dominated in SARI specimens with recent increase and A(H1)pdm09 viruses have dominated in non-sentinel specimens.

### Other news

- RSV is another respiratory virus that causes acute respiratory disease, mainly amongst young infants and the elderly, often mild but frequently severe among the youngest children less than 1 year of age and frail elderly. High levels of RSV have been circulating across the Region since week 40/2022, but overall positivity

amongst patients in primary care with acute respiratory illness increased to 13.0% in week 50/2022, from 12.6% in week 49/2022. More information can be found here: <https://www.ecdc.europa.eu/sites/default/files/documents/RRA-20221128-473.pdf>

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>

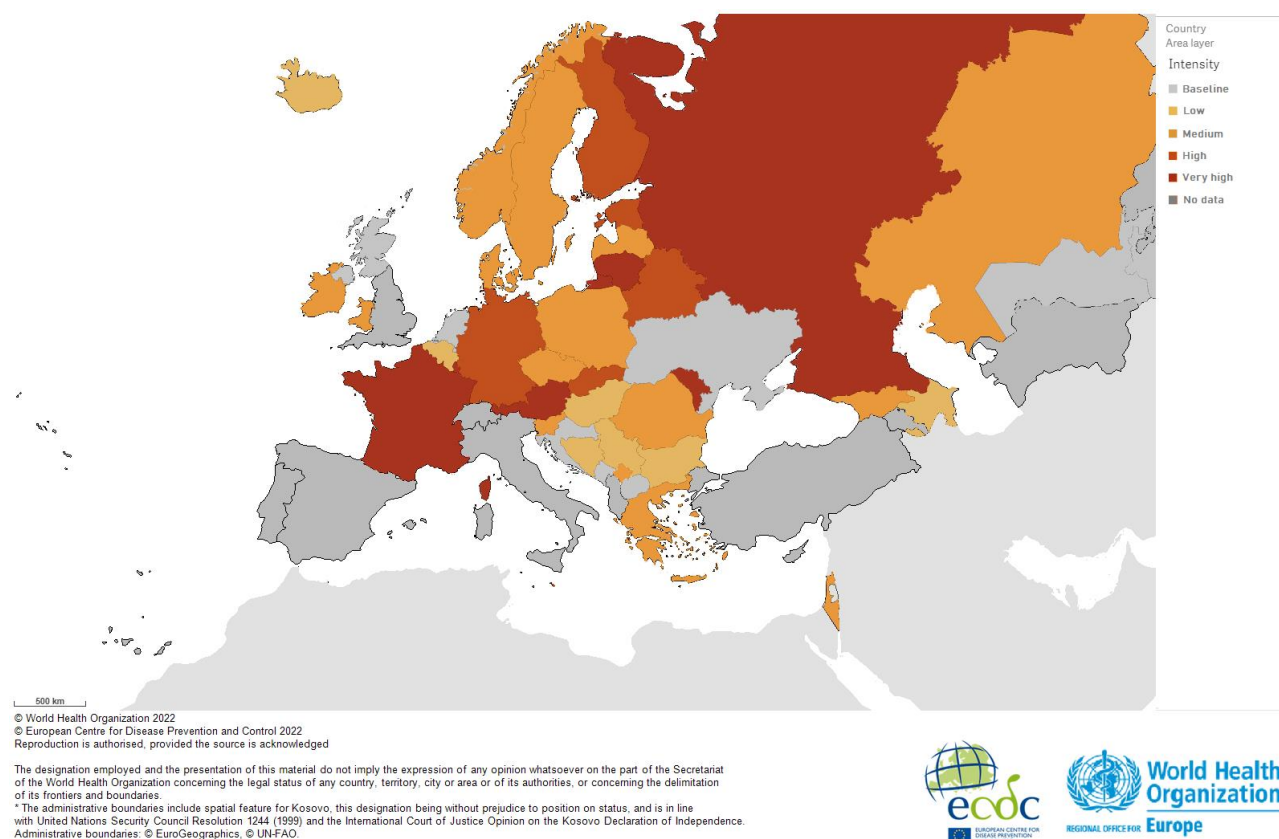
ECDC website: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

## Qualitative indicators

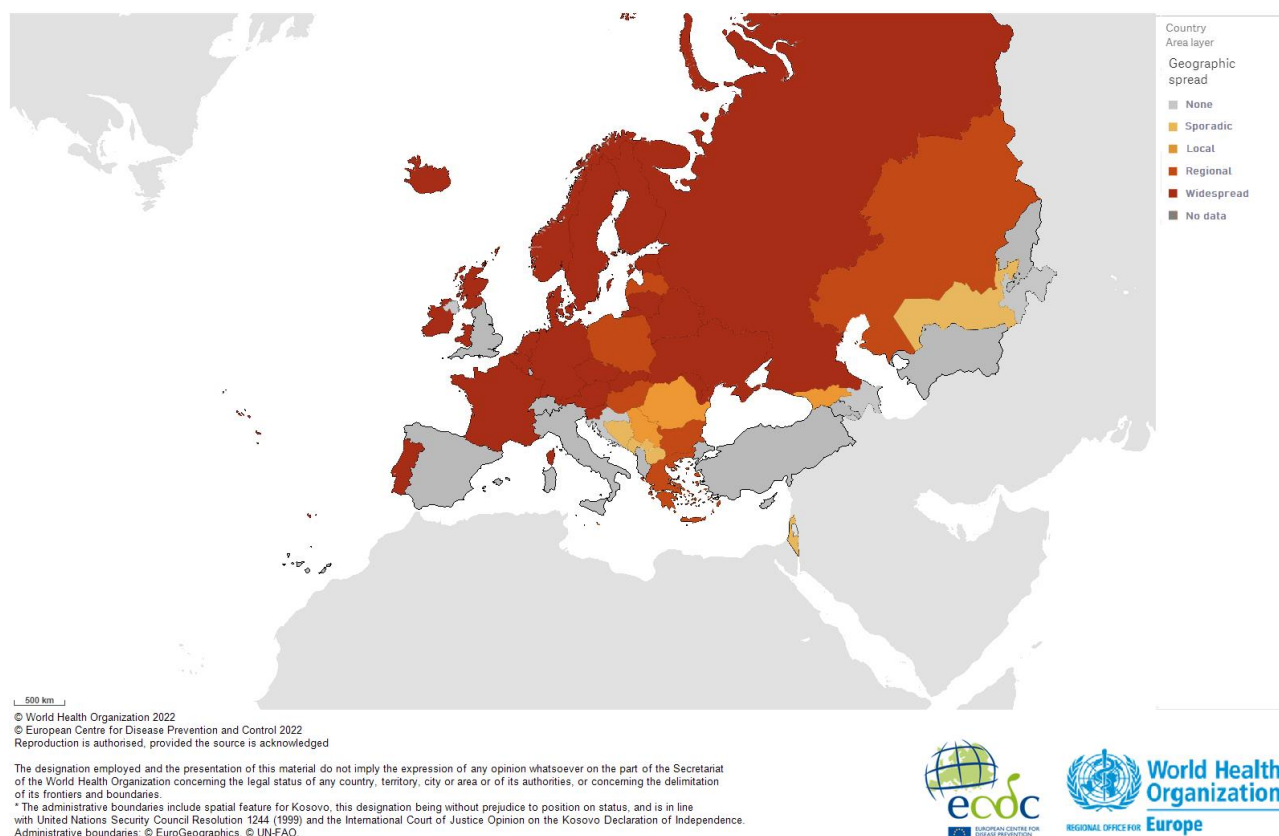
For week 50/2022, of 43 countries and areas reporting on intensity of influenza activity, 9 reported baseline-intensity (across the Region), 7 reported low-intensity (Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Hungary, Iceland and Serbia), 15 reported medium-intensity (across the Region), 6 reported high-intensity (Belarus, Estonia, Finland, Germany, Malta and Slovakia) and 6 reported very high-intensity (Austria, France, Lithuania, Luxembourg, Republic of Moldova and Russian Federation) (Fig. 1).

Of 43 countries and areas reporting on geographic spread of influenza viruses, 4 reported no activity (Azerbaijan, Croatia, Tajikistan and United Kingdom (Northern Ireland)), 6 reported sporadic spread (Bosnia and Herzegovina, Israel, Montenegro, North Macedonia, Uzbekistan and Kosovo (in accordance with UN Security Council Resolution 1244 (1999))), 4 reported local spread (Georgia, Malta, Romania and Serbia), 6 reported regional spread (Bulgaria, Greece, Hungary, Kazakhstan, Latvia and Poland) and 23 reported widespread activity (across the Region) (Fig. 2).

**Figure 1. Intensity of influenza activity in the European Region, week 50/2022**



**Figure 2. Geographic spread of influenza viruses in the European Region, week 50/2022**



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

### Please note:

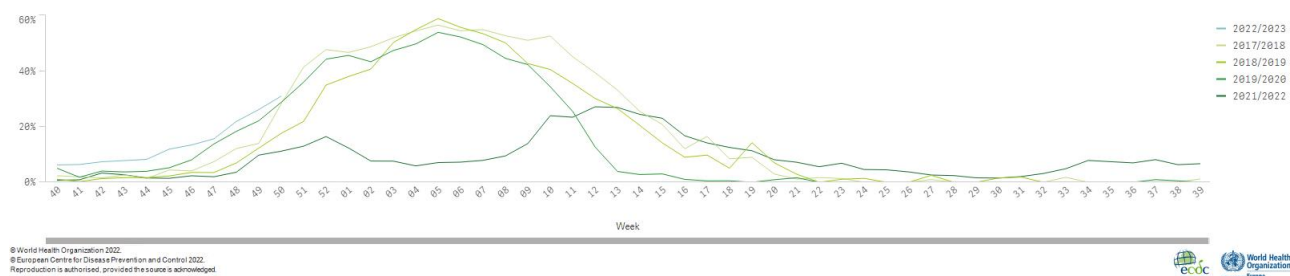
Assessment of the intensity of activity indicator includes consideration of ILI or ARI rates. These ILI or ARI rates might be driven by respiratory infections caused by viruses other than influenza, including SARS-CoV-2 and RSV, leading to observed increases in the absence of influenza virus detections.

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 26% in the previous week to 31% in week 50/2022. Seasonal activity above the epidemic threshold, which is set at 10%, started in week 45/2022. This is an earlier influenza epidemic start 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, 2022/2023 and 4 recent seasons**



## External data sources

### Mortality monitoring:

EuroMOMO estimates all-cause mortality for the participating European countries, the full 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=6; Azerbaijan, Belarus, Georgia, Kazakhstan, Republic of Moldova and Tajikistan), northern (n=7; Denmark, Estonia, Iceland, Ireland, Latvia, Lithuania and United Kingdom (Wales)) southern (n=5; Croatia, Greece, Israel, Romania and Slovenia) and western (n=7; Austria, Belgium, Czechia, Hungary, Luxembourg, Poland and Switzerland) 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, Republic of Moldova, Tajikistan and Uzbekistan), northern (n=3; Estonia, Latvia and Lithuania), southern (n=3; Bulgaria, Romania and Slovenia) and western (n=3; Belgium, Czechia and Slovakia) 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 and RSV, 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)

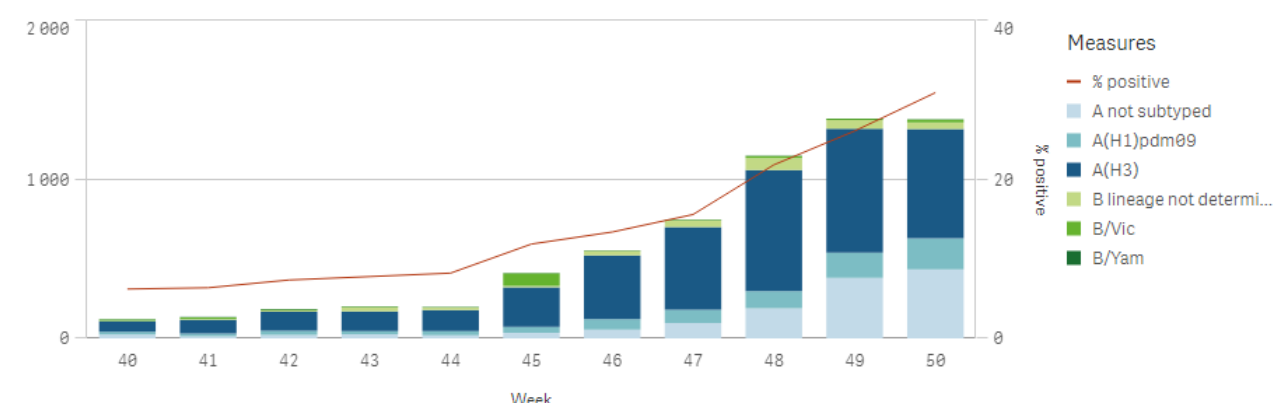
For week 50/2022, 1 376 (31%) of 4 449 sentinel specimens tested positive for an influenza virus; 96% were type A and 4% were type B. Of 884 subtyped A viruses, 78% were A(H3) and 22% A(H1)pdm09. All 18 type B viruses ascribed to a lineage were B/Victoria (Fig. 4 and Table 1).

Of 34 countries and areas across the Region that each tested at least 10 sentinel specimens in week 50/2022, 23 reported positivity rates of influenza virus detections above 10% (median 45%; range 15% - 66%): Slovakia (66%), Finland (64%), Republic of Moldova (59%), France (56%), Poland (55%), Germany (55%), Lithuania (54%), Kyrgyzstan (53%), Portugal (50%), Estonia (50%), Switzerland (46%), Slovenia (45%), Luxembourg (43%), Uzbekistan (43%), Italy (39%), Czechia (32%), Netherlands (32%), Spain (26%), Russian Federation (26%), Sweden (25%), Belgium (21%), Norway (21%) and Denmark (15%).

For the season to date, 6 443 (17%) of 38 776 sentinel specimens tested positive for an influenza virus. More influenza type A (n=5 982, 93%) than type B (n=461, 7%) viruses have been detected. Of 4 682 subtyped A viruses, 3 927 (84%) were A(H3) and 755 (16%) were A(H1)pdm09. All 155 influenza type B viruses ascribed to a lineage were B/Victoria (66% 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**



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**Table 1. Influenza virus detections in sentinel source specimens by type and subtype for week 50/2022 and cumulatively for the season**

Sentinel	Current Week (50)		Season 2022-2023	
Virus type and subtype	Number	% <sup>a</sup>	Number	% <sup>a</sup>
<b>Influenza A</b>	<b>1 318</b>	<b>95.8</b>	<b>5 982</b>	<b>92.8</b>
A(H1)pdm09	196	22.2	755	16.1
A(H3)	688	77.8	3 927	83.9
A not subtyped	434	-	1 300	-
<b>Influenza B</b>	<b>58</b>	<b>4.2</b>	<b>461</b>	<b>7.2</b>
B/Victoria lineage	18	100	155	100
B/Yamagata lineage	0	0	0	0
Unknown lineage	40	-	306	-
<b>Total detections (total tested)</b>	<b>1 376 (4 449)</b>	<b>30.9</b>	<b>6 443 (38 776)</b>	<b>16.6</b>

<sup>a</sup> 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 50/2022.

## 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).

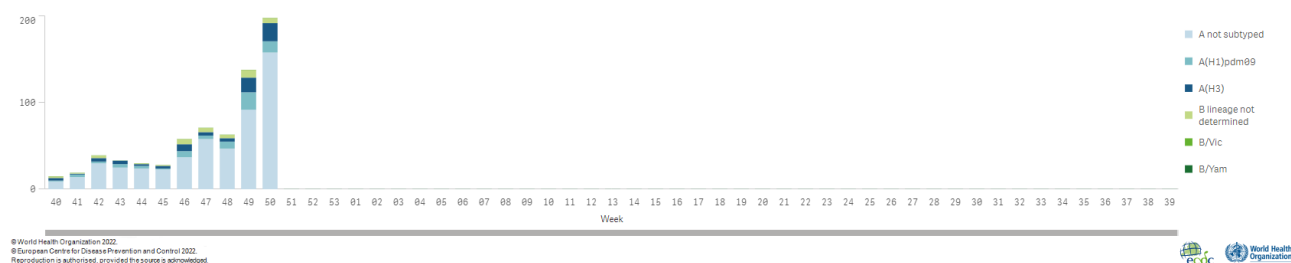
### Laboratory-confirmed hospitalized cases

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

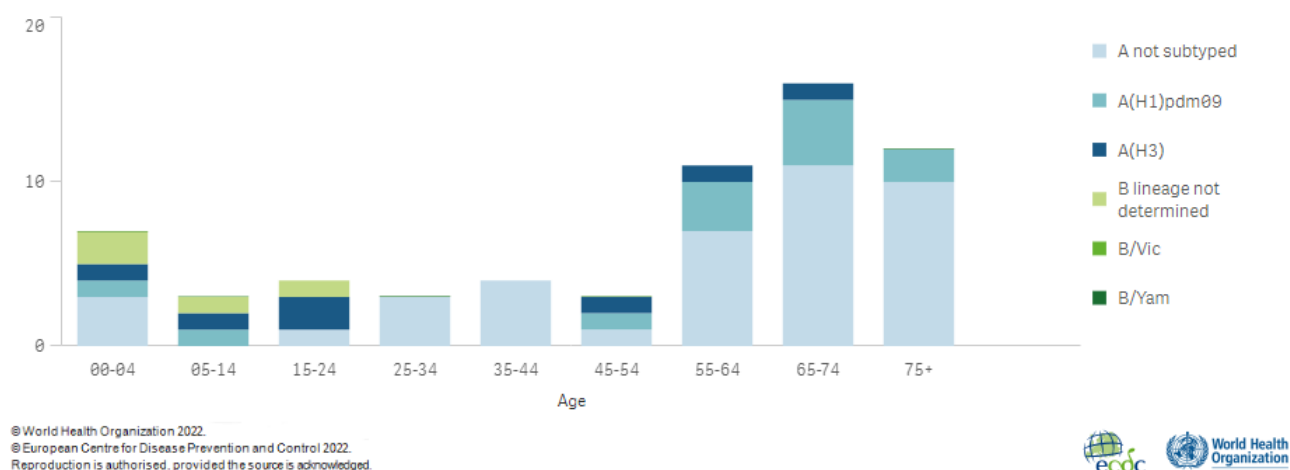
For week 50/2022, 198 laboratory-confirmed influenza cases were reported from ICU wards (in Czechia, Sweden and United Kingdom (England)). Influenza type A viruses were detected more frequently (97%) than type B viruses (3%). Of 34 subtyped influenza type A viruses, 21 were A(H3) and 13 was A(H1)pdm09 (Fig. 5 and 6).

Since week 40/2022, more influenza type A (n=654, 95%) than type B (n=38, 5%) viruses were detected (from Czechia, Ireland, Sweden and United Kingdom (England)). Of 137 subtyped influenza A viruses, 52% were A(H3) and 48% were A(H1)pdm09. No influenza B viruses were ascribed to a lineage. Of 63 cases with known age, 28 were 65 years and older, 25 were 15-64 years old, 7 were 0-4 years old and 3 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**



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

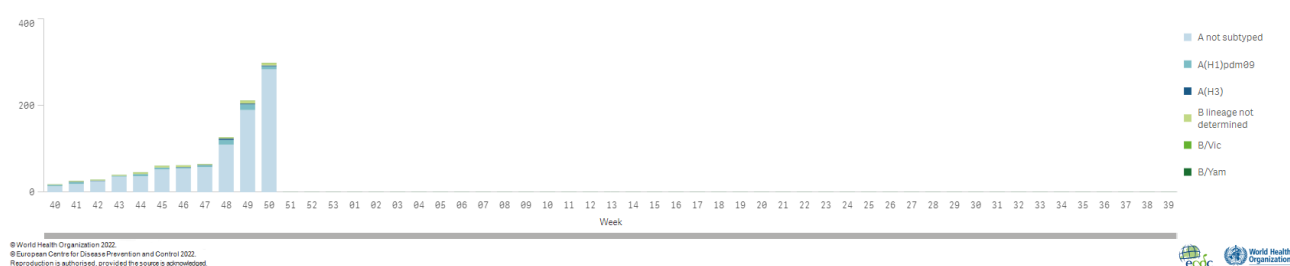


## 1.2) Hospitalized laboratory-confirmed influenza cases – other wards

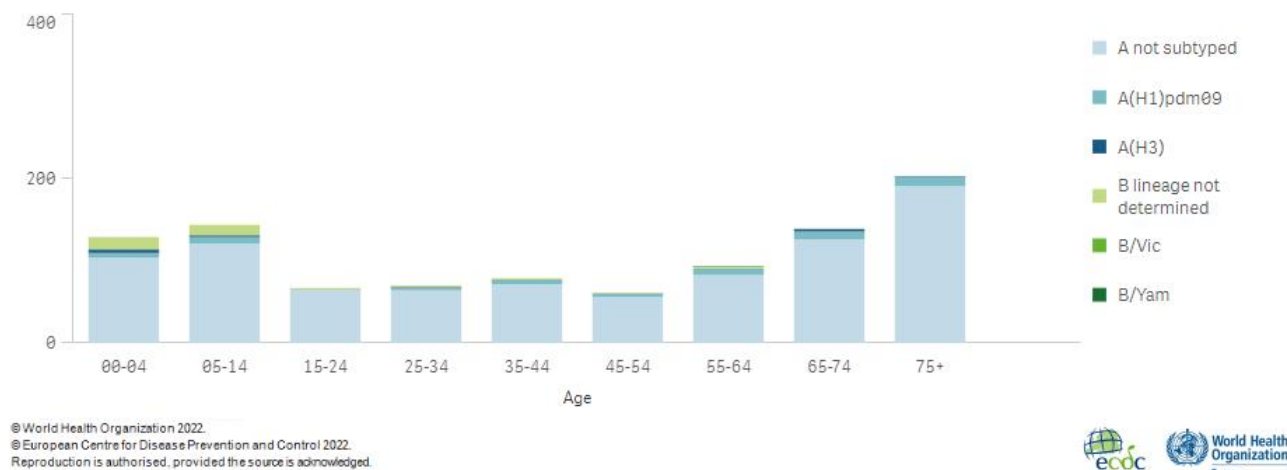
For week 50/2022, 299 laboratory-confirmed influenza cases were reported from other wards (in Czechia and Ireland). Influenza type A viruses (98%) were detected more frequently than influenza type B viruses (2%). Of 9 subtyped influenza type A viruses, 7 were A(H1)pdm09 and 2 were A(H3) (Fig. 7 and 8).

Since week 40/2022, 948 influenza type A viruses and 37 influenza type B viruses were detected from Czechia and Ireland. Of 66 subtyped influenza A viruses, 83% (n=55) were A(H1)pdm09 and 17% (n=11) A(H3). The 985 cases with known age fell in 4 age groups: 370 were 15-64 years old, 342 were 65 years and older, 144 were 5-14 years old and 129 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**

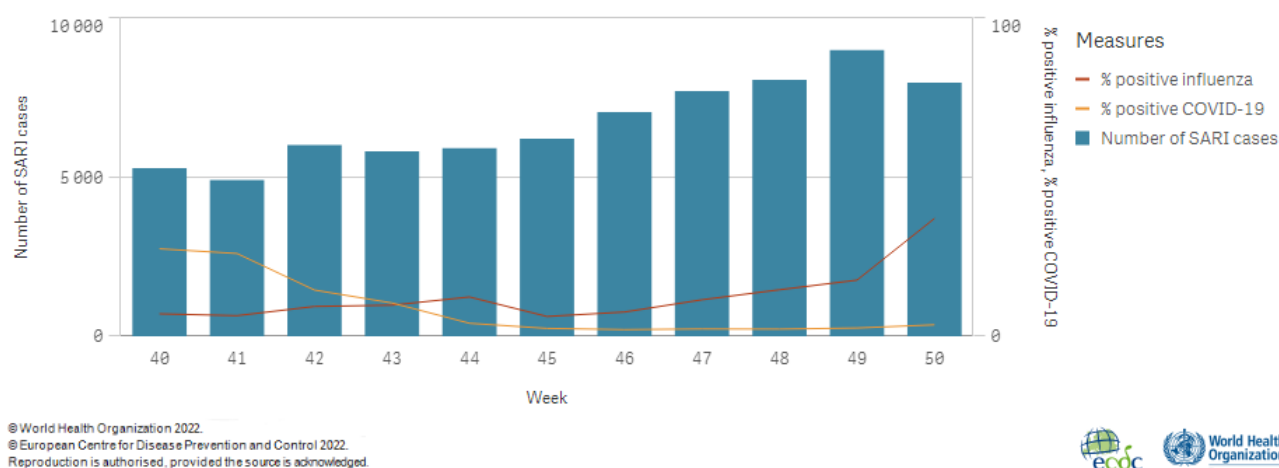


## Severe acute respiratory infection (SARI)-based hospital surveillance

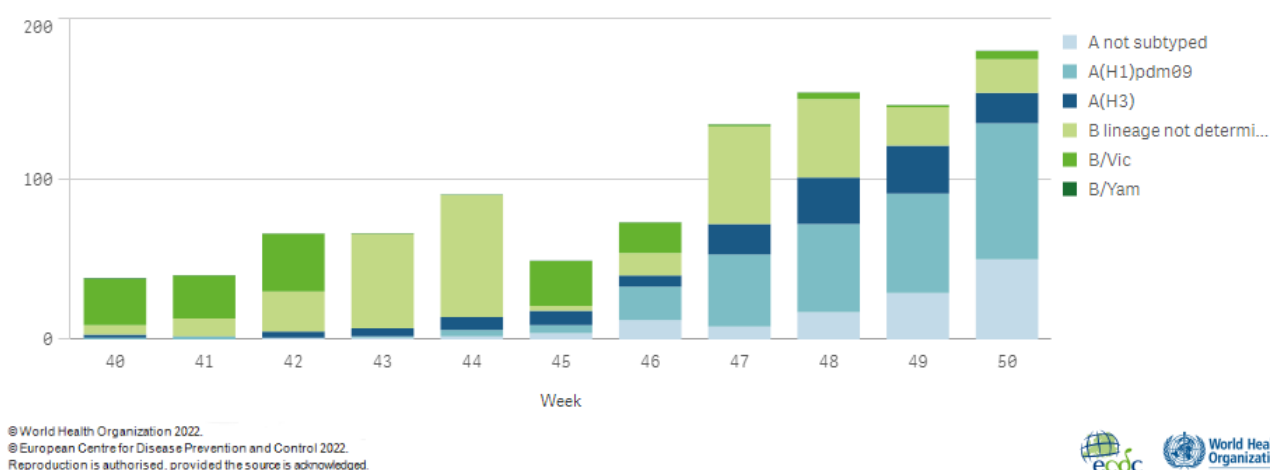
For week 50/2022, 5 841 SARI cases were reported by 17 countries or areas (Belarus, Belgium, Bosnia and Herzegovina, Georgia, Germany, Ireland, Kazakhstan, Lithuania, Malta, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Spain, Ukraine and Uzbekistan). Of 486 specimens tested for influenza viruses, 37% (n=180) were positive (Fig. 9). Of these, influenza type A viruses (n=154, 86%) were detected more frequently than influenza type B viruses (n=26, 14%) with mainly A(H1)pdm09 and B viruses being reported from countries in the eastern part of the Region. The proportion of A detections is increasing. The highest positivity rates for influenza virus detections were reported by Uzbekistan (54%), Lithuania (53%), Ukraine (47%), Ireland (45%), Russian Federation (41%), Romania (33%), Kazakhstan (32%) and Malta (27%).

For the season, 56 828 SARI cases were reported by 25 countries or areas (Albania, Armenia, Belarus, Belgium, Bosnia and Herzegovina, Croatia, Georgia, Germany, Ireland, Kazakhstan, Kyrgyzstan, Lithuania, Malta, Montenegro, North Macedonia, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, 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 A viruses have been the most common (n=537, 52%). Of the 537 cases with influenza A, subtyping was performed for 413 viruses: 281 (68%) were infected by A(H1)pdm09 viruses and 132 (32%) were infected by A(H3) viruses. Of those influenza B viruses that have been ascribed to a lineage (n=150, 48%), 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**



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



## Virus characteristics

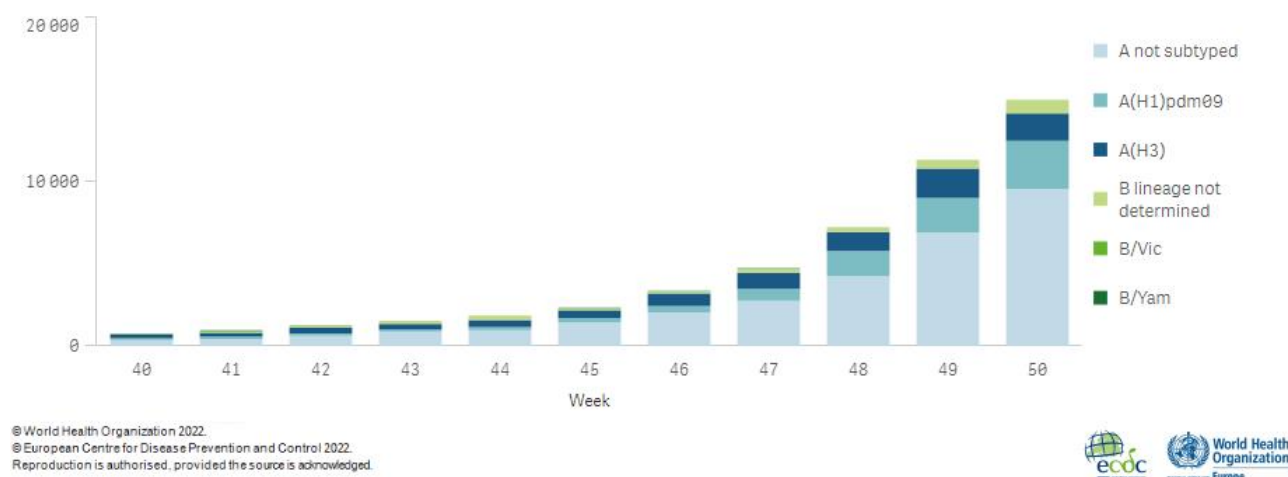
Details of the distribution of viruses detected in sentinel-source specimens can be found in the **Primary care data** section.

### Non-sentinel virologic data

For week 50/2022, 15 006 of 80 730 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; 14 161 (94%) were type A and 845 (6%) were type B. Of 4 599 subtyped A viruses, 2 933 (64%) were A(H1)pdm09 and 1 666 (36%) A(H3). All 5 type B viruses ascribed to a lineage were B/Victoria (Fig. 11 and Table 2).

For the season to date, more influenza type A (n=47 313, 94%) than type B (n=2 910, 6%) viruses have been detected. Of 17 071 subtyped A viruses, 8 654 (51%) were A(H3) and 8 417 (49%) were A(H1)pdm09. All 270 influenza type B viruses ascribed to a lineage were B/Victoria (91% 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**



**Table 2. Influenza virus detections in non-sentinel-source specimens by type and subtype, week 50/2022 and cumulatively for the season**

Non-sentinel	Current Week (50)		Season 2022-2023	
Virus type and subtype	Number	% <sup>a</sup>	Number	% <sup>a</sup>
<b>Influenza A</b>	<b>14 161</b>	<b>94.4</b>	<b>47 313</b>	<b>94</b>
A(H1)pdm09	2 933	63.8	8 654	50.7
A(H3)	1 666	36.2	8 417	49.3
A not subtyped	9 562	-	30 242	-
<b>Influenza B</b>	<b>845</b>	<b>5.6</b>	<b>2 910</b>	<b>6</b>
B/Victoria lineage	5	100	270	100
B/Yamagata lineage	0	0	0	0
Unknown lineage	840	-	2 640	-
<b>Total detections (total tested)</b>	<b>15 006 (80 730)</b>	<b>NA</b>	<b>50 223 (658 886)</b>	<b>NA</b>

<sup>a</sup> 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 217 genetically characterized A(H1)pdm09 viruses up to week 50/2022, 216 were attributed to clade 6B.1A.5a.2: 131 (61%) were represented by AH1/Norway/25089/2022, 84 (39%) were represented by AH1/Sydney/5/2021, 1 (0.5%) was represented by AH1/Victoria/2570/2019. One (0.5%) was a clade 6B.1A.5a.1 virus represented by AH1/Guangdong-Maonan/SWL1536/2019.

Among the 379 A(H3) viruses characterized up to week 50/2022, 371 were attributed to clade 3C.2a1b.2a.2: 204 (54%) represented by AH3/Bangladesh/4005/2020, 147 (39%) represented by AH3/Slovenia/8720/2020 and 20 (5%) represented by AH3/Darwin/9/2021. 8 (2%) viruses were not attributed to a subgroup.

Up to week 50/2022, 44 B/Victoria viruses were characterized, of which 30 (68%) were clade V1A.3a.2 represented by B/Austria/1359417/2021 and 14 (32%) were not attributed to a subgroup.

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

<div>Virus Type 🔍</div> <div>Virus Subtype 🔍</div> <div>Genetic charact... 🔍</div>		Number of influenza viruses attributed to genetic groups 2022/2023
<b>Total</b>		<b>640</b>
<b>Influenza A</b>		<b>596</b>
<b>A(H1)pdm09</b>		<b>217</b>
A/Guangdong-Maonan/SWL1536/2019(H1N1)pdm09_6B.1A.5a.1		1
A/Norway/25089/2022(H1N1)pdm09_6B.1A.5a.2		131
A/Sydney/5/2021(H1N1)pdm09_6B.1A.5a.2		84
A/Victoria/2570/2019(H1N1)pdm09_6B.1A.5a.2		1
<b>A(H3)</b>		<b>379</b>
A(H3)_SubgroupNotListed *		8
A/Bangladesh/4005/2020(H3)_3C.2a1b.2a.2		204
A/Darwin/9/2021(H3)_3C.2a1b.2a.2		20
A/Slovenia/8720/2022(H3)_3C.2a1b.2a.2		147
<b>Influenza B</b>		<b>44</b>
<b>B/Vic</b>		<b>44</b>
B/Austria/1359417/2021(Victoria lineage_1A.3a.2)		30
B/Vic_SubgroupNotListed *		14

\* 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 50/2022, 744 viruses were assessed for susceptibility to neuraminidase inhibitors (300 A(H3), 204 A(H1)pdm09 and 41 B viruses genotypically and 161 A(H3), 32 A(H1)pdm09 and 6 B viruses phenotypically), and 354 viruses were assessed for susceptibility to baloxavir marboxil (225 A(H3), 94 A(H1)pdm09 and 35 B viruses genotypically). Phenotypically and genotypically, no markers associated with reduced susceptibility were identified.

## Vaccine

Results from a controlled, randomised 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](#).

## Acknowledgements

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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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