



World Health Organization

Global respiratory virus activity weekly update

Week 52, ending 28 December 2025

Update No. 559

GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM (GISRS)

Co-circulation

Influenza

SARS-CoV-2

RSV

SUMMARY

End-of year holiday season may affect the surveillance testing and reporting practices in one or more regions. Globally, influenza activity continued to increase and was elevated with positivity above 25% over the last few weeks. SARS-CoV-2 activity remained stable and low overall. Influenza predominated and positivity was around 30% in the northern hemisphere temperate and sub-tropical areas, and above 10% in the tropical areas. In the southern hemisphere temperate and subtropical areas, SARS-CoV-2 predominated with positivity around 10%. [Figures 1a, 1b, 1c and 1d]

❖ Influenza

Globally, influenza detections appeared to decline; however, this could be an artifact due to delayed reporting in some regions. Influenza A viruses were predominant among influenza detections in all zones in week 52. [Figure 2]

In the northern hemisphere, influenza percent positivity was elevated (>10%) in a few countries in Africa and South-East Asia. Percent positivity was over 30% in some countries in Central America and the Caribbean, Northern Africa, Europe, and Western, Southern and Eastern Asia. Increases in activity were observed in countries in Central America and the Caribbean, Northern Africa, Europe, and Western and South-East Asia. [Figures 3 and 4]

In the southern hemisphere, influenza activity remained stable and low overall with elevated positivity (>10%) reported in a few countries in Tropical and Temperate South America. [Figures 3 and 4]

In the zones with elevated positivity, influenza A(H3N2) was predominant in all zones except Tropical South America where influenza A(H1N1)pdm09 was predominant. [Figures 5 and 6]

❖ SARS-CoV-2

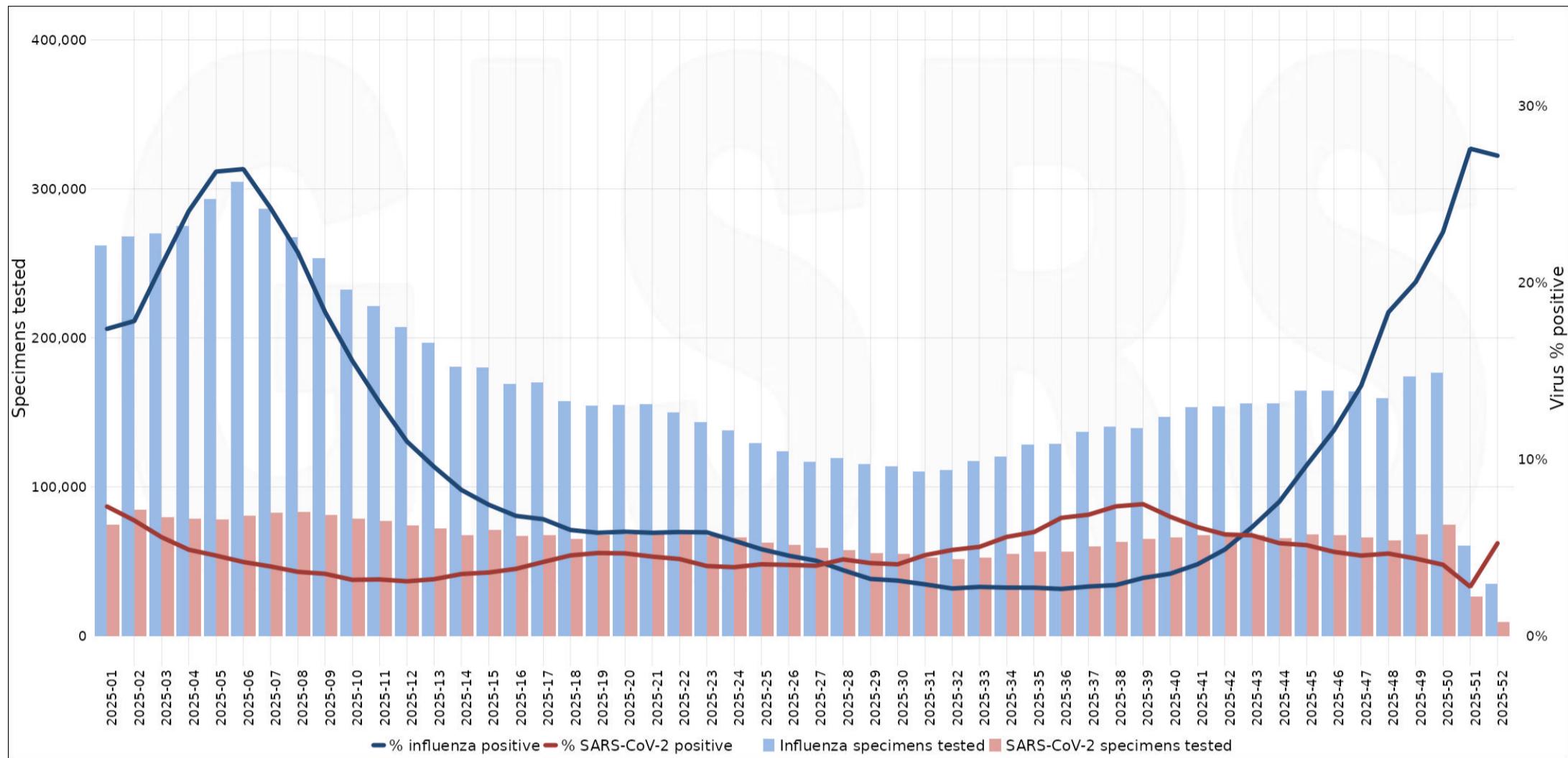
Globally, SARS-CoV-2 positivity remained stable and low, with some countries reporting elevated positivity (>10%) in Temperate South America and South West and Eastern Europe. Percent positivity was over 20% in a single country in South West Europe. Small increases in activity were reported in single countries in Temperate South America and Eastern Africa. [Figures 7 and 8]

❖ Respiratory Syncytial Virus (RSV)

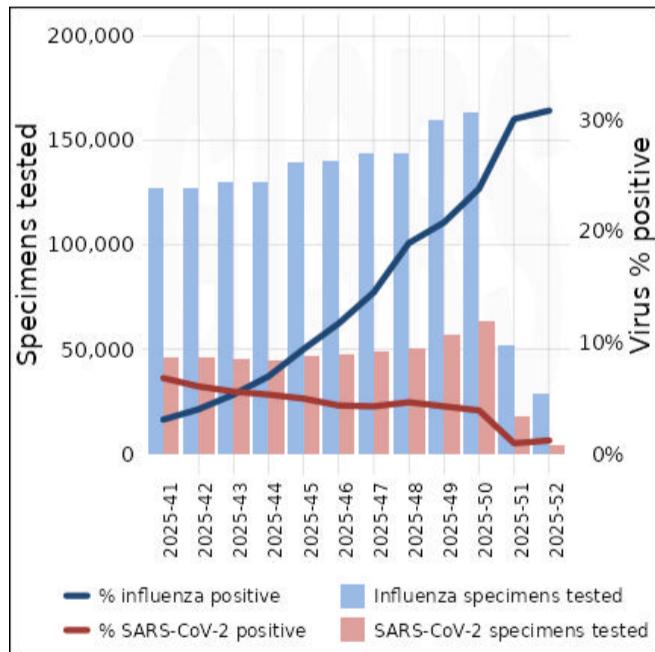
RSV activity was stable and low overall although elevated percent positivity (>10%) was reported in a few countries in Central America and the Caribbean, Western Africa, Northern Europe, and Western and Southern Asia. Increases in activity were reported in single countries in Central America and the Caribbean and Western Asia. [Figures 9 and 10] RSV and influenza activity were both elevated in a few countries in Central America and the Caribbean, Western Africa, Northern Europe, and Western and Southern Asia.

Co-circulation of influenza and SARS-CoV-2

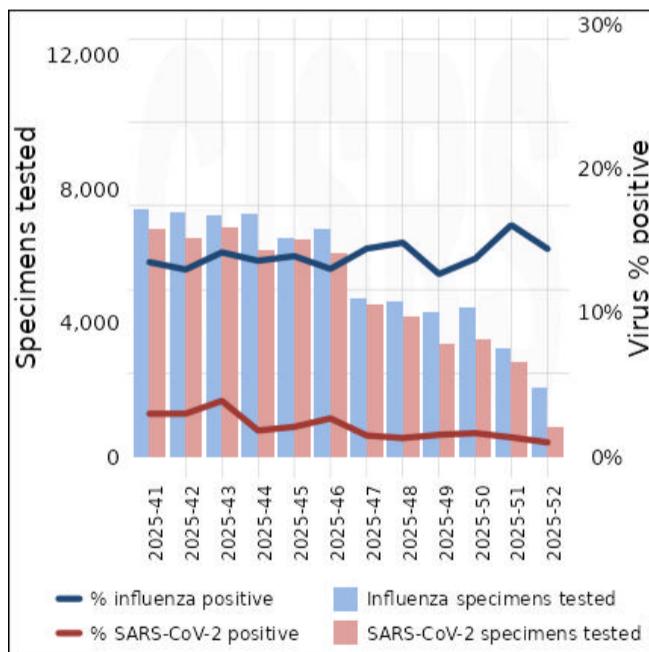
1a) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity at the global level (last 12 months)



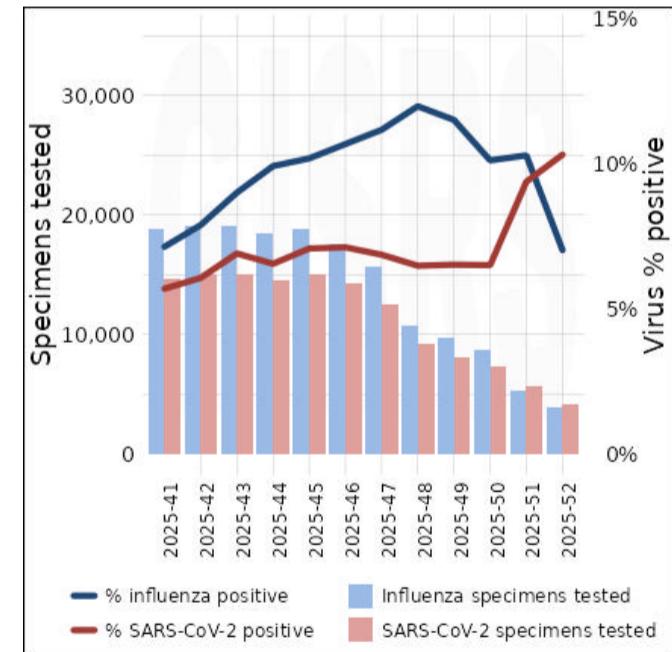
1b) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Northern hemisphere temperate and subtropical areas



1c) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Tropical areas

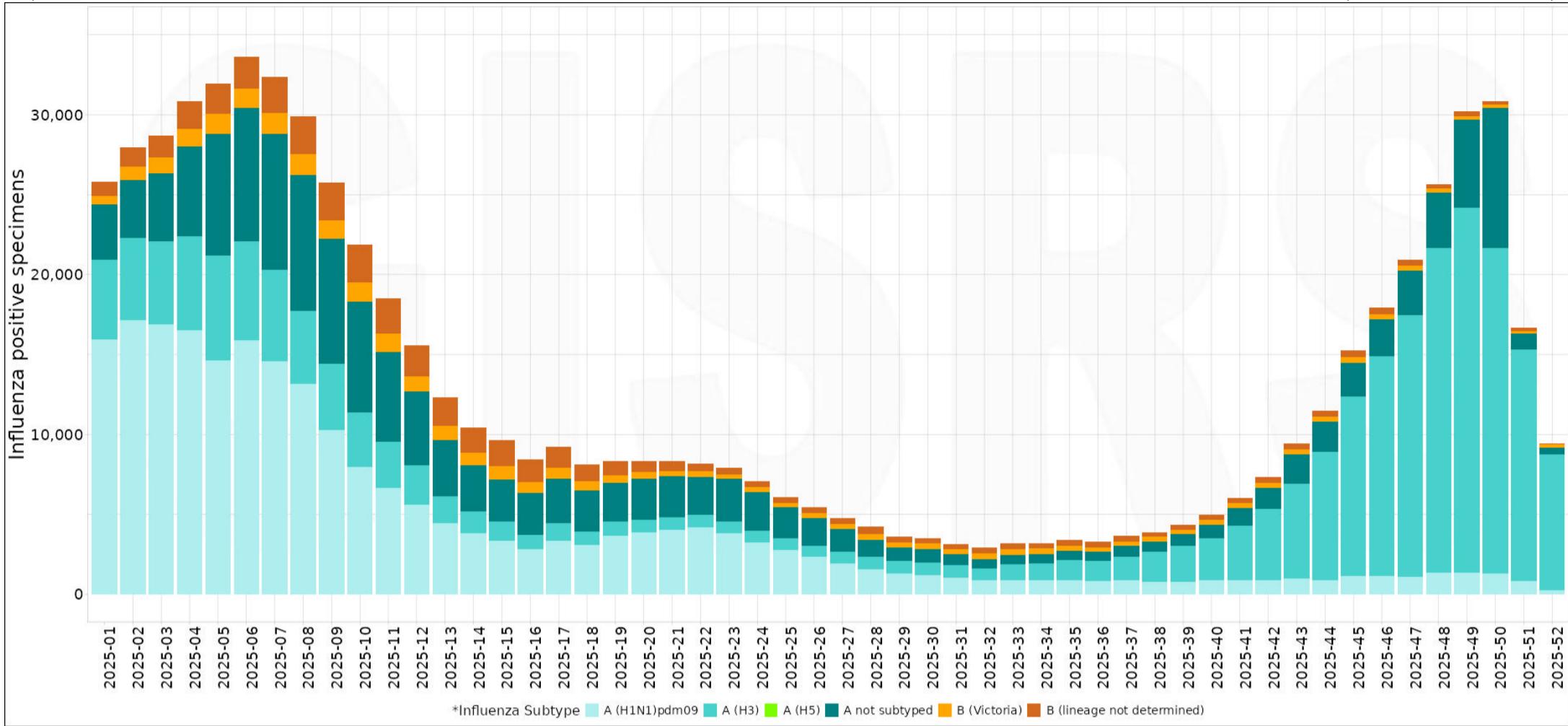


1d) Weekly numbers of influenza and SARS-CoV-2 virus specimens tested and percent positivity in Southern hemisphere temperate and subtropical areas

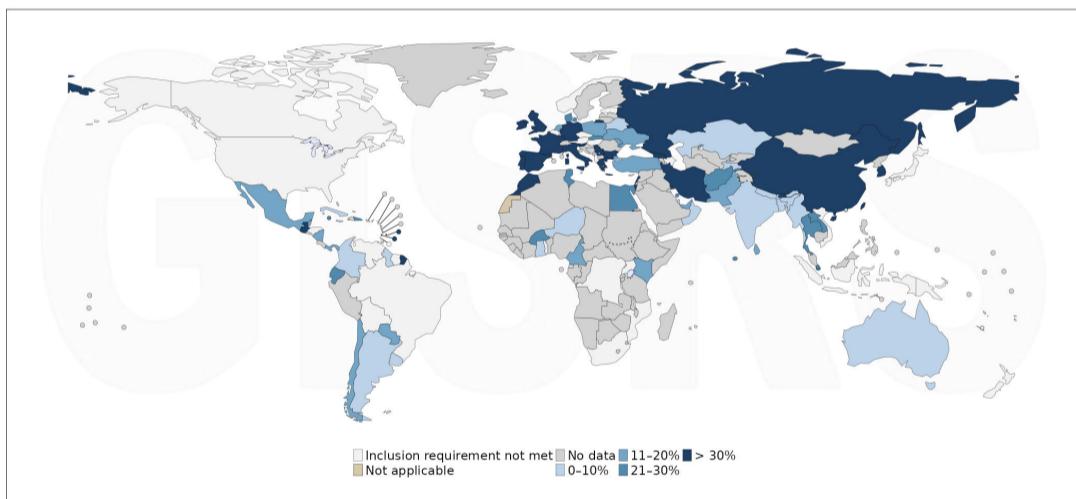


Influenza

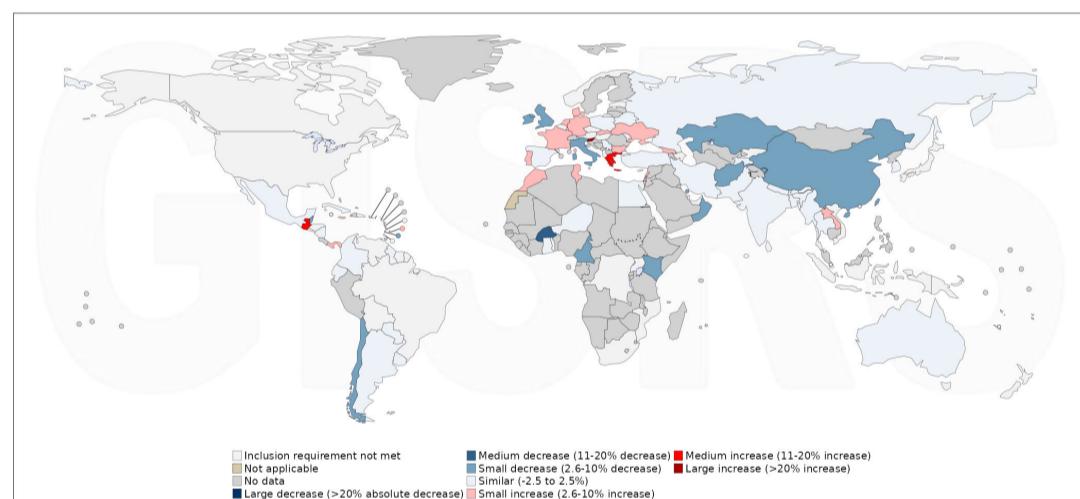
2) Weekly numbers of influenza virus positive specimens by type and subtype at the global level (last 12 months)



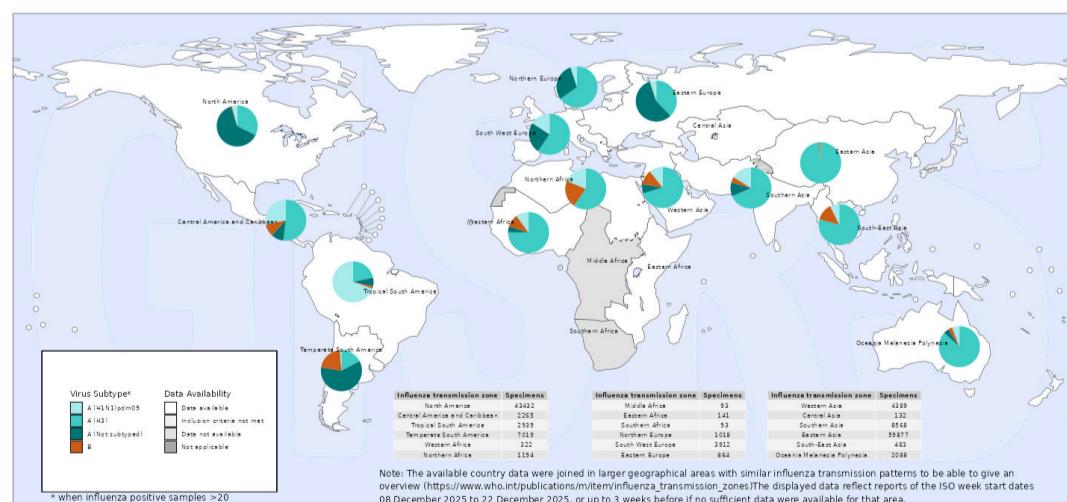
3) Proportions of specimens that tested positive for influenza (year-week: 2025-52)



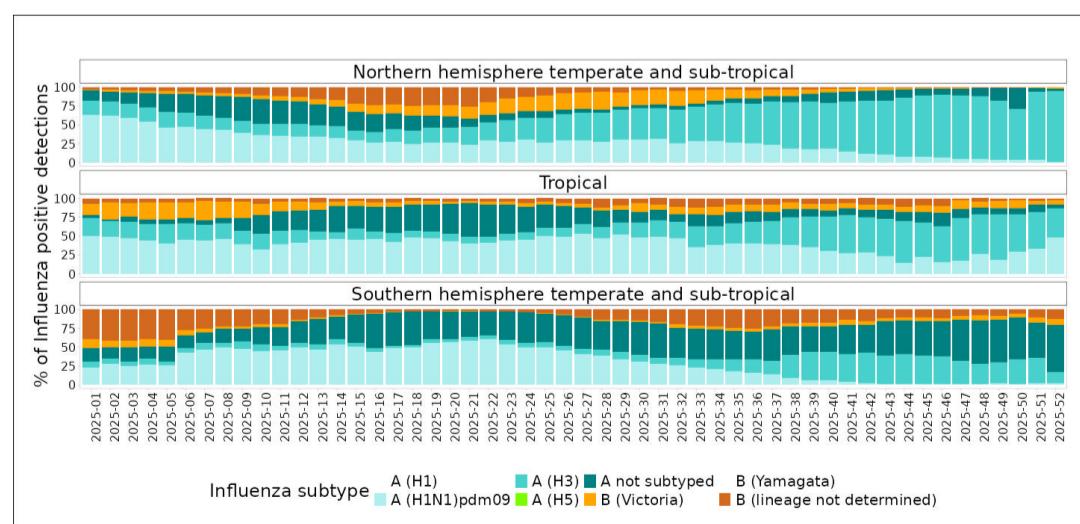
4) Change in proportions of specimens that tested positive for influenza (year-week: 2025-52)



5) Proportions of influenza virus types and subtypes by influenza transmission zones (year-week: 2025-52)

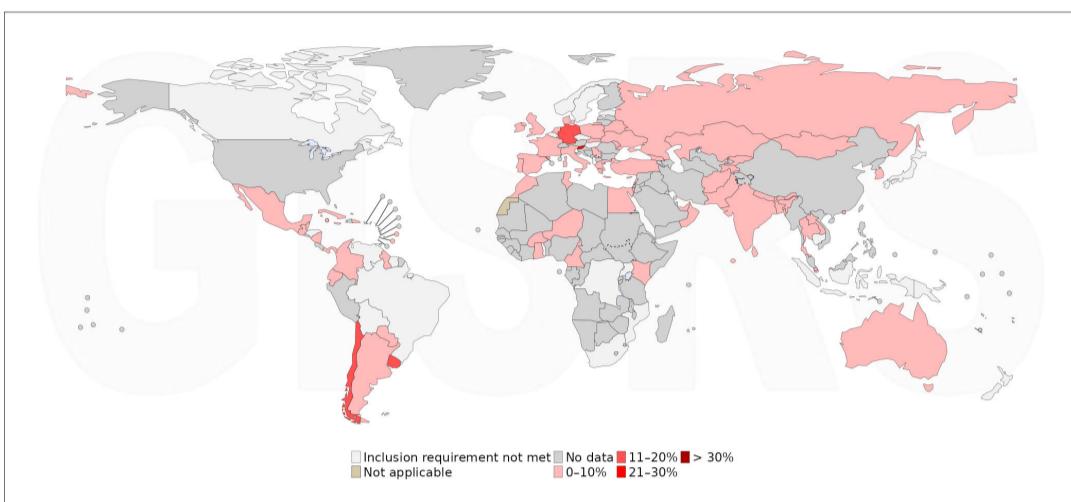


6) Weekly distribution of influenza virus types and subtypes by geographic zone (last 12 months)

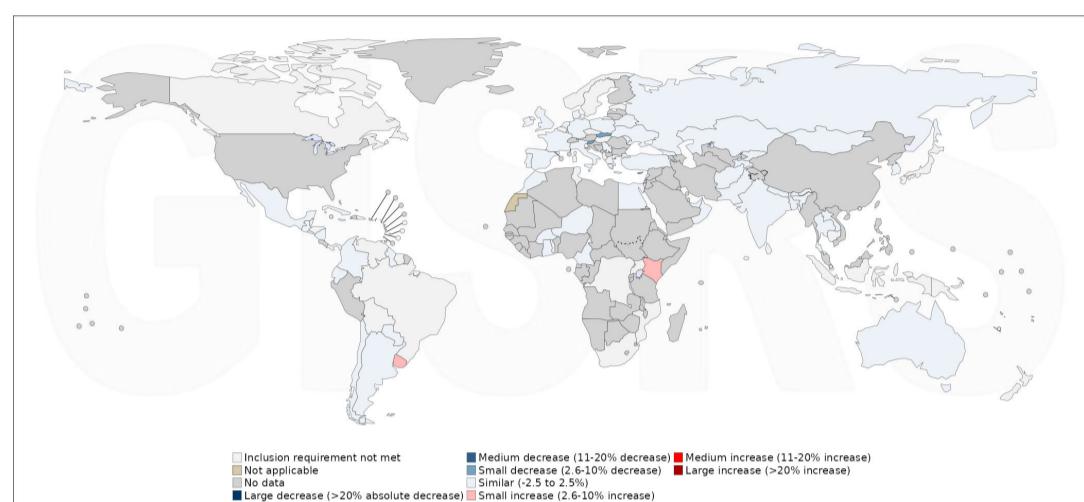


SARS-CoV-2

7) Proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-52)

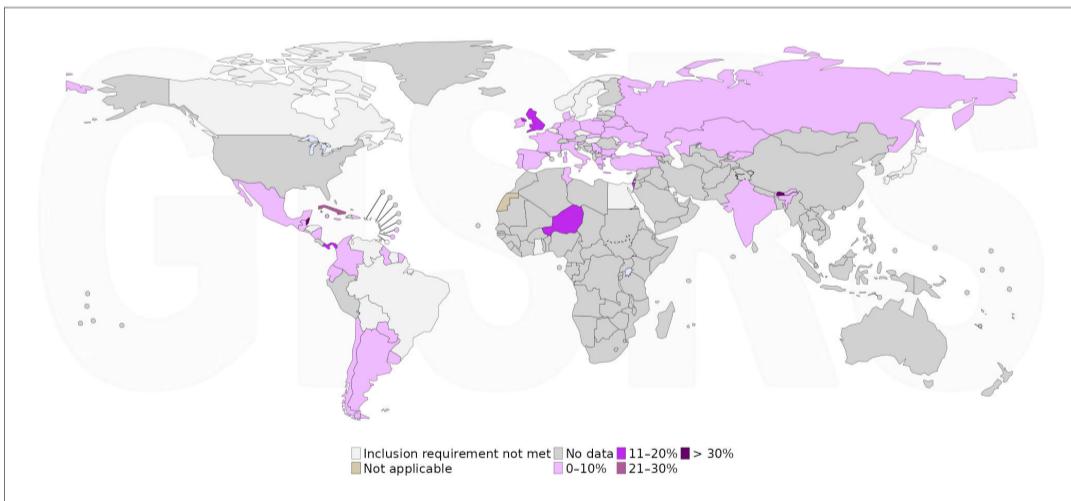


8) Change in proportions of specimens that tested positive for SARS-CoV-2 (year-week: 2025-52)

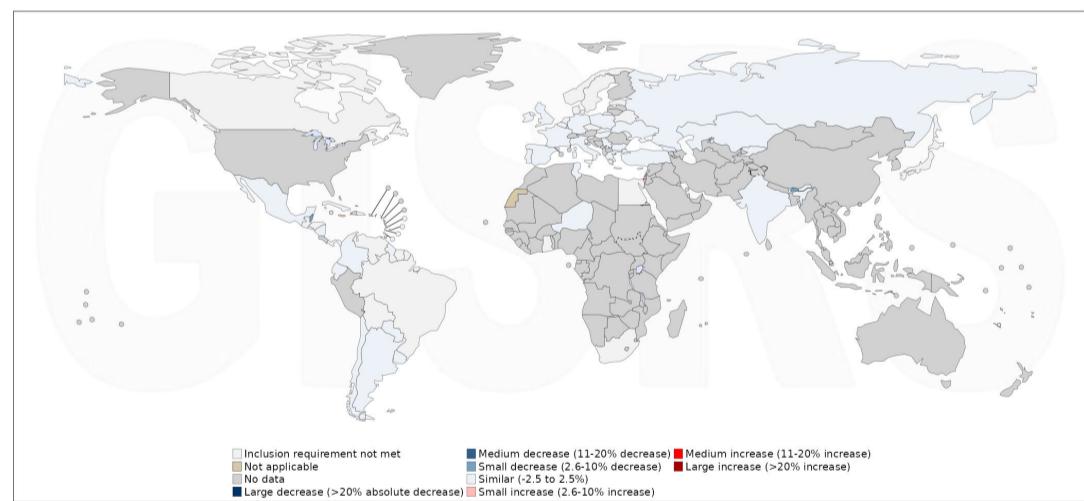


Respiratory syncytial virus

9) Proportions of specimens that tested positive for RSV (year-week: 2025-52)



10) Change in proportions of specimens that tested positive for RSV (year-week: 2025-52)



Additional information

Data and methods

The data presented in this report originates from virologic surveillance conducted by countries, areas, and territories (CATs) and submitted to WHO FluNet through participation or collaboration with the [Global Influenza Surveillance and Response System \(GISRS\)](#). These CATs employ diverse methodologies to monitor respiratory virus activity, which may result in variations between this report and other surveillance summaries published elsewhere.

This report includes virologic data from both **sentinel surveillance and other systematically conducted surveillance**. Due to differences in surveillance strategies, direct comparisons of percent positivity between CATs should be interpreted with caution. The [data source](#) used for each CAT was decided jointly corresponding with WHO Regional Offices and the respective reporting entity.

To assess trends, the proportion of specimens tested positive for influenza or SARS-CoV-2 was smoothed over a 3-weeks period. This analysis includes only countries that tested 10 or more specimens in at least two of the three weeks. Weekly changes in the smoothed positivity rate for each virus were calculated as absolute differences from the previous week. These absolute changes were categorized and visualized in the proportion change maps. Analyses stratified by source of surveillance are available through [RespiMart](#).

The [influenza transmission zones](#) map is based on data aggregated over a 3-weeks period, moving backward from the current week until a minimum threshold of 100 tested samples is reached within each influenza transmission zone. Pie charts are displayed on the map only if the total percent positivity in a [influenza transmission zones](#) map is 20% or higher. All trend analyses are based on ISO 8601 calendar week numbering.

Activity summaries are organized by geographical groupings of CATs. These groupings are intended solely for geographic reference and do not imply uniformity in respiratory virus transmission patterns within each group. It is important to note that specimens tested for influenza, SARS-CoV-2, and RSV may not originate from the same sample sources within surveillance systems.

Suggested citation: Global respiratory virus activity: weekly update No 559 (week 2025-52). Geneva: World Health Organization; 2026; Licence: [CC BY-NC-SA 3.0 IGO](#).

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Additional surveillance outputs:

[WHO Influenza Surveillance Outputs](#)

Contact: fluupdate@who.int or [Click here to subscribe](#) to the mailing list.

Summary was generated by the WHO Global Influenza Programme based on data last updated in RespiMart on January 05 2026 02:18:10 PM UTC