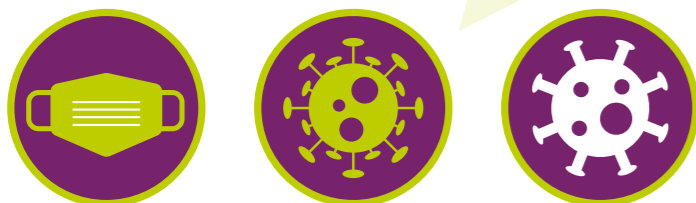
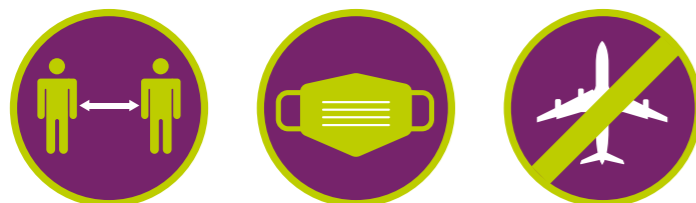


“While the fight against COVID-19 is ongoing, it is important to realise that other diseases have not disappeared and are still with us.”

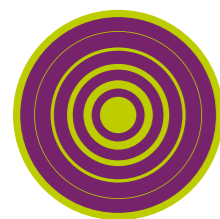
Jan Kynčl, GII guest editor



Non-pharmaceutical interventions (NPIs) in response to the COVID-19 pandemic have likely contributed to reduced global circulation of influenza.¹



A US-based projection study suggests that a large outbreak may occur with relaxation of NPIs, due to accumulation of susceptible individuals.⁶

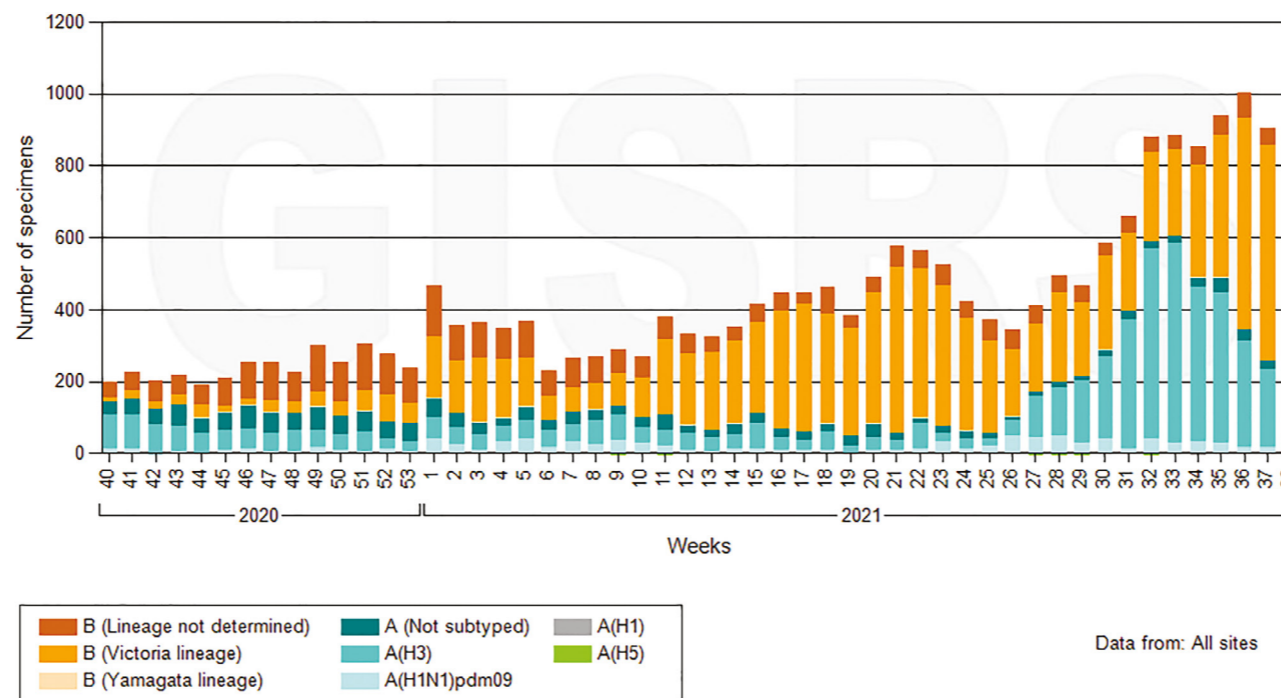


COVID-19 NPIs could have a ripple effect, with influenza epidemics continuing for several years.⁶

Epidemic size and frequency will depend on duration of immunity.⁶

However, as 2021 rolls on, with COVID-19 restrictions easing and vaccination uptake increasing, the global circulation of influenza has increased.²

Number of specimens positive for influenza by subtype



Source: Global circulation of influenza viruses. WHO FluNet; 2021. <https://www.who.int/tools/fluNet>. Licence: CC BY-NC-SA 3.0 IGO.

During the COVID-19 pandemic, surveillance systems have adapted to detect SARS-CoV-2 and other respiratory viruses including influenza:



The GISRS has been an effective resource for monitoring SARS-CoV-2.³



The Sentinelles criteria of respiratory infections were adapted for monitoring of COVID-19 and other respiratory epidemics.⁴



CDC guidance recommends multiplex testing, if available, when SARS-CoV-2 and influenza are co-circulating.⁵

The Academy of Medical Sciences has warned about RSV and influenza outbreaks during autumn / winter 2021–2022, which could place a high burden on the healthcare system.⁷

The Academy of Medical Sciences recommendations include joint testing of RSV, influenza and COVID-19, uptake of vaccines, primary care resourcing, and continuing with NPIs.^{7,8}

Craven *et al.* have proposed a five-pillar system to prepare for future pandemics.⁹



Investing in such a system could enable a more rapid and targeted response to future pandemics and reduce their devastating effects.⁹

For further information, see issue 5 of InFluNews from the Global Influenza Initiative, available here: www.nivel.nl/en/FluCov

References. 1. WHO. Influenza Update 400. Available at: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>. Accessed October 2021. 2. WHO. FluNet. Available at: <https://www.who.int/tools/fluNet>. Accessed October 2021. 3. WHO. Influenza COVID-19 interface. Available at: <https://www.who.int/teams/global-influenza-programme/influenza-covid19>. Accessed October 2021. 4. Sentinelles. COVID-19 and influenza surveillance: Role of the Sentinelles network. Available at: <http://www.sentiweb.fr/france/en/>. Accessed October 2021. 5. CDC. Influenza (flu). Information for clinicians on influenza virus testing. Available at: <https://www.cdc.gov/flu/professionals/diagnosis/index.htm>. Accessed October 2021. 6. Qi Y, *et al.* Quantifying the impact of COVID-19 non-pharmaceutical interventions on influenza transmission in the United States, *The Journal of Infectious Diseases* 2021; jia485, <https://doi.org/10.1093/infdis/jiab485>. 7. Burki TK, *et al.* Circulation of influenza, RSV, and SARS-CoV-2: An uncertain season ahead. *Lancet Respir Med* 2021; S2213-2600(21)00364-7. 8. The Academy of Medical Sciences. COVID-19: Preparing for the future. July 2021. 9. Craven M, *et al.* McKinsey & Company. Not the last pandemic: Investing now to reimagine public-health systems. Available at: <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/not-the-last-pandemic-investing-now-to-reimagine-public-health-systems>. Accessed October 2021.