

PRESS RELEASE

ECDC Risk Assessment: seasonal influenza transmission in Europe

Stockholm, 7th February 2013

Today ECDC publishes its risk assessment on the 2012/13 seasonal influenza epidemics in Europe. Epidemics started earlier than in the previous season and western Europe and Scandinavia were the first affected areas. To date, south-western European countries (Spain and Portugal) have been less affected. ECDC advises central and eastern Europe to continue preparing for a similar pattern of transmission and intensity to that seen in western Europe and Scandinavian countries. Overall, this year there is no clear dominance of any particular influenza viruses.

ECDC has produced an annual risk assessment of the seasonal influenza epidemics in Europe since the 2010/11 season following the model developed by ECDC during the 2009 pandemic. It gives an early description of the influenza season in the countries affected earliest, providing guidance and information to countries that are affected later, as influenza progresses across Europe over several months. It describes any specifics of the season, particularly in areas where public health or clinical actions are envisaged, as well as highlights areas of uncertainty where further work is required.

Marc Sprenger, director of ECDC said: *"Influenza has to be taken seriously – each year, around 10% of the population is infected and influenza-related complications cause hundreds of thousands of hospitalisations across Europe. ECDC takes this very seriously which is why we work closely with our partners and countries across Europe to gather and share information as quickly as possible. ECDC is thankful to its partners such as WHO Regional Office for Europe and European countries that gather and share information as quickly as possible throughout influenza season. This allows us all to recognise influenza patterns early which gives countries involved the best opportunity to plan resources and hopefully reduce the burden of the disease."*

The proportions of type A and type B viruses have been fairly even. The A(H3N2), A(H1N1)¹ and both lineages of B viruses are all circulating though with different countries reporting different dominant viruses. This pattern differs from what is observed in North America where influenza A(H3N2) viruses have been predominating among the A viruses. In other northern hemisphere countries outside Europe the intensity of influenza activity is high, but heterogeneous.

"ECDC continues to emphasise that all Europeans who are recommended to have the influenza vaccine by their national authorities should get vaccinated", highlights Marc Sprenger. "VENICE surveys have indicated that the most commonly recommended groups are older people, those with chronic disease, healthcare workers and (in many but not all countries) pregnant women. Immunisation remains the single most effective preventive measure for protection against influenza".

The risk assessment points out that the main uncertainties in Europe are the impact that the substantial circulation of influenza A(H1N1) will have among younger patients, especially as regards the severity of disease, and if and how circulating B Victoria-lineage viruses might affect vaccine effectiveness.

The vaccine effectiveness of the 2012/13 influenza vaccine is expected to be higher against influenza A(H3) infection than the especially low levels observed in Europe for the 2011/12 season. First indications from the UK confirm this although the estimates are still only in the range of 45% to 55%.

¹ 'A(H1N1)' refers to the pandemic 2009 virus strain officially designated A(H1N1)pdm09. This is now one of the circulating seasonal influenza viruses.

The first affected countries suffered some pressure on primary care and emergency room services in comparison with the same period last year. However, this increased pressure maybe partly due to the fact that the epidemics started before the Christmas and New Year holidays when primary care services scale down in some countries.

MORE INFORMATION:

Risk assessment on seasonal influenza 2012/13 in Europe (EU/EEA countries):

<http://ecdc.europa.eu/en/publications/Publications/influenza-season-risk-assessment-europe-2013.pdf>

ECDC Influenza Video: <http://ecdc.europa.eu/en/press/ecdctv/Pages/player.aspx>

Weekly Influenza Surveillance (WISO):

http://ecdc.europa.eu/en/healthtopics/seasonal_influenza/epidemiological_data/Pages/Weekly_Influenza_Surveillance_Overview.aspx

Weekly influenza maps:

http://ecdc.europa.eu/en/healthtopics/seasonal_influenza/epidemiological_data/Pages/influenza_activity_EU_EEA_activity_maps.aspx

Weekly Influenza in Europe at a glance infographic with key data from previous week's surveillance data:

http://ecdc.europa.eu/en/healthtopics/seasonal_influenza/PublishingImages/influenza-europe-weekly-infographic.jpg

More information on influenza and influenza immunisation available on our website: <http://ecdc.europa.eu>

More information about VENICE

VENICE stands for Vaccine European New Integrated Collaboration Effort. In the years 2006-2008 the Vaccine European New Integrated Collaboration Effort (VENICE) project, sponsored by EC-DG SANCO, was performed gathering a network of experts working in immunisation programs. All 27 EU member states and two EEA/EFTA countries (Iceland and Norway) participated in the project. In order to go on this successful experience, a new European project was committed and funded by ECDC: VENICE II. It started in December 2008 with the general aim to collect and share information on the national vaccination programs through a network of professionals and to build up a knowledge base endeavouring to improve the overall performance of the immunisation systems.

<http://venice.cineca.org/index.html>

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The European Centre for Disease Prevention and Control (ECDC) is an EU agency tasked with identifying assessing and communicating threats to human health posed by infectious diseases. It supports the work of public health authorities in the EU and EEA/EFTA Member States.