

SURVEILLANCE REPORT

Weekly influenza surveillance overview

16 December 2011

Main surveillance developments in week 49/2011 (5–11 December 2011)

This first page contains the main developments for this week and can be printed separately or together with the more detailed information which follows.

- During week 49/2011, low influenza activity was notified by all 26 countries reporting.
- Of 598 sentinel specimens tested, 12 (2.0%) were positive for influenza virus. Of the 67 influenza virus detections in sentinel specimens since week 40/2011, 51 were type A and 16 were type B viruses. Of 35 influenza A viruses found in sentinel specimens and subtyped, three were A(H1)pdm09 and 32 were A(H3) viruses.
- Since week 40/2011, 78 SARI cases have been reported. Eighteen of them were confirmed influenza cases.
- With no evidence of sustained transmission in EU/EEA countries at week 49, the annual influenza epidemics have yet to start this season in Europe.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): Influenza activity of low intensity was notified by all 26 countries that reported with the Netherlands reporting local spread. For more information, [click here](#).

Virological surveillance: The low proportion of sentinel specimens testing positive for influenza virus (2.0%) suggests that there are currently few influenza viruses circulating in Europe. For more information, [click here](#).

Hospital surveillance of severe acute respiratory infection (SARI): Since week 40/2011, four countries have reported 78 SARI cases, 18 of which were related to influenza infection. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

Weekly analysis – epidemiology

During week 49/2011, all 26 countries reporting experienced low-intensity influenza activity (Table 1, Map 1).

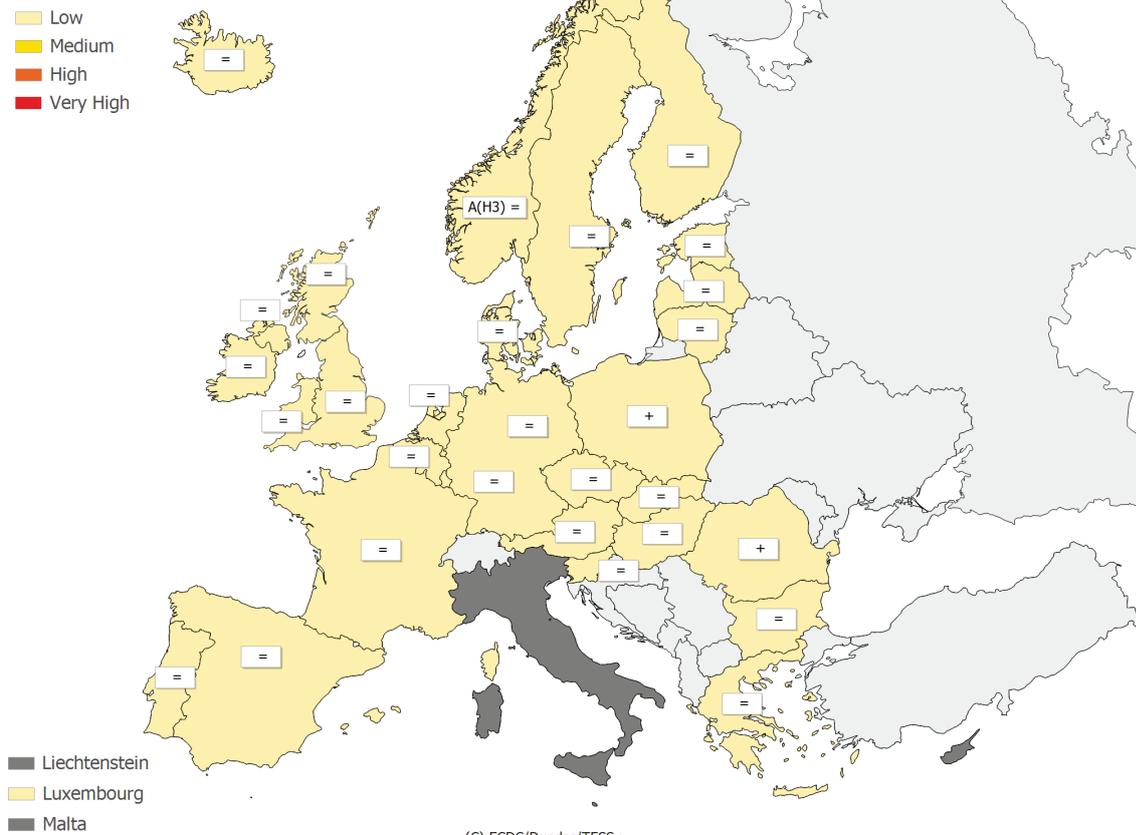
Only the Netherlands reported local spread. Sporadic activity was reported by Belgium, the Czech Republic, Estonia, France, Iceland, Norway, Slovenia, Spain, Sweden and the UK (Scotland). No geographic spread was reported by 15 countries and the UK (England, Northern Ireland and Wales) (Table 1, Map 2).

Stable trends were reported by 24 countries while an increasing trend was reported by Poland and Romania (Table 1, Map 2).

Map 1: Intensity for week 49/2011

Intensity

- No report
- Low
- Medium
- High
- Very High

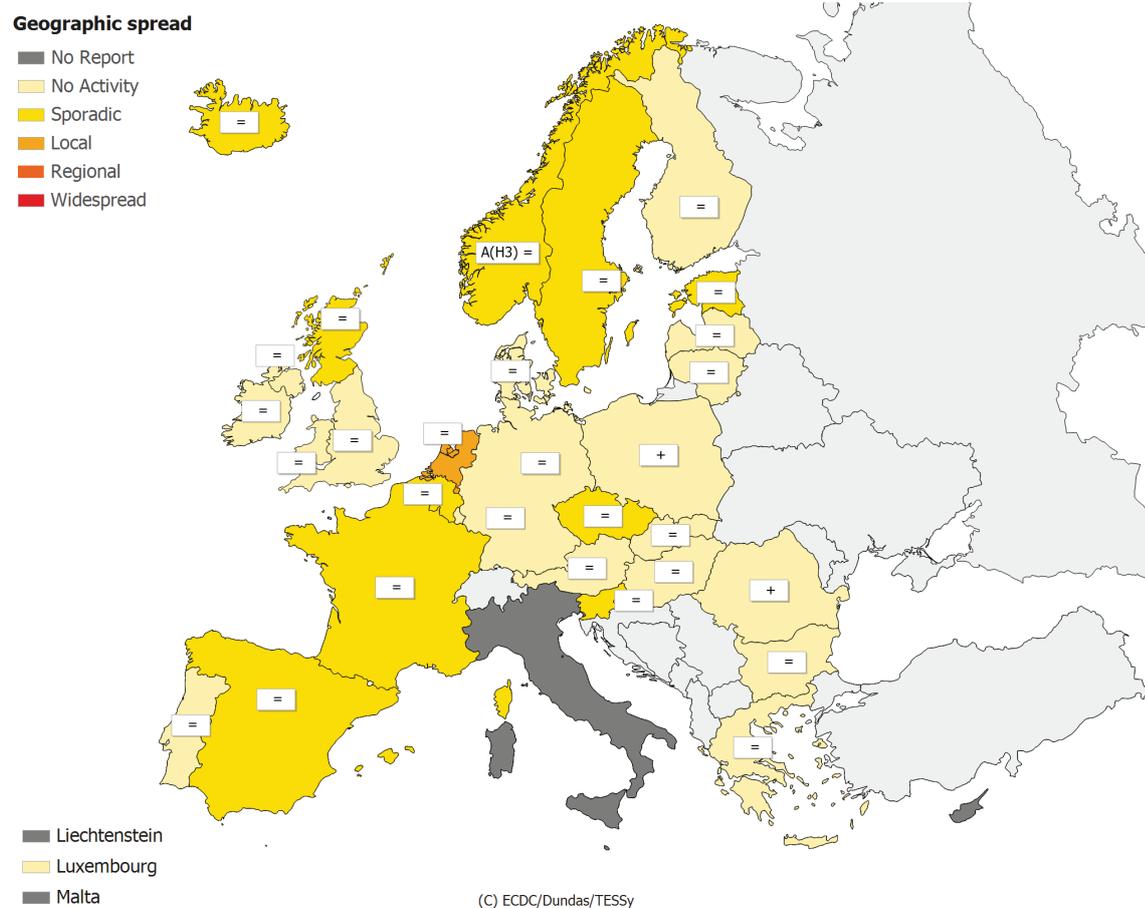


* A type/subtype is reported as dominant when at least ten samples have been detected as influenza positive in the country and of those > 40 % are positive for the type/subtype.

Legend:

| | | | |
|------------------|---|--------------|------------------------------|
| No report | Intensity level was not reported | + | Increasing clinical activity |
| Low | No influenza activity or influenza at baseline levels | - | Decreasing clinical activity |
| Medium | Usual levels of influenza activity | = | Stable clinical activity |
| High | Higher than usual levels of influenza activity | A(H3) | Type A, Subtype H3 |
| Very high | Particularly severe levels of influenza activity | | |

Map 2: Geographic spread for week 49/2011



* A type/subtype is reported as dominant when at least ten samples have been detected as influenza positive in the country and of those > 40 % are positive for the type/subtype.

Legend:

| | | | |
|--------------------------|---|--------------|------------------------------|
| No report | Activity level was not reported | + | Increasing clinical activity |
| No activity | No evidence of influenza virus activity (clinical activity remains at baseline levels) | - | Decreasing clinical activity |
| Sporadic | Isolated cases of laboratory confirmed influenza infection | = | Stable clinical activity |
| Local outbreak | Increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region (laboratory confirmed) | A(H3) | Type A, Subtype H3 |
| Regional activity | Influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population (laboratory confirmed) | | |
| Widespread | Influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population (laboratory confirmed) | | |

Table 1: Epidemiological and virological overview by country, week 49/2011

| Country | Intensity | Geographic spread | Trend | No. of sentinel swabs | Dominant type | Percentage positive* | ILI per 100 000 | ARI per 100 000 | Epidemiological overview | Virological overview |
|-----------------------|-----------|-------------------|------------|-----------------------|---------------|----------------------|-----------------|-----------------|--------------------------|------------------------|
| Austria | Low | No activity | Stable | 5 | None | 0.0 | 18.3 | - | Graphs | Graphs |
| Belgium | Low | Sporadic | Stable | 35 | None | 8.6 | 101.9 | 1903.4 | Graphs | Graphs |
| Bulgaria | Low | No activity | Stable | 0 | None | 0.0 | - | 1018.0 | Graphs | Graphs |
| Cyprus | | | | - | - | 0.0 | - | - | | |
| Czech Republic | Low | Sporadic | Stable | 22 | None | 9.1 | 35.7 | 1013.2 | Graphs | Graphs |
| Denmark | Low | No activity | Stable | 8 | None | 0.0 | 65.5 | - | Graphs | Graphs |
| Estonia | Low | Sporadic | Stable | 4 | None | 0.0 | 6.2 | 251.3 | Graphs | Graphs |
| Finland | Low | No activity | Stable | 30 | None | 0.0 | - | - | Graphs | Graphs |
| France | Low | Sporadic | Stable | 73 | None | 2.7 | - | 2167.6 | Graphs | Graphs |
| Germany | Low | No activity | Stable | 74 | None | 0.0 | - | 1307.8 | Graphs | Graphs |
| Greece | Low | No activity | Stable | 0 | None | 0.0 | 67.1 | - | Graphs | Graphs |
| Hungary | Low | No activity | Stable | 24 | None | 0.0 | 73.5 | - | Graphs | Graphs |
| Iceland | Low | Sporadic | Stable | 0 | - | 0.0 | 4.1 | - | Graphs | Graphs |
| Ireland | Low | No activity | Stable | 5 | None | 0.0 | 9.3 | - | Graphs | Graphs |
| Italy | | | | 20 | None | 15.0 | - | - | Graphs | Graphs |
| Latvia | Low | No activity | Stable | - | - | 0.0 | 0.0 | 1253.9 | Graphs | Graphs |
| Lithuania | Low | No activity | Stable | 2 | None | 0.0 | 0.9 | 525.0 | Graphs | Graphs |
| Luxembourg | Low | No activity | Stable | 13 | None | 0.0 | -* | -* | Graphs | Graphs |
| Malta | | | | 0 | None | 0.0 | -* | -* | Graphs | Graphs |
| Netherlands | Low | Local | Stable | 10 | None | 0.0 | 21.8 | - | Graphs | Graphs |
| Norway | Low | Sporadic | Stable | 5 | A(H3) | 0.0 | 40.1 | - | Graphs | Graphs |
| Poland | Low | No activity | Increasing | 27 | None | 0.0 | 137.4 | - | Graphs | Graphs |
| Portugal | Low | No activity | Stable | 0 | None | 0.0 | 0.0 | - | Graphs | Graphs |
| Romania | Low | No activity | Increasing | 18 | None | 0.0 | 4.3 | 742.2 | Graphs | Graphs |
| Slovakia | Low | No activity | Stable | 6 | None | 0.0 | 160.6 | 1529.4 | Graphs | Graphs |
| Slovenia | Low | Sporadic | Stable | 5 | None | 0.0 | 5.2 | 967.7 | Graphs | Graphs |
| Spain | Low | Sporadic | Stable | 31 | None | 0.0 | 15.9 | - | Graphs | Graphs |
| Sweden | Low | Sporadic | Stable | 50 | None | 0.0 | 5.6 | - | Graphs | Graphs |
| UK - England | Low | No activity | Stable | 80 | None | 2.5 | 9.2 | 428.0 | Graphs | Graphs |
| UK - Northern Ireland | Low | No activity | Stable | 7 | - | 0.0 | 9.3 | 379.0 | Graphs | Graphs |
| UK - Scotland | Low | Sporadic | Stable | 36 | None | 0.0 | 11.6 | 480.9 | Graphs | Graphs |
| UK - Wales | Low | No activity | Stable | 8 | - | 0.0 | 8.3 | - | Graphs | Graphs |
| Europe | | | | 598 | | 2.0 | | | | Graphs |

*Incidence per 100 000 is not calculated for these countries as no population denominator is provided. Liechtenstein does not report to the European Influenza Surveillance Network.

Description of the system

Surveillance is based on nationally organised sentinel networks of physicians, mostly general practitioners (GPs), covering at least 1–5% of the population in their countries. All EU/EEA Member States (except Liechtenstein) participate. Depending on their country's choice, each sentinel physician reports the weekly number of patients seen with influenza-like illness (ILI), acute respiratory infection (ARI), or both to a national focal point. From the national level, both numerator and denominator data are then reported to the European Surveillance System (TESSy) database. Additional semi-quantitative indicators of intensity, geographic spread, and trend of influenza activity at the national level are also reported.

Virological surveillance

Weekly analysis – virology

In week 49/2011, 27 countries reported virological data. Of 598 sentinel specimens tested, 12 (2.0%) were positive for influenza viruses (Table 2, Figures 1 and 2). In addition, 47 non-sentinel source specimens, e.g. specimens collected for diagnostic purposes in hospitals, were positive for influenza virus (Table 2, Figure 3).

Of the 59 influenza viruses detected from sentinel and non-sentinel sources during week 49/2011, 58 (98.3%) were type A and 1 (1.7%) was type B. Of the 26 influenza A viruses subtyped, three (11.5%) were A(H1)pdm09, and 23 (88.5%) were A(H3) viruses (Table 2).

Of the 67 influenza virus detections in sentinel specimens since week 40/2011, 51 (76.1%) were type A and 16 (23.9%) were type B viruses. Of 35 influenza A viruses subtyped, three (8.5%) were A(H1)pdm09 and 32 (91.5%) were A(H3) viruses (Table 2, Figures 2 and 3).

Since week 40/2011, Norway, Sweden and the Netherlands have reported antiviral resistance data to TESSy. None of the 14 isolates tested were resistant to neuraminidase inhibitors (Table 3).

More details on circulating viruses can be found in the [August–September](#) report prepared by the Community Network of Reference Laboratories (CNRL) coordination team.

In week 49/2011, sixteen countries reported 984 respiratory syncytial virus detections (Figure 4).

Table 2: Weekly and cumulative influenza virus detections by type, sub-type and surveillance system, weeks 40–49/2011

| Virus type/subtype | Current period | | Season | |
|-----------------------------|----------------|--------------|-----------|--------------|
| | Sentinel | Non-sentinel | Sentinel | Non-sentinel |
| Influenza A | 12 | 46 | 51 | 178 |
| A (H1)pdm09 | 0 | 3 | 3 | 16 |
| A (H3) | 8 | 15 | 32 | 85 |
| A (subtyping not performed) | 4 | 28 | 16 | 77 |
| Influenza B | 0 | 1 | 16 | 33 |
| B(Vic) lineage | 0 | 1 | 0 | 4 |
| B(Yam) lineage | 0 | 0 | 5 | 2 |
| Unknown lineage | 0 | 0 | 11 | 27 |
| Total Influenza | 12 | 47 | 67 | 211 |

Note: A(H1)pdm09 and A(H3) include both N-subtyped and non-N-subtyped viruses

Figure 1: Proportion of sentinel samples positive for influenza, weeks 40–49/2011

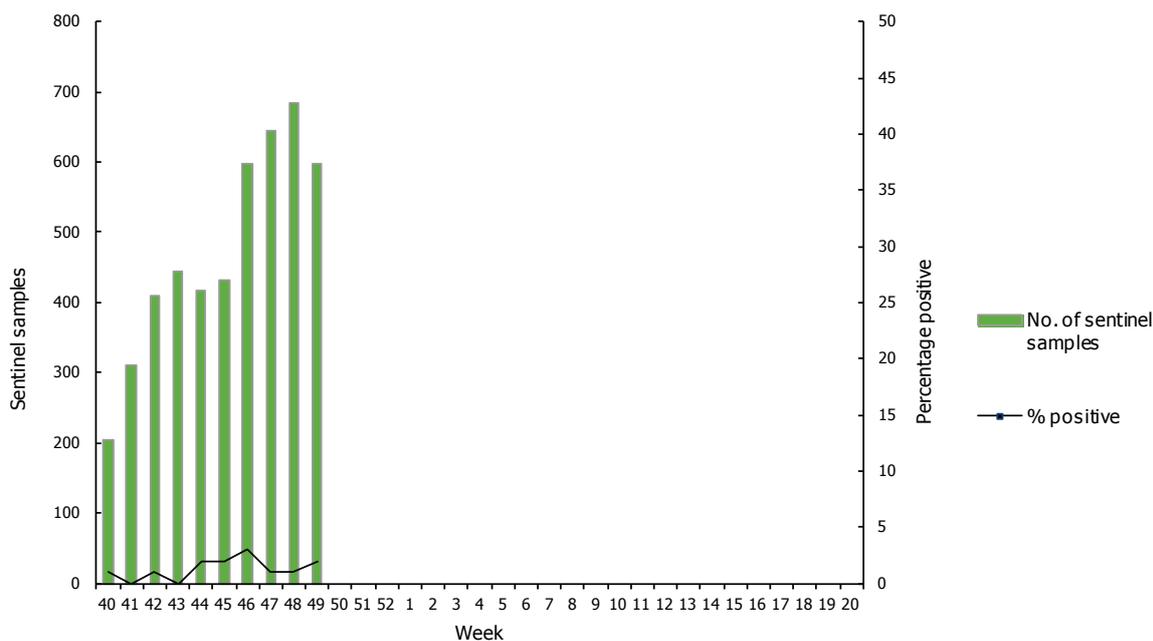


Figure 2: Number of sentinel specimens positive for influenza, by type, subtype and by week of report, weeks 40–49/2011

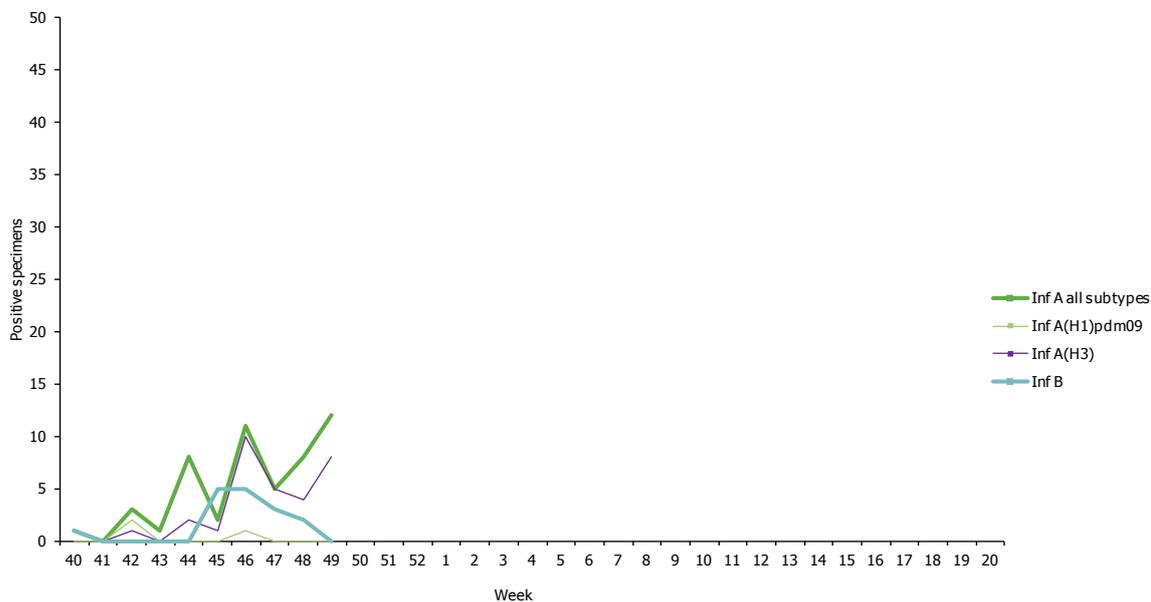


Figure 3: Number of non-sentinel specimens positive for influenza by type, subtype and week of report, weeks 40–49/2011

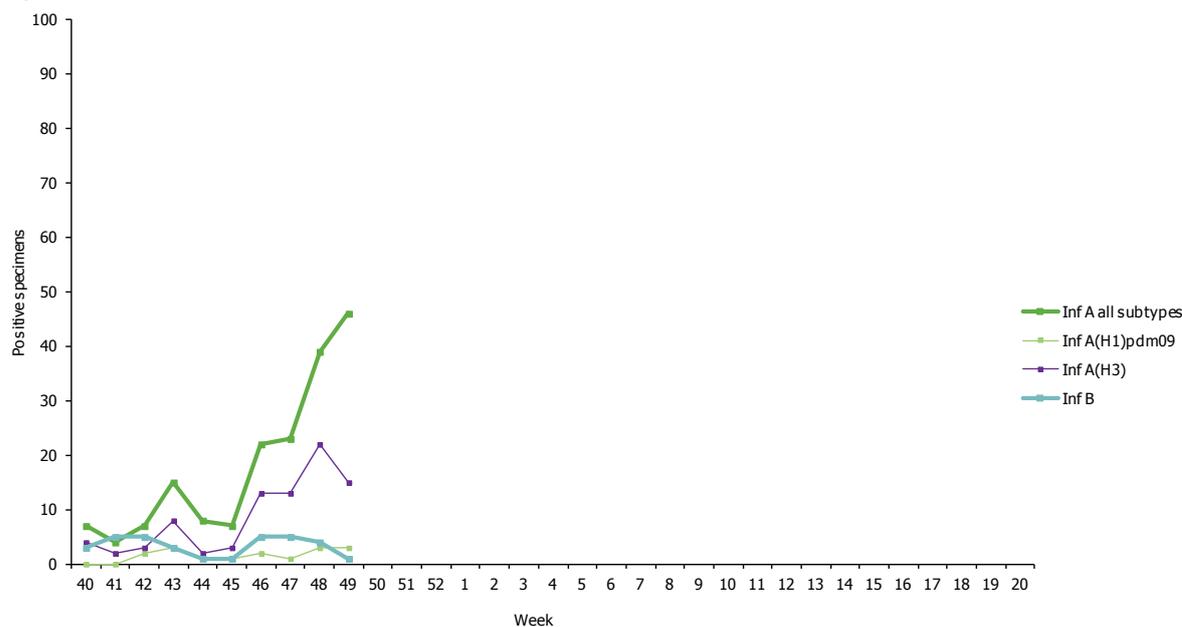
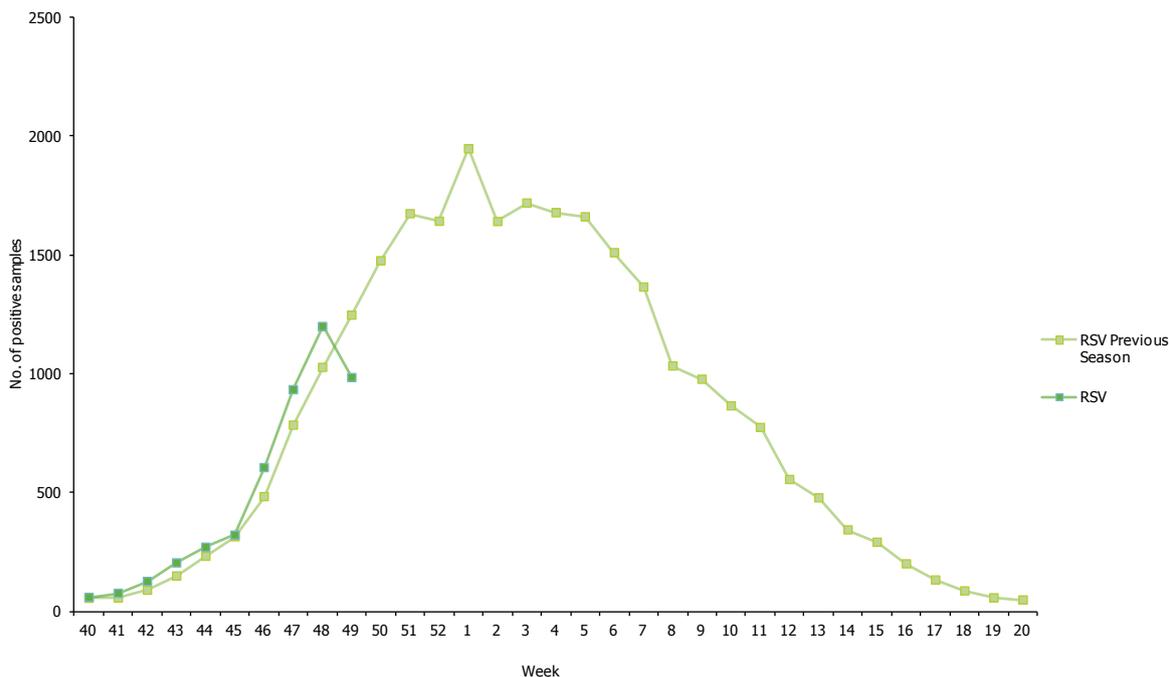


Table 3: Antiviral resistance by influenza virus type and sub-type, weeks 40/2011–49/2011

| Virus type and subtype | Resistance to neuraminidase inhibitors | | | | Resistance to M2 inhibitors | |
|------------------------|--|-------------------|-----------------|-------------------|-----------------------------|-------------------|
| | Oseltamivir | | Zanamivir | | Isolates tested | Resistant no. (%) |
| | Isolates tested | Resistant no. (%) | Isolates tested | Resistant no. (%) | | |
| A(H3) | 5 | 0 | 5 | 0 | 12 | 12(100) |
| A(H1)pdm09 | 2 | 0 | 2 | 0 | 2 | 2(100) |
| B | 1 | 0 | 1 | 0 | NA* | NA* |

**NA – not applicable as M2 inhibitors do not act against influenza B viruses. Data are from a single location (e.g. H275Y only) or multiple location mutation analysis (full sequencing) and/or phenotypic characterisation (IC50 determination). Data should therefore be interpreted in this perspective.*

Figure 4: Respiratory syncytial virus (RSV) detections, sentinel and non-sentinel, weeks 40–49/2011



Country comments

Norway: Although the number of influenza virus detections in Norway remains low, there was an increase in influenza A detections in weeks 48 and 49. All 30 influenza A viruses analysed in Norway during the first weeks of this season have consistently been of H3 subtype. A number of the viruses from week 49 tested negative for H1pdm09 in the primary laboratory and are expected to be confirmed as subtype H3 in the national reference laboratory.

Description of the system

According to the nationally-defined sampling strategy, sentinel physicians take nasal or pharyngeal swabs from patients with influenza-like illness (ILI), acute respiratory infection (ARI) or both and send the specimens to influenza-specific reference laboratories for virus detection, (sub-)typing, antigenic or genetic characterisation and antiviral susceptibility testing.

For details on the current virus strains recommended by WHO for vaccine preparation [click here](#).

Hospital surveillance – severe influenza disease

Weekly analysis of severe acute respiratory infection – SARI

Since week 40/2011, a total of 78 SARI cases and three fatalities have been reported to TESSy by four countries (Table 4). Thirty-five (55.6 %) of 63 patients for whom information was available were males (Table 5). Of the cases reported during week 49/2011, none were confirmed to be related to influenza infection (Table 6). Of the 60 patients with documented vaccination status, 57 (95%) were not vaccinated (Table 7).

Table 4: Cumulative number of SARI cases, weeks 40–week 49/2011

| Country | Number of cases | Incidence of SARI cases per 100 000 population | Number of fatal cases reported | Incidence of fatal cases per 100 00 population | Estimated population covered |
|----------------|-----------------|--|--------------------------------|--|------------------------------|
| France | 4 | | | | |
| Romania | 54 | 0.93 | 3 | 0.05 | 5813728 |
| Slovakia | 5 | 0.09 | | | 5440078 |
| United Kingdom | 15 | 0.03 | | | 59255492 |
| Total | 78 | | 3 | | |

Table 5: Number of SARI cases by age and gender, weeks 40–49/2011

| Age groups | Male | Female | Unknown |
|--------------|-----------|-----------|-----------|
| Under 2 | 14 | 6 | |
| 2-17 | 7 | 8 | |
| 18-44 | 4 | 8 | |
| 45-59 | 3 | 2 | |
| >=60 | 7 | 4 | |
| Unknown | | | 15 |
| Total | 35 | 28 | 15 |

Table 6: Number of SARI cases by influenza type and sub-type and other pathogens, week 49/2011 and cumulative for the season

| Pathogen | Number of cases during current week | Cumulative number of cases since the start of the season |
|-----------------------------|-------------------------------------|--|
| Influenza A | | 16 |
| A(H1)pdm09 | | 9 |
| A(sub-typing not performed) | | 6 |
| A(H1) | | |
| A(H3) | | 1 |
| Influenza B | | 2 |
| Other Pathogen | 1 | 1 |
| Unknown | 16 | 59 |
| Total | 17 | 78 |

Table 7: Number of SARI cases by vaccination status, week 40-49/2011

| Vaccination status | Number of cases | Percentage of cases |
|---------------------------|-----------------|---------------------|
| Not vaccinated | 57 | 73.1 |
| Seasonal 2010 vaccination | 3 | 4 |
| Unknown | 18 | 23.1 |
| TOTAL | 78 | |

This report was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC): Eeva Broberg, Flaviu Plata, Julien Beauté and René Snacken. The bulletin text was reviewed by the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL) coordination team: Adam Meijer, Rod Daniels, John McCauley and Maria Zambon. On behalf of the EISN members, the bulletin text was reviewed by Amparo Larrauri Cámara (Instituto de Salud Carlos III, Spain) and Suzie Coughlan (UCD National Virus Reference Laboratory, Ireland). In addition, the report is reviewed by experts of WHO Regional Office for Europe.

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All data published in the WISO are up-to-date on the day of publication. Past this date, however, published data should not be used for longitudinal comparisons as countries tend to retrospectively update their database.

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