



SURVEILLANCE REPORT

Bi-weekly influenza surveillance overview

12 August 2011

Main surveillance developments in weeks 30–31/2011 (25 Jul – 07 Aug 2011)

This first page contains the main developments of these weeks and can be printed separately or together with the more detailed information following.

- During weeks 30–31/2011, no influenza activity was detected by the 18 reporting countries.
- Sentinel specimens yielded no influenza detections while seven type A and two type B influenzas were detected in non-sentinel specimens. Of the type A viruses, two were A(H1)2009 and three were A(H3).
- One case of SARI and one case of hospitalised severe influenza were reported.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): None of the 18 reporting countries notified any influenza activity. For more information, [click here](#).

Virological surveillance: Of 26 sentinel specimens, none yielded influenza detections, while from non-sentinel sources, seven type A and two type B viruses were detected. For more information, [click here](#).

Hospital surveillance of severe acute respiratory infection (SARI): One case of SARI and one case of hospitalised severe influenza were reported during weeks 30–31/2011. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

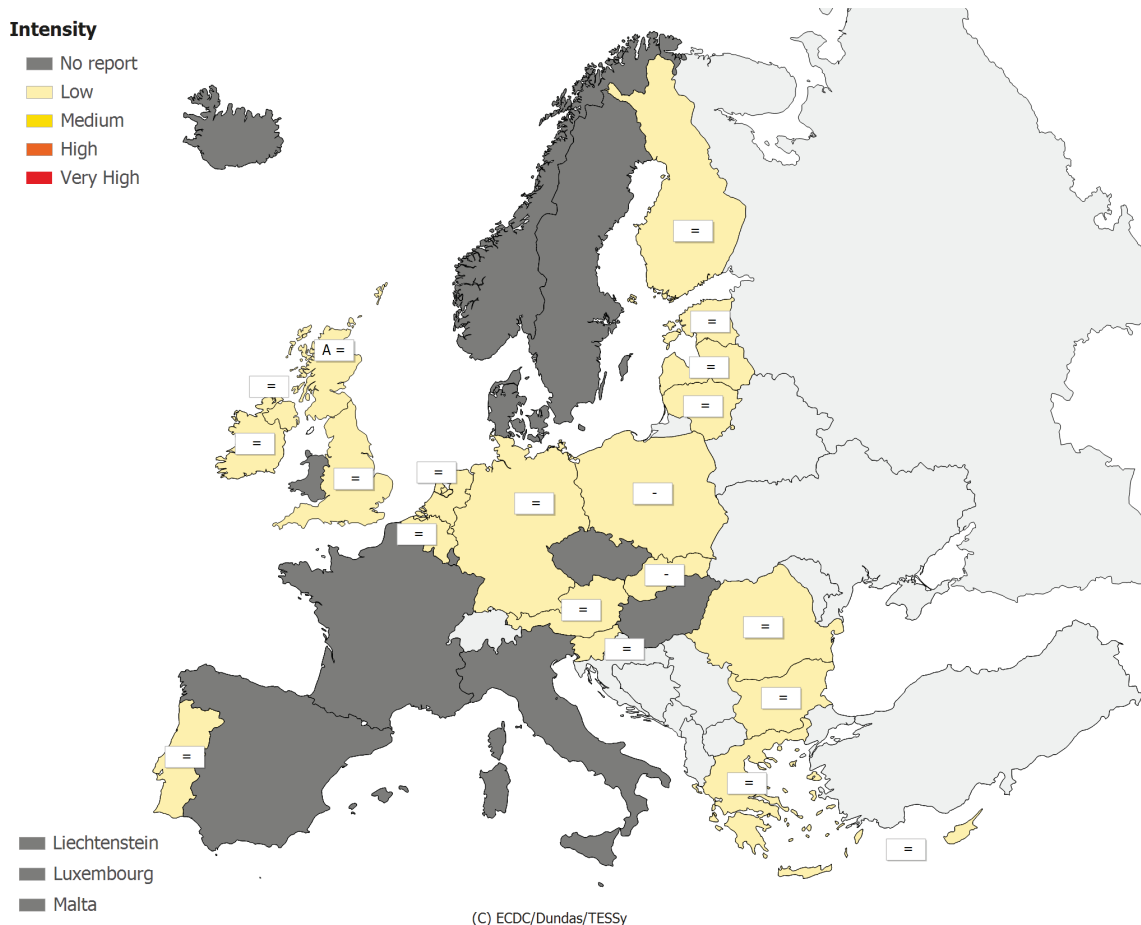
Weekly analysis – epidemiology

During weeks 30–31/2011, all 18 reporting countries experienced low intensity of influenza activity (Table 1, Map 1).

In terms of geographic spread, sporadic activity was reported by Cyprus and the UK (Scotland). No activity was reported by the remaining 17 countries and the UK (England and Northern Ireland).

Stable or decreasing trends were reported by all 18 countries (Table 1, Map 2).

Map 1 Intensity for weeks 30–31/2011*



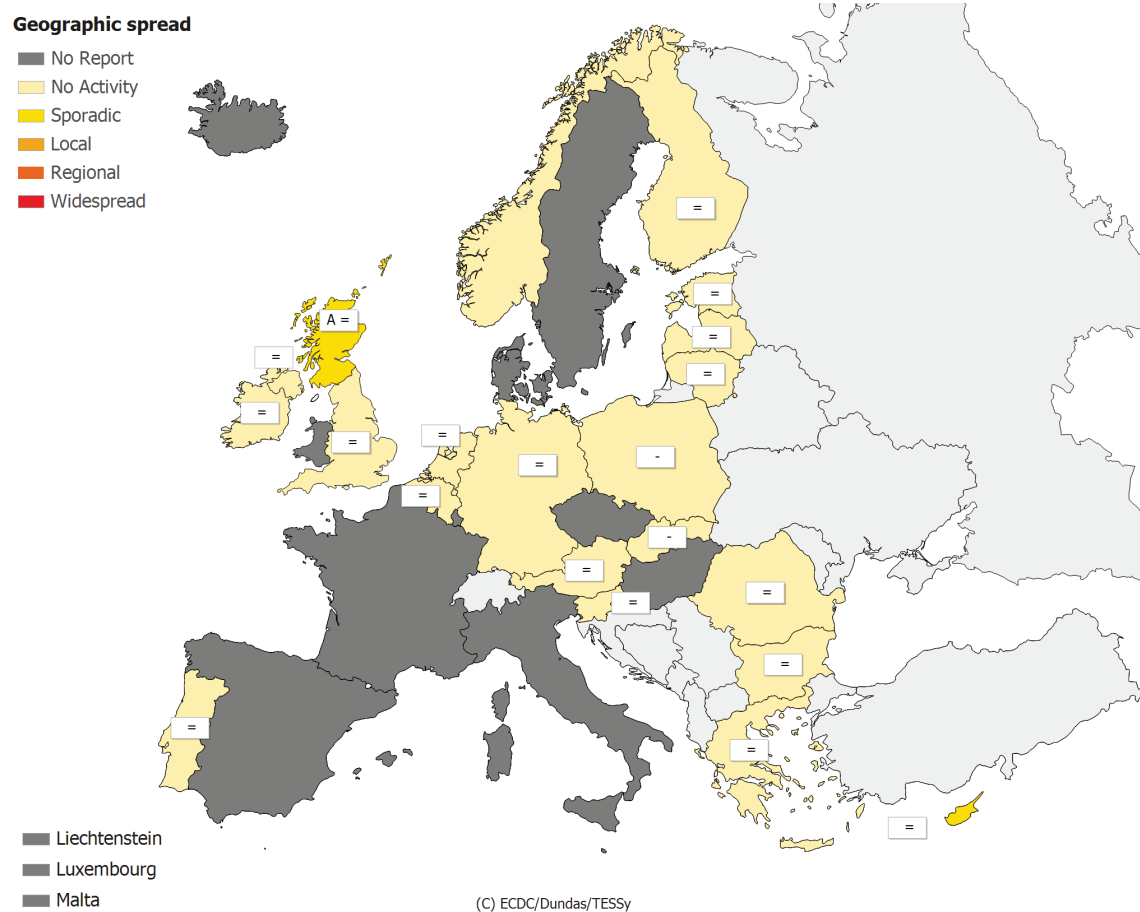
* A type/subtype is reported as dominant when > 40 % of all samples are positive for the type/subtype.

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	Type A
Very high	Particularly severe levels of influenza activity		

*The map displays data for the most recent reported week only, of the two-week surveillance period. For the other week's information please consult the weekly 'Influenza activity maps' [here](#).

Map 2 Geographic spread for weeks 30–31/2011*



* 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	Type A
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)		

*The map displays data for the most recent reported week only, of the two-week surveillance period. For the other week's information please consult the weekly 'Influenza activity maps' [here](#).

Table 1 Epidemiological and virological overview by country, weeks 30–31/2011 *

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	0	None	0.0	-	-	Graphs	Graphs
Belgium	Low	No activity	Stable	1	None	0.0	11.9	616.2	Graphs	Graphs
Bulgaria	Low	No activity	Stable	0	None	0.0	-	229.5	Graphs	Graphs
Cyprus	Low	Sporadic	Stable	-	-	0.0	-*	-*	Graphs	Graphs
Czech Republic				-	-	0.0	-	-		
Denmark				-	-	0.0	-	-		
Estonia	Low	No activity	Stable	0	None	0.0	1.2	60.7	Graphs	Graphs
Finland	Low	No activity	Stable	10	None	0.0	-	-	Graphs	Graphs
France				-	-	0.0	-	-		
Germany	Low	No activity	Stable	1	None	0.0	-	401.1	Graphs	Graphs
Greece	Low	No activity	Stable	-	-	0.0	24.0	-	Graphs	Graphs
Hungary				-	-	0.0	-	-		
Iceland				-	-	0.0	-	-		
Ireland	Low	No activity	Stable	3	None	0.0	2.6	-	Graphs	Graphs
Italy				-	-	0.0	-	-		
Latvia	Low	No activity	Stable	0	None	0.0	-*	-*	Graphs	Graphs
Lithuania	Low	No activity	Stable	0	None	0.0	0.1	79.9	Graphs	Graphs
Luxembourg				-	-	0.0	-	-		
Malta				-	-	0.0	-	-		
Netherlands	Low	No activity	Stable	2	None	0.0	12.6	-	Graphs	Graphs
Norway	-	No activity	-	-	-	0.0	-	-	Graphs	Graphs
Poland	Low	No activity	Decreasing	0	None	0.0	7.1	-	Graphs	Graphs
Portugal	Low	No activity	Stable	-	-	0.0	0.0	-	Graphs	Graphs
Romania	Low	No activity	Stable	0	None	0.0	0.0	448.0	Graphs	Graphs
Slovakia	Low	No activity	Decreasing	0	-	0.0	30.4	479.4	Graphs	Graphs
Slovenia	Low	No activity	Stable	0	None	0.0	0.0	453.4	Graphs	Graphs
Spain				-	-	0.0	-	-	Graphs	Graphs
Sweden				1	None	0.0	-	-	Graphs	Graphs
UK - England	Low	No activity	Stable	8	None	0.0	1.8	215.4	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Stable	0	-	0.0	6.4	178.6	Graphs	Graphs
UK - Scotland	Low	Sporadic	Stable	0	A	0.0	0.0	102.4	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
Europe				26		0.0				Graphs

*Incidence per 100 000 is not calculated for these countries as no population denominator is provided.

Liechtenstein is not reporting to the European Influenza Surveillance Network.

For intensity, geographic spread and trend, the table displays data for the most recent reported week only, of the two-week surveillance period.

Description of the system

Surveillance is based on nationally organised sentinel networks of physicians, mostly general practitioners (GPs), covering at least 1% to 5% of the population in their countries. All EU/EEA Member States (except Liechtenstein) are participating. 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 weeks 30–31/2010, 17 countries reported virological data. None of the 26 sentinel specimens tested were positive for influenza virus. Of the non-sentinel source specimens, i.e. specimens collected for diagnostic purpose in hospitals, nine were positive for influenza, seven were influenza type A and two were type B. Five type A influenza viruses were subtyped, two A(H1)2009 and three A(H3).

Of the 58 887 influenza viruses detected since week 40/2010 in sentinel and non-sentinel specimens, 38 940 (66.1%) were influenza A and 19 947 (33.9%) were influenza B viruses. Of 27 992 influenza A viruses subtyped, 27 231 (97.3%) were A(H1)2009 and 761 (2.7%) were A(H3) viruses (Table 2).

Since week 40/2010, 4 705 influenza viruses from sentinel and non-sentinel specimens have been characterised antigenically (Figure 1): 2 350 as A/California/7/2009 (H1N1)-like; 2 008 as B/Brisbane/60/2008-like (Victoria lineage), 185 as B/Florida/4/2006-like (Yamagata lineage), 149 as A/Perth/16/2009 (H3N2)-like and 13 as B/Bangladesh/3333/2007-like (Yamagata lineage).

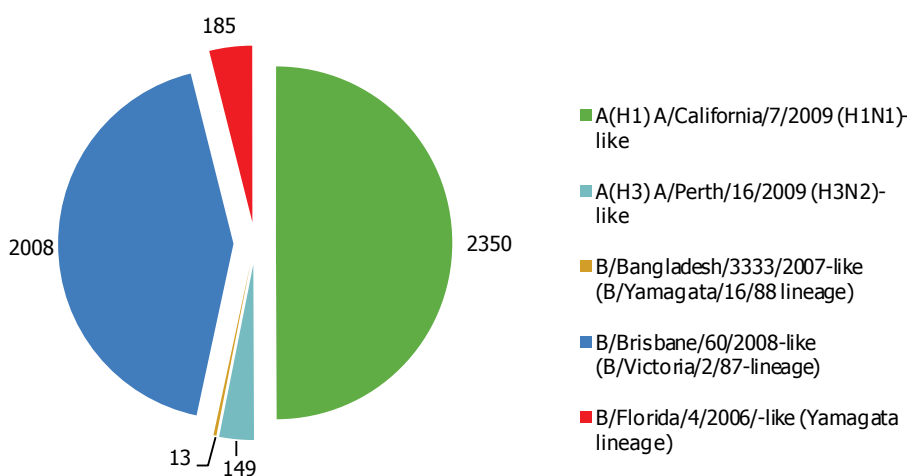
More details on circulating viruses can be found in the [July](#) report prepared by the Community Network of Reference Laboratories (CNRL) coordination team. The viruses circulating this season remain well-matched with the 2010/11 seasonal vaccine viruses.

Table 2 Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40/2010–31/2011

Virus type/subtype	Current Period		Season	
	Sentinel	Non-Sentinel	Sentinel	Non-Sentinel
Influenza A		0	7	8436
A (H1) 2009		0	2	7591
A (subtyping not performed)		0	2	593
A (not subtypable)		0	0	0
A (H3)		0	3	252
A (H1)		0	0	0
Influenza B		0	2	5736
Total Influenza		0	9	14172

Note: A(H1)2009, A(H3) and A(H1) include both N-subtyped and non-N-subtyped viruses.

Figure 1 Results of antigenic characterisations of sentinel and non-sentinel influenza virus isolates, weeks 40/2010–31/2011



Country comments

Norway: One case of influenza A, not yet subtyped, associated with travel in South-East Asia was detected.

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 acute respiratory infection (SARI)

Weekly analysis – SARI

During weeks 30–31/2011, one case of SARI and one case of hospitalised severe influenza were reported.

Since week 40/2010, 5 099 SARI cases and 493 related fatalities have been reported by 10 countries (Table 3). Of the 3 706 hospitalised cases with confirmed influenza virus infection, 3 390 (91.5%) were type A and 316 (8.5%) were type B. Of the 2 986 subtyped influenza A viruses, 2 963 (99.2%) were A(H1)2009 and 23 (0.8%) were A(H3) (Table 4). Since week 40/2010, of 2 044 SARI cases admitted to ICU, at least 1 029 (50.3%) required ventilation (Table 5).

Table 3 Cumulative number of SARI cases, weeks 40/2010–31/2011

Country	Number of cases	Incidence of SARI cases per 100,000 population	Number of fatal cases reported	Incidence of fatal cases per 100,000 population	Estimated population covered
Romania	449	7	30	0.47	6413821
Portugal	418		45		
Austria	373		12		
France	790		144		
Ireland	122		23		
Belgium	952				
Spain	1621		192		
Malta	55	13.3	1	0.24	413609
Slovakia	230	4.23	22	0.4	5435273
Finland	89		24		
Total	5099		493		

Table 4 Number of SARI cases by influenza type and subtype, weeks 30–31/2011 and cumulative for the season

Virus type/subtype	Number of cases during current weeks	Cumulative number of cases since the start of the season
Influenza A	1	3390
A(H1)2009	1	2963
A(subtyping not performed)		404
A(H3)		23
Influenza B		316
Other Pathogen		39
Unknown	1	1354
Total	2	5099

Table 5 Number of SARI cases by level of care and respiratory support, weeks 40/2010–31/2011

Respiratory support	ICU	Inpatient ward	Other	Unknown
No respiratory support available		1		
No respiratory support necessary	173	471	449	
Oxygen therapy	144	205	395	
Respiratory support given unknown	698	327	882	249
Ventilator	1029	17	6	53

This report was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC): Eeva Broberg, Flaviu Plata 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 Bianca Srijders (RIVM Bilthoven, Netherlands) and Thedi Ziegler (National Institute for Health and Welfare, Finland). In addition, the report is reviewed by experts of WHO Regional Office for Europe.

Maps and commentary published in this Weekly Influenza Surveillance Overview (WISO) do not represent a statement on the part of ECDC or its partners on the legal or border status of the countries and territories shown.

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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