

Summary

Week 13/2023 (27 March – 02 April 2023)

- The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus decreased to 16% from 22% in the previous week, which is above the epidemic threshold set at 10%.
- 13 of 41 countries or areas reported medium or high intensity and 20 of 40 countries or areas reported widespread activity indicating substantial seasonal influenza virus circulation across the Region.
- Of the 17 countries that reported sentinel primary care specimen influenza virus positivity above the 10% epidemic threshold, Estonia and Hungary reported activity above 40%.
- Both influenza type A and type B viruses were detected in both sentinel and non-sentinel surveillance, with influenza type B viruses predominating in both systems.
- Hospitalized patients with confirmed influenza virus infection were reported from ICU (with higher proportions of type B viruses) and SARI surveillance (with higher proportions of type B viruses).
- Of 13 countries and areas across the Region that each tested at least 10 specimens, four countries or areas reported influenza virus positivity rates above 10% in SARI surveillance (Lithuania, Ukraine, Serbia and North Macedonia).

2022-2023 season overview

- The seasonal epidemic activity threshold of 10% positivity in sentinel specimens was first crossed in week 45/2022.
- Following a peak at week 51/2022 with 39% positivity, influenza activity had been decreasing across the Region until week 4/2023 when it reached 22% positivity before rising again to fluctuate around 25% positivity between weeks 6 and 11/2023 before decreasing again to 16% positivity for week 13/2023.
- Overall this season, influenza A(H3) viruses have dominated in sentinel primary care specimens, however higher circulation of A(H1)pdm09 and type B viruses was observed starting from week 50/2022 and week 2/2023, respectively. A similar prevalence of A(H1)pdm09 and A(H3) viruses was detected in non-sentinel specimens.
- Both influenza type A and type B viruses have been detected in hospitalized patients in ICU and other wards and influenza A(H1)pdm09 viruses have dominated among SARI patients.
- Virus type and subtype prevalence by county and surveillance system has been variable across the season.

Other news

- RSV is another respiratory virus that causes acute respiratory disease, mainly among young infants and the elderly, often mild but frequently severe among children less than 1 year of age and frail elderly. High levels of RSV have been circulating across the Region since week 40/2022, with overall positivity amongst patients in primary care with acute respiratory illness decreasing after a peak at 18% positivity in week 47/2022 to 2% for week 13/2023. More information on the risk of RSV infections can be found [here](#).

For information about the SARS-CoV-2 situation in the WHO European Region visit:

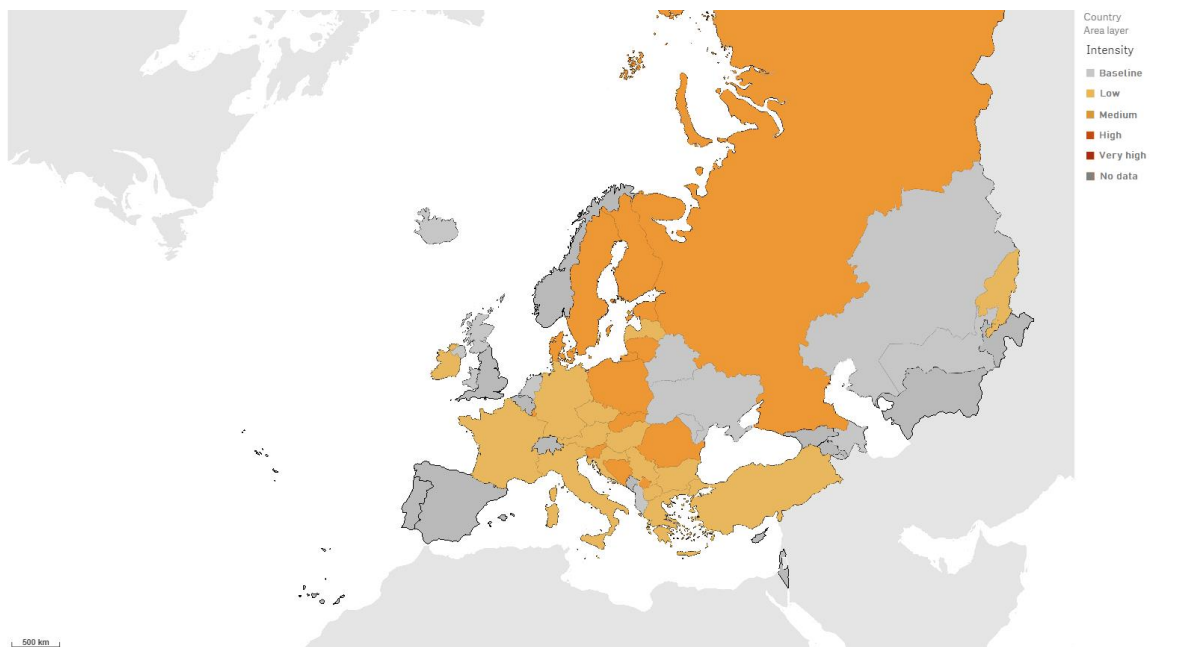
- WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- ECDC website: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

Qualitative indicators

For week 13/2023, of 41 countries and areas reporting on intensity of influenza activity, 12 reported baseline-intensity (across the Region), 16 reported low-intensity (across the Region) and 13 reported medium-intensity (across the Region).

Of 40 countries and areas reporting on geographic spread of influenza viruses, 4 reported no activity (Azerbaijan, Kyrgyzstan, United Kingdom (Wales) and Uzbekistan), 5 reported sporadic spread (Belarus, Bulgaria, Kazakhstan, North Macedonia and United Kingdom (Northern Ireland)), 2 reported local spread (Malta and Slovakia), 9 reported regional spread (across the Region) and 20 reported widespread activity (across the Region).

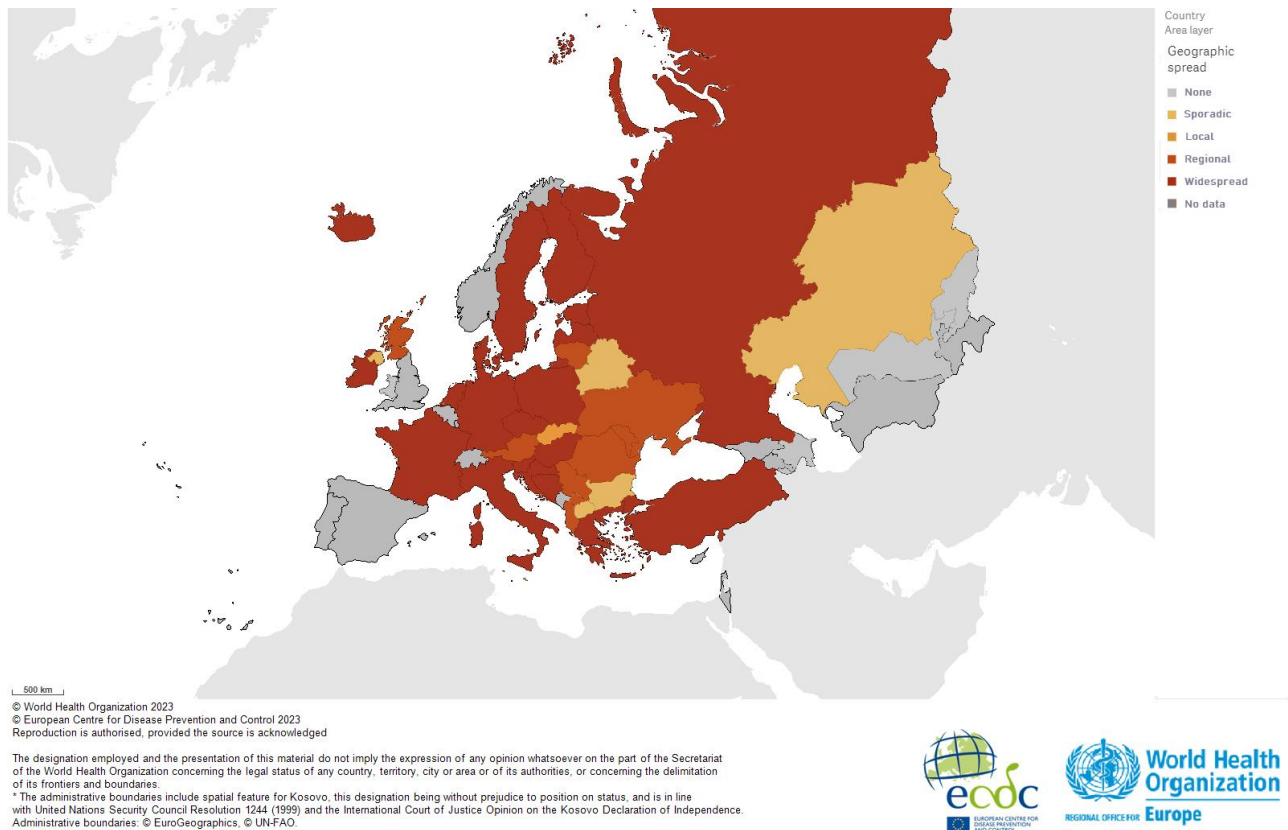
Figure 1. Intensity of influenza activity in the European Region, week 13/2023



© World Health Organization 2023
© European Centre for Disease Prevention and Control 2023
Reproduction is authorised, provided the source is acknowledged

The designation employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.
* The administrative boundaries include spatial feature for Kosovo, this designation being without prejudice to position on status, and is in line with United Nations Security Council Resolution 1244 (1999) and the International Court of Justice Opinion on the Kosovo Declaration of Independence.
Administrative boundaries: © EuroGeographics, © UN-FAO.

Figure 2. Geographic spread of influenza viruses in the European Region, week 13/2023



For interactive maps of influenza intensity and geographic spread, see the [Flu News Europe website](#).

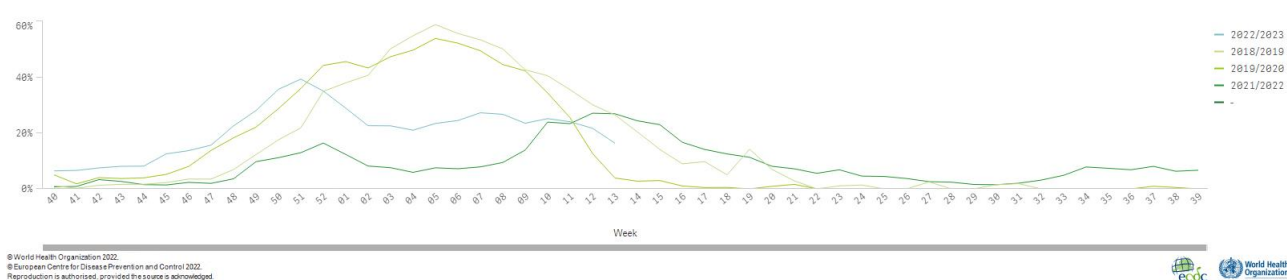
Please note:

- Assessment of the intensity of activity indicator includes consideration of ILI or ARI rates. These ILI or ARI rates might be driven by respiratory infections other than influenza virus, including SARS-CoV-2, leading to observed increases in the absence of influenza virus detections.
- Assessment of intensity and geographic spread indicators includes consideration of sentinel and non-sentinel influenza virus detection data. Non-sentinel influenza virus detections, often higher, might translate into reporting of elevated geographic spread even in the absence of sentinel detections.

Influenza positivity

For the European Region, influenza virus positivity in sentinel primary care specimens decreased from 22% for the previous week to 16% for week 13/2023 and still above the Region's epidemic threshold which is set at 10%. The current seasonal influenza epidemic started earlier than in the four previous seasons: ranging from week 47 (2019/20 season) to 49 (2021/22 season). Positivity reached a peak for week 51/2022 at 39% which was earlier than in the four previous seasons: ranging from week 52 (2021/22 season) to 5 (2018/19 and 2019/20). Influenza activity had been decreasing across the Region until week 4/2023, but has fluctuated around 25% between weeks 6 and 11/2023 before decreasing again to 16% for week 13/2023.

Figure 3. Influenza virus positivity in sentinel-source specimens by week, WHO European Region, seasons 2021/2022 and 2022/2023



External data sources

Mortality monitoring:

This week's pooled EuroMOMO estimates of all-cause mortality for the participating European countries show that there has been elevated mortality in recent months. However, the mortality is now decreasing. Data from 22 European countries or subnational regions were included in this week's pooled analysis of all-cause mortality.

The EuroMOMO report can be found here: <https://www.euromomo.eu/>

Please refer to the EuroMOMO website for a cautionary note relating to interpretation of these data.

Primary care data

Syndromic surveillance data

Of the countries and areas in which thresholds for ILI activity are defined, countries in eastern (n=4; Azerbaijan, Kazakhstan, Kyrgyzstan and Russian Federation), northern (n=4; Denmark, Estonia, Latvia and Lithuania), southern (n=5; Croatia, Greece, Italy, Serbia and Türkiye) and western (n=5; Austria, Czechia, Hungary, Luxembourg and Poland) areas of the European Region reported activity above baseline levels.

Of the countries and areas in which thresholds for ARI activity are defined, countries in eastern (n=2; Kazakhstan and Kyrgyzstan), northern (n=2; Latvia and Lithuania), southern

(n=1; Romania) and western (n=1; Czechia) areas of the European Region reported activity above baseline levels.

Please note:

- Assessment of the syndromic surveillance data of ILI or ARI rates might be driven by respiratory infections other than influenza virus, including SARS-CoV-2, leading to observed increases in the absence of influenza virus detections. The thresholds mentioned are related to the Moving Epidemic Method (MEM) method and based on historic ILI/ARI data.

Viruses detected in sentinel-source specimens (ILI and ARI)

For week 13/2023, 379 (16%) of 2 316 sentinel specimens tested positive for an influenza virus; 89% were type B and 11% were type A. Of 19 subtyped A viruses, 95% were A(H1)pdm09 and 5% A(H3). All 133 type B viruses ascribed to a lineage were B/Victoria (Fig. 4 and Table 1). Of 32 countries and areas across the Region that each tested at least 10 sentinel specimens in week 13/2023, 17 reported a rate of influenza virus detections at or above 10% (median 29%; range 13% - 47%): Hungary (47%), Estonia (44%), Bulgaria (32%), Czechia (31%), Luxembourg (31%), Poland (31%), Slovakia (30%), Norway (29%), Armenia (29%), Kosovo (in accordance with Security Council resolution 1244 (1999)) (26%), France (26%), Austria (20%), Slovenia (19%), Romania (18%), Ukraine (18%), Germany (14%) and Switzerland (13%).

For the season to date, 26 069 (23%) of 111 421 sentinel specimens tested positive for an influenza virus. More influenza type A (n=18 924, 73%) than type B (n=7 145, 27%) viruses have been detected. Of 15 353 subtyped A viruses, 9 878 (64%) were A(H3) and 5 475 (36%) were A(H1)pdm09. All 2 192 influenza type B viruses ascribed to a lineage were B/Victoria (69% of type B viruses were reported without a lineage).

Details of the distribution of viruses detected in non-sentinel-source specimens are presented in the **virus characteristics** section.

Figure 4. Influenza virus positivity and detections by type, subtype/lineage – sentinel sources, WHO European Region, season 2022/2023

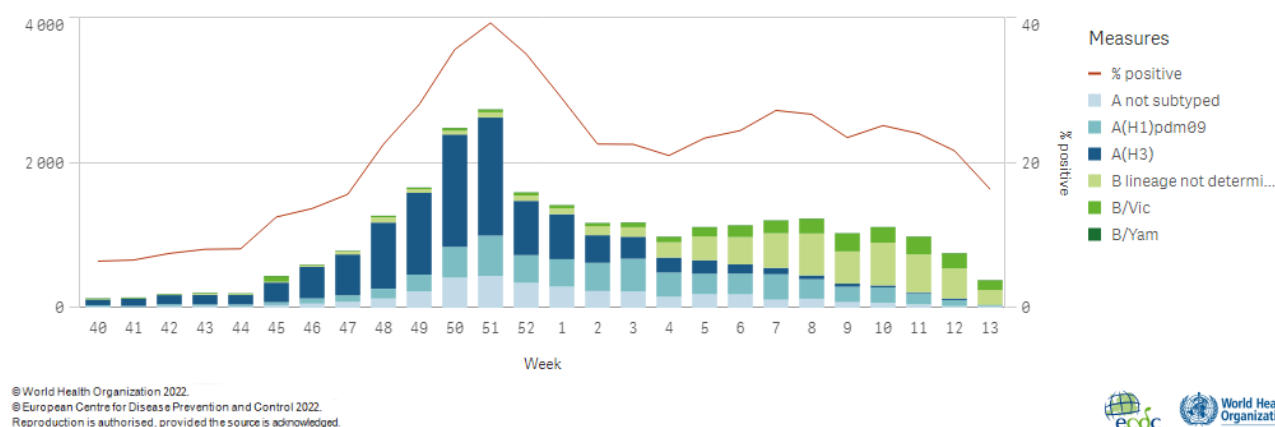


Table 1. Influenza virus detections in sentinel source specimens by type and subtype for week 13/2023 and cumulatively for the season

Sentinel	Current Week (13)	Season 2022-2023
----------	-------------------	------------------

Virus type and subtype	Number	% ^a	Number	% ^a
Influenza A	40	10.6	18 924	72.6
A(H1)pdm09	18	94.7	5 475	35.7
A(H3)	1	5.3	9 878	64.3
A not subtyped	21	-	3 571	-
Influenza B	339	89.4	7 145	27.4
B/Victoria lineage	133	100	2 192	100
B/Yamagata lineage	0	0	0	0
Unknown lineage	206	-	4 953	-
Total detections (total tested)	379 (2 316)	16.4	26 069 (111 421)	23.4

^a For influenza type percentage calculations, the denominator is total detections; for subtype and lineage, it is total influenza A subtyped and total influenza B lineage determined, respectively; for total detections, it is total tested.

External data sources

Influenzanet collects weekly data on symptoms in the general community from different participating countries across the EU/EEA. Please refer to the website for information for this week.

Hospital surveillance

A subset of Member States and areas monitors severe disease related to influenza virus infection by surveillance of 1) hospitalized laboratory-confirmed influenza cases in ICUs, or other wards, or 2) severe acute respiratory infections (SARI).

Laboratory-confirmed hospitalized cases

1.1) Hospitalized laboratory-confirmed influenza cases - Intensive care units (ICUs)

For week 13/2023, 8 laboratory-confirmed influenza cases were reported from ICU wards (in Czechia (n=2), France (n=4) and Sweden (n=2)). Both influenza type A viruses (n=2) and type B viruses (n=6) were detected. No viruses were ascribed to a subtype or lineage.

Since week 40/2022, 2 689 influenza type A (91%) and 282 type B (9%) viruses were detected (in Czechia (n=140), France (n=924), Ireland (n=151), Sweden (n=252) and United Kingdom (England) (n=1 504)). Of 486 subtyped influenza A viruses, 53% were A(H3) and 47% were A(H1)pdm09. No influenza B viruses were ascribed to a lineage. Of 1 457 cases with known age, 686 were 15-64 years old, 593 were 65 years and older, 111 were 0-4 years old and 67 were 5-14 years old.

Figure 5. Number of laboratory-confirmed hospitalized influenza cases in intensive care units (ICU) by week of reporting, WHO European Region, season 2022/2023

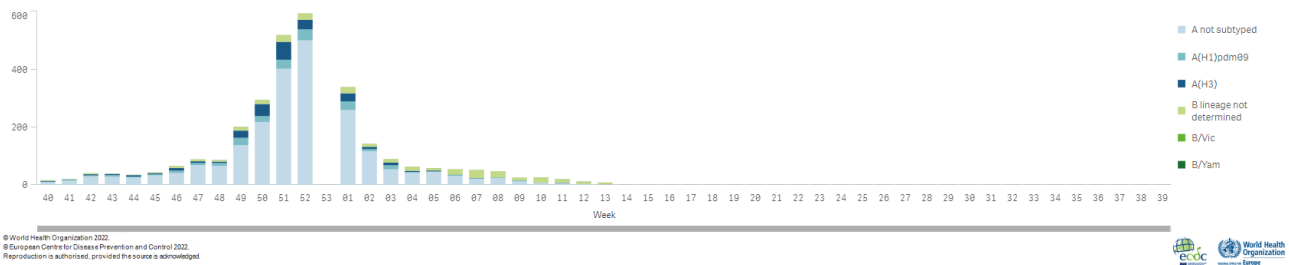
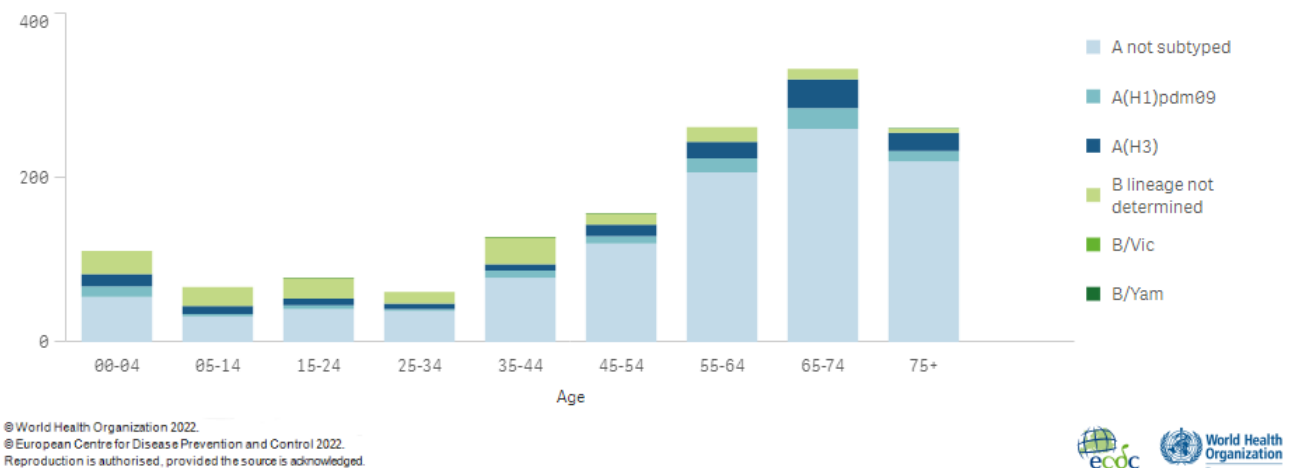


Figure 6. Distribution of influenza virus types, subtypes/lineages by age group in intensive care units (ICU), WHO European Region, season 2022/2023



1.2) Hospitalized laboratory-confirmed influenza cases – other wards

For week 13/2023, 4 laboratory-confirmed influenza cases were reported from other wards (in Czechia). Of these, 2 influenza type A viruses and 2 influenza type B viruses were detected. No viruses were ascribed to a subtype or lineage.

Since week 40/2022, 3807 influenza type A viruses and 179 influenza type B viruses were detected from Czechia (n=169) and Ireland (n=3 817). Of 397 subtyped influenza A viruses, 63% (n=251) were A(H1)pdm09 and 37% (n=146) A(H3). The 3 986 cases with known age fell in 4 age groups: 1712 were 65 years and older, 1374 were 15-64 years old, 499 were 0-4 years old and 401 were 5-14 years old.

Figure 7. Number of laboratory-confirmed hospitalized influenza cases in wards other than intensive care units (non-ICU) by week of reporting, WHO European Region, season 2022/2023

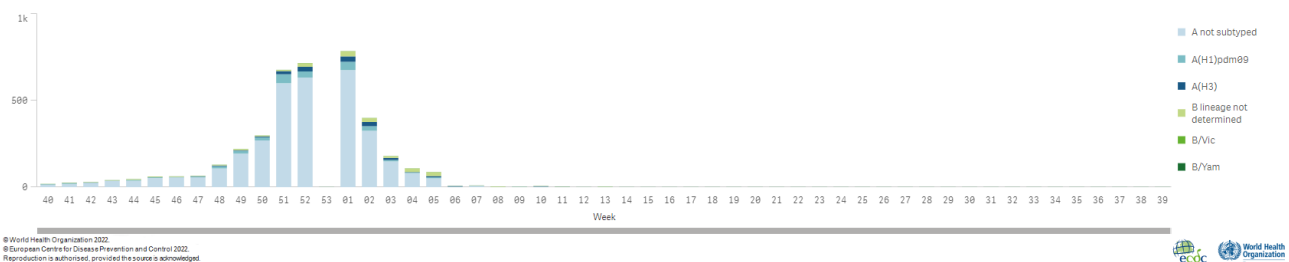
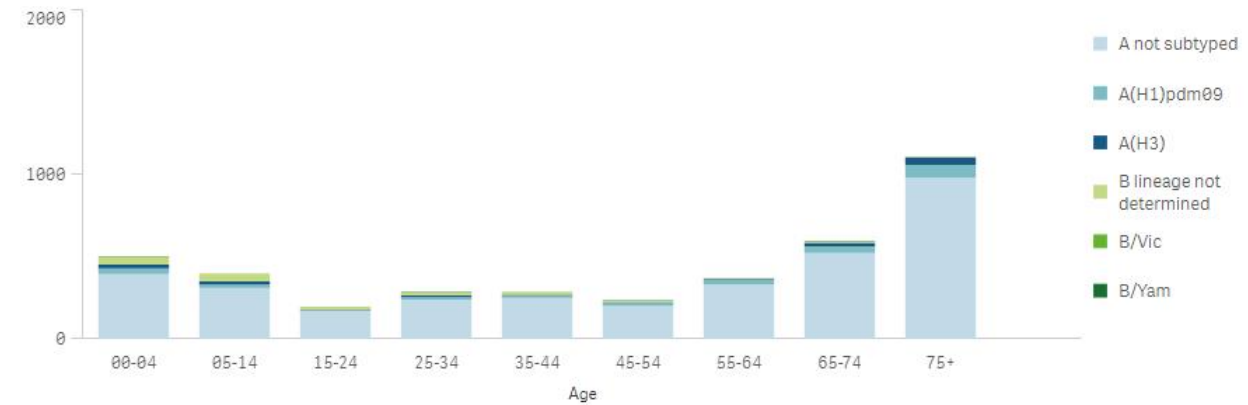


Figure 8. Distribution of influenza virus types, subtypes/lineages by age group in wards other than intensive care units (non-ICU), WHO European Region, season 2022/2023



© World Health Organization 2022.
 © European Centre for Disease Prevention and Control 2022.
 Reproduction is authorised, provided the source is acknowledged.

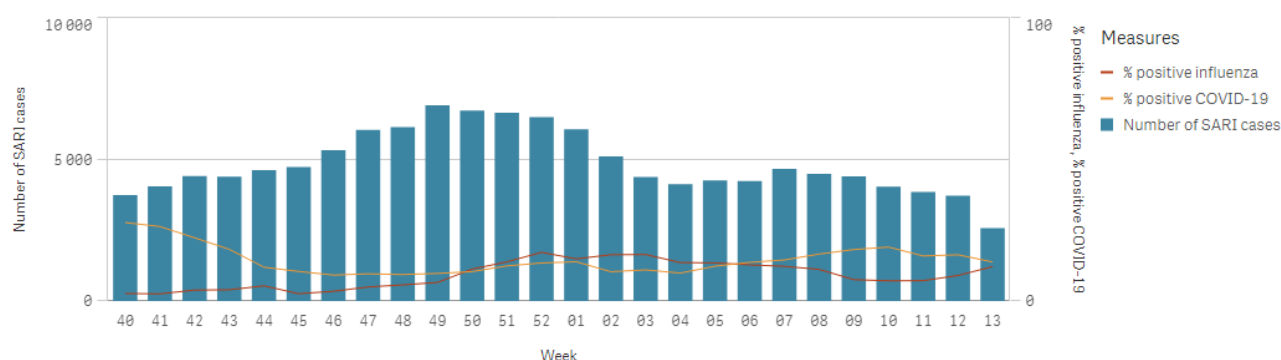


Severe acute respiratory infection (SARI)-based hospital surveillance

For week 13/2023, 2 575 SARI cases were reported by 19 countries or areas (Albania, Belarus, Belgium, Bosnia and Herzegovina, Ireland, Kazakhstan, Kyrgyzstan, Lithuania, Malta, North Macedonia, Republic of Moldova, Romania, Russian Federation, Serbia, Spain, Türkiye, Ukraine, Uzbekistan and Kosovo (in accordance with Security Council resolution 1244 (1999))). Of 559 specimens tested for influenza viruses, 12% (n=68) were positive (Fig. 9). Of these, influenza type B viruses (n=59, 87%) were detected more frequently than influenza type A viruses (n=9). One subtyped influenza type A virus was A(H1)pdm09. Two type B viruses ascribed to a lineage were B/Victoria. Of 13 countries and areas across the Region that tested at least 10 specimens each, 4 reported positivity rates above 10%: Lithuania (79%), Ukraine (20%), Serbia (17%) and North Macedonia (15%).

For the season, 125 816 SARI cases were reported by 26 countries or areas (Albania, Armenia, Belarus, Belgium, Bosnia and Herzegovina, Croatia, Georgia, Germany, Ireland, Kazakhstan, Kyrgyzstan, Lithuania, Malta, Montenegro, North Macedonia, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Spain, Türkiye, Turkmenistan, Ukraine, Uzbekistan and Kosovo (in accordance with Security Council resolution 1244 (1999))). For SARI cases testing positive for influenza virus since week 40/2022, type A viruses have been the most common (n=3 431, 70%) and of these 2 758 were subtyped: 2 043 (74%) were A(H1)pdm09 viruses and 715 (26%) were A(H3) viruses. Of those influenza B viruses that have been ascribed to a lineage (n=378, 30%), all were B/Victoria.

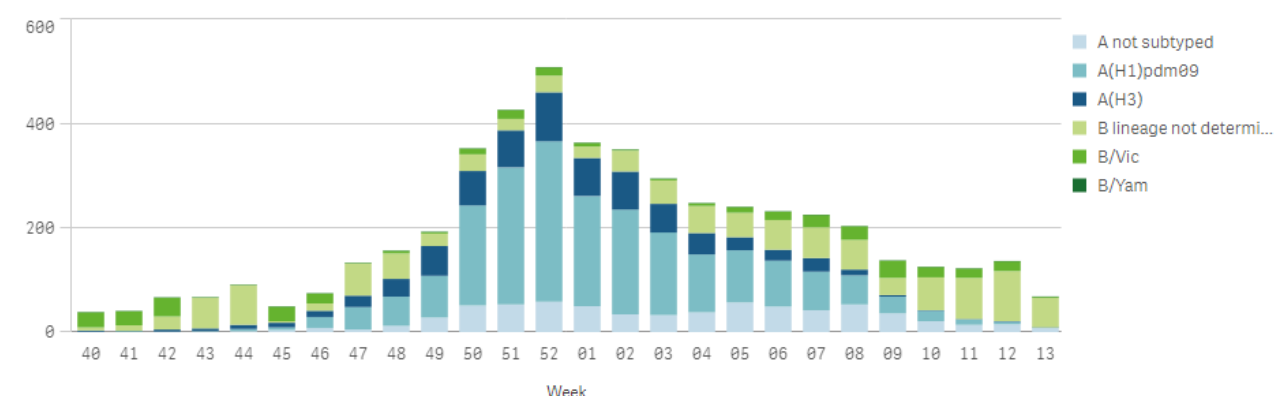
Figure 9. Number of severe acute respiratory infection (SARI) cases (bar) and positivity for influenza virus and SARS-CoV-2 (line) by week, WHO European Region, season 2022/2023



© World Health Organization 2022.
 © European Centre for Disease Prevention and Control 2022.
 Reproduction is authorised, provided the source is acknowledged.



Figure 10. Influenza virus detections by type, subtype/lineage from severe acute respiratory infection (SARI), WHO European Region, season 2022/2023



© World Health Organization 2022.
 © European Centre for Disease Prevention and Control 2022.
 Reproduction is authorised, provided the source is acknowledged.



Virus characteristics

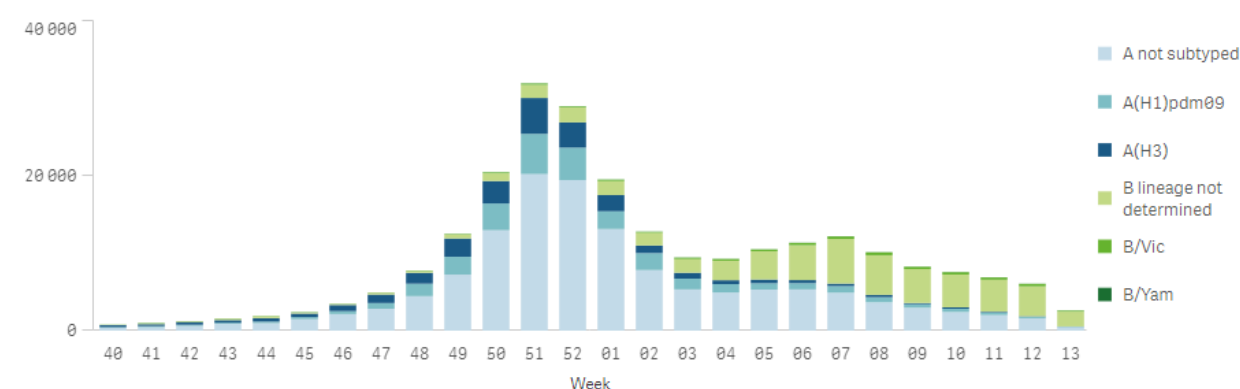
Details of the distribution of viruses detected in sentinel-source specimens can be found in the **Primary care data** section.

Non-sentinel virologic data

For week 13/2023, 2 588 of 35 495 specimens from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions) tested positive for an influenza virus; 542 (21%) were type A and 2 046 (79%) were type B. Of 89 subtyped A viruses, 65 (73%) were A(H1)pdm09 and 24 (27%) A(H3). All 131 type B viruses ascribed to a lineage were B/Victoria.

For the season to date, more influenza type A (n=189 363, 77%) than type B (n=55 942, 23%) viruses have been detected. Of 55 369 subtyped A viruses, 30 517 (55%) were A(H1)pdm09 and 24 852 (45%) were A(H3). All but one 4 042 influenza type B viruses ascribed to a lineage were B/Victoria (93% of type B viruses were reported without a lineage). One B/Yamagata virus detection is currently under investigation.

Figure 11. Influenza detections by type, subtype/lineage and week, non-sentinel sources, WHO European Region, season 2022/2023



© World Health Organization 2022.
 © European Centre for Disease Prevention and Control 2022.
 Reproduction is authorised, provided the source is acknowledged.



Table 2. Influenza virus detections in non-sentinel-source specimens by type and subtype, week 13/2023 and cumulatively for the season

Non-sentinel	Current Week (13)	Season 2022-2023
--------------	-------------------	------------------

Virus type and subtype	Number	% ^a	Number	% ^a
Influenza A	542	20.9	189 363	77.2
A(H1)pdm09	65	73	30 517	55.1
A(H3)	24	27	24 852	44.9
A not subtyped	453	-	133 994	-
Influenza B	2 046	79.1	55 942	22.8
B/Victoria lineage	131	100	4 041	100
B/Yamagata lineage	0	0	1	0
Unknown lineage	1 915	-	51 900	-
Total detections (total tested)	2 588 (35 495)	-	245 305 (1 878 029)	-

^a For type percentage calculations, the denominator is total detections; for subtype and lineage, it is total influenza A subtyped and total influenza B lineage determined, respectively; as not all countries have a true non-sentinel testing denominator, no percentage calculations for total tested are shown.

Note: The influenza B/Yamagata lineage detection is currently being investigated

Genetic characterization

Of the 2 295 genetically characterized A(H1)pdm09 viruses up to week 13/2023, 1 282 were attributed to clade 6B.1A.5a.2, of which 641 (50%) were represented by A/Norway/25089/2022, 608 (47%) by A/Sydney/5/2021 and 33 (3%) by A/Victoria/2570/2019. 5 (<1%) were attributed to clade 6B.1A.5a.1 represented by A/Guangdong-Maonan/SWL1536/2019. 1 008 (44%) viruses could not be attributed to a pre-defined subgroup in the guidance.

Among the 2 404 A(H3) viruses characterized up to week 13/2023, 2 285 were attributed to clade 3C.2a1b.2a.2, of which 1 405 (61%) were represented by A/Bangladesh/4005/2020, 734 (32%) by A/Slovenia/8720/2022, 146 (6%) by A/Darwin/9/2021. 3 (< 1%) were attributed to clade 3C.2a1b.1a represented by A/Denmark/3264/2019. 116 (5%) viruses could not be attributed to a pre-defined subgroup in the guidance.

Up to week 13/2023, 800 B/Victoria viruses were characterized, 487 (61%) of which were attributed to clade V1A.3a.2 represented by B/Austria/1359417/2021. 313 (39%) viruses could not be attributed to a pre-defined subgroup in the guidance.

Table 3. Number of influenza viruses attributed to genetic groups, cumulative for the season, WHO European Region

	Number of influenza viruses attributed to genetic groups 2022/2023
Total	5 499
Influenza A	4 699
A(H1)pdm09	2 295
A(H1)pdm09_SubgroupNotListed *	1 008
A/Guangdong-Maonan/SWL1536/2019(H1N1)pdm09_6B.1A.5a.1	5
A/Norway/25089/2022(H1N1)pdm09_6B.1A.5a.2	641
A/Sydney/5/2021(H1N1)pdm09_6B.1A.5a.2	608
A/Victoria/2570/2019(H1N1)pdm09_6B.1A.5a.2	33
A(H3)	2 404
A(H3)_SubgroupNotListed *	116
A/Bangladesh/4005/2020(H3)_3C.2a1b.2a.2	1 405
A/Darwin/9/2021(H3)_3C.2a1b.2a.2	146
A/Denmark/3264/2019(H3N2)_3C.2a1b.1a	3
A/Slovenia/8720/2022(H3)_3C.2a1b.2a.2	734
Influenza B	800
B/Vic	800
B/Austria/1359417/2021(Victoria lineage_1A.3a.2)	487
BVic_SubgroupNotListed *	313

* No Clade: not attributed to a pre-defined clade and SubgroupNotListed: attributed to recognised group in current guidance but not listed here

© World Health Organization 2022.

© European Centre for Disease Prevention and Control 2022.

Reproduction is authorised, provided the source is acknowledged.



Currently, **WHO Europe and ECDC's February** virus characterization report is available and describes available data from circulating viruses for the early weeks of the 2022-2023 influenza season: type A influenza virus circulation dominated over type B, with similar proportions of circulating A(H3) and A(H1)pdm09 viruses. Vaccination remains the best protective measure for prevention of influenza.

Antiviral susceptibility testing

Up to week 13/2023, 4 024 viruses were assessed for susceptibility to neuraminidase inhibitors (1 397 A(H1)pdm09, 1 309 A(H3) and 671 B viruses only genotypically and 300 A(H3), 230 A(H1)pdm09 and 117 B viruses phenotypically, with a proportion of these analysed by both methods), and 3 003 viruses were assessed genotypically for susceptibility to baloxavir marboxil (1 596 A(H3), 820 A(H1)pdm09 and 587 B viruses). Phenotypically and/or genotypically, 5 A(H1)pdm09 viruses showing (highly) reduced inhibition by oseltamivir and normal inhibition by zanamivir were identified of which 4 were reported to carry reduced inhibition markers, 3 with NA-H275Y (1 confirmed phenotypically) and 1 with NA-D199G (confirmed phenotypically), and for 1 the amino acid change was not reported. Genotypically no markers associated with reduced susceptibility for baloxavir marboxil were identified.

Vaccine

Recently published results from a controlled, randomised trial in UK concluded that concomitant vaccination with one of two SARS-CoV-2 vaccines (ChAdOx1 or BNT162b2) plus an age-appropriate influenza vaccine raised no safety concerns and preserves **antibody responses** to both vaccines.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02329-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02329-1/fulltext)

Available vaccines in Europe <https://www.ecdc.europa.eu/en/seasonal-influenza/prevention-and-control/vaccines/types-of-seasonal-influenza-vaccine>

Vaccine composition

On 24 February 2023, WHO published recommendations for the components of influenza vaccines for use in the 2023-2024 northern hemisphere influenza season:

The WHO recommends that quadrivalent vaccines for use in the 2023-2024 influenza season in the northern hemisphere contain the following:

Egg-based Vaccines

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell culture- or recombinant-based Vaccines

- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

The WHO recommends that trivalent vaccines for use in the 2023-2024 influenza season in the northern hemisphere contain the following:

Egg-based vaccines

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Cell culture- or recombinant-based vaccines

- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus

The full report is published [here](#) (like virus.).

On 23 September 2022, WHO published recommendations for the components of influenza vaccines for use in the 2023 southern hemisphere influenza season:

Egg-based Vaccines

- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and

- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell- or recombinant-based Vaccines

- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

It is recommended that **trivalent influenza vaccines** for use in the 2022 southern hemisphere influenza season contain the following:

Egg-based vaccines

- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Cell- or Recombinant-based vaccines

- an A/Sydney/5/2021 (H1N1)pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus

The full report is published [here](#).

Acknowledgements

This weekly update was prepared by an editorial team at the European Centre for Disease Prevention and Control (Cornelia Adlhoch, Annette Kraus and Edoardo Colzani) and the WHO Regional Office for Europe (Margaux Meslé, Piers Mook and Richard Pebody). It was reviewed by experts from the network (Adam Meijer, National Institute for Public Health and the Environment (RIVM), the Netherlands) and by Monica Galliano, WHO Collaborating Centre for Reference and Research on Influenza, Francis Crick Institute, United Kingdom.

Maps and commentary do not represent a statement on the legal or border status of the countries and territories shown.

All data are up to date on the day of publication. Past this date, however, published data should not be used for longitudinal comparisons, as countries retrospectively update their databases. The WHO Regional Office for Europe is responsible for the accuracy of the Russian translation.

Suggested citation: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Flu News Europe, Joint ECDC–WHO weekly influenza update, week 13/2023.

Tables and figures should be referenced:

European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Flu News Europe, Joint ECDC–WHO weekly influenza update, week 13/2023.

© World Health Organization 2023

© European Centre for Disease Prevention and Control 2023

Reproduction is authorized, provided the source is acknowledged.