SURVEILLANCE REPORT

Weekly influenza surveillance overview

7 May 2010

Main surveillance developments in week 17/2010 (26 Apr 2010 – 02 May 2010)

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

- All reporting countries experienced low intensity influenza activity for the ninth consecutive week and, at most, reported sporadic or local activity.
- Only 16 influenza viruses were detected by sentinel and non-sentinel sources and half of these were influenza B viruses.
- To date, only 2.5% of tested 2009 pandemic influenza A(H1N1) viruses have shown resistance to oseltamivir and none were resistant to zanamivir. All tested 2009 pandemic viruses have been resistant to M2 inhibitors.
- None of the severe acute respiratory infections (SARI) reported in week 17/2010 were associated with influenza
- Influenza activity caused by the 2009 pandemic influenza A(H1N1) virus is well past its winter peak in EU/EEA countries but sporadic cases of confirmed infections continue to occur. The majority of influenza-like illness cases are not due to influenza virus infection. Globally, the world remains in pandemic Phase 6

Sentinel surveillance of influenza-like illness (ILI)/acute respiratory infection (ARI): All 25 reporting countries experienced low intensity and sporadic or local geographic spread at most. For more information, **click here.**

Virological surveillance: Sentinel physicians collected 135 respiratory specimens, of which seven (5.2%) were positive for influenza virus. Of the 16 virus detections (sentinel and non-sentinel), 8 (50%) were influenza type B viruses. Since week 40/2009, more than 99% of the viruses detected in sentinel specimens were 2009 pandemic influenza A(H1N1) virus. For more information, **click here.**

Aggregate numbers of 2009 pandemic influenza A(H1N1) deaths: During week 17/2010, no new deaths attributable to 2009 pandemic influenza virus were reported. For more information, **click here.**

Hospital surveillance of severe acute respiratory infection (SARI): During week 17/2010, four SARI cases were reported, none of which were associated with 2009 pandemic influenza. For more information, **click here.**

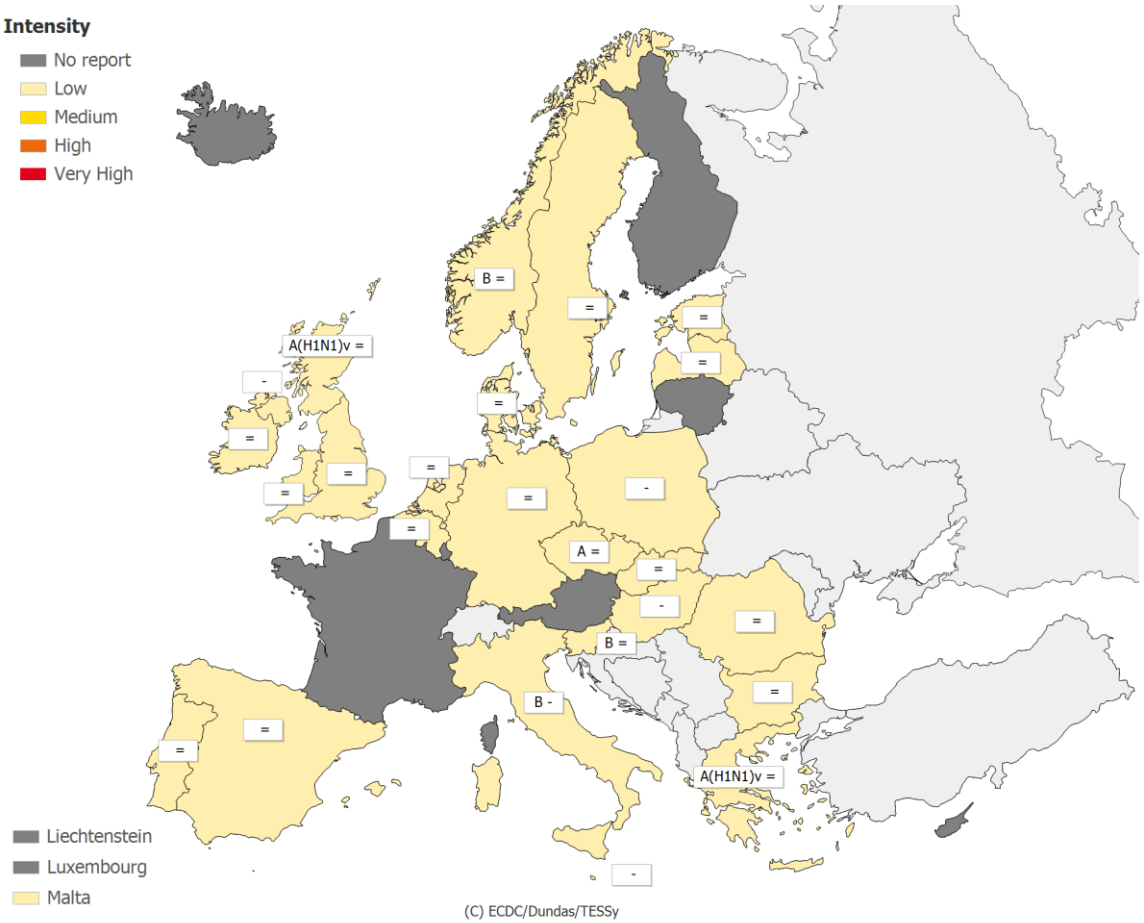
Qualitative reporting: For more information, **click here.**

Sentinel surveillance (ILI/ARI)

Weekly analysis – epidemiology

In week 17/2010, 25 of 29 countries reported epidemiological data, all of which experienced low intensity for the ninth consecutive week (Map 1, Table 1). All countries reported sporadic or local geographic spread at most with stable or decreasing activity trends (Map 2, Table 1).

Map 1: Intensity for week 17/2010

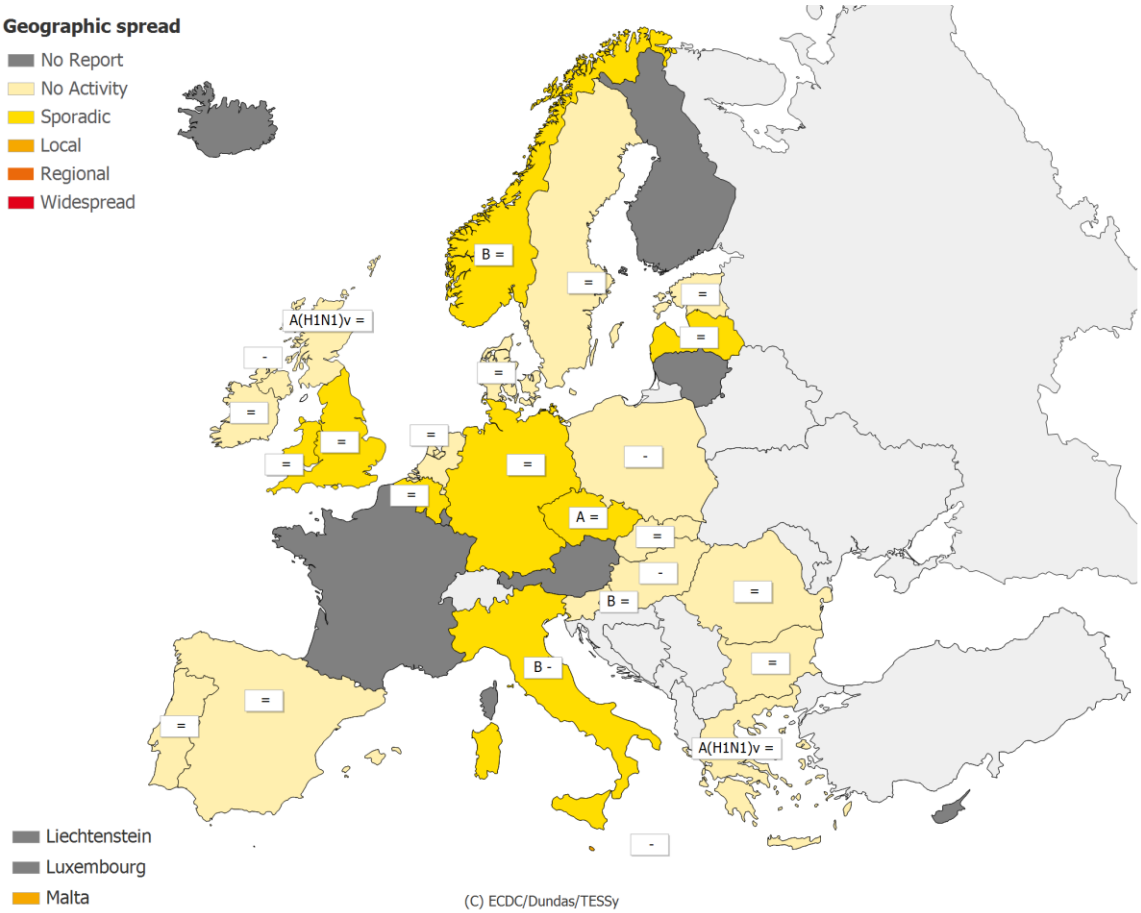


* A type/subtype is reported as dominant when > 40 % of all samples are positive for the type/subtype.

Legend:

Low	No influenza activity or influenza at baseline levels	**-**	Decreasing clinical activity
Medium	Usual levels of influenza activity	**+**	Increasing clinical activity
High	Higher than usual levels of influenza activity	**=**	Stable clinical activity
Very high	Particularly severe levels of influenza activity	**A**	Type A
		A(H1N1)v	Type A, Subtype H1N1v
		B	Type B

Map 2: Geographic spread for week 17/2010



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

Legend:

No activity	No evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic	Isolated cases of laboratory confirmed influenza infection
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)
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)

-	Decreasing clinical activity
+	Increasing clinical activity
=	Stable clinical activity
A	Type A
A(H1N1)v	Type A, Subtype H1N1v
B	Type B

Table 1: Epidemiological and virological overview by country

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				0	None	-	-	-	Graphs	Graphs
Belgium	Low	Sporadic	Stable	5	None	20.0	22.9	894.4	Graphs	Graphs
Bulgaria	Low	No activity	Stable	0	None	-	-	530.0	Graphs	Graphs
Cyprus				-	-	-	-	-		
Czech Republic	Low	Sporadic	Stable	10	A	30.0	14.2	709.5	Graphs	Graphs
Denmark	Low	No activity	Stable	2	None	0.0	15.0	0.0	Graphs	Graphs
Estonia	Low	No activity	Stable	3	None	0.0	2.3	243.1	Graphs	Graphs
Finland				-	-	-	-	-		
France				-	-	-	-	-		
Germany	Low	Sporadic	Stable	10	None	0.0	-	624.8	Graphs	Graphs
Greece	Low	No activity	Stable	1	A(H1N1)v	0.0	42.6	-	Graphs	Graphs
Hungary	Low	No activity	Decreasing	5	None	0.0	30.0	-	Graphs	Graphs
Iceland				-	-	-	-	-		
Ireland	Low	No activity	Stable	1	None	0.0	4.0	-	Graphs	Graphs
Italy	Low	Sporadic	Decreasing	11	B	9.1	57.9	-	Graphs	Graphs
Latvia	Low	Sporadic	Stable	0	None	-	0.0	652.3	Graphs	Graphs
Lithuania				2	None	0.0	-	-	Graphs	Graphs
Luxembourg				5	None	20.0	-*	-*	Graphs	Graphs
Malta	Low	Local	Decreasing	-	-	-	-*	-*	Graphs	Graphs
Netherlands	Low	No activity	Stable	3	None	0.0	13.7	-	Graphs	Graphs
Norway	Low	Sporadic	Stable	0	B	-	19.6	-	Graphs	Graphs
Poland	Low	No activity	Decreasing	6	None	0.0	63.7	-	Graphs	Graphs
Portugal	Low	No activity	Stable	0	None	-	0.0	-	Graphs	Graphs
Romania	Low	No activity	Stable	1	None	0.0	0.0	594.6	Graphs	Graphs
Slovakia	Low	No activity	Stable	0	-	-	123.6	1305.3	Graphs	Graphs
Slovenia	Low	No activity	Stable	1	B	100.0	0.0	526.3	Graphs	Graphs
Spain	Low	No activity	Stable	37	None	0.0	7.2	-	Graphs	Graphs
Sweden	Low	No activity	Stable	-	-	-	1.6	-	Graphs	Graphs
UK - England	Low	Sporadic	Stable	26	None	0.0	3.3	387.2	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Decreasing	2	None	0.0	6.2	297.2	Graphs	Graphs
UK - Scotland	Low	No activity	Stable	4	A(H1N1)v	0.0	1.0	172.1	Graphs	Graphs
UK - Wales	Low	Sporadic	Stable	-	-	-	0.7	-	Graphs	Graphs
Europe				135		5.2				Graphs

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

Note: Liechtenstein is not reporting to the European Influenza Surveillance Network

Description of the system

This 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) 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 week 17/2010, 24 countries reported virological data. Sentinel physicians collected 135 specimens, seven (5.2%) of which were positive for influenza virus (Tables 1 and 2). In addition, nine non-sentinel source specimens (i.e. specimens collected for diagnostic purpose in hospitals) were reported positive for influenza virus. Of the 16 influenza viruses detected from sentinel and non-sentinel sources during week 17/2010, eight (50%) were type B viruses; of the type A viruses one was 2009 pandemic A(H1N1) and seven were not subtyped.

Of the 19 963 influenza viruses detected by sentinel practices and typed/subtyped since week 40/2009, 19 727 (98.8%) were identified as the 2009 pandemic influenza A(H1N1) virus. Table 2 shows the distribution of both sentinel and non-sentinel specimens by type and subtype. Figures 1–3 show the trends of virological detections over time. The proportion of positive sentinel samples decreased between weeks 46/2009 and 07/2010 and has since stabilised at levels usually seen outside the influenza season (Figure 3).

From week 40/2009 to week 17/2010, 3248 influenza viruses from sentinel and non-sentinel specimens have been characterised antigenically (Table 3), and 1199 were characterised genetically. Of the former, 3198 (98.5%) were antigenically pandemic A/California/7/2009(H1N1)-like, and of the latter, 1160 (96.7%) belonged to the phylogenetic cluster represented by A/California/7/2009. Twelve (70.6%) of the 17 influenza type B viruses antigenically characterised up to week 17/2010 were of the B/Victoria/2/87 lineage while the remaining five (29.4%) were of the B/Yamagata/16/88 lineage.

More details on circulating viruses can be found in the report prepared by the Community Network of Reference Laboratories coordination team .

The latest antiviral resistance data are from week 09/2010. All pandemic viruses tested were resistant to M2 inhibitors. Of the 1453 viruses tested from nine countries, 37(2.5%) were resistant to oseltamivir, and of 1447 viruses tested, none were resistant to zanamivir (Table 4). However, the Netherlands reported a virus with reduced sensitivity against oseltamivir as well as zanamivir in week 14 (WISO week 14/2010).

Since the peak in week 01/2010, the total number of respiratory syncytial virus (RSV) detections in 11 countries has been in decline (Figure 4).

Table 2: Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40/2009–17/2010

	Current Week		Season	
Virus type/subtype	Sentinel	Non-sentinel	Sentinel	Non-sentinel
Influenza A	3	5	20530	93623
A (pandemic H1N1)	0	1	19727	81679
A (subtyping not performed)	3	4	741	11784
A (not subtypable)	0	0	14	48
A (H3)	0	0	11	59
A (H1)	0	0	37	53
Influenza B	4	4	174	324
Total Influenza	**7**	**9**	**20704**	**93947**

Note: A(pandemic H1N1), A(H3) and A(H1) includes both N-subtyped and not N-subtyped viruses.

Figure 1: Number of sentinel specimens positive for influenza, by type, subtype and by week of report, weeks 40/2009–17/2010

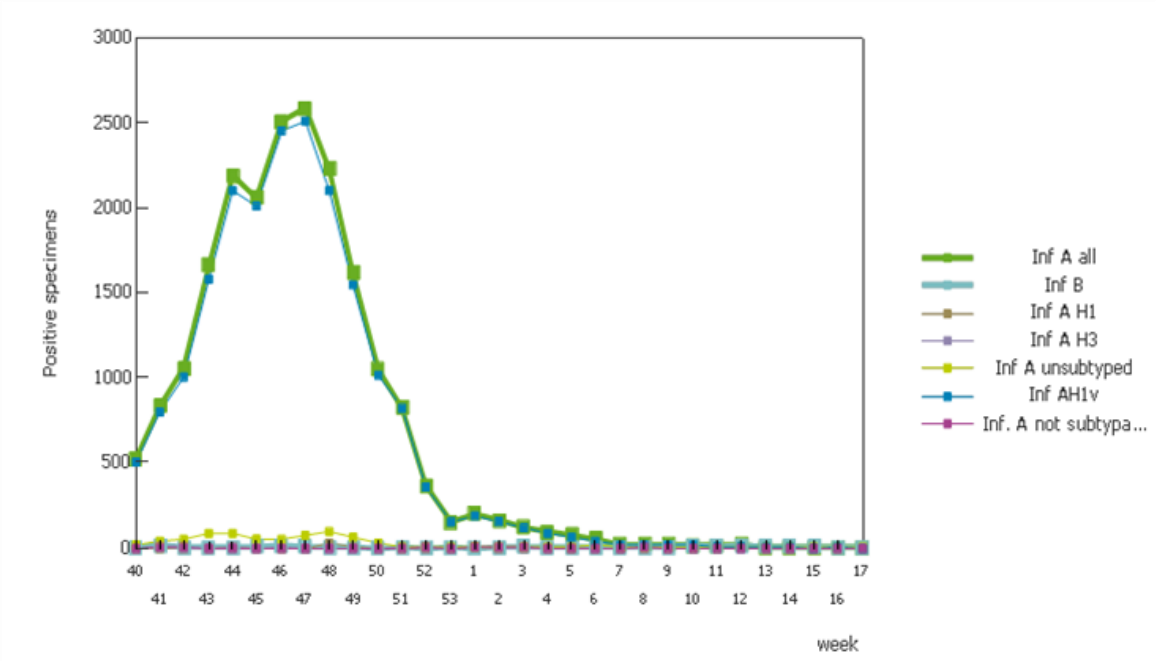


Figure 2: Number of non-sentinel specimens positive for influenza by type, subtype and week of report, weeks 40/2009–17/2010

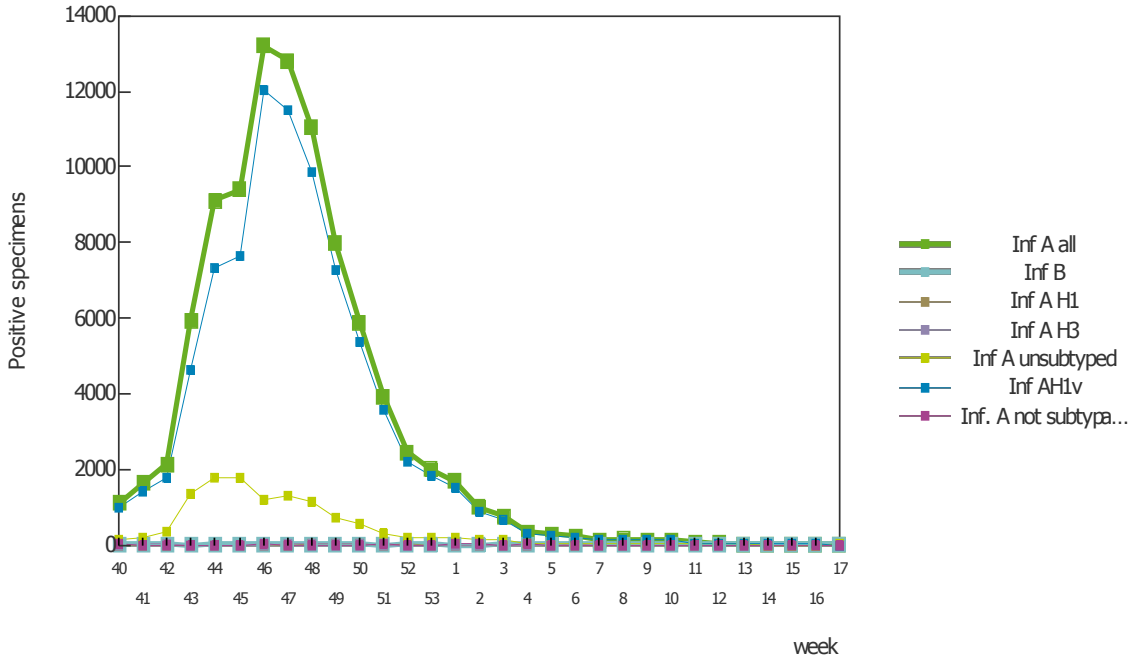


Figure 3: Proportion of sentinel samples positive for influenza, weeks 40/2009–17/2010

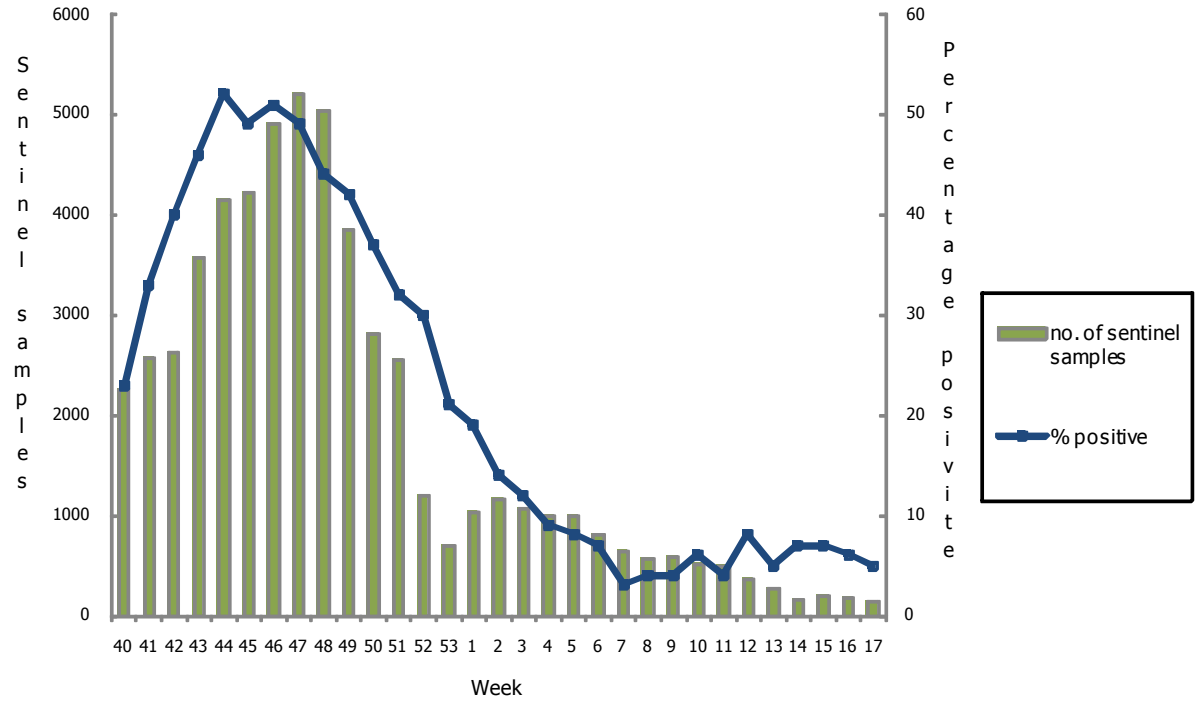


Table 3: Results of antigenically characterised sentinel and non-sentinel influenza virus isolates since week 40/2009

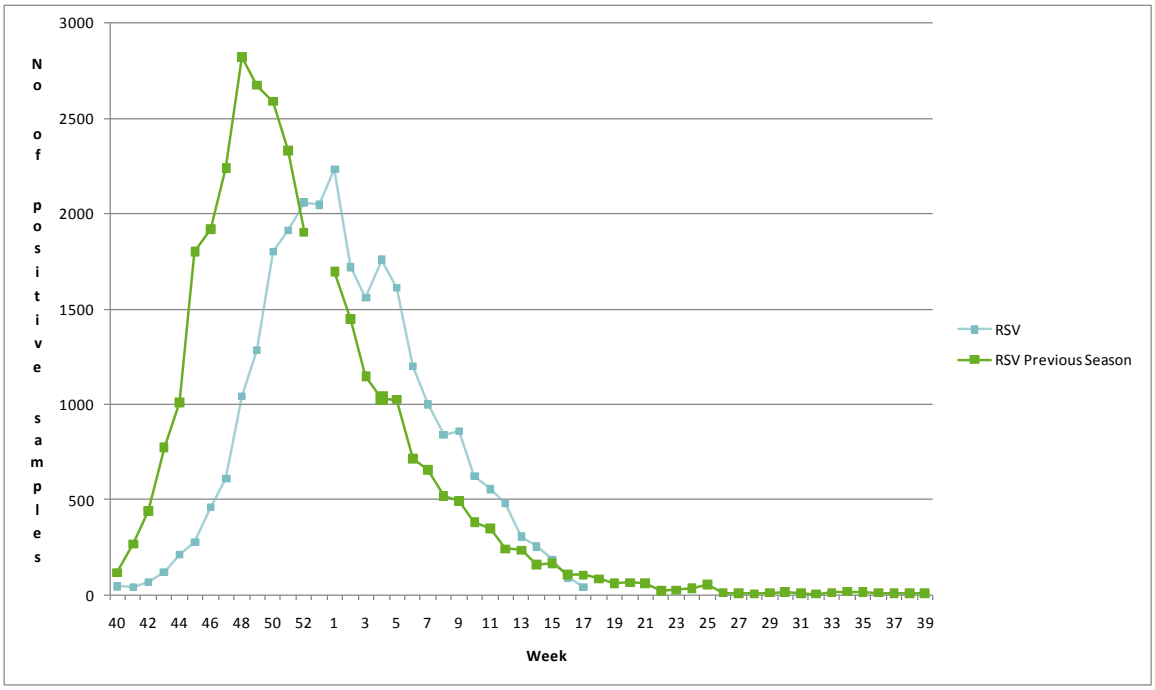
Strain name	Number of strains
A(H1)v California/7/2009-like	3198
A(H3) A/Brisbane/10/2007 (H3N2)-like	11
A(H3) A/Perth/16/2009 (H3N2)-like	22
B/Brisbane/60/2008-like (B/Victoria/2/87 lineage)	12
B/Florida/4/2006-like (B/Yamagata/16/88 lineage)	5

Table 4: Antiviral resistance by influenza virus type and subtype, weeks 40/2009–17/2010

Virus type and subtype	Resistance to neuraminidase inhibitors				Resistance to M2 inhibitors	
	Oseltamivir		Zanamivir		Isolates tested	Resistant n (%)
	Isolates tested	Resistant n (%)	Isolates tested	Resistant n (%)		
A(H3N2)	0	0	0	0	0	0
A(H1N1)	0	0	0	0	0	0
A(H1N1)v	1453	37 (2.5%)	1447	0	205	205 (100%)
B	0	0	0	0	NA*	NA*

** NA - not applicable, as M2 inhibitors do not act against influenza B viruses*

Figure 4: Respiratory syncytial virus (RSV) detections, sentinel and non-sentinel, weeks 40/2009–17/2010



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**.

Aggregate numbers of 2009 pandemic A(H1N1) associated deaths

Weekly analysis — deaths

In week 17/2010, no new deaths attributable to the 2009 pandemic influenza virus were reported. Since the beginning of the pandemic, 1860 such deaths have been notified to ECDC through TESSy (Table 5).

Table 5: Aggregate numbers of 2009 pandemic A(H1N1) associated deaths, week 17/2010

Country	Cumulative deaths since start of season	Last reported week	Deaths reported in week 17/2010
Austria	0	2009-w36	
Belgium	0	2009-w29	
Bulgaria	40	2009-w53	
Cyprus	0	2009-w29	
Czech Republic	98	2010-w17	0
Denmark	0	2009-w36	
Estonia	19	2010-w17	0
Finland	0	2009-w36	
France	312	2010-w15	
Germany	254	2010-w17	0
Greece	149	2010-w17	0
Hungary	134	2010-w17	0
Iceland	2	2009-w52	
Ireland	26	2010-w17	0
Italy	1	2010-w14	
Latvia	34	2010-w09	
Lithuania	23	2010-w17	0
Luxembourg	3	2009-w52	
Malta	5	2010-w12	
Netherlands	62	2010-w16	
Norway	29	2010-w17	0
Poland	148	2009-w53	
Portugal	0	2009-w36	
Romania	122	2010-w17	0
Slovakia	56	2010-w17	0
Slovenia	19	2010-w17	0
Spain	4	2009-w29	
Sweden	24	2010-w17	0
United Kingdom	296	2010-w09	
Total	1860		0

Description of the system

Aggregate numbers of both probable and laboratory-confirmed cases of pandemic influenza and deaths due to pandemic influenza are reported by countries still collecting these data. As countries are retrospectively updating their weekly numbers of deaths and the system calculates the cumulative values based on the current status, weekly numbers of deaths published in previous WISO editions may not always add up to the cumulative totals.

Hospital surveillance – severe acute respiratory infection (SARI)

Weekly analysis – SARI

In week 17/2010, four SARI cases were reported, none of which were associated with confirmed influenza infection. The number of SARI cases by week of onset has been in decline since the peak in week 46/2009 (Figure 5). Since the beginning of SARI surveillance, 11 countries have reported 11 593 cases, including 575 fatalities (Table 6). More than 99% of the influenza viruses detected in SARI cases since the start of the season were the 2009 pandemic influenza virus (Table 8). Other viral pathogens may play a role in the 2362 reported SARI cases of unknown aetiology.

Table 6: Cumulative number of SARI cases, week 40/2009 - week 17/2010

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
Austria	2813		33		
Belgium	1775	16.64			10668666
Cyprus	20		5		
Finland	1390		41		
France	1328		281		
United Kingdom	1488	3.77	62	0.16	39503332
Ireland	888		17		
Malta	156	37.72	1	0.24	413609
Netherlands	642	3.89	27	0.16	16521505
Romania	188	1.48	12	0.09	12684180
Slovakia	289		27		
Total	10977		506		39503332

Figure 5: Number of SARI cases by week of onset, weeks 40/2009 - week 17/2010

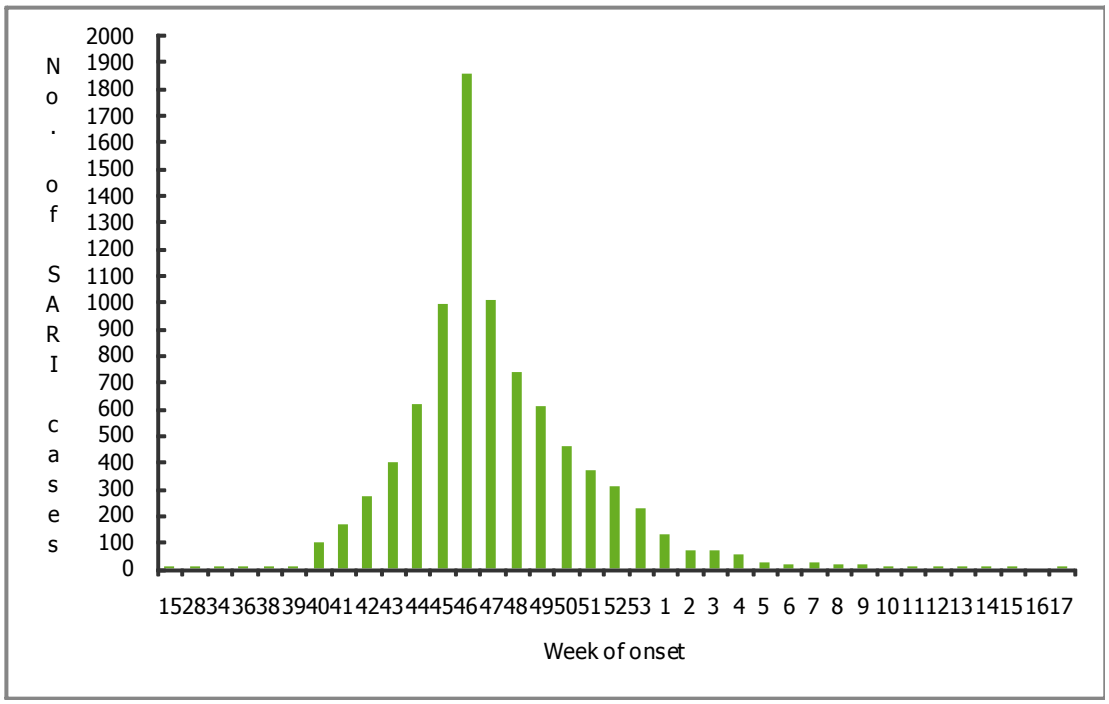


Table 7: Number of SARI cases by age and gender, week 17/2010

Age groups	Male	Female	Other (e.g., transsexual)	Unknown
Under 2	1			
18-44	1			
>=60		1		
Unknown	1			
Total	3	1		

Table 8: Number of SARI cases by influenza type and subtype, week 17/2010

Virus type/subtype	Number of cases during current week	Cumulative number of cases since the start of the season
Influenza A		9093
A (pandemic H1N1)		9061
A(subtyping not performed)		25
A(H3)		
A(H1)		7
A(H5)		
Influenza B		
Unknown	4	2368
Total	4	11461

Description of the system

A number of Member States carry out hospital-based surveillance of severe acute respiratory infection (SARI) exhaustively or at selected sentinel sites. SARI surveillance serves to monitor the trends in the severity of influenza and potential risk factors for severe disease to help guide preventive measures and health care resource allocation.

Qualitative reporting

The qualitative components will give some indication of influenza intensity, geographic spread, trend and impact.

The report text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC): Flaviu Plata, Phillip Zucs, Bruno Ciancio, Rene Snacken and Eeva Broberg. 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 Joan O'Donnell (Health Protection Surveillance Centre, Ireland) and Katarina Prosenc (National Institute of Public Health, Slovenia).