

SURVEILLANCE REPORT



Bi-weekly influenza surveillance overview

29 July 2011

Main surveillance developments in weeks 28–29 2011 (11 July 2011–24 July 2011)

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

- During weeks 28-29/2011, no influenza activity was detected by the 15 reporting countries reporting.
- None of the 32 sentinel specimens were positive for influenza and from non-sentinel sources, one A(H3) and four B viruses were detected.
- No cases of severe influenza or SARI due to other pathogens were reported.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): All fifteen countries reporting detected no influenza activity. For more information, [click here](#).

Virological surveillance: No sentinel specimens were positive for influenza. From non sentinel sources, one A(H3) and four B viruses were detected. For more information, [click here](#).

Hospital surveillance of severe acute respiratory infection (SARI): No SARI cases were reported during weeks 28–29/2011. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

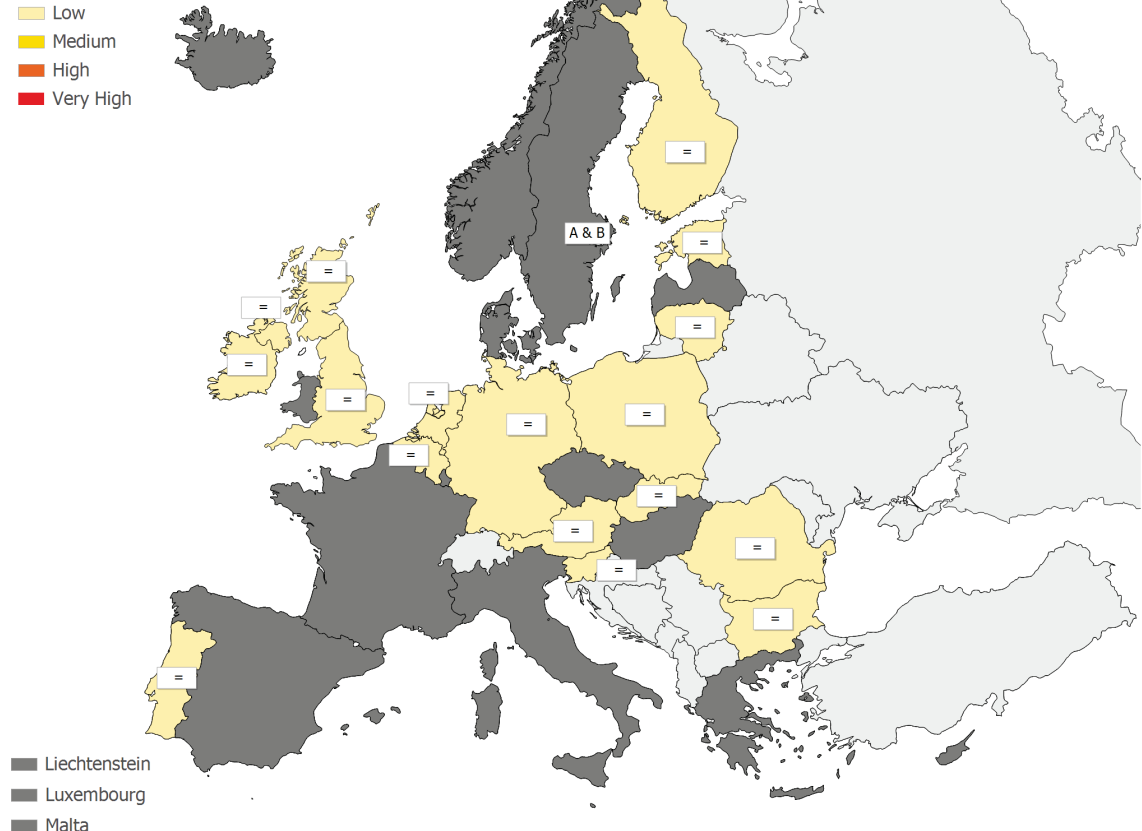
Weekly analysis – epidemiology

During weeks 28–29/2011, low intensity, no geographic spread and stable trends were observed in all 15 reporting countries (Table 1, Map 2).

Map 1: Intensity for weeks 28–29, 2011*

Intensity

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



(C) ECDC/Dundas/TESSy

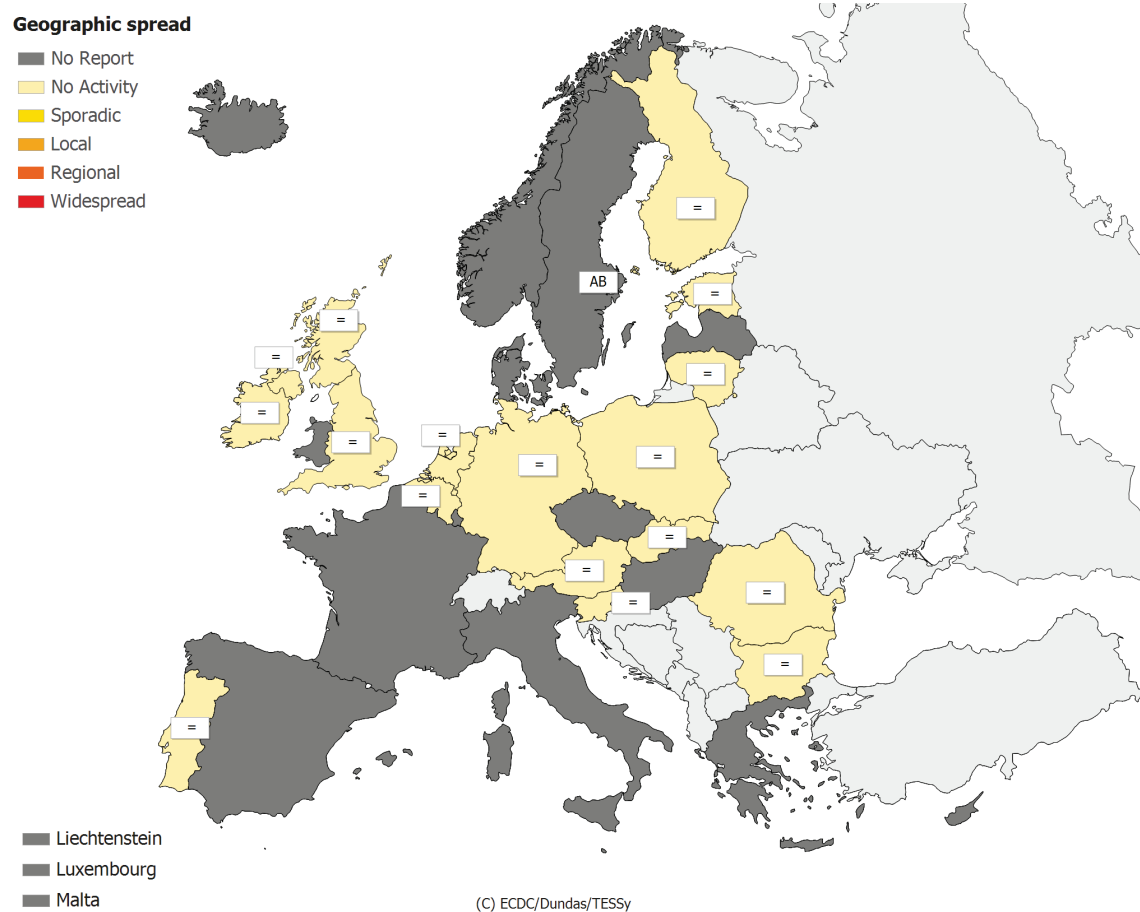
* A type/subtype is reported as dominant when > 40 % of all samples are positive for the type/subtype.

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 & B	Type A and B
Very high	Particularly severe levels of influenza activity		

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

Map 2: Geographic spread for weeks 28–29 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 & B	Type A and B
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 only displays data for the most recent reported week of the two-week surveillance period. For information on the other week, please consult the weekly 'Influenza activity maps' [here](#).

Table 1: Epidemiological and virological overview by country, weeks 28–29, 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	0	None	0.0	19.9	680.0	Graphs	Graphs
Bulgaria	Low	No activity	Stable	0	None	0.0	-	259.8	Graphs	Graphs
Cyprus				-	-	0.0	-	-		
Czech Republic				-	-	0.0	-	-		
Denmark				-	-	0.0	-	-		
Estonia	Low	No activity	Stable	0	None	0.0	1.3	56.5	Graphs	Graphs
Finland	Low	No activity	Stable	4	None	0.0	-	-	Graphs	Graphs
France				-	-	0.0	-	-		
Germany	Low	No activity	Stable	2	None	0.0	-	418.0	Graphs	Graphs
Greece				-	-	0.0	-	-		
Hungary				-	-	0.0	-	-		
Iceland				-	-	0.0	-	-		
Ireland	Low	No activity	Stable	4	None	0.0	2.0	-	Graphs	Graphs
Italy				-	-	0.0	-	-		
Latvia				0	None	0.0	-	-	Graphs	Graphs
Lithuania	Low	No activity	Stable	0	None	0.0	0.0	82.1	Graphs	Graphs
Luxembourg				-	-	0.0	-	-		
Malta				-	-	0.0	-	-		
Netherlands	Low	No activity	Stable	5	None	0.0	7.6	-	Graphs	Graphs
Norway				-	-	0.0	-	-		
Poland	Low	No activity	Stable	0	None	0.0	4.1	-	Graphs	Graphs
Portugal	Low	No activity	Stable	-	-	0.0	0.0	-	Graphs	Graphs
Romania	Low	No activity	Stable	0	None	0.0	0.0	428.0	Graphs	Graphs
Slovakia	Low	No activity	Stable	0	None	0.0	40.0	554.3	Graphs	Graphs
Slovenia	Low	No activity	Stable	0	None	0.0	0.0	500.0	Graphs	Graphs
Spain				-	-	0.0	-	-	Graphs	Graphs
Sweden				0	None	0.0	-	-	Graphs	Graphs
UK - England	Low	No activity	Stable	17	None	0.0	2.5	242.9	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Stable	0	-	0.0	5.8	214.2	Graphs	Graphs
UK - Scotland	Low	No activity	Stable	0	None	0.0	0.0	117.0	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
Europe				32		0.0				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.

For intensity, geographic spread and trend the table only displays data for the most recent reported week 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– 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 28–29/2011, 16 countries reported virological data. None of the 32 sentinel specimens were positive for influenza. Nine non-sentinel source specimens, i.e. specimens collected for diagnostic purpose in hospitals, were positive for influenza. Four were of type B and five of type A, with one sub-typed as A(H3).

Of the 58 875 influenza viruses detected since week 40/2010 in sentinel and non-sentinel specimens, 38 931 (66.1%) were influenza A and 19 944 (33.9%) were influenza B viruses. Of 27 984 influenza A viruses sub-typed, 27 226 (97.3%) were A(H1N1) 2009 and 758 (2.7%) were A(H3) viruses (Table 2).

Since week 40/2010, 4 701 influenza viruses from sentinel and non-sentinel specimens have been characterised antigenically (Figure 1): 2 349 as A/California/7/2009 (H1N1)-like; 2 005 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/333/2007-like (Yamagata lineage).

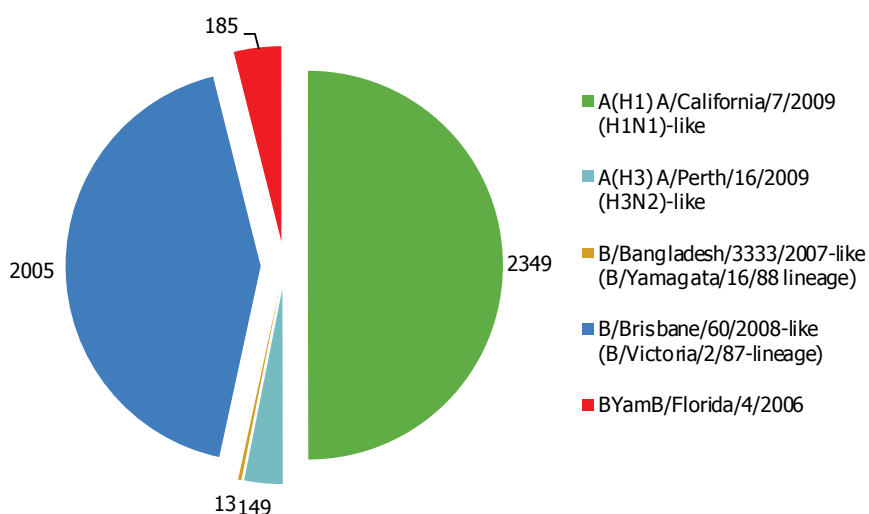
More details on circulating viruses can be found in the [May-June](#) report prepared by the Community Network of Reference Laboratories (CNRL) coordination team. The viruses circulating this season remain well-matched with the 2010/11 seasonal vaccine viruses.

Table 2: Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40/2010–29/2011

Virus type/subtype	Current period		Season	
	Sentinel	Non-sentinel	Sentinel	Non-sentinel
Influenza A	0	5	8436	30495
A (H1) 2009	0	0	7591	19635
A (subtyping not performed)	0	4	593	10354
A (not subtypable)	0	0	0	0
A (H3)	0	1	252	506
A (H1)	0	0	0	0
Influenza B	0	4	5735	14209
Total influenza	0	9	14171	44704

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

Figure 1: Results of antigenic characterisations of sentinel and non-sentinel influenza virus isolates, weeks 40/2010–29/2011



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 28–29/2010, no hospitalised severe acute respiratory infections (SARI) due to influenza or other pathogens were reported.

Updated cumulative data since week 40/2010 show that of 3 702 typed influenza specimens from SARI patients, 3 386 (91.5%) were influenza A and 316 (8.5%) were type B. Of 2 982 sub-typed influenza A viruses, 2 959 were A(H1)2009 (99.2%) and 23 (0.8%) were A(H3) viruses.

Table 3: Cumulative number of SARI cases, weeks 40/2010–29/2011

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
Austria	373		12		
Belgium	952				
Finland	89		24		
France	790		144		
Ireland	122		23		
Malta	55	13.3	1	0.24	413609
Portugal	418		45		
Romania	449	7	30	0.47	6413821
Slovakia	224	4.12	21	0.39	5435273
Spain	1620		190		
Total	5092		490		

Table 4: Number of SARI cases by influenza type and subtype, week 29/2011 and cumulative for the season

Virus type/subtype	Number of cases during current week	Cumulative number of cases since the start of the season
Influenza A		3386
A(H1)2009		2959
A(sub-typing not performed)		404
A(H3)		23
Influenza B		316
Other pathogen		39
Unknown		1351
Total		5092

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 Snijders (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 databases.

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