



SURVEILLANCE REPORT

Weekly influenza surveillance overview

26 October 2012

Main surveillance developments in week 42/2012 (15–21 Oct 2012)

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

The more intensive influenza surveillance season started in week 40/2012 in Europe.

- During week 42/2012, all 25 reporting countries experienced low intensity of clinical influenza activity and 17 countries reported no geographic spread.
- Of 281 sentinel specimens tested in 20 countries, three were positive for type B influenza, one each from three different countries. Of 31 influenza positive specimens from non-sentinel sources, 25 were type A and six were type B.
- In Spain, the first severe hospitalised laboratory-confirmed influenza case since week 40/2012 was reported.

During the third week of the influenza surveillance season, influenza transmission in Europe remained at low levels

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

Virological surveillance: Three of 281 sentinel specimens tested positive for influenza virus. Of 31 influenza positive specimens from non-sentinel sources, 25 were type A and six were type B. For more information, [click here](#).

Hospital surveillance of influenza laboratory-confirmed cases: The first severe hospitalised laboratory-confirmed influenza case since week 40/2012 was reported. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

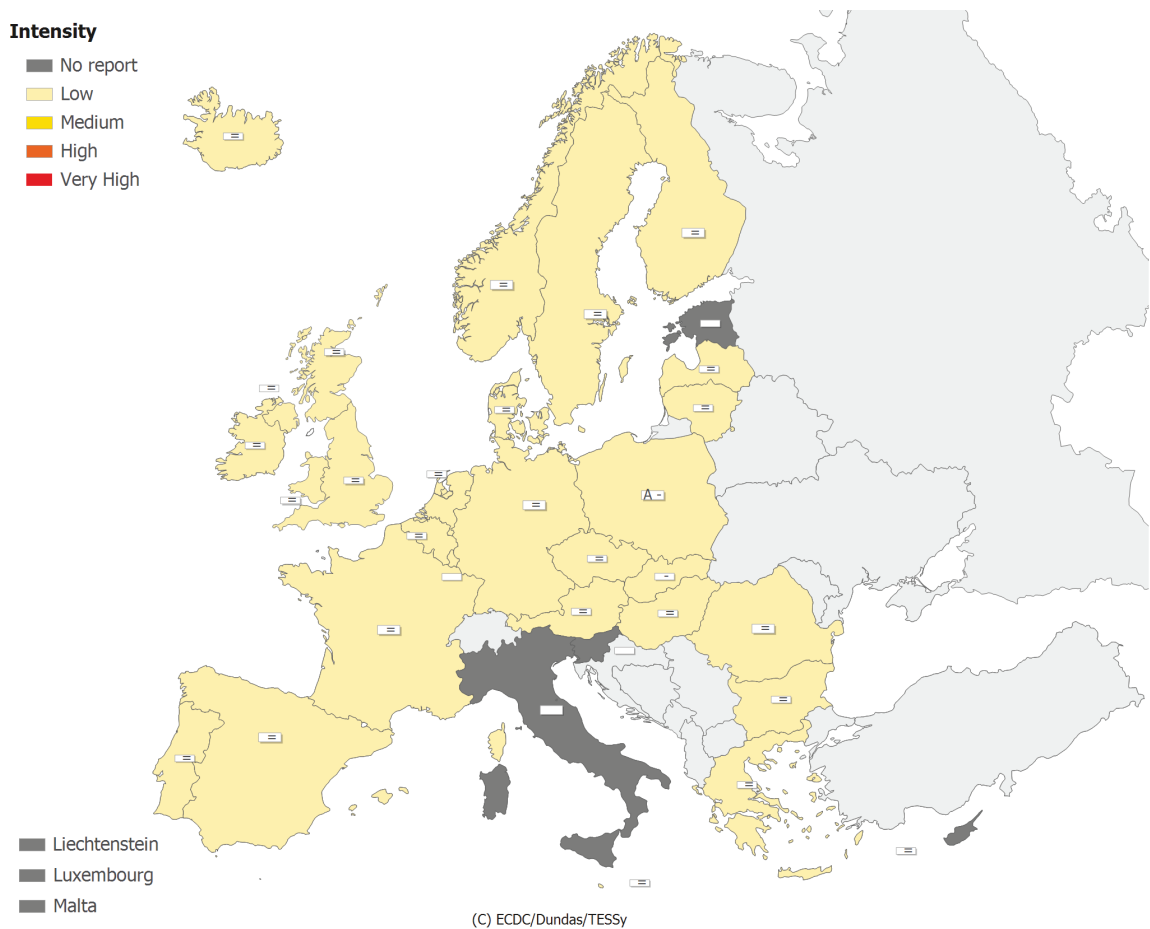
Weekly analysis – epidemiology

During week 42/2012, 25 countries reported epidemiological data. All reporting countries experienced low intensity of influenza activity (Table 1, Map 1).

In terms of geographic spread, sporadic activity was reported by seven countries (France, Iceland, Lithuania, Norway, Poland, Slovakia, Sweden) and the United Kingdom (England), while no activity was reported by 17 reporting countries and the United Kingdom (Northern Ireland, Scotland and Wales). Only Malta reported local activity (Table 1, Map 2).

Stable trends in clinical activity were reported by 23 countries, while decreasing trends were reported by Poland and Slovakia (Table 1, Map 2).

Map 1. Intensity for week 42/2012



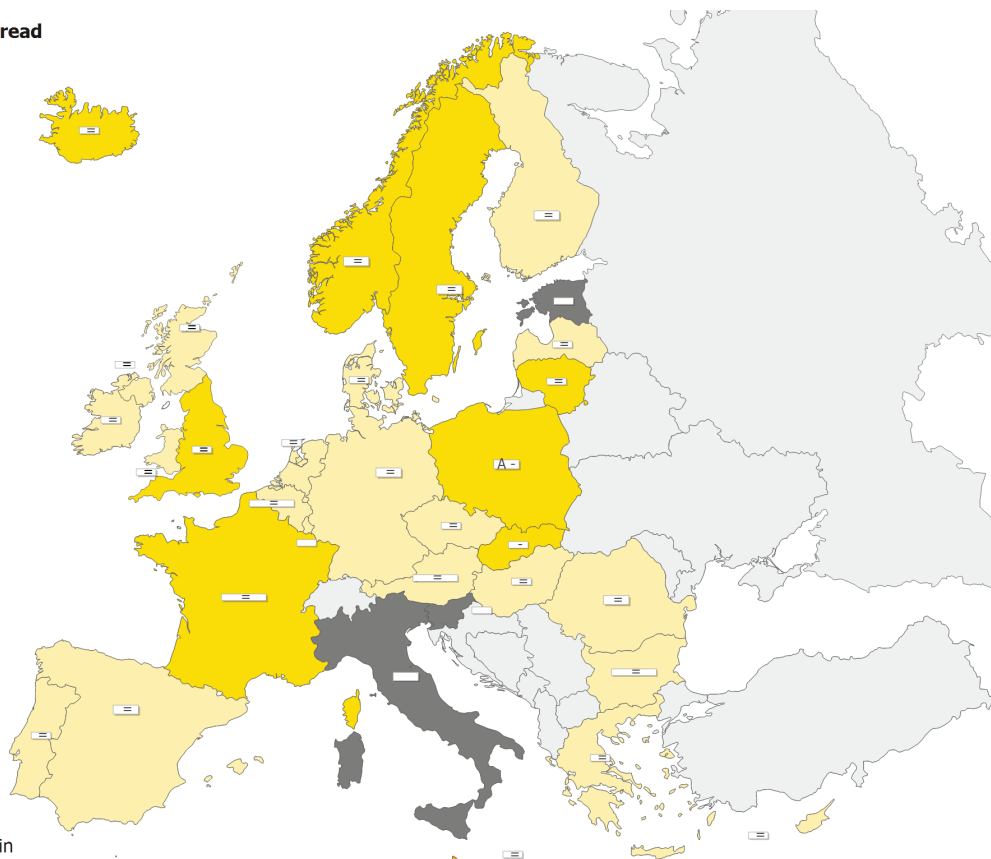
* A type/subtype is reported as dominant when at least ten samples have been detected as influenza positive in the country and of those > 40 % are positive for the type/subtype.
Legend:

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	Type A
Very high	Particularly severe levels of influenza activity		

Map 2. Geographic spread for week 42/2012

Geographic spread

- No Report
- No Activity
- Sporadic
- Local
- Regional
- Widespread



- Liechtenstein
- Luxembourg
- Malta

(C) ECDC/Dundas/TESSy

* 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)		

Table 1. Epidemiological and virological overview by country, week 42/2012

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	10.5	-	Graphs	Graphs
Belgium	Low	No activity	Stable	20	None	0.0	51.0	1610.3	Graphs	Graphs
Bulgaria	Low	No activity	Stable	2	None	0.0	-	561.5	Graphs	Graphs
Cyprus		No activity	Stable	-	-	0.0	-*	-*	Graphs	Graphs
Czech Republic	Low	No activity	Stable	-	-	0.0	19.4	777.8	Graphs	Graphs
Denmark	Low	No activity	Stable	4	None	0.0	15.2	-	Graphs	Graphs
Estonia				4	None	0.0	-	-	Graphs	Graphs
Finland	Low	No activity	Stable	17	None	0.0	-	-	Graphs	Graphs
France	Low	Sporadic	Stable	65	None	1.5	-	1692.7	Graphs	Graphs
Germany	Low	No activity	Stable	28	None	0.0	-	1192.0	Graphs	Graphs
Greece	Low	No activity	Stable	0	-	0.0	36.2	-	Graphs	Graphs
Hungary	Low	No activity	Stable	-	None	0.0	46.8	-	Graphs	Graphs
Iceland	Low	Sporadic	Stable	0	-	0.0	0.9	-	Graphs	Graphs
Ireland	Low	No activity	Stable	10	None	10.0	8.7	-	Graphs	Graphs
Italy				-	-	0.0	-	-		
Latvia	Low	No activity	Stable	0	None	0.0	0.0	1197.5	Graphs	Graphs
Lithuania	Low	Sporadic	Stable	1	None	0.0	0.7	518.4	Graphs	Graphs
Luxembourg	Low	No activity	No information available	3	None	0.0	-*	-*	Graphs	Graphs
Malta	Low	Local	Stable	-	-	0.0	-*	-*	Graphs	Graphs
Netherlands	Low	No activity	Stable	11	None	0.0	34.4	-	Graphs	Graphs
Norway	Low	Sporadic	Stable	6	None	0.0	22.9	-	Graphs	Graphs
Poland	Low	Sporadic	Decreasing	7	A	0.0	99.1	-	Graphs	Graphs
Portugal	Low	No activity	Stable	1	None	0.0	9.9	-	Graphs	Graphs
Romania	Low	No activity	Stable	6	-	0.0	1.5	712.5	Graphs	Graphs
Slovakia	Low	Sporadic	Decreasing	1	None	0.0	130.7	1463.8	Graphs	Graphs
Slovenia				4	None	0.0	-	-	Graphs	Graphs
Spain	Low	No activity	Stable	47	None	2.1	9.8	-	Graphs	Graphs
Sweden	Low	Sporadic	Stable	28	-	0.0	2.8	-	Graphs	Graphs
UK - England	Low	Sporadic	Stable	9	None	0.0	7.1	325.9	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Stable	1	None	0.0	11.9	380.7	Graphs	Graphs
UK - Scotland	Low	No activity	Stable	2	None	0.0	6.3	349.7	Graphs	Graphs
UK - Wales	Low	No activity	Stable	4	-	0.0	7.1	-	Graphs	Graphs
Europe				281		1.1			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 to 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 ILI, 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 42/2012, 20 countries tested 281 sentinel specimens, of which three (1.1%) from three countries (France, Ireland and Spain) were positive for influenza virus (Tables 1 and 2, Figure 1). All positive specimens were type B viruses.

In week 42/2012, 31 non-sentinel source specimens, e.g. specimens collected for diagnostic purposes in hospitals, were found to be positive for influenza virus: 25 were type A and six were type B. Of nine subtyped influenza A viruses, four were A(H1)pdm09 and five were A(H3) viruses. The lineage of one non-sentinel B viruses was determined to be Yamagata (Table 2).

Since week 40/2012, of seven influenza virus detections in sentinel specimens, four were type A viruses and three were type B viruses. One type A virus was subtyped as A(H3).

Of the 69 influenza viruses detected from non-sentinel sources since week 40/2012, 48 (69.6%) were type A, and 21 (30.4%) were type B. Since week 40, a total of 18 non-sentinel influenza A viruses have been subtyped, nine (50%) were A(H1)pdm09 and nine (50%) were A(H3) viruses. The lineage of four influenza B viruses was reported as B-Yamagata (Table 2).

Since week 40/2012, three influenza viruses have been genetically characterised as A(H3) clade repr. A/Victoria/208/2009 – A/Stockholm/18/2011 group 3A. More details on the antigenic and genetic characteristics of viruses circulating since 1 January 2012 can be found in the [September report](#) prepared by the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL) coordination team.

No data on sensitivity to antiviral drugs were reported since week 40/2012.

In week 42/2012, nine countries reported 159 respiratory syncytial virus detections, which is similar to the numbers reported at the same time of last year (Figure 2).

Table 2. Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40–42/2012

Virus type/subtype	Current period Sentinel	Current period Non-sentinel	Season Sentinel	Season Non-sentinel
Influenza A	0	25	4	48
A(H1)pdm09	0	4	0	9
A(H3)	0	5	1	9
A(sub-type unknown)	0	16	3	30
Influenza B	3	6	3	21
B(Vic) lineage	0	0	0	0
B(Yam) lineage	0	1	0	4
Unknown lineage	3	5	3	17
Total influenza	3	31	7	69

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

Figure 1. Proportion of sentinel specimens positive for influenza virus, weeks 40–42/2012

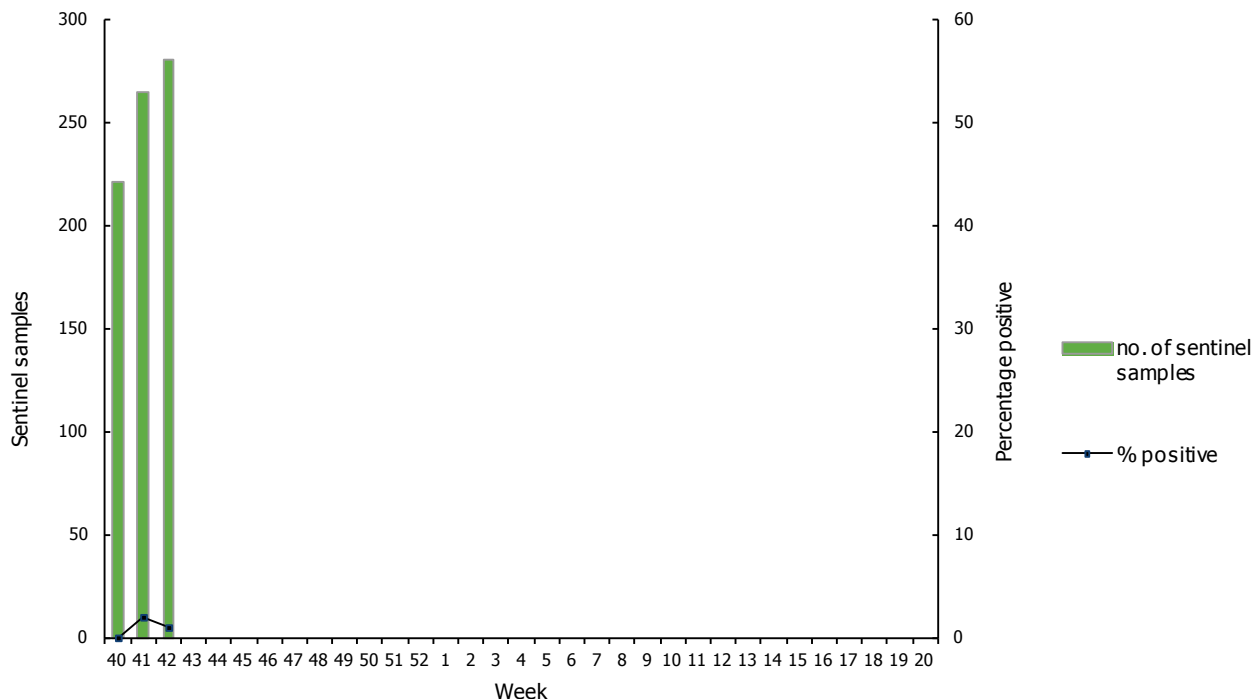
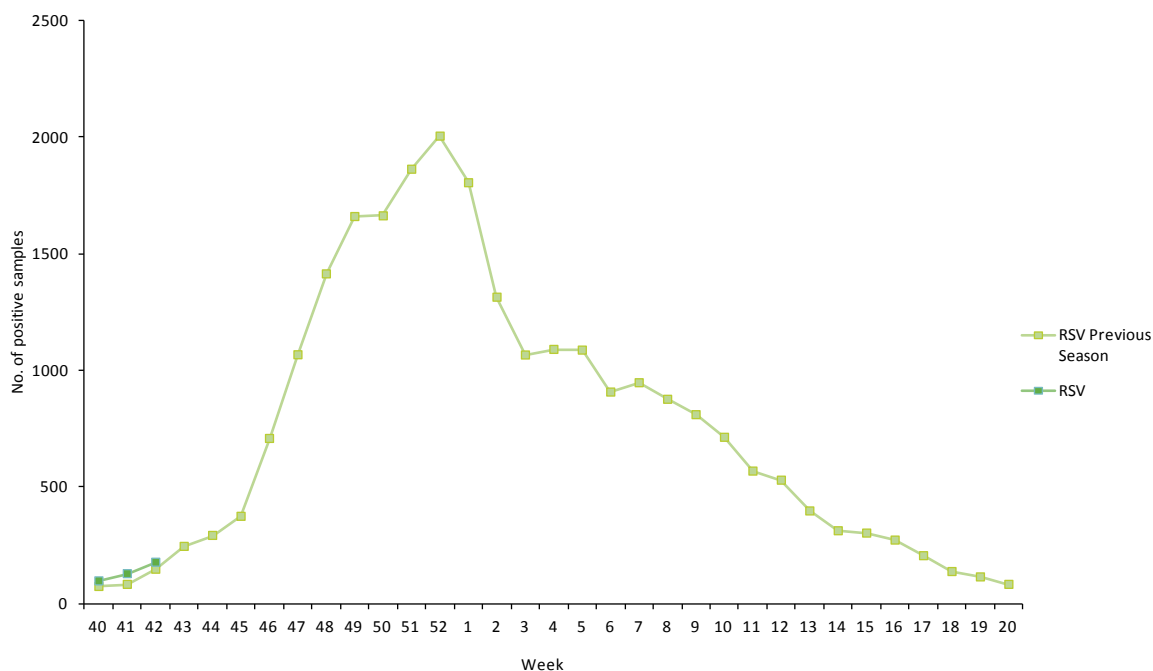


Figure 2. Respiratory syncytial virus (RSV) detections, sentinel and non-sentinel, weeks 40–42/2012



Country comments

Norway: The majority of the influenza A cases in week 42 were patients in a single hospital ward (non-sentinel specimens)

Description of the system

According to the nationally defined sampling strategy, sentinel physicians take nasal or pharyngeal swabs from patients with ILI, 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

In Spain, the first severe hospitalised laboratory-confirmed influenza case since week 40/2012 was reported. An A(H3) influenza virus was detected in a 48 year-old patient without any risk factor who was admitted to the intensive care unit.

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), Vincent Enouf (Institut Pasteur, France) and Anne Mazick (Statens Serum Institut, Copenhagen). 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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