



SURVEILLANCE REPORT

Fortnightly influenza surveillance overview

27 September 2013

Main surveillance developments in weeks 37–38/2013 (9–22 September 2013)

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

During the period between influenza seasons from week 21 to week 39/2013, ECDC produces overviews of influenza activity on a fortnightly basis.

For weeks 37-38/2013:

- All nineteen countries providing clinical data reported low-intensity influenza activity.
- Seven countries tested 110 sentinel specimens, none of which was positive for influenza virus.
- Since week 21/2013, six hospitalised confirmed influenza cases have been reported by two countries.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): During the two-week reporting period, all reporting countries experienced low-intensity influenza activity. For more information, click here.

Virological surveillance: None of the 110 sentinel specimens collected by seven countries tested positive for influenza virus. For more information, **click here**.

Hospital surveillance of severe acute respiratory infection (SARI): Since week 21/2013, six laboratory-confirmed severe cases of influenza infection have been reported. For more information, <u>click here</u>.

Sentinel surveillance (ILI/ARI)

Weekly analysis - epidemiology

For weeks 37–38/2013, clinical data were reported by 19 countries, all of which experienced low-intensity influenza activity, the lowest category of reporting (Table 1, Map 1).

Geographic patterns of influenza activity were reported as local by Finland and sporadic by France and the UK (Scotland). All other countries reported no activity (Table 1, Map 2).

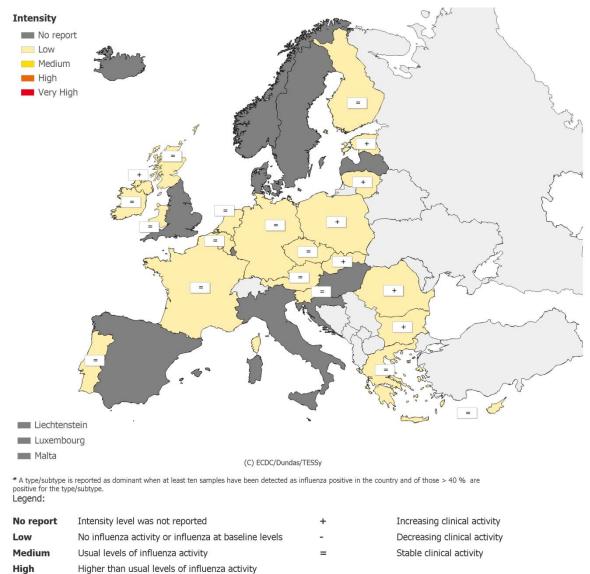
Seven countries reported increasing trends (Bulgaria, Estonia, Lithuania, Poland, Romania, Slovakia, and the UK – Northern Ireland) while all other countries reported stable trends (Table 1, Map 2).

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Very high

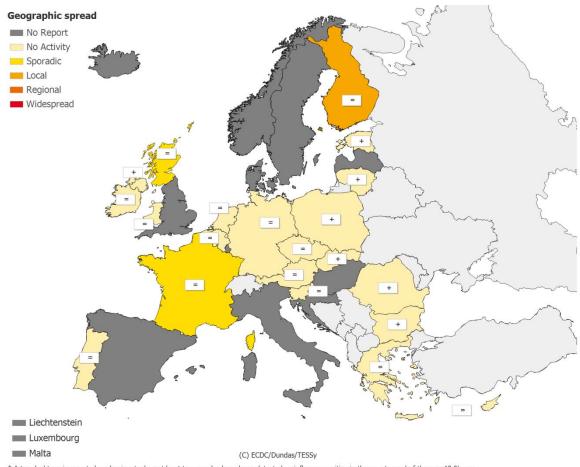
Particularly severe levels of influenza activity

Map 1. Intensity for weeks 37-38/2013



^{*}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 37-38/2013



* 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 Decreasing clinical activity activity remains at baseline levels) Stable clinical activity 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 Influenza activity above baseline levels in one or activity 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

information please consult the weekly 'Influenza activity maps' here.

*The map displays data for the most recent reported week only, of the two-week surveillance period. For the other week's

Table 1. Epidemiological and virological overview by country, weeks 37–38/2013

Country	Intensity	Geographic spread	Trend	No. of sentinel specimens	Dominant type	Percentage positive	ILI per 100 000	ARI per 100 000	Epidemio- logical overview	Virological overview
Austria	Low	No activity	Stable	0	None	0.0	-	-	Graphs	Graphs
Belgium	Low	No activity	Stable	3	None	0.0	13.0	1355.1	Graphs	Graphs
Bulgaria	Low	No activity	Increasing	0	None	0.0	-	274.9	Graphs	Graphs
Croatia				-	-	0.0	-	-		
Cyprus	Low	No activity	Stable	-	-	0.0	-*	_*	<u>Graphs</u>	<u>Graphs</u>
Czech Republic	Low	No activity	Stable	_	-	0.0	12.2	569.4	<u>Graphs</u>	<u>Graphs</u>
Denmark				0	None	0.0	-	_	Graphs	Graphs
Estonia	Low	No activity	Increasing	0	None	0.0	4.6	209.8	Graphs	Graphs
Finland	Low	Local	Stable	16	None	0.0	-	_	Graphs	Graphs
France	Low	Sporadic	Stable	_	-	0.0	_	1446.6	Graphs	<u>Graphs</u>
Germany	Low	No activity	Stable	15	None	0.0	_	754.3	Graphs	Graphs
Greece	Low	No activity	Stable	0	None	0.0	29.7	-	Graphs	Graphs
Hungary				_	-	0.0	-	-	57 5 [5775	570,711
Iceland				0	-	0.0	_	-	<u>Graphs</u>	Graphs
Ireland	Low	No activity	Stable	5	None	0.0	5.0	-	Graphs	Graphs
Italy				-	-	0.0	_	-	,	
Latvia				-	-	0.0	-	_		
Lithuania	Low	No activity	Increasing	-	-	0.0	0.1	523.8	Graphs	Graphs
Luxembourg				_	-	0.0	-	_		
Malta				-	-	0.0	-	-		
Netherlands	Low	No activity	Stable	5	None	0.0	31.6	-	Graphs	Graphs
Norway				0	None	0.0	-	-	Graphs	Graphs
Poland	Low	No activity	Increasing	2	None	0.0	191.7	-	Graphs	Graphs
Portugal	Low	No activity	Stable	0	None	0.0	0.0	-	Graphs	Graphs
Romania	Low	No activity	Increasing	0	None	0.0	0.0	412.4	Graphs	Graphs
Slovakia	Low	No activity	Increasing	0	None	0.0	91.5	1171.9	Graphs	Graphs
Slovenia	Low	No activity	Stable	0	None	0.0	0.0	778.3	Graphs	Graphs
Spain				0	None	0.0	-	-	Graphs	Graphs
				0		0.0				
Sweden UK - England				0	-	0.0		-	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Increasing	64	None	0.0	9.9	271.9	Graphs	Graphs
UK - Scotland	Low	Sporadic	Stable	-	None	0.0	5.3	338.1	Graphs	Graphs
UK - Wales	Low	No activity	Stable	0	None	0.0	3.0	- 330.1	Graphs	Graphs
Europe	2000	110 dollvity	Stubio	110	110110	0.0	5.0		<u> </u>	Sidpila

^{*}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 qualitative indicators (intensity, geographic spread, trend and dominant type) the table displays data for the most recent reported week only of the two-week surveillance period. For the number of sentinel swabs, the table displays a sum of both weeks and the percentage positive is calculated based on both weeks' data. For the ILI and ARI rates, the average rate of two weeks is shown.

Country comments

Spain: During weeks 21–39/2013, only virological influenza surveillance is active in Spain. Although qualitative activity indicators (intensity level and geographic spread) are not provided by sentinel sites, Spain is reporting weekly virological influenza detections, mainly from non-sentinel sources.

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 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

For weeks 37–38/2013, seven countries tested 110 sentinel specimens, none of which was positive for influenza virus (Tables 1–2).

In addition, eight non-sentinel source specimens (e.g. specimens collected for diagnostic purposes in hospitals) were found to be positive for influenza type A virus (Table 2).

Since week 21/2013, 29 antigenic characterisations of influenza viruses have been reported for sentinel and non-sentinel specimens. Of the 15 antigenic characterisations of influenza A viruses reported, six were A/Victoria/361/2011 (H3N2)-like and nine were A/California/7/2009 (H1N1)pdm09-like. Of the fourteen antigenic characterisations of influenza B viruses reported, all were characterised as B/Estonia/55669/2011-like (B/Yamagata/16/88-lineage). Since week 21/2013, eight influenza viruses have been genetically characterised, including viruses from A(H1)pdm09 A/St Petersburg/27/2011 group 6, A(H3) A/Victoria/361/2011 group 3C, B(Vic) B/Brisbane/60/2008, B(Yam) B/Wisconsin/1/2010 and B(Yam) B/Estonia/55669/2011 genetic groups.

More details on viruses circulating between 1 January and 31 May 2013 can be found in the <u>July report</u> prepared by the European Reference Laboratory Network for Human Influenza (ERLI-Net) coordination team.

Since week 21/2013, four influenza A(H1N1)pdm09 and two influenza B viruses have been tested for antiviral susceptibility against neuraminidase inhibitors. None showed indications of reduced inhibition.

For weeks 37–38/2013, three countries reported six respiratory syncytial virus detections, remaining below the EU/EEA baseline level.

Table 2: Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 21/2012–38/2013

Virus type/subtype	•	Current period Non-sentinel	Season Sentinel	Season Non-sentinel
Influenza A	0	8	4	214
A(H1)pdm09	0	5	3	48
A(H3)	0	0	0	40
A(subtype unknown)	0	3	1	126
Influenza B	0	0	0	68
B(Vic) lineage	0	0	0	4
B(Yam) lineage	0	0	0	10
Unknown lineage	0	0	0	54
Total influenza	0	8	4	282

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

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 influenza disease

Weekly analysis of hospitalised laboratory-confirmed influenza cases

For weeks 37–38/2013, no hospitalised laboratory-confirmed influenza cases were reported. Since week 21/2013, Ireland and Spain have reported six hospitalised confirmed cases, one of which has died. Three patients were infected with A(H1)pdm09, one with A(H3), one with an unsubtyped A virus and one with a B virus.

The EuroMOMO mortality monitoring system

Analysis of pooled data from 15 countries or regions showed that overall all-cause mortality levels have been normal since the end of the winter season 2012/2013. Single countries recently experienced some excess mortality which is thought to be related to high-temperature weather conditions. Further details are available on http://www.euromomo.eu/

This report was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC): Cornelia Adloch, Eeva Broberg, Julien Beauté and René Snacken. The bulletin text was reviewed by European Reference Laboratory Network for Human Influenza (ERLI-Net) 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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