

ECDC EXECUTIVE UPDATE

2009 pandemic influenza A(H1N1)

Issue 25

Monday, 11 January 2010

Weekly influenza surveillance overview (WISO) highlights

- This week's overview covers a period when consultation and reporting patterns in European countries were disrupted by national holidays. Therefore data has to be interpreted even more carefully than usual.
- All countries reporting this week experienced low to medium influenza intensity and stable activity or a decreasing trend.
- While the proportion of influenza-positive sentinel samples continues to decline, the 2009 influenza A(H1N1) pandemic virus still accounts for nearly 100% of all subtyped viruses in sentinel and in severe acute respiratory infection (SARI) patients.
- The number of SARI cases, measured by week of onset, continues to decline.

The [ECDC Weekly influenza surveillance overview](#) is published on Friday afternoons on the 2009 pandemic influenza A(H1N1) web page (see 'latest publications').

Weekly digest on 2009 pandemic influenza A(H1N1) from ECDC Daily Updates

As of 11 January 2010, the cumulative number of reported deaths since the beginning of the pandemic in EU/EFTA Member States has totalled 2152.

[11 January 2010](#)

Weekly surveillance overview indicates stable or decreasing clinical activity in Europe

[8 January 2010](#)

- Episouth and Epinorth updates included
- Eurosurveillance updates included
- Selected scientific articles reviewed

[7 January 2010](#)

- The Council of EU recommendations on seasonal influenza vaccination now published
- EMA pharmacovigilance update published

[5 January 2010](#)

- US and Canada epidemiological updates included
- Scientific Advance on 2009 influenza A(H1N1) pandemic in indigenous and aboriginal populations of North America and Oceania including Australia, New Zealand and the Pacific islands published

- No newsletters will be produced on Wednesday the 6th of January (Epiphany) which is a Public Holiday in Sweden and also observed by ECDC

[4 January 2010](#)

- France is reported to be making its excess pandemic vaccine available in addition to Germany and the Netherlands

Updates from *Eurosurveillance*

In *Eurosurveillance* Volume 15, Issue 1, 07 January 2010, the following articles related to the 2009 influenza A(H1N1) pandemic were published:

Editorial

A new decade, a new seasonal influenza: the Council of the European Union Recommendation on seasonal influenza vaccination (A Nicoll).

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19458>

Rapid communications

A nosocomial outbreak of 2009 pandemic influenza A(H1N1) in a paediatric oncology ward in Italy, October–November 2009. (M Chironna et al.)

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19454#>

When should we intervene to control the 2009 influenza A(H1N1) pandemic? (H Sato et al.)

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19455>

Surveillance report

Outbreak of 2009 pandemic influenza A(H1N1), Los Lagos, Chile, April–June 2009.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19456>

A brief overview of each article can be found in the [ECDC Daily Update of Friday 8 January](#).

Scientific Advances

2009 pandemic influenza A(H1N1) in indigenous and aboriginal populations

During the 2009 influenza A(H1N1) pandemic, the risk of suffering from severe forms of the disease has been observed to be particularly high among certain groups, notably children, pregnant women and people with underlying medical conditions. Additionally, more information has become available observing such higher risk for indigenous and aboriginal populations in North America (American Indians and Inuits) and Oceania (Aboriginals, Maori and Pacific Islanders).

See the [full ECDC review](#).

Upcoming meetings and events

13–14 January: ECDC and Epiconcept are organising a meeting with several of the collaborators in the I-MOVE project to review the initial epidemiological data on vaccine effectiveness in the 2009 season, Paris, France

14–15 January: ECDC will attend the annual meeting of the Advisory Board of the EU Project Flusecure, Bilthoven, the Netherlands

18 January: ECDC will convene a teleconference with its Advisory Forum on future planning assumptions of the pandemic

18 January: The European Medicines Agency will pay a visit to ECDC, Stockholm, Sweden

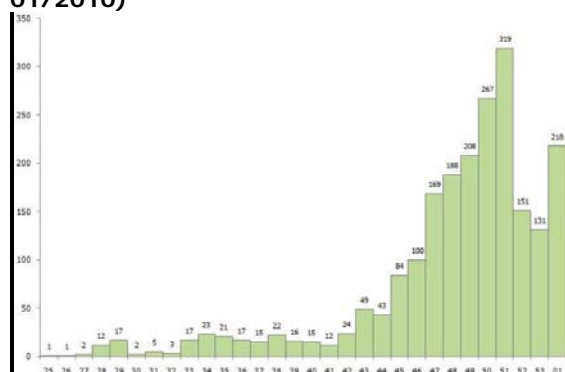
26 January: ECDC will present its future look for pandemic and inter-seasonal influenza at a major meeting organised by the European Medicines Agency in London, UK.

European epidemiology and key points

The last two weekly influenza surveillance overviews produced by ECDC cover a period when consultation and reporting patterns in European countries were disrupted by national holidays. Therefore, data has to be interpreted even more carefully than usual.

All countries reporting this week experienced low to medium influenza intensity and stable activity or a decreasing trend.

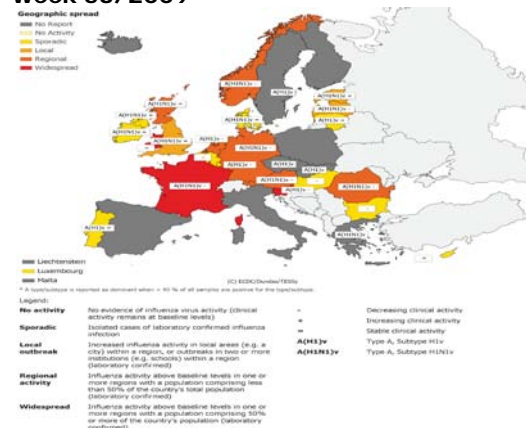
Figure 1: Deaths reported among 2009 pandemic influenza (H1N1) cases in EU and EFTA countries (week 25/2009–week 01/2010)



This figure shows a weekly number of deaths from mid-October onwards.

Source: ECDC Daily Update [11 January 2010](#)

Map 1: Geographic spread distribution map week 53/2009



This map shows how widespread influenza activity was in most European countries during week 53/2009.

Source: ECDC [Weekly influenza surveillance overview](#), 7 January 2010

Table 1: Countries reporting community incidence in Week 53 (19 countries reporting)

Rising trend	Stable	Declining trend	
No country	Cyprus	Austria	Romania
	Denmark	Belgium	Slovenia
	Estonia	Bulgaria	
	Ireland	France	
	Lithuania	Germany	
	Portugal	Hungary	
	UK (England)	Latvia	
	UK (Northern Ireland)	Luxembourg	
	UK (Scotland)	Netherlands	
	UK (Wales)	Norway	

Source: ECDC Weekly influenza surveillance overview, [8 January 2010](#)

European surveillance

Looking forward in the short-term: National and local pandemic waves may last about 15 weeks. They do not occur at the same time in different European countries nor do they occur at the same time in different parts of the same country. We can also expect local peaks to vary; e.g. to be higher or lower.

Even before the Christmas/New Year break, there was a sustained decrease in influenza activity throughout several of the countries in Europe that were first affected. The week spanning the New Year saw no deviation from that downward theme for the 19 countries that reported. However, hospitalisation and death rates will continue at a significant level for a while after transmission rates have declined in the community. Countries that have used the pandemic vaccine extensively will probably be protected against any post-holiday resurgence but in the absence of serology, what cannot be predicted is whether other countries will see a resurgence when schools re-open.

Looking ahead of the 2009 influenza A(H1N1) pandemic

From the [Editorial in *Eurosurveillance*, Volume 15](#), Issue 1, 07 January 2010

Europe is coming to the end of its autumn-winter wave of the 2009 influenza A(H1N1) pandemic and there are signs that circulation of the pandemic virus in Europe is declining. So far, there have hardly been any influenza A(H3) viruses reported this season, and even fewer of the previous seasonal influenza A(H1) viruses.

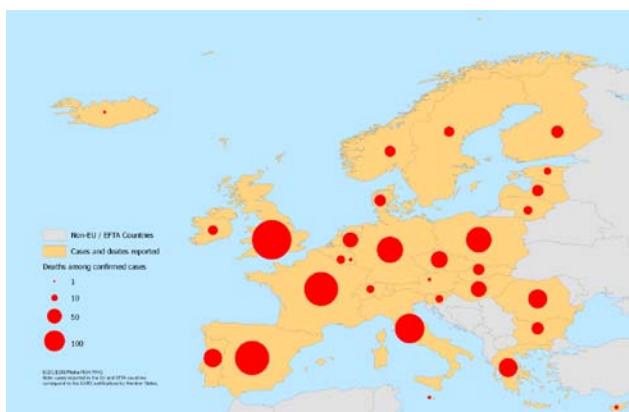
So what happens next and what needs to be done? Influenza A never stands still and what is true at the moment for the 2009 pandemic influenza will probably not remain so.

The historical pattern of human influenza is that after pandemics the world experiences a new mix of viruses that displace the previous influenza A seasonal virus. Hence, what now has to be done is to determine the characteristics of the coming seasonal influenza based first on the growing knowledge of the 2009 pandemic influenza, then on the experiences from the coming influenza season starting in the Southern Hemisphere.

The 2009 pandemic influenza has some similarities with the previous seasonal influenza but there are also a number of important differences. The incidence of severe disease in children and pregnant women from the 2009 pandemic influenza seems to be higher than from the previous seasonal influenza. Furthermore, there is a residual immunity in many older people. Another uncommon feature was the prominence of sudden acute illness and deaths due to acute respiratory distress syndrome (ARDS).

Vaccination remains the most potent countermeasure for any human influenza. A group especially singled out for attention and immunisation by the European Council are healthcare workers. The most important reason for them to get immunised is to protect vulnerable patients who often belong to risk groups.

Map 2: ECDC reported number deaths due to 2009 pandemic influenza A(H1N1) in Europe as of 11 January 2010



This map shows how countries in Western Europe have been affected. Source: [ECDC Daily Update 11 January 2009](#)

Other effective countermeasures: The usual hygiene and personal measures should continue to be promoted. These include regular hand washing, using tissues and staying at home if sick. There is very little resistance to the drugs used against seasonal influenza (oseltamivir and zanamivir) and treatment with antivirals is working, especially if given early; however, the seasonal influenza vaccine gives little protection against 2009 pandemic influenza A(H1N1) virus.

Stockholm, 2009

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