

## ECDC EXECUTIVE UPDATE

# 2009 pandemic influenza A(H1N1)

Issue 26

Monday, 18 January 2010

### Weekly influenza surveillance overview (WISO) highlights

- Poland reported high intensity of influenza-like illness and acute respiratory illness, (ILI/ARI). Six countries and the UK (Scotland) reported medium intensity of ILI/ARI, while all of the other countries reported low intensity. Eight countries reported an increasing ILI/ARI trend, while all remaining countries reported either stable or decreasing activity.
- While the proportion of influenza-positive sentinel samples continues to decline (19% positive), the 2009 pandemic influenza A(H1N1) virus still accounts for nearly all of the sub-typed viruses in sentinel ILI/ARI and SARI patients.
- The number of severe acute respiratory infection (SARI) cases, measured by week of onset, continues to decline. Of the 181 reported SARI cases, 89 (49%) were known to have required intensive care unit admission.
- Detection of 2009 pandemic influenza A(H1N1) viruses resistant to oseltamivir remains sporadic; of 1260 viruses reported, 34 (2.7%) were resistant.

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 18 January 2010, the cumulative number of reported deaths since the beginning of the pandemic in EU/EFTA Member States has totalled 2290.

#### [18 January 2010](#)

- ECDC likely to stop publishing Daily Updates
- Weekly Influenza Surveillance Overview published

#### [15 January 2010](#)

- Selected scientific articles published

#### [13 January](#)

- Epidemiologic update included

#### [12 January](#)

- US and Canada epidemiological updates included

## Updates from *Eurosurveillance*

In *Eurosurveillance* Volume 15, Issue 2, 14 January 2010, the following articles related to the 2009 influenza A(H1N1) pandemic were published:

### **Surveillance of hospitalisations for 2009 pandemic influenza A(H1N1) in the Netherlands, 5 June – 31 December 2009**

by TM van 't Klooster, CC Wielders, T Donker, L Isken, A Meijer, CC van den Wijngaard, MA van der Sande, W van der Hoek.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19461>

### **Severe hospitalised 2009 pandemic influenza A(H1N1) cases in France, 1 July-15 November 2009**

by C Fuhrman, I Bonmarin, AC Paty, N Duport, E Chiron, E Lucas, D Bitar, A Mailles, M Herida, S Vaux, D Lévy-Bruhl

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19463>

## Public Health developments

### **US childhood and adult immunisation schedules for 2010 published**

Recommended immunisation schedules in 2010 for those aged between 0 and 18 years and for adults was published.

Reference to the recommendations of the Advisory Committee on Immunization Practices for use of 2009 pandemic influenza A(H1N1) monovalent vaccine is included in a footnote.

See the [full ECDC review](#).

### **The European Medicines Agency moves from the Directorate General Enterprise and Industry to the Directorate General for Health and Consumers**

The control of drugs and medical devices, and the European Medicines Agency (EMA, former EMEA), was transferred from the enterprise and industry directorate to the health and consumer policy directorate.

Follow [link](#) for further information.

## Past meetings and events

**18 January:** ECDC convened a teleconference with its Advisory Forum on future planning assumptions of the pandemic.

**18 January:** The European Medicines Agency visited ECDC, Stockholm, Sweden.

## Upcoming meetings and events

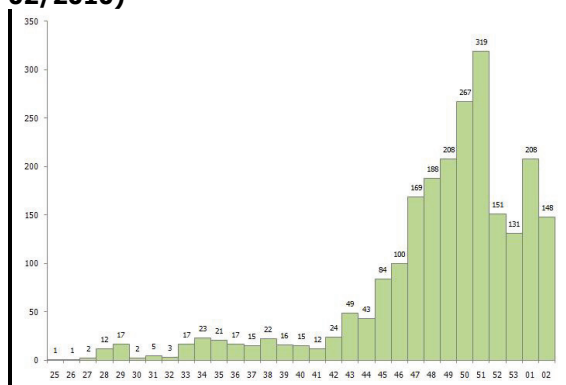
**26 January:** ECDC will present its future look for pandemic and inter-seasonal influenza at a major meeting organised by the European Medicines Agency in London, UK.

# European epidemiology and key points

Poland reported high intensity of influenza like illness/acute respiratory illness (ILI/ARI). Six countries and the UK (Scotland) reported medium intensity of ILI/ARI, while all of the other countries reported low intensity. Eight countries reported an increasing ILI/ARI trend, while all remaining countries reported either stable or decreasing activity.

While the proportion of influenza-positive sentinel samples continues to decline (19% positive), the 2009 pandemic influenza A(H1N1) virus still accounts for nearly all of the sub-typed viruses in sentinel patients with influenza like illness or acute respiratory infections and in patients with severe acute respiratory infections.

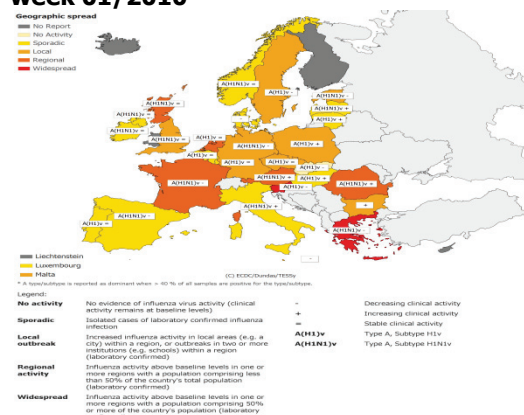
**Figure 1: Deaths reported among 2009 pandemic influenza A(H1N1) cases in EU and EFTA countries (week 25/2009–week 02/2010)**



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

Source: ECDC [Daily Update 18 January 2010](#)

**Map 1: Geographic spread distribution map week 01/2010**



This map shows how widespread influenza activity was in most European countries during week 01/2010.

Source: [ECDC Weekly influenza surveillance overview, 15 January 2010](#)

**Table 1: Countries reporting community incidence in Week 01/2010**

Rising trend	Stable	Declining trend
Austria	Belgium	Denmark
Bulgaria	Czech Republic	Estonia
Hungary	Ireland	France
Italy	Luxembourg	Germany
Latvia	Netherlands	Greece
Lithuania	Norway	Malta
Poland	Portugal	Slovakia
Romania	UK(England)	Slovenia
	UK(Northern Ireland)	Spain
	UK(Scotland)	Sweden

Source: ECDC Weekly influenza surveillance overview, [15 January 2010](#)

# European surveillance

## Possible composition of the next influenza vaccines – Looking ahead from the 2009 influenza A(H1N1) pandemic to the 2010–11 season

It is still too early to talk about what the new influenza vaccines for next season should contain. However, given the predominance of the new 2009 A(H1N1) this autumn and winter, A(H3) viruses reported this season it is likely that the next season's influenza vaccine will be recommended to include the 2009 pandemic influenza A(H1N1) strain as was recommended for by WHO for the Southern Hemisphere winter, which will start around June July.

What now has to be done is to determine the characteristics of the upcoming seasonal influenza based first on the growing knowledge of the 2009 pandemic influenza, then on the experiences from the new influenza season first in the Southern Hemisphere and then in Europe. These characteristics should then be compared to those of the previous seasonal influenza to be able to determine a rational approach to mitigation, treatment and vaccination. An ECDC article on this was published [in Eurosurveillance earlier this year](#). The responsibility for making recommendations on the precise antigen to be used for seasonal vaccines in the European Northern Hemisphere's 2010–11 season will be decided during the annual influenza vaccine composition meeting taking place in February 2010. Following the recommendations issued by the WHO, the [European Medicines Agency](#) will issue its own recommendations during the spring.

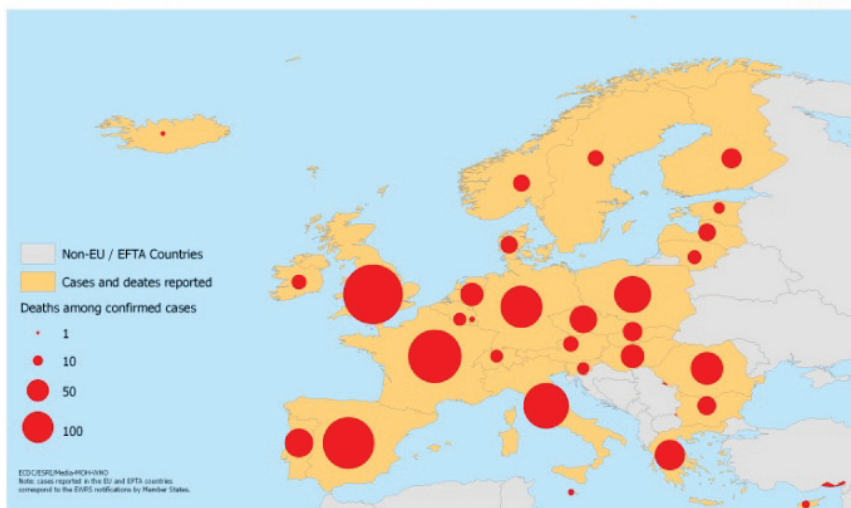
For further information on vaccines, please see the article '[Pandemic influenza A\(H1N1\) 2009 vaccines in the European Union](#)' by K Johansen, A Nicoll, BC Ciancio and P Kramarz, published in *Eurosurveillance* on 15 October 2009.

The ECDC Q&As on vaccines and vaccination [for experts](#) and [for the general public](#) can be found on the ECDC 2009 pandemic influenza A(H1N1) web page.

**Vaccination** remains the most potent countermeasure for any human influenza. Given the significant risks to health from the pandemic, ECDC would strongly advise all Europeans who have been offered the vaccine to be vaccinated. By being vaccinated you protect not just your own health, but that of the people around you.

A group especially singled out for attention and immunisation by the European Council are healthcare workers. The most important reason for healthcare workers to be 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 18 January 2010



*This map shows how countries in Western Europe have been affected. Source: [ECDC Daily Update 18 January 2010](#)*

**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, 2010

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