

SURVEILLANCE REPORT

Weekly influenza surveillance overview

25 February 2011

Main surveillance developments in week 7/2011 (14 Feb 2011 – 20 Feb 2011)

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

- Most European countries reported medium influenza-like illness /acute respiratory infection consultation rates and widespread activity. Decreasing ILI/ARI trends were reported by 17 countries.
- The proportion of influenza virus-positive sentinel specimens has gradually decreased to 40% after peaking in week 52/2010 at 57%.
- In week 7/2011, Sixty-seven per cent of influenza virus detections in week 7/2011 were type A, 33% were type B. More than 98% of subtyped influenza A viruses were A(H1N1)2009. Six countries reported B virus as dominant and seven countries as co-dominant.
- In week 7/2011, ten countries reported 151 all-cause SARI and hospitalised confirmed influenza cases, the latter mostly due to influenza virus A(H1N1)2009 infection.
- Numbers of influenza infections with severe outcome have decreased in western European Union countries (Denmark, France, the Netherlands, Ireland, Spain and the UK). However, numbers have risen considerably in Greece in recent weeks and there is considerable uncertainty about severe cases in a number of other countries in central and eastern European countries because of limited hospital surveillance for influenza-associated cases.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): During week 7/2011, five countries (Greece, Italy, Lithuania, Romania and Sweden) reported high intensity levels of ILI/ARI. Seventeen countries reported decreasing trends. For more information, <u>click here...</u>

Virological surveillance: Sentinel physicians collected 1 784 specimens, 721 (40%) of which tested positive for influenza virus. For more information, <u>click here...</u>

Hospital surveillance of severe acute respiratory infection (SARI): Belgium, Romania and Slovakia reported 52 all-cause SARI cases, while seven countries reported 99 hospitalised confirmed influenza cases. For more information, <u>click here...</u>

Sentinel surveillance (ILI/ARI)

Weekly analysis – epidemiology

During week 7/2011, 28 countries reported clinical data. Five countries (Greece, Italy, Lithuania, Romania and Sweden) observed high intensity levels of ILI/ARI. Seventeen countries reported medium intensity while low intensity was reported by Cyprus, Malta, Norway, Portugal and the UK (Map 1, Table 1).

Seventeen countries across Europe reported widespread activity while the activity decreased from widespread to regional in Ireland, from widespread to sporadic in Portugal and from regional to local in Slovakia. Overall, six countries across Europe reported regional activity, while five countries reported sporadic or local activity. (Map 2, Table 1).

Increasing trends were reported by only three countries (Austria, Iceland and Romania). Unchanging trends were seen in eight countries. Seventeen countries, three more than in week 6/2011, reported decreasing trends (Maps 1 and 2, Table 1).



Map 1: Intensity for week 7/2011

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

Legend:

-
+
=
A

-	Decreasing clinical activity				
+	Increasing clinical activity				
=	Stable clinical activity				
A(H1)2009	Type A, Subtype (H1)2009				
A(H1)2009 & B	Type B and Type A, Subtype (H1)2009				
A(H1N1) 2009	Type A, Subtype (H1N1)2009				
A(H1N1) 2009 & B	Type B and Type A, Subtype (H1N1)2009				
В	Туре В				

Map 2: Geographic spread for week 7/2011



* 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 activity	No evidence of influenza virus activity (clinical activity remains at baseline levels)
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 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)

-	Decreasing clinical activity
+	Increasing clinical activity
=	Stable clinical activity
A(H1)2009	Type A, Subtype (H1)2009
A(H1)2009 & B	Type B and Type A, Subtype (H1)2009
A(H1N1) 2009	Type A, Subtype (H1N1)2009
A(H1N1) 2009 & B	Type B and Type A, Subtype (H1N1)2009
В	Туре В

Table 1: Epidemiological and virological overview by country, week 7/2011

Country	Intensity	Geographic spread	Trend	No. of sentinel specimens	Dominant type	Percentage positive	ILI per 100 000	ARI per 100 000	Epidemiological overview	Virolog overv
Austria	Medium	Widespread	Increasing	69	A(H1N1)2009	65.2		35.2	<u>Graphs</u>	Grap
Belgium	Medium	Widespread	Decreasing	50	BA(H1N1)2009	62.0	328.2	1573.1	Graphs	Grap
Bulgaria	Medium	Regional	Decreasing	10	A(H1)2009	70.0	-	1339.0	<u>Graphs</u>	Grap
Cyprus	Low	Local	Stable	-	-	0.0	_*	_*	Graphs	Grap
Czech Republic	Medium	Widespread	Stable	29	A(H1N1)2009	82.8	226.1	1435.3	Graphs	Graphs
Denmark	Medium	Widespread	Decreasing	38	None	13.2	-	-	Graphs	<u>Grap</u>
Estonia	Medium	Widespread	Decreasing	40	A(H1)2009	15.0	18.3	437.3	<u>Graphs</u>	Grap
Finland	Unknown (no information available)	Widespread	Decreasing	48	BA(H1N1)2009	33.3	-	-	Graphs	Grap
France	Medium	Widespread	Decreasing	175	BA(H1N1)2009	45.7	-	2369.6	Graphs	Grap
Germany	Medium	Regional	Decreasing	242	A(H1N1)2009	50.8	-	1309.0	Graphs	Grap
Greece	High	Widespread	Decreasing	63	A(H1N1)2009	65.1	399.9	-	Graphs	Grap
Hungary	Medium	Widespread	Decreasing	143	A(H1)2009	11.9	475.6	-	Graphs	Grap
Iceland	Medium	Regional	Increasing	-	-	0.0	75.2	-	Graphs	Grap
Ireland	Medium	Regional	Decreasing	47	В	31.9	36.2	-	Graphs	Grap
Italy	High	Widespread	Decreasing	113	A(H1N1)2009	55.8	768.4	-	<u>Graphs</u>	Grap
Latvia	Medium	Widespread	Decreasing	9	В	33.3	_*	_*	Graphs	Grap
Lithuania	High	Widespread	Stable	-	-	0.0	85.8	660.7	Graphs	<u>Grap</u>
Luxembourg				58	BA(H1)2009	58.6	_*	_*	Graphs	Grap
Malta	Low	Local	Stable	-	-	0.0	_*	_*	<u>Graphs</u>	<u>Grap</u>
Netherlands	Medium	Widespread	Decreasing	32	В	53.1	60.4	-	Graphs	Grap
Norway	Low	Widespread	Decreasing	7	BA(H1)2009	42.9	120.0	-	<u>Graphs</u>	<u>Grap</u>
Poland	Medium	Regional	Stable	102	A(H1)2009	23.5	171.8	-	Graphs	Grap
Portugal	Low	Sporadic	Decreasing	3	A(H1)2009	0.0	31.4	-	<u>Graphs</u>	Grap
Romania	High	Widespread	Increasing	30	BA(H1N1)2009	83.3	41.6	1260.4	Graphs	Grap
Slovakia	Medium	Local	Stable	23	A(H1)2009	65.2	487.9	2514.5	<u>Graphs</u>	<u>Grap</u>
Slovenia	Medium	Widespread	Stable	23	BA(H1)2009	65.2	69.6	1499.3	<u>Graphs</u>	<u>Grap</u>
Spain	Medium	Regional	Decreasing	246	В	31.7	113.6	-	<u>Graphs</u>	<u>Grap</u>
Sweden	High	Widespread	Stable	33	В	27.3	19.5	-	<u>Graphs</u>	Grap
UK - England	Low	Sporadic	Decreasing	96	None	14.6	12.1	390.9	<u>Graphs</u>	<u>Grap</u>
UK - Northern Ireland	Low	Sporadic	Decreasing	10	В	10.0	29.9	359.2	Graphs	Grap
UK -	Low	Loos	Doctobeine	4	D	22.2	2.2	757.7	Cranha	C
	LOW	Sporadic	Decreasing	45	Ď	22.2	2.2	253.2	Graphs	Grap
Furone	LUW	Sporaule	Decreasing	1784	-	40.4	0.2	-		Gran
				1,01		10.1				Jup

*Incidence per 100 000 is not calculated for these countries as no population denominator is provided. Note: Liechtenstein is not reporting to the European Influenza Surveillance Network

Country comments

Portugal: Although the ILI incidence rate is below the epidemic threshold, influenza-positive cases are not localised in a single region.

Description of the system

This 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 week 7/2011, 26 countries reported virological data. Sentinel physicians collected 1 784 specimens, 721 (40%) of which tested positive for influenza virus, continuing the decreasing trend seen since week 52/2010 (Table 1, Figure 3). National detection rates increased in some countries, e.g. Bulgaria, Italy, the Netherlands and Romania, but decreased in most EU/EEA countries (Table 1). In addition, 3 089 non-sentinel source specimens (i.e. specimens collected for diagnostic purposes in hospitals) were reported positive for influenza virus (Table 2).

Of the 3 810 influenza viruses detected during week 7/2011, 2 557 (67%) were type A and 1 253 (33%) were type B. Ireland, Latvia, the Netherlands, Spain, Sweden and the UK (Northern Ireland and Scotland) reported influenza B as the dominant type and seven countries as co-dominant (Table 1). Of the 2 039 influenza A viruses that were subtyped, 2 024 (99%) were A(H1)2009 and 15 (1%) were A(H3) (Table 2).

Since week 40/2010, 32 716 (69%) of the 47 128 influenza virus detections in sentinel and non-sentinel specimens were influenza A and 14 412 (31%) were influenza B viruses. Of 23 114 influenza A viruses subtyped, 22 673 (98%) were A(H1)2009 and 441 (2%) were A(H3) (Table 2). Trends of virological detections since week 40/2010 are shown in Figures 1–3.

Since week 40/2010, 1 993 influenza viruses from sentinel and non-sentinel specimens have been characterised antigenically (Figure 4): 1 103 (55%) as A/California/7/2009 (H1N1)-like; 92 (5%) as A/Perth/16/2009 (H3N2)-like; 735 (37%) as B/Brisbane/60/2008-like (Victoria lineage); and 63 (3%) as B/Florida/4/2006-like (Yamagata lineage).

Since week 40/2010, Ireland, Italy, Norway, Spain and the UK have reported antiviral resistance data to TESSy. A summary is shown in Table 3. Thirty of 743 (4.0%) influenza A(H1)2009 viruses tested for susceptibility to neuraminidase inhibitors were resistant to oseltamivir, but remained sensitive to zanamivir. All the resistant viruses carried the neuraminidase H275Y substitution. Eight of 24 resistant viruses, from patients for which exposure to antivirals was known, were from patients that had not been treated with oseltamivir.

More details on circulating viruses can be found in the <u>December report</u> 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. This prompted <u>WHO to recommend the same vaccine viruses for the 2011/12 seasonal vaccine</u>.

Sixteen countries reported 1 101 respiratory syncytial virus detections, their number decreasing for the sixth consecutive week (Figure 5).

Table 2: Weekly and	cumulative influenza	virus detections	by type, subtyp	e and surveillance s	system,
weeks 40/2010-7/2	011				

		Current Period		Season	
Virus type/s	ubtype	Sentinel	Non-sentinel	Sentinel	Non-sentinel
Influenza A		363	2194	7517	25199
	A(H1)2009	302	1722	6705	15968
	A (subtyping not performed)	60	458	634	8968
	A (not subtypable)	0	0	0	0
	A (H3)	1	14	178	263
	A (H1)	0	0	0	0
Influenza B		358	895	4156	10256
Total Influer	ıza	721	3089	11673	35455

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



Figure 1: Number of sentinel specimens positive for influenza, by type, subtype and by week of report, weeks 40/2010–7/2011

Figure 2: Number of non-sentinel specimens positive for influenza by type, subtype and week of report, weeks 40/2010–7/2011





Figure 3: Proportion of sentinel samples positive for influenza, weeks 40/2010–7/2011

Figure 4: Results of antigenic characterisations of sentinel and non-sentinel influenza virus isolates, weeks 40/2010–7/2011



Virus type and	Resistance to neuraminidase inhibitors				Resistance to M2 inhibitors	
subtype	Oseltamivir		Zanamivir		Isolates	Resistant
	Isolates tested	Resistant n (%)	Isolates tested	Resistant n (%)	lested r	11 (%)
A(H3N2)	1	0	1	0	2	2 (100)
A(H1N1)	0	0	0	0	0	0
A(H1N1)2009	743	30 (4.0)	743	0	35	35 (100)
В	61	0	62	0	NA*	NA*

Table 3: Antiviral resistance by influenza virus type and subtype, weeks 40/2010–7/2011

* NA - not applicable, as M2 inhibitors do not act against influenza B viruses





Country comments

The UK (Scotland): Almost all laboratory detections are influenza B.

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 <u>click here</u>.

Hospital surveillance – severe acute respiratory infection (SARI)

Weekly analysis - SARI

Since week 40/2010, three countries have reported SARI cases from all causes; i.e. irrespective of the causative pathogen (Table 4), and seven countries notified severe influenza cases admitted to hospital (Table 5). In this latter type of reporting, France and Ireland reported only cases admitted to intensive care (ICU).

In week 7/2011, Belgium, Romania and Slovakia reported 52 all-cause SARI cases including three deaths, while seven countries reported 99 hospitalised confirmed cases of influenza virus infection including two deaths.

Since week 40/2010, ten countries have reported 3 617 all-cause SARI and hospitalised confirmed cases of influenza virus infection including 298 deaths (Tables 4 and 5). The epidemic curve peaked in week 52/2010 (Figure 6).

Of 2 452 influenza virus detections since week 40/2010, 2 368 (96.6%) were type A and 84 (3.4%) were type B. Of 2 247 influenza A viruses subtyped, 2 230 (99.2%) were A(H1)2009 and 17 (0.8%) were A(H3) (Table 6). The percentage of influenza B virus detections is ten times higher (weeks 40/2010–7/2011, 35.6%) in the outpatient sentinel samples (Table 2) than it is for the SARI or for the severe influenza cases admitted to hospital.

Overall, ICU admission was reported for 1 557 patients, 860 (55.2%) of whom were known to have required ventilation (Table 7). In patients for whom information was available, obesity was the most frequent underlying condition, but 1 109 (41.8%) of 2 653 all-cause SARI and hospitalised confirmed influenza-infected cases had no known underlying condition (Figure 7).

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
Belgium	720				
Romania	217	3.38	14	0.22	6 413 821
Slovakia	42	0.77	4	0.07	5 433 385
Total	979		18		

Table 4: Cumulative number of SARI cases, weeks 40/2010–7/2011

Table 5: Cumulative number of hospitalised influenza cases, weeks 40/2010–7/2011

Country	Number of cases	Number of fatal cases reported
Austria	289	8
Spain	1089	112
Finland	46	6
France	679	95
Ireland	120	20
Malta	49	1
Portugal	366	38
Total	2638	280



Figure 6: Number of SARI cases by week of onset, weeks 40/2010–7/2011

Table 6: Number of SARI cases by influenza type and subtype, week 7/2011

Virus type/subtype	Number of cases during current week	Cumulative number of cases since the start of the season
Influenza A	103	2368
A(H1)2009	99	2230
A(subtyping not performed)	4	121
A(H1)		
A(H3)		17
Influenza B	7	84
Other Pathogen		33
Unknown	41	1184
Total	151	3669

Table 7: Number of SAR	cases by level of ca	are and respiratory suppo	rt, weeks 40/2010–7/2011
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Respiratory support	ICU	Inpatient ward	Other	Unknown
No respiratory support available		1		
No respiratory support necessary	151	371	353	
Oxygen therapy	77	121	292	
Respiratory support given unknown	469	201	559	165
Ventilator	860	14	6	29



Figure 7: Number of SARI cases by underlying condition, weeks 40/2010-7/2011

Note: Other represents any other underlying condition than: asthma (ASTH), cancer (CANC), diabetes (DIAB), chronic heart disease (HEART), HIV/other immune deficiency (HIV), kidney-related conditions (KIDNEY), liver-related conditions (LIVER), chronic lung disease (LUNG), neurocognitive disorder (including seizure; NEUROCOG), neuromuscular disorder (NEUROMUS), obesity (BMI between 30 and 40; OBESITY), morbid obesity (BMI above 40; OBESITYMORB) or pregnancy (PREG). NONE is reported if there were no underlying conditions.

Country comments and specific information concerning hospitalised cases and mortality

This section is compiled from specific comments and published reports on the website where these are indicated by reporters. They are structured to represent influenza-associated hospitalisations (and some emergency hospital consultations), use of higher level care and mortality.

Czech Republic: <u>Link here</u> Influenza activity is at about its peak. Up to the end of week 7/2011 a cumulative total of 115 SARI patients with laboratory-confirmed influenza have been reported by intensive care units and there were 16 deaths.

Denmark: <u>SSI Link here</u> Up to 21 February (week 7/2011), a cumulative total of 130 influenza patients have been reported by intensive care units (ICUs) in Denmark with a median age of 54 years (range 1 week to 83 years). Three patients were admitted to an ICU in week 7/2011 compared with 13 new admissions in week 6. The pressure on the wards, reflected by the proportion of ICU beds used for influenza patients, is decreasing. On Monday 21 February 2011 at 8:00 am, 24 influenza patients were in ICUs, corresponding with 7.9% of the total number of occupied ICU beds in the country, compared with 9.6% in the week before. Of the ICU patients, 105 were diagnosed with influenza A, 38 of whom were reported to be further subtyped as subtype H1N1. Twenty-five patients had an influenza B infection. Eight patients with influenza A and two patients with influenza B received extracorporeal membrane oxygenation (ECMO). Seventeen patients with confirmed influenza A and five with influenza B died. Twenty patients were reported to be previously healthy and for another 34 patients no underlying condition was reported. For 76 patients one or more underlying conditions were described. One influenza patient was reported to be pregnant. Initial alignment with the Danish Vaccination Registry showed that 23 of the 130 patients had received the 2010/2011 seasonal influenza vaccine.

France: <u>INVS Link Here</u> By week 7 in the sentinel network of hospitals *Oscour* 1 909 emergencies consultations for influenza-like illness had been reported with 55 hospitalisations, which is a decrease in the latter from week 6. In the national network of paediatric and adult ICUs the numbers have been decreasing since week 01/2011. Considered cumulatively, 681 ICU influenza cases have been reported from ICUs with influenza A(H1N1)2009 predominating, and around 72% of cases being between 15 and 64 years of age. A clinical risk factor is reported for most cases, conversely 37% of these severe cases were reported to have no identified risk factor. In this network there have been 95 deaths reported, which represents 14% of reports.

Greece: <u>KEEL Influenza link here</u> Cases of seasonal influenza were first reported in Greece during week 51/2010 and the first case requiring ICU admission in week 52/2010. As of 22 February 2011 a total of 304 laboratory-confirmed cases (100% A(H1N1)2009) have been admitted to an ICU, while 108 deaths have been reported to the Hellenic CDC. Of those, 78/108 deaths were in an ICU, while another 30 fatal cases were hospitalised in regular wards. On 22 February, 115 patients remain hospitalised in an ICU and one patient is on ECMO. This corresponds to a population prevalence of around 1.0/10⁵ infuenza-associated ICU cases. It also means that approximately 18% of the total number of ICU beds in the country were occupied by influenza cases. 61.2% of the 304 cases fall in one of the high risk clinical groups for whom influenza vaccination is recommended (chronic respiratory /cardiological/ liver /renal/ neuromuscular/metabolic disease, immunosuppression, pregnancy or morbid obesity), but only 11 (3.6%) patients were reported as vaccinated with the 2010/11 seasonal vaccine. The median age of the 304 cases of influenza belonged to one or more of the groups for which influenza vaccination is recommended annually, but only three (2.7%) had been vaccinated with the 2010/2011 seasonal vaccine. The median age of the 108 fatal cases was 56 years.

Ireland: <u>HPSC influenza link here</u>. For the 2010/2011 season to date (23 February 2011), 905 confirmed influenza cases have been hospitalised, of these 120 cases have been admitted to intensive care units and 23 deaths have been reported to HPSC. At the peak, this represented 1.1/10⁵ population cases requiring higher level (intensive) care but figures have declined considerably since then. As of 23 February, 19 of the hospitalised cases remained in intensive care on 16 February compared with 21 a week before. Eighty-six of the 118 intensive care cases (76%) had underlying medical conditions. The underlying medical conditions include: chronic respiratory disease, chronic heart disease, immunosuppression, pregnancy, metabolic disorders and morbid obesity. HPSC has been informed of 22 influenza-associated deaths to date this season (as of 16 February). Of the deaths: 17 had influenza A(H1N1)2009, one combined influenza A and B infections and three influenza B. One death was in a patient in the 0–4 year age group, 16 patients were in the 15–64 year age group and five patients were aged 65 years and older.

Malta: Link here Situation unchanged.

The Netherlands: <u>RIVM influenza link here</u> As of 4 October, 2010, a total of 615 hospital admissions due to laboratory-confirmed influenza A(H1N1) 2009 infections were reported. There were also 35 influenza-related deaths. The largest group of patients is in children between 0 and 5 years. Almost half of hospitalised patients had an underlying condition. During week 7/2011, 60 influenza-like illness (ILI) per 100 000 inhabitants were reported by the CMR Sentinel General Practice Network. There are still patients hospitalised because of influenza A(H1N1)2009, but during the last weeks, the number is decreasing. For the seventh consecutive week, the number of influenza cases reported by general practitioners is above the epidemic threshold of 51 per 100 000 inhabitants.

Norway: <u>FHI Link here</u> Total hospitalised: 171 (in ICU: 39); Age 0–4 years hospitalised: 35 (in ICU: 5); Age 5–14 years hospitalised: 6 (in ICU: 1); Age 15–29 years hospitalised: 22 (in ICU: 1); Age 30–64 years hospitalised: 97 (in ICU: 30); Age over 65 years hospitalised: 11 (in ICU: 2).

Romania: Link here Since the start of the season, influenza A(H1N1)2009 virus was detected in 45 of the 246 reported cases, six cases during week 7/2011, and influenza B virus was detected in 23 cases, five of them during week 7/2011. From week 40/2010 to week 7/2011, 18 deaths among SARI cases were reported, ten positive for A(H1N1)2009 virus, one positive for B virus and one positive for streptococcus pneumoniae. During week 7/2011 no deaths were reported. None of the influenza-positive SARI cases reported during the season were vaccinated for influenza.

Spain: <u>ISCIII Influenza Link here</u> In Spain, information concerning severe illness due to influenza infection with associated admission to hospitals comes from a surveillance system developed during the 2009/2010 pandemic season specifically for this purpose. Since week 40/2010 and up to week 07/2011, 1 089 severe hospitalised confirmed influenza cases have been reported. Severe cases were mostly in the 15–64 year age groups (66%). Conversely 14% were less than five years old. Of 1 080 cases with outcome information 112 died (13% with no known risk factors). Of the severe cases 678 had information available on the status of influenza vaccination for the 2010/2011 season and only 91 (13%) cases had been immunised. Monovalent pandemic vaccines 2009 were reported to have been received for only 8% of hospitalised cases (42/518). Eighty per cent of the cases included

in the groups which were recommended influenza vaccination (chronic diseases / pregnancy / obesity / older than 60 years) had not been vaccinated this season.

UK: <u>HPA Influenza Link</u> and <u>DH (England) Link</u> In week 7, the number of patients in England with confirmed or suspected influenza in critical care beds have declined further from a peak of nearly 800 (equivalent to 1.4 per 10⁵ population) to around 58 cases on 24 February. Up to 24 February 2011, 523 deaths have been reported in individual influenza cases from across the UK. Ninety-three per cent of the cases with additional information were associated with A(H1N1)2009, 1% with untyped influenza A and 6% with influenza B infection. Reported deaths associated with influenza have been mainly among younger adults and children. Amongst cases with information on age, 4% have been less than 5 years old; 4% between 5 and 14 years old; 72% from 15 to 64 years old and 20% were 65 years or older. Of those with available information 70% were in one of the clinical risk groups for whom vaccination is recommended, which includes pregnant women. The most numerous reported clinical risk factors were underlying respiratory disease including asthma and immunosuppression. Of cases with information on immunisation history, 71% had not received the 2010 trivalent vaccine and 95% had not received the monovalent pandemic vaccine last season.

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Maps and commentary used in this Weekly Influenza Surveillance Overview (WISO) do not imply any opinions whatsoever of ECDC or its partners on the legal status of the countries and territories shown or concerning their borders.

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 numbers in the database.

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