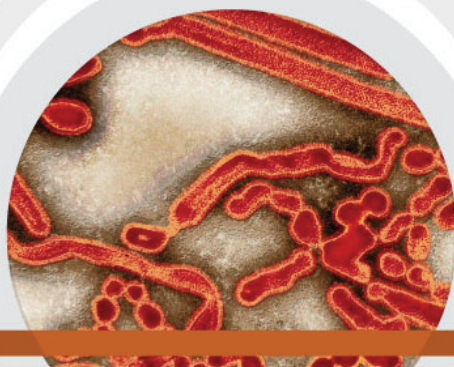


SURVEILLANCE REPORT



Weekly influenza surveillance overview

21 October 2011

Main surveillance developments in week 41/2011 (10–16 October 2011)

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 week 41/2011, low influenza activity was notified by all 25 countries that reported.
- None of the 258 sentinel specimens tested positive for influenza. Of nine influenza viruses detected in non-sentinel specimens, four were influenza A viruses and five were B viruses.
- No hospitalised cases of severe influenza were reported.

Sentinel surveillance of influenza-like illness (ILI)/acute respiratory infection (ARI): Low-intensity influenza activity was notified by all 25 countries that reported, with three of them reporting sporadic activity. For more information, [click here](#).

Virological surveillance: Of 258 sentinel specimens from 24 countries, none tested positive for influenza virus. For more information, [click here](#).

Hospital surveillance of severe acute respiratory infection (SARI): No cases of hospitalised severe influenza were reported. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

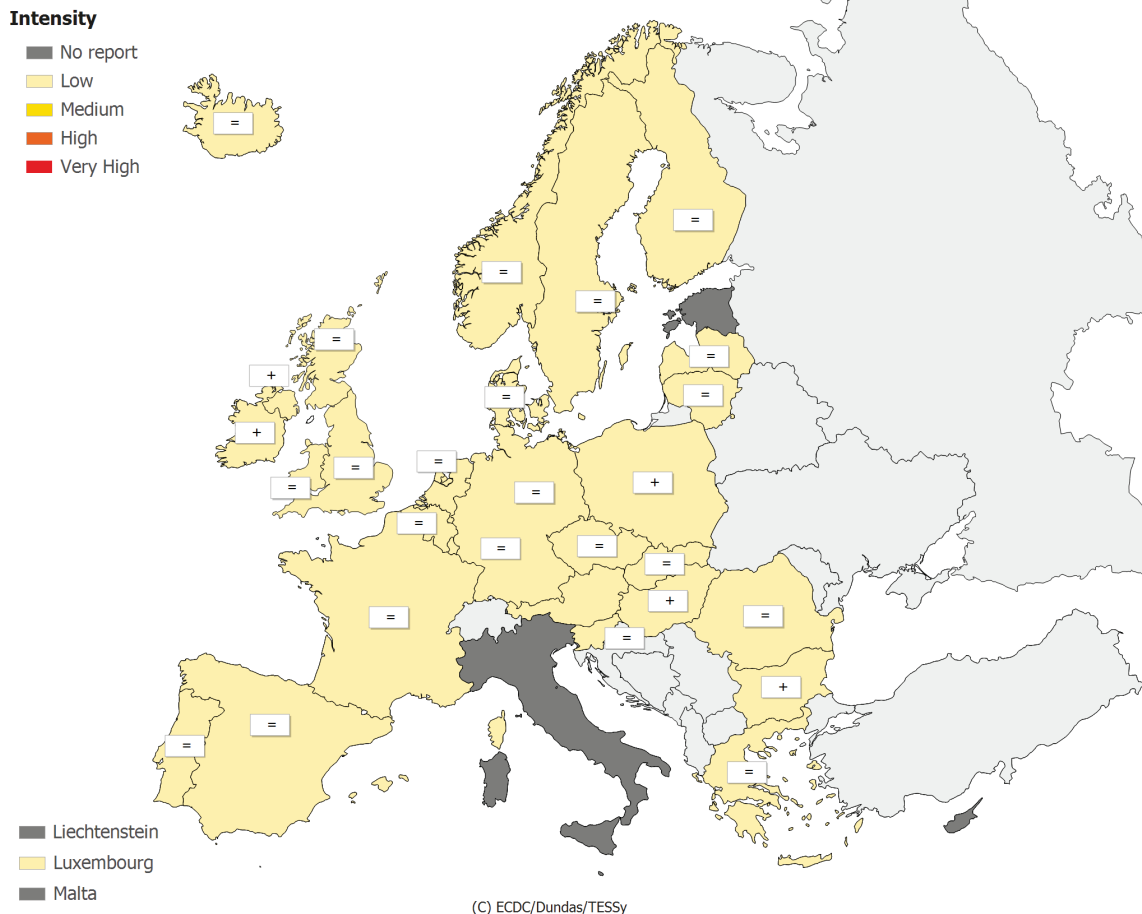
Weekly analysis – epidemiology

During week 41/2011, all 25 countries that reported experienced low intensity of influenza activity (Table 1, Map 1).

Absence of geographic spread was reported by 22 countries while sporadic activity was reported by France, Norway and Poland (Table 1, Map 2).

Stable trends were reported by 19 countries and the UK (England, Scotland and Wales) and increasing trends were reported by Bulgaria, Hungary, Ireland, Poland and the UK (Northern Ireland) (Table 1, Map 2).

Map 1: Intensity for week 41/2011



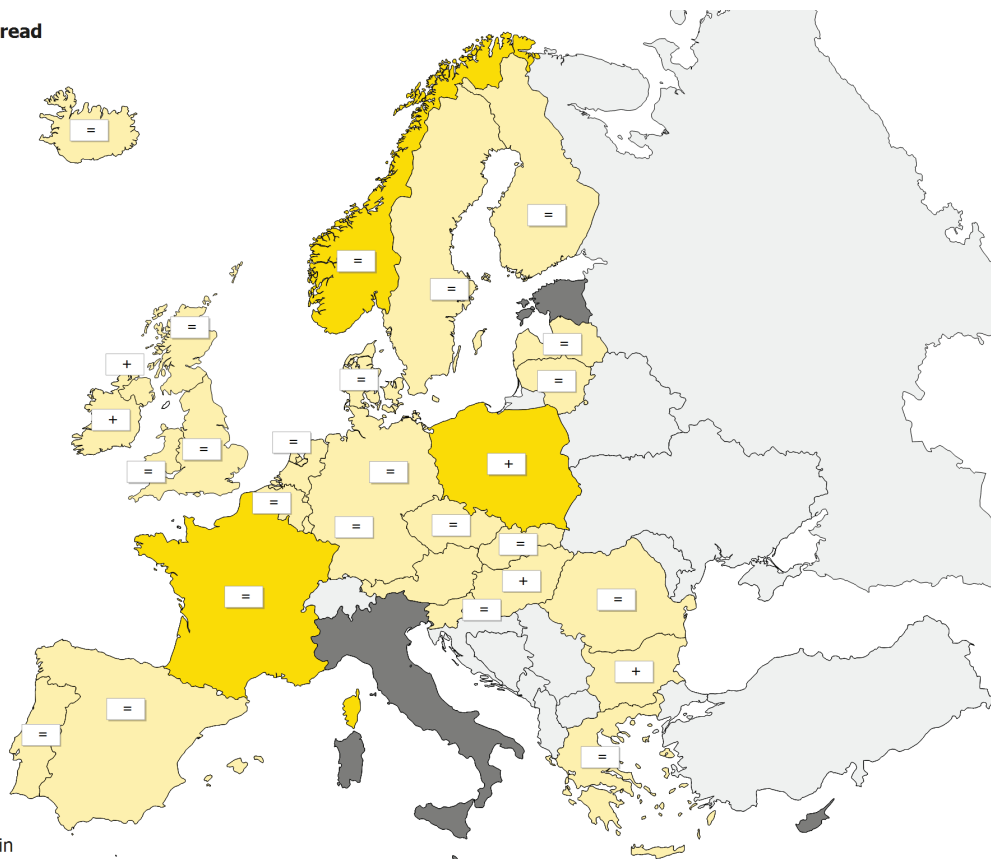
* A type/subtype is reported as dominant when at least ten samples have been detected as influenza positive in the country and of those > 40 % are positive for the type/subtype.
Legend:

No 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		
Very high	Particularly severe levels of influenza activity		

Map 2: Geographic spread for week 41/2011

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
		=	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 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 41/2011

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		0	None	0.0	10.1	-	Graphs	Graphs
Belgium	Low	No activity	Stable	25	None	0.0	42.2	1411.8	Graphs	Graphs
Bulgaria	Low	No activity	Increasing	0	None	0.0	-	688.9	Graphs	Graphs
Cyprus				-	-	0.0	-	-		
Czech Republic	Low	No activity	Stable	-	-	0.0	17.8	772.7	Graphs	Graphs
Denmark	Low	No activity	Stable	0	None	0.0	34.7	-	Graphs	Graphs
Estonia				1	None	0.0	-	-	Graphs	Graphs
Finland	Low	No activity	Stable	-	-	0.0	-	-	Graphs	Graphs
France	Low	Sporadic	Stable	53	None	0.0	-	1692.6	Graphs	Graphs
Germany	Low	No activity	Stable	13	-	0.0	-	1120.8	Graphs	Graphs
Greece	Low	No activity	Stable	-	-	0.0	56.7	-	Graphs	Graphs
Hungary	Low	No activity	Increasing	1	None	0.0	56.2	-	Graphs	Graphs
Iceland	Low	No activity	Stable	0	-	0.0	1.6	-	Graphs	Graphs
Ireland	Low	No activity	Increasing	5	None	0.0	7.3	-	Graphs	Graphs
Italy				-	-	0.0	-	-		
Latvia	Low	No activity	Stable	0	None	0.0	0.0	1198.9	Graphs	Graphs
Lithuania	Low	No activity	Stable	0	None	0.0	0.3	450.7	Graphs	Graphs
Luxembourg	Low	No activity	Stable	1	None	0.0	-*	-*	Graphs	Graphs
Malta				0	None	0.0	-*	-*	Graphs	Graphs
Netherlands	Low	No activity	Stable	3	None	0.0	28.9	-	Graphs	Graphs
Norway	Low	Sporadic	Stable	2	None	0.0	25.2	-	Graphs	Graphs
Poland	Low	Sporadic	Increasing	2	None	0.0	95.8	-	Graphs	Graphs
Portugal	Low	No activity	Stable	0	None	0.0	11.6	-	Graphs	Graphs
Romania	Low	No activity	Stable	9	None	0.0	2.9	806.1	Graphs	Graphs
Slovakia	Low	No activity	Stable	0	None	0.0	152.0	1459.6	Graphs	Graphs
Slovenia	Low	No activity	Stable	13	None	0.0	1.3	913.5	Graphs	Graphs
Spain	Low	No activity	Stable	34	None	0.0	9.8	-	Graphs	Graphs
Sweden	Low	No activity	Stable	14	None	0.0	2.1	-	Graphs	Graphs
UK - England	Low	No activity	Stable	49	None	0.0	6.5	311.4	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Increasing	1	-	0.0	18.1	275.6	Graphs	Graphs
UK - Scotland	Low	No activity	Stable	28	-	0.0	6.4	386.1	Graphs	Graphs
UK - Wales	Low	No activity	Stable	4	-	0.0	7.6	-	Graphs	Graphs
Europe				258		0.0				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 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 41/2011, 24 countries reported virological data. Of 258 sentinel specimens tested, none were positive for influenza (Table 2, Figure 1). Of nine influenza-positive non-sentinel source specimens, e.g. specimens collected for diagnostic purposes in hospitals, four were type A viruses and five were type B viruses. The lineages of the B viruses were not determined, but one influenza A virus was subtyped as A(H3). (Table 2).

More details on influenza viruses that circulated in 2011 can be found in the [August–September](#) report prepared by the Community Network of Reference Laboratories (CNRL) coordination team.

In week 41/2011, ten countries reported 43 respiratory syncytial virus detections which is similar to the number reported in the same period of the previous year (Figure 2).

Table 2: Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40–41/2011

Virus type/subtype	Current Period		Season	
	Sentinel	Non-Sentinel	Sentinel	Non-Sentinel
Influenza A		0	4	11
A (H1)2009		0	0	0
A (subtyping not performed)		0	3	6
A (H3)		0	1	5
Influenza B		0	5	8
B(Vic) lineage		0	0	0
B(Yam) lineage		0	0	0
Unknown lineage		0	5	8
Total influenza		0	9	19

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

Figure 1: Proportion of sentinel samples positive for influenza, weeks 40–41/2011

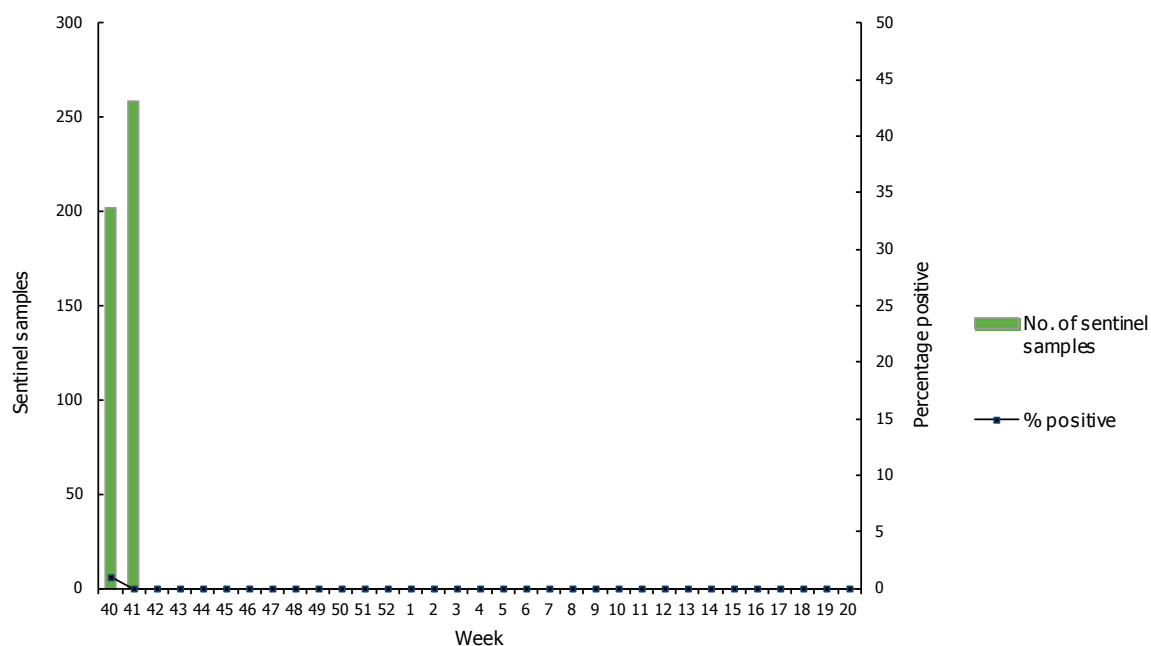
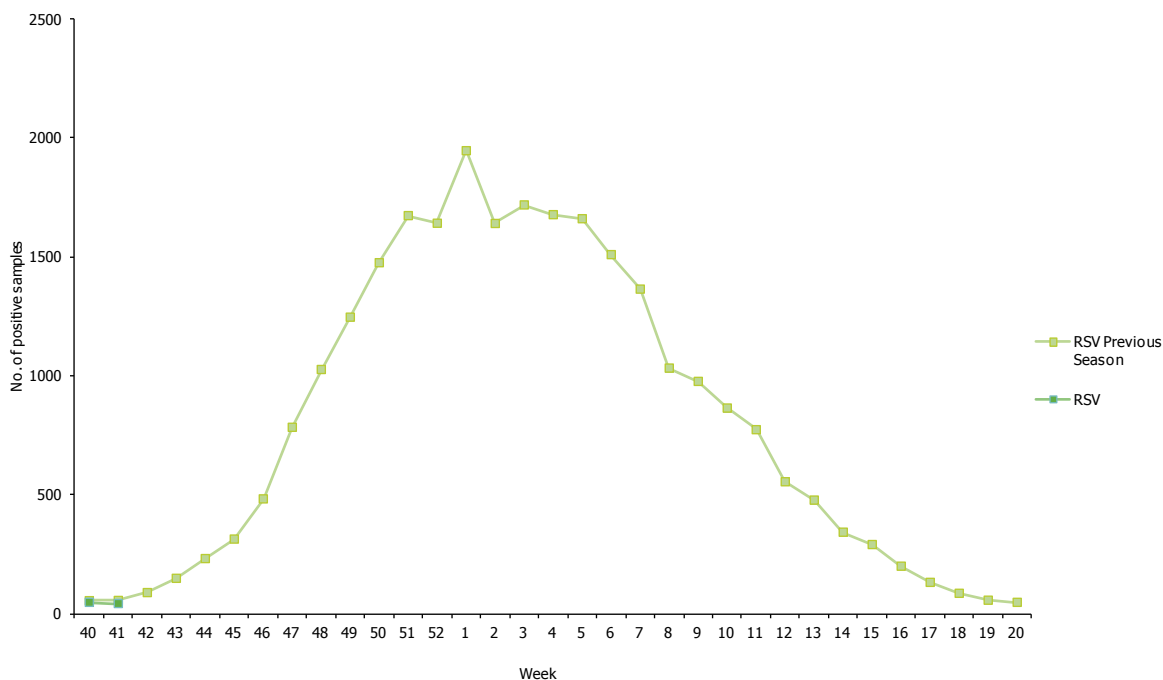


Figure 2: Respiratory syncytial virus (RSV) detections, sentinel and non-sentinel, weeks 40–41/2011



Country comments

The Netherlands: In the sentinel surveillance for week 41, we detected the first influenza viruses this season in the Netherlands. Three type B influenza viruses were detected: all three were in patients with ARI. The viral loads were too low to determine the virus lineages.

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 acute respiratory infection (SARI)

Weekly analysis – SARI

During week 41/2011, no SARI or severe influenza cases were reported.

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) and Suzie Coughlan (UCD National Virus Reference Laboratory, Ireland). 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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