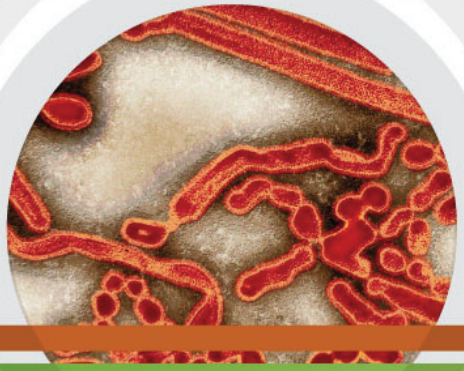


SURVEILLANCE REPORT

Weekly influenza surveillance overview

11 November 2011

Main surveillance developments in week 44/2011 (31 October–6 November 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 44/2011, low influenza activity was notified by all 27 reporting countries.
- Of 380 sentinel specimens tested, seven (1.8%) were positive for influenza virus.
- Since week 40/2011, three SARI cases have been reported. None of them were positive for influenza.
- Five weeks after the beginning of the surveillance season for influenza in the Northern Hemisphere, there has been no evidence of sustained transmission in EU/EAA countries. The winter influenza epidemics have not yet started in Europe.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): Influenza activity of low intensity was notified by all 27 countries that reported, with five of them noting sporadic activity. For more information, **click here**.

Virological surveillance: The low proportion of sentinel specimens testing positive for influenza viruses (1.8%) suggests that there is currently little circulation of influenza viruses in Europe. For more information, **click here**.

Hospital surveillance of severe acute respiratory infection (SARI): Since week 40/2011, only three SARI cases have been reported, all of them by Slovakia. For more information, **click here**.

Sentinel surveillance (ILI/ARI)

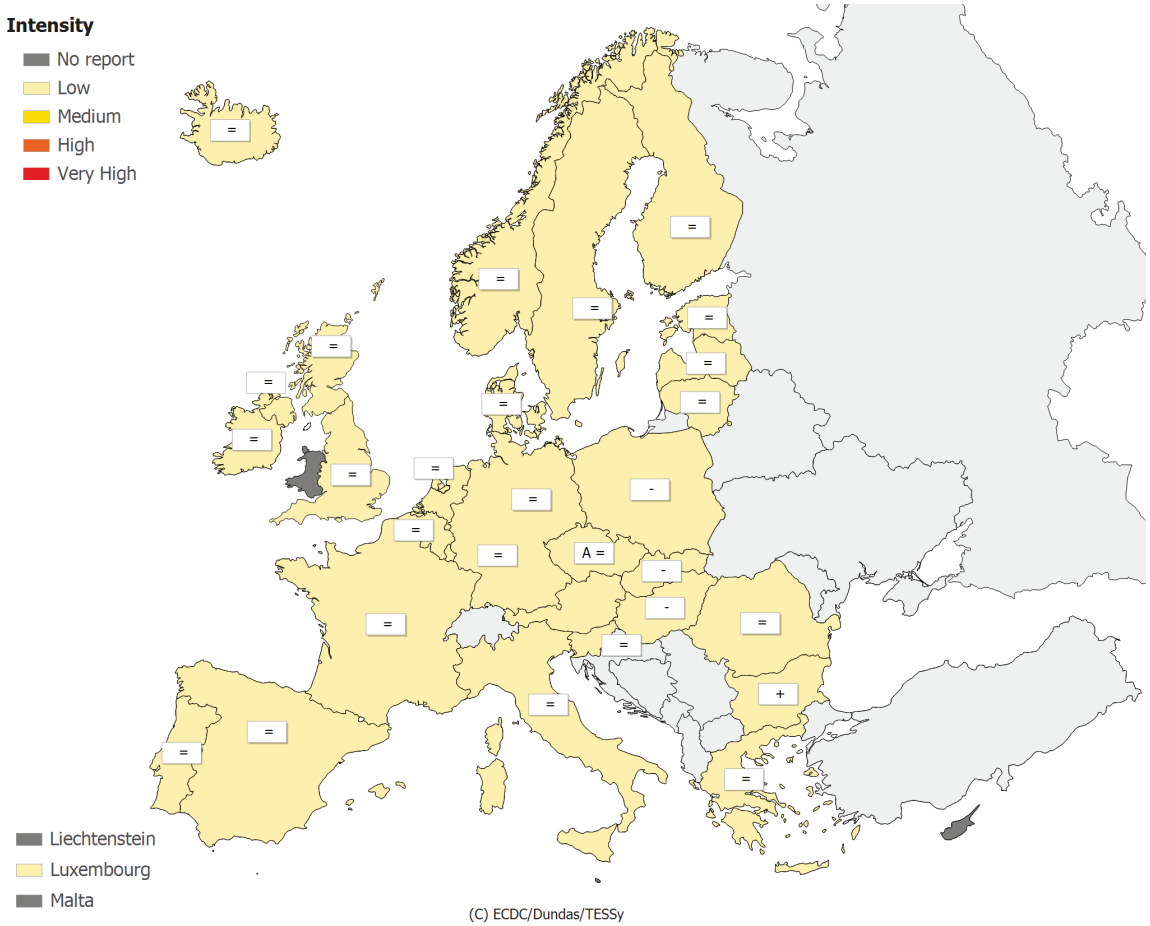
Weekly analysis – epidemiology

During week 44/2011, all 27 countries reporting experienced low-intensity influenza activity (Table 1, Map 1).

Absence of geographic spread was reported by 22 countries while sporadic activity was reported by the Czech Republic, Finland, France, Norway and Sweden (Table 1, Map 2).

Stable trends were reported by 22 countries, decreasing trends were reported by Hungary, Poland and Slovakia and an increasing trend was reported by Bulgaria (Table 1, Map 2).

Map 1: Intensity for week 44/2011

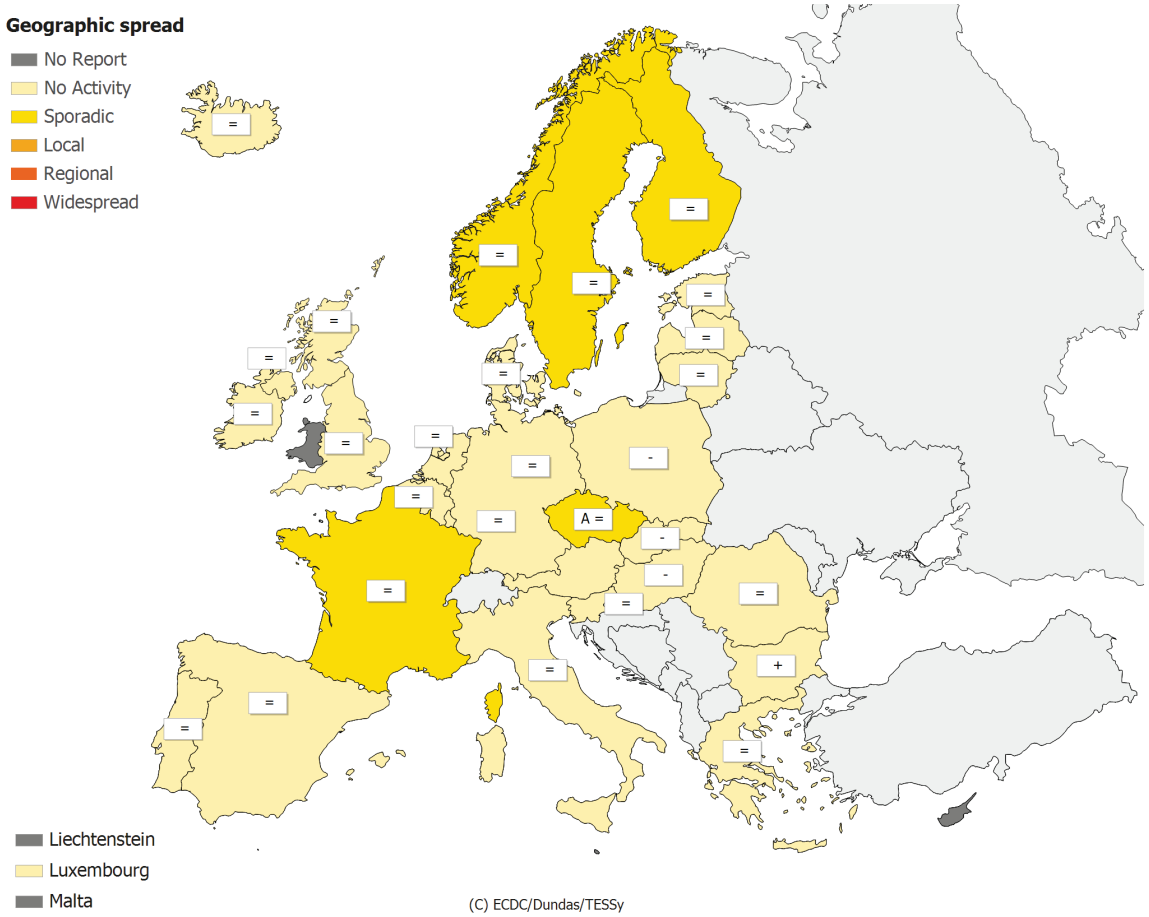


* A type/subtype is reported as dominant when at least ten samples have been detected as influenza positive in the country and of those > 40 % are positive for the type/subtype.

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	**A**	Type A
Very high	Particularly severe levels of influenza activity		

Map 2: Geographic spread for week 44/2011



* 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	Activity level was not reported
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)

+	Increasing clinical activity
-	Decreasing clinical activity
=	Stable clinical activity
A	Type A

Table 1: Epidemiological and virological overview by country, week 44/2011

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		1	None	0.0	16.6	-	Graphs	Graphs
Belgium	Low	No activity	Stable	7	None	0.0	58.1	1368.6	Graphs	Graphs
Bulgaria	Low	No activity	Increasing	0	None	0.0	-	999.7	Graphs	Graphs
Cyprus				-	-	0.0	-	-		
Czech Republic	Low	Sporadic	Stable	22	A	27.3	22.6	838.4	Graphs	Graphs
Denmark	Low	No activity	Stable	0	None	0.0	41.4	-	Graphs	Graphs
Estonia	Low	No activity	Stable	3	-	0.0	5.4	255.0	Graphs	Graphs
Finland	Low	Sporadic	Stable	27	None	0.0	-	-	Graphs	Graphs
France	Low	Sporadic	Stable	38	None	0.0	-	1321.1	Graphs	Graphs
Germany	Low	No activity	Stable	17	None	0.0	-	952.2	Graphs	Graphs
Greece	Low	No activity	Stable	0	None	0.0	61.3	-	Graphs	Graphs
Hungary	Low	No activity	Decreasing	15	None	0.0	39.2	-	Graphs	Graphs
Iceland	Low	No activity	Stable	0	None	0.0	0.9	-	Graphs	Graphs
Ireland	Low	No activity	Stable	7	None	0.0	4.9	-	Graphs	Graphs
Italy	Low	No activity	Stable	-	-	0.0	54.7	-	Graphs	Graphs
Latvia	Low	No activity	Stable	0	None	0.0	0.0	1140.3	Graphs	Graphs
Lithuania	Low	No activity	Stable	0	None	0.0	0.3	297.4	Graphs	Graphs
Luxembourg	Low	No activity	Stable	1	None	0.0	-*	-*	Graphs	Graphs
Malta				-	-	0.0	-	-		
Netherlands	Low	No activity	Stable	7	None	0.0	21.4	-	Graphs	Graphs
Norway	Low	Sporadic	Stable	5	None	20.0	28.5	-	Graphs	Graphs
Poland	Low	No activity	Decreasing	6	None	0.0	31.4	-	Graphs	Graphs
Portugal	Low	No activity	Stable	1	None	0.0	11.6	-	Graphs	Graphs
Romania	Low	No activity	Stable	21	None	0.0	4.5	717.4	Graphs	Graphs
Slovakia	Low	No activity	Decreasing	1	None	0.0	133.9	1340.2	Graphs	Graphs
Slovenia	Low	No activity	Stable	3	None	0.0	1.4	566.3	Graphs	Graphs
Spain	Low	No activity	Stable	58	-	0.0	15.9	-	Graphs	Graphs
Sweden	Low	Sporadic	Stable	50	None	0.0	1.5	-	Graphs	Graphs
UK - England	Low	No activity	Stable	68	None	0.0	6.6	334.8	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Stable	2	-	0.0	14.0	355.2	Graphs	Graphs
UK - Scotland	Low	No activity	Stable	20	None	0.0	8.8	407.0	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
Europe				**380**		**1.8**				**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 44/2011, 26 countries reported virological data. Of 380 sentinel specimens tested, seven (1.8%) were positive for influenza virus (Table 2, Figures 1 and 3). In addition, ten non-sentinel source specimens, e.g. specimens collected for diagnostic purposes in hospitals, were positive for influenza virus (Table 2, Figure 2). Of the 17 influenza viruses detected from sentinel and non-sentinel sources during week 44/2011, 15 (88.2%) were type A and 2 (11.8%) were type B. One of the four influenza A viruses subtyped in week 44/2011 was A(H1)pdm09 and three were A(H3) viruses (Table 2).

Of the 66 influenza virus detections in sentinel and non-sentinel specimens since week 40/2011, 51 (77.3%) were type A, and 15 (22.7%) were type B viruses. Of 28 influenza A viruses subtyped, seven (25%) were A(H1)pdm09, and 21 (75%) were A(H3) viruses (Table 2).

More details on circulating viruses can be found in the August–September report prepared by the Community Network of Reference Laboratories (CNRL) coordination team. No antigenic or genetic characterisation has been reported in relation to the 66 influenza viruses detected in weeks 40–44/2011.

In week 44/2011, sixteen countries reported 305 respiratory syncytial virus detections, which is a 30% increase on the number reported in the same period for the previous year (Figure 4).

Table 2: Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40–44/2011

	Current period		Season	
Virus type/subtype	Sentinel	Non-sentinel	Sentinel	Non-sentinel
Influenza A	7	8	12	39
A (H1)2009	0	1	2	5
A (subtyping not performed)	6	5	7	16
A (H3)	1	2	3	18
Influenza B	0	2	1	14
B(Vic) lineage	0	0	0	2
B(Yam) lineage	0	0	0	0
Unknown linage	0	2	1	12
Total Influenza	**7**	**10**	**13**	**53**

Note: A(H1)pdm09 and A(H3) include 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 40–44/2011

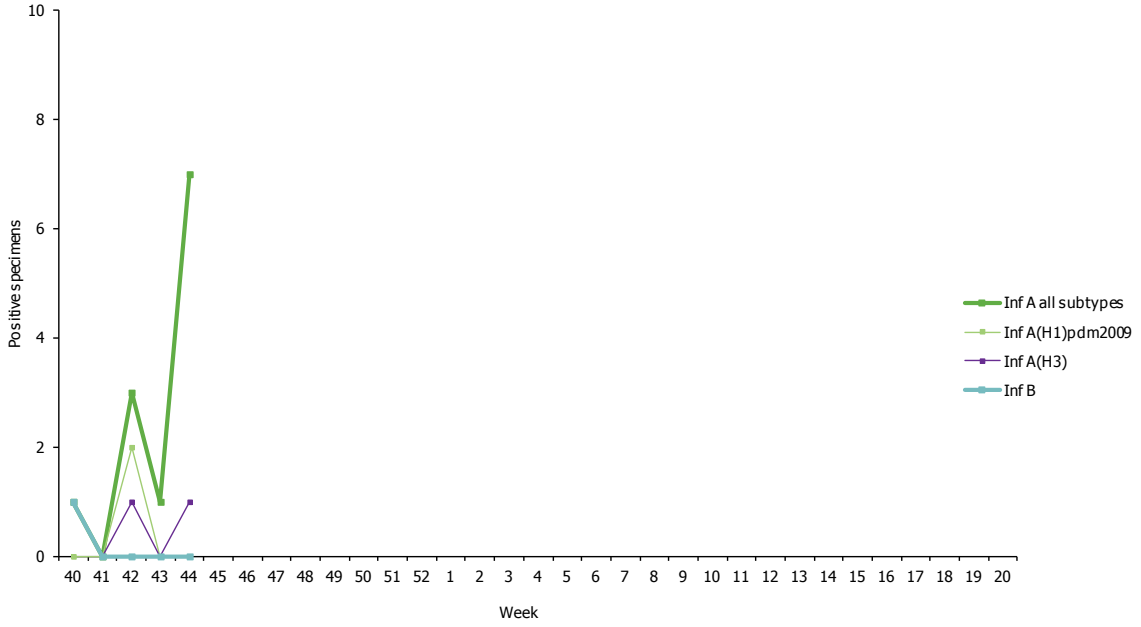


Figure 2: Number of non-sentinel specimens positive for influenza by type, subtype and week of report, weeks 40–44/2011

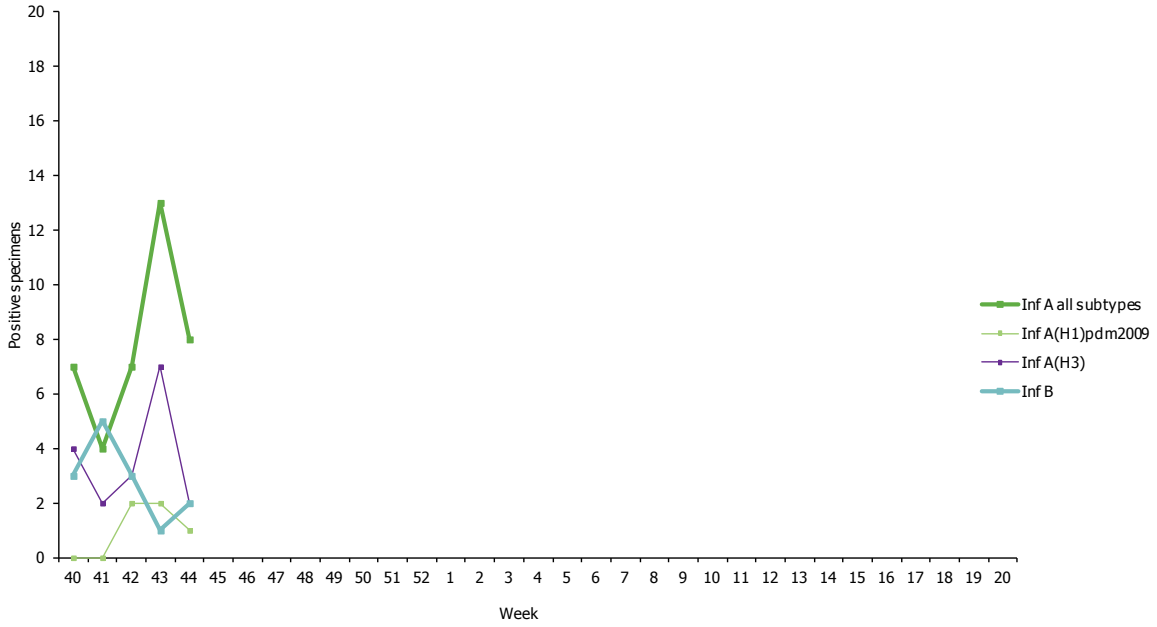


Figure 3: Proportion of sentinel samples positive for influenza, weeks 40–44/2011

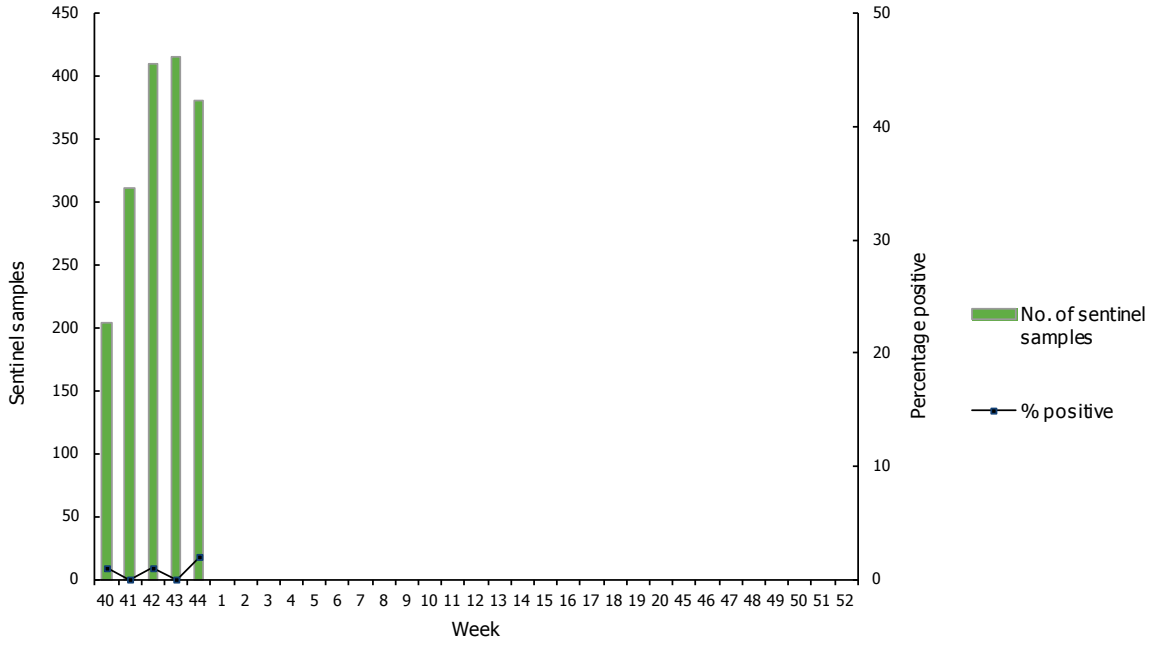
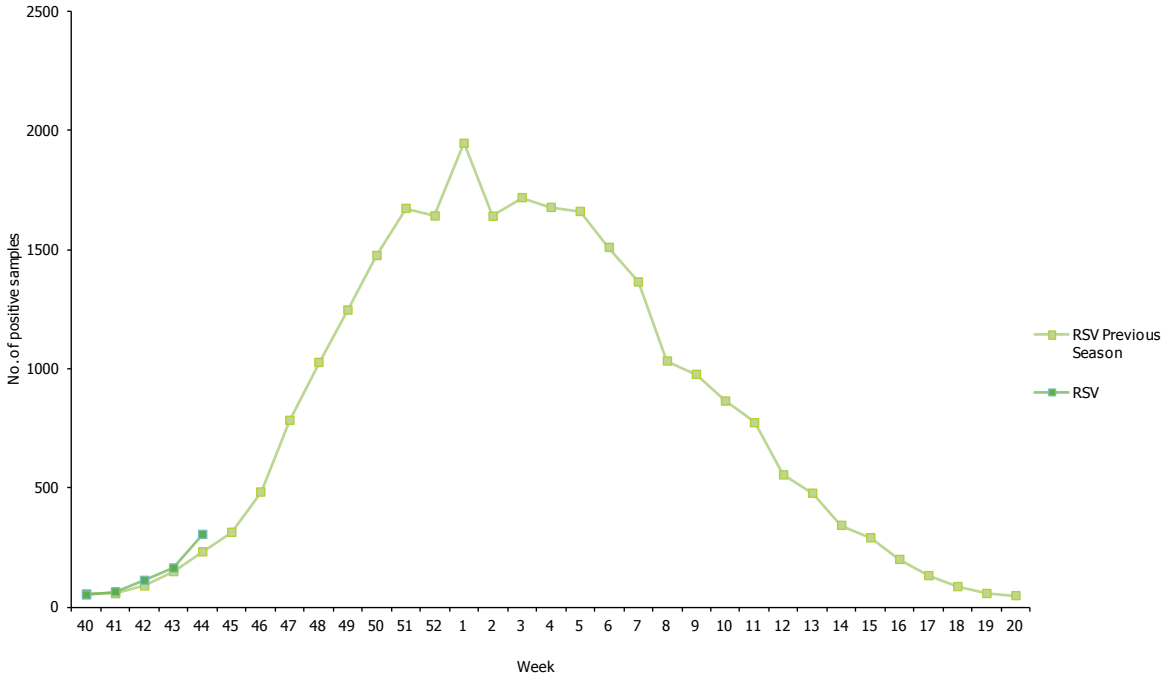


Figure 4: Respiratory syncytial virus (RSV) detections, sentinel and non-sentinel, weeks 40–44/2011



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

Since week 40/2011, a total of 3 SARI cases, all male, have been reported to TESSy by Slovakia. None of them tested positive for influenza. All cases were in patients aged over 65 who had not been vaccinated against influenza. One of them was reported alive and the outcomes for the remaining two were unknown.

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.