

SURVEILLANCE REPORT

Weekly influenza surveillance overview

8 April 2011

Main surveillance developments in week 13/2011 (28 Mar – 03 Apr 2011)

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

- The influenza epidemic of 2010/11 in Europe is subsiding.
- Twenty-four EU/EEA countries experienced influenza activity of low intensity and in all 28 reporting EU/EEA countries trends were unchanging or decreasing.
- For the third week, more influenza B viruses than influenza A viruses were reported. Of the detected influenza viruses, 32.6% were of type A, and 67.4% were of type B. The latter virus type was dominant or co-dominant with influenza virus A(H1N1)2009 in eleven countries.
- Three countries notified 22 cases with severe acute respiratory infection, of which five were associated with influenza infection.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): Twenty-four of the 28 reporting countries experienced influenza activity of low intensity while three countries reported medium intensity. Sixteen countries reported decreasing trends. For more information, [click here...](#)

Virological surveillance: Of the 344 influenza viruses detected, 32.6% were type A and 67.4% were type B. Since week 40/2010, 97.6% of subtyped influenza A viruses were A(H1N1)2009. For more information, [click here...](#)

Hospital surveillance of severe acute respiratory infection (SARI): Of 22 cases with severe respiratory disease reported by three countries, four had confirmed infection by influenza A virus and one by influenza B virus. For more information, [click here...](#)

Sentinel surveillance (ILI/ARI)

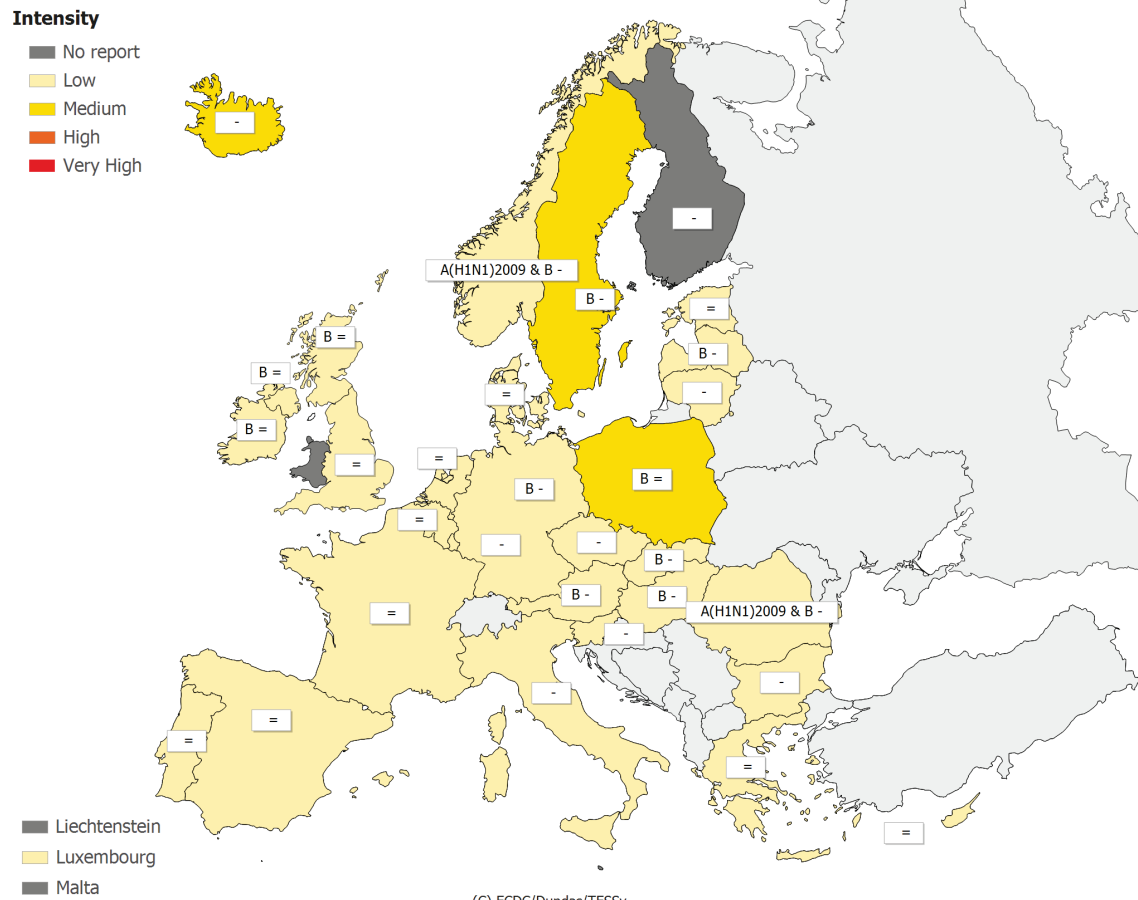
Weekly analysis – epidemiology

During week 13/2011, 28 countries reported clinical data. Iceland, Poland and Sweden reported medium intensity, while low intensity was reported by twenty-four countries. No country reported high intensity levels of ILI/ARI. (Map 1, Table 1).

Four countries (Germany, Iceland, Lithuania and Sweden) reported regional activity, while 22 countries reported sporadic or local activity. No activity was reported by Portugal and Denmark (Map 2, Table 1).

Sixteen countries reported decreasing trends during week 13/2011. Unchanging trends were seen in twelve countries. No increasing trends were reported (Maps 1 and 2, Table 1).

Map 1: Intensity for week 13/2011



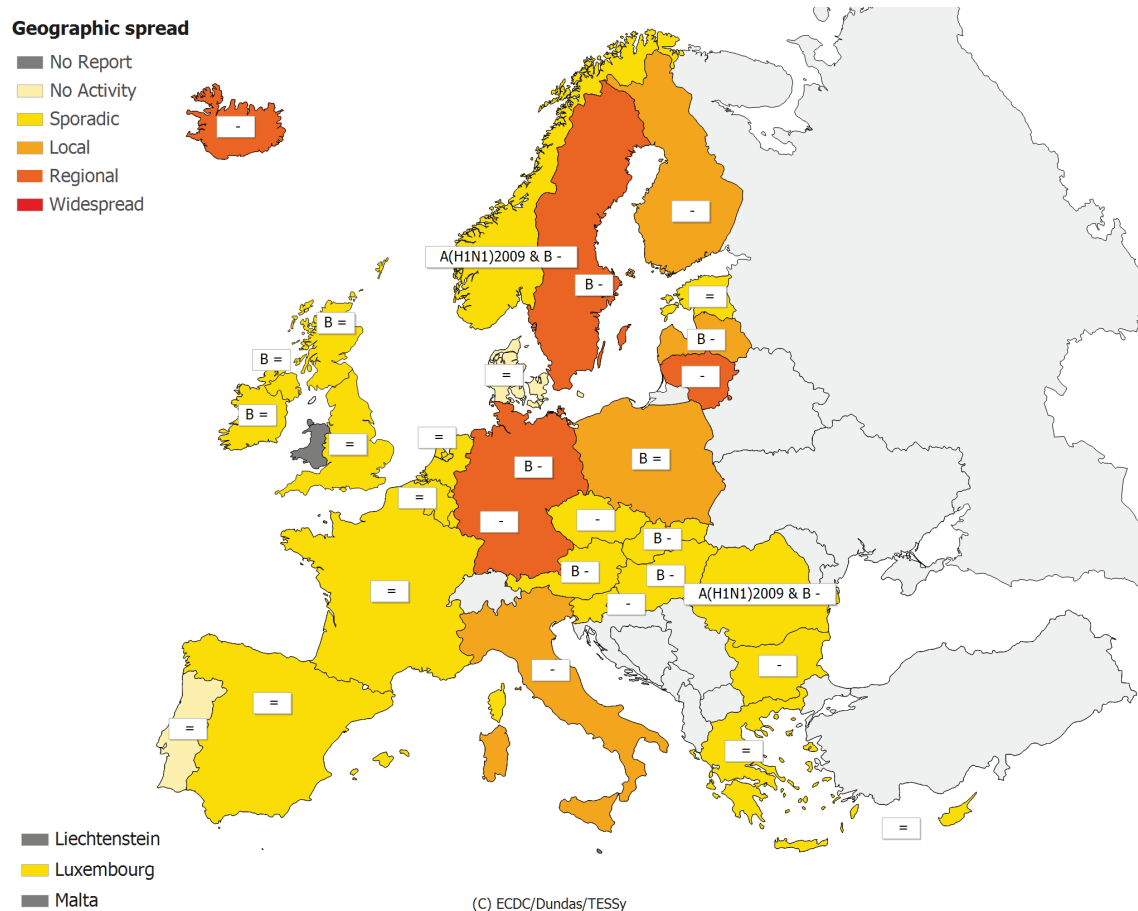
(C) ECDC/Dundas/TESSy

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

Legend:

No report	Intensity level was not reported	-	Decreasing clinical activity
Low	No influenza activity or influenza at baseline levels	+	Increasing clinical activity
Medium	Usual levels of influenza activity	=	Stable clinical activity
High	Higher than usual levels of influenza activity	A(H1N1)2009 & B	Type B and Type A, Subtype (H1N1)2009
Very high	Particularly severe levels of influenza activity	B	Type B

Map 2: Geographic spread for week 13/2011



* 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	-	Decreasing clinical activity
No activity	No evidence of influenza virus activity (clinical activity remains at baseline levels)	+	Increasing clinical activity
Sporadic	Isolated cases of laboratory confirmed influenza infection	=	Stable clinical activity
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)	A(H1N1) 2009 & B	Type B and Type A, Subtype (H1N1)2009
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)	B	Type B
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 13/2011

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	Sporadic	Decreasing	16	B	50.0	1.1	15.1	Graphs	Graphs
Belgium	Low	Sporadic	Stable	6	None	0.0	37.1	1533.9	Graphs	Graphs
Bulgaria	Low	Sporadic	Decreasing	5	None	0.0	-	589.2	Graphs	Graphs
Cyprus	Low	Sporadic	Stable	-	-	0.0	-*	-*	Graphs	Graphs
Czech Republic	Low	Sporadic	Decreasing	-	-	0.0	49.0	917.9	Graphs	Graphs
Denmark	Low	No activity	Stable	12	None	0.0	59.8	-	Graphs	Graphs
Estonia	Low	Sporadic	Stable	21	None	9.5	10.0	353.8	Graphs	Graphs
Finland	Unknown (no information available)	Local	Decreasing	28	None	10.7	-	-	Graphs	Graphs
France	Low	Sporadic	Stable	32	None	9.4	-	1288.7	Graphs	Graphs
Germany	Low	Regional	Decreasing	52	B	50.0	-	831.6	Graphs	Graphs
Greece	Low	Sporadic	Stable	1	None	0.0	63.4	-	Graphs	Graphs
Hungary	Low	Sporadic	Decreasing	37	B	45.9	63.1	-	Graphs	Graphs
Iceland	Medium	Regional	Decreasing	0	-	0.0	39.0	-	Graphs	Graphs
Ireland	Low	Sporadic	Stable	9	B	22.2	7.1	-	Graphs	Graphs
Italy	Low	Local	Decreasing	20	-	5.0	109.5	-	Graphs	Graphs
Latvia	Low	Local	Decreasing	0	B	0.0	-*	-*	Graphs	Graphs
Lithuania	Low	Regional	Decreasing	1	-	0.0	21.1	372.7	Graphs	Graphs
Luxembourg	Low	Sporadic	Decreasing	4	-	25.0	-*	-*	Graphs	Graphs
Malta				-	-	0.0	-	-		
Netherlands	Low	Sporadic	Stable	6	None	16.7	23.3	-	Graphs	Graphs
Norway	Low	Sporadic	Decreasing	1	A(H1N1)2009 & B	0.0	37.9	-	Graphs	Graphs
Poland	Medium	Local	Stable	24	B	29.2	71.9	-	Graphs	Graphs
Portugal	Low	No activity	Stable	2	None	0.0	9.1	-	Graphs	Graphs
Romania	Low	Sporadic	Decreasing	13	A(H1N1)2009 & B	0.0	16.5	856.4	Graphs	Graphs
Slovakia	Low	Sporadic	Decreasing	9	B	22.2	192.9	1566.4	Graphs	Graphs
Slovenia	Low	Sporadic	Decreasing	1	None	100.0	1.2	927.5	Graphs	Graphs
Spain	Low	Sporadic	Stable	73	None	11.0	21.6	-	Graphs	Graphs
Sweden	Medium	Regional	Decreasing	9	B	11.1	9.6	-	Graphs	Graphs
UK - England	Low	Sporadic	Stable	-	-	0.0	7.7	431.7	Graphs	Graphs
UK - Northern Ireland	Low	Sporadic	Stable	3	B	0.0	13.5	397.7	Graphs	Graphs
UK - Scotland	Low	Sporadic	Stable	16	B	18.8	2.3	233.4	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
Europe				401		21.4				Graphs

*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

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 13/2011, 25 countries and the UK (Northern Ireland and Scotland) reported virological data. Sentinel physicians collected 401 specimens of which 21.4% tested positive for influenza virus (Tables 1 and 2, Figure 3).

Of the 344 influenza viruses detected in sentinel and non-sentinel specimens during week 13/2011, 112 (32.6%) were type A and 232 (67.4%) were type B. Influenza B virus was reported as dominant by eight countries and the UK (Northern Ireland and Scotland) and co-dominant with A(H1N1)2009 by two countries. For the third consecutive week this season, the proportion of influenza B viruses was higher overall than that of influenza A viruses and for the first week, its proportion reached over 60% and is therefore considered dominant (Table 1). Eleven countries reported no dominant type and none reported influenza virus type A as the dominant virus.

Since week 40/2010, of the 56 254 influenza detections in sentinel and non-sentinel specimens, 37 505 (66.7%) were influenza A and 18 749 (33.3%) were influenza B viruses. Of 27 078 influenza A viruses subtyped, 26 422 (97.6%) were A(H1N1)2009 virus and 656 (2.4%) were A(H3) viruses (Table 2). Trends of virological detections since week 40/2010 are shown in Figures 1–3.

Since week 40/2010, 3 640 influenza viruses from sentinel and non-sentinel specimens have been characterised antigenically (Figure 4): 1 842 as A/California/7/2009 (H1N1)-like, 1 522 as B/Brisbane/60/2008-like (Victoria lineage), 138 as A/Perth/16/2009 (H3N2)-like, 136 as B/Florida/4/2006-like (Yamagata lineage) and two as B/Bangladesh/3333/2007-like (Yamagata lineage).

Since week 40/2010, Denmark, Germany, Ireland, Italy, the Netherlands, Norway, Spain and the UK have reported antiviral resistance data to TESSy. Ninety-one of 1984 influenza A(H1)2009 viruses tested were resistant to oseltamivir but all viruses tested remained sensitive for zanamivir. All the resistant viruses carried the NA H275Y substitution. Seventeen of 55 resistant viruses, from patients for whom exposure to antivirals was known, were from patients who had not been treated with oseltamivir. These patients were probably infected with resistant viruses carrying the NA H275Y substitution.

More details on circulating viruses can be found in the [report](#) prepared by the Community Network of Reference Laboratories (CNRL) coordination team.

In week 13/2011, respiratory syncytial virus detections continued to decline in 14 reporting countries (Figure 5).

Table 2: Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40/2010–13/2011

Virus type/subtype	Current Period		Season	
	Sentinel	Non-sentinel	Sentinel	Non-sentinel
Influenza A	6	106	8326	29179
A(H1)2009	5	54	7426	18996
A (subtyping not performed)	1	46	684	9743
A (not subtypable)	0	0	0	0
A (H3)	0	6	216	440
A (H1)	0	0	0	0
Influenza B	80	152	5433	13316
Total Influenza	86	258	13759	42495

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 40/2010–13/2011

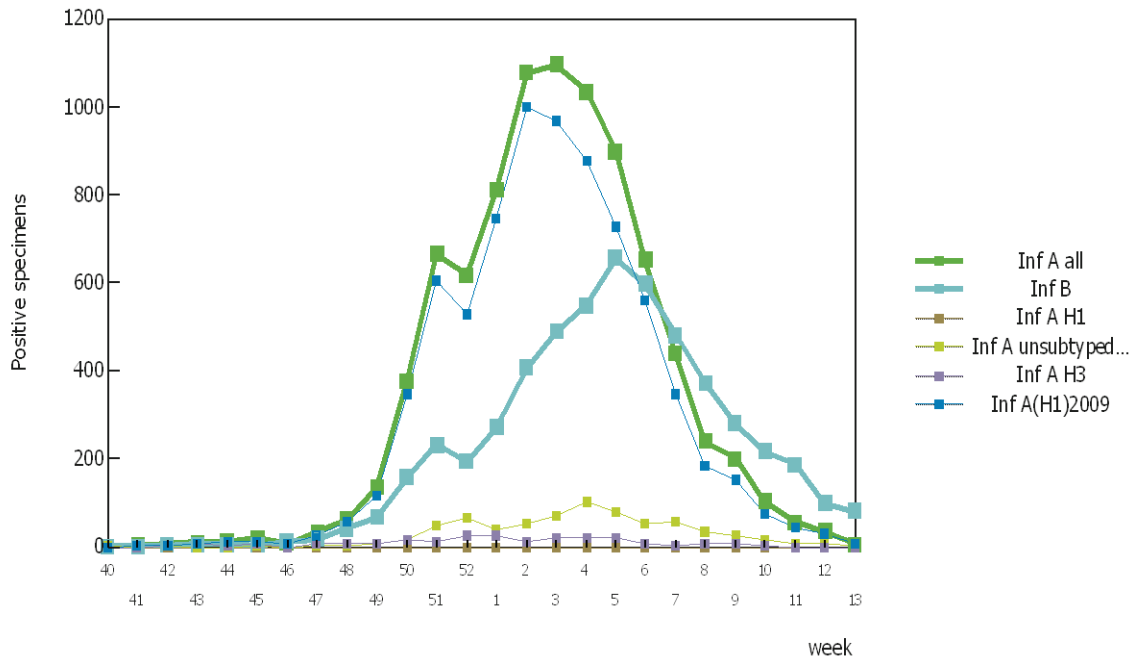


Figure 2: Number of non-sentinel specimens positive for influenza by type, subtype and week of report, weeks 40/2010–13/2011

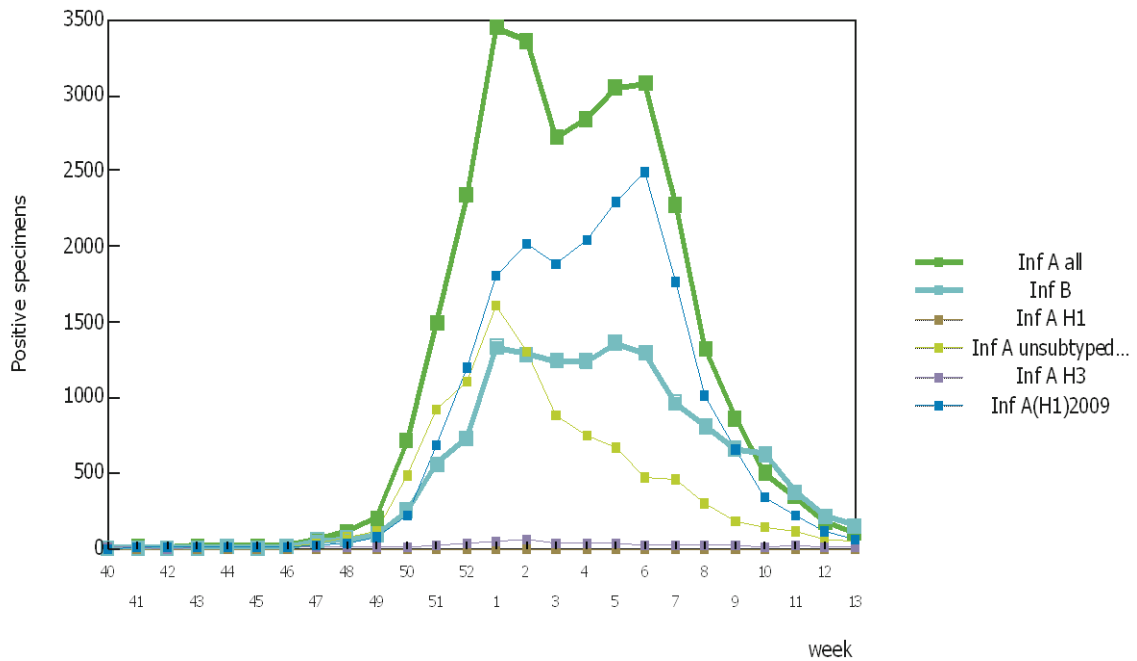


Figure 3: Proportion of sentinel samples positive for influenza, weeks 40/2010–13/2011

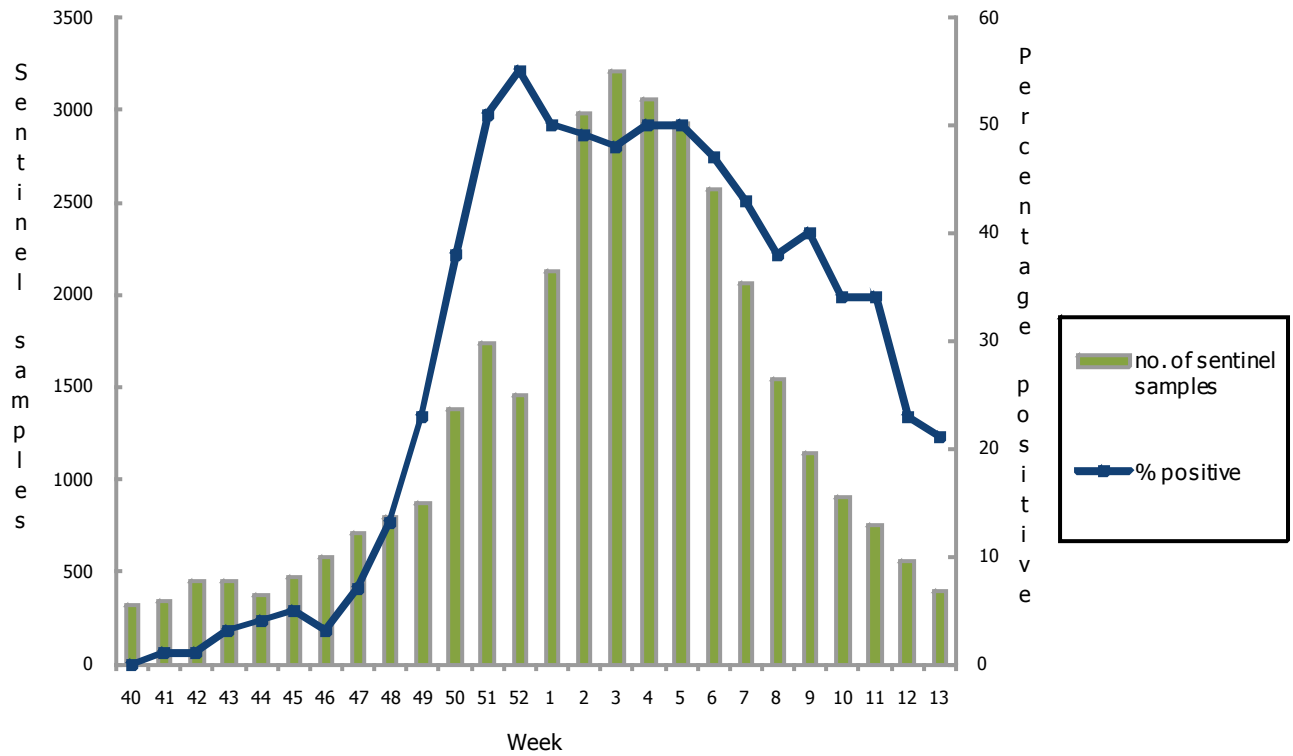


Figure 4: Results of antigenic characterisations of sentinel and non-sentinel influenza virus isolates, weeks 40/2010–13/2011

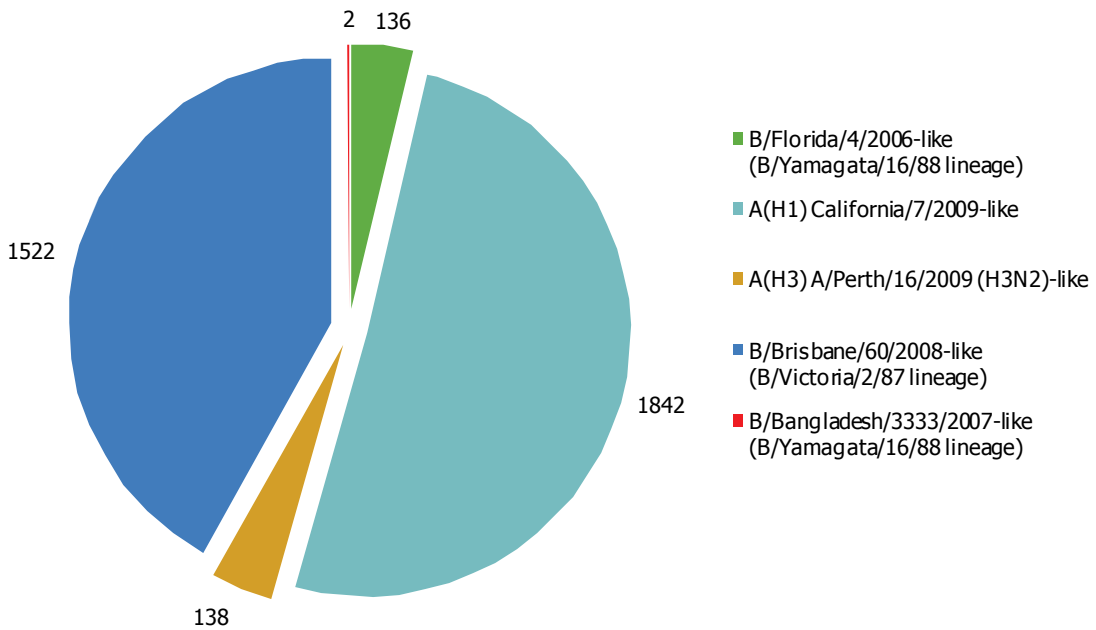
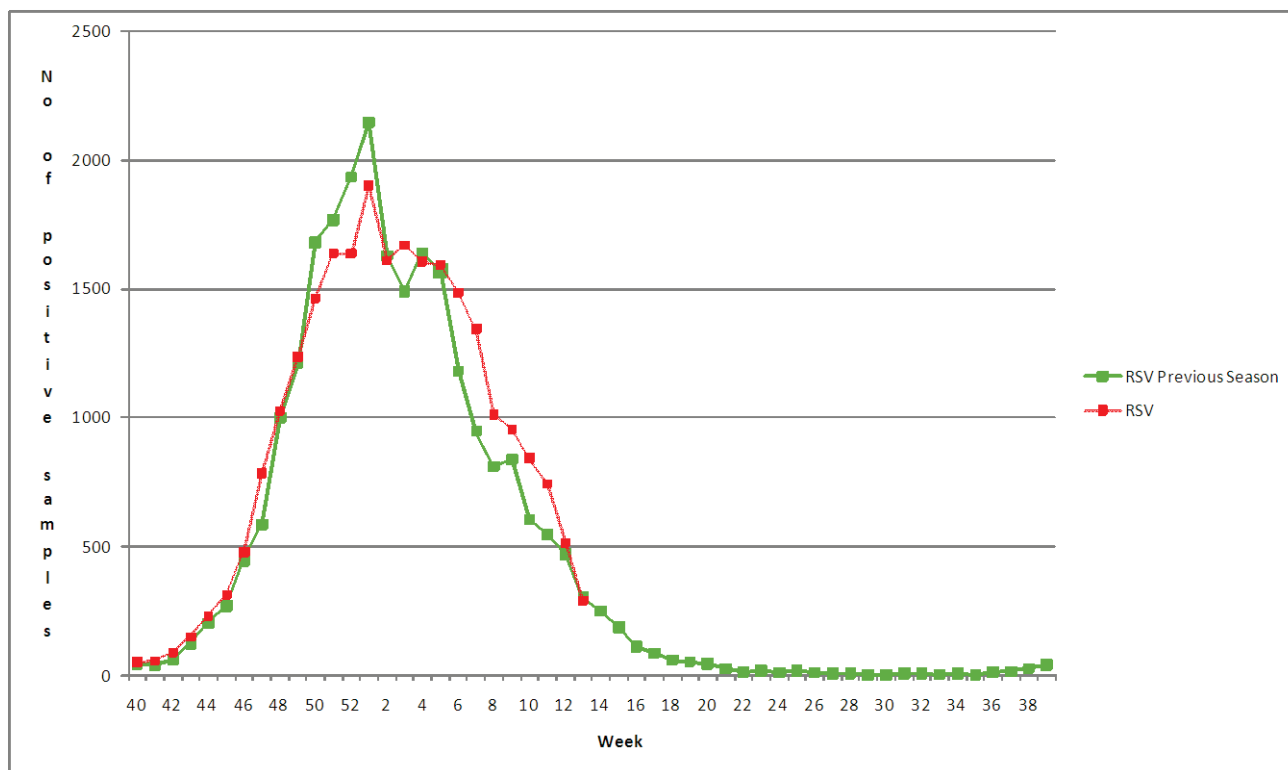


Table 3: Antiviral resistance by influenza virus type and subtype, weeks 40/2010–13/2011

Virus type and subtype	Resistance to neuraminidase inhibitors				Resistance to M2 inhibitors	
	Oseltamivir		Zanamivir		Isolates tested	Resistant n (%)
	Isolates tested	Resistant n (%)	Isolates tested	Resistant n (%)		
A(H3)	4	0	4	0	2	2 (100)
A(H1)	0	0	0	0	0	0
A(H1)2009	1984	91 (4.6)	1984	0	178	178 (100)
B	338	0	328	0	NA*	NA*

* NA - not applicable, as M2 inhibitors do not act against influenza B viruses.
 Data are from single location (e.g. H275Y only) or multiple location mutation analysis (full sequencing) and/or phenotypic characterisation (IC50 determination), and therefore data should be interpreted in this context.

Figure 5: Respiratory syncytial virus (RSV) detections, sentinel and non-sentinel, weeks 40/2010–13/2011



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

During week 13/2011, a total of 22 SARI cases were reported to TESSy by Belgium, Romania and Slovakia. Of these 22 SARI cases, four were infected with A(H1N1)2009 influenza virus and one by an influenza B virus. Additionally, Austria, Spain and France reported five severe influenza cases requiring hospitalisation.

Since week 40/2010, 4 738 hospitalised cases with severe respiratory illness were notified, of which 3 127 (66.0%) were due to an influenza virus infection. Of 3 127 influenza virus positive specimens, 2 921 (93.4%) were type A and 206 (6.6%) were type B. Of 2 762 subtyped influenza A viruses, 2 740 (99.2%) were influenza A(H1N1)2009 and the remaining 22 (<1%) were of the H3 subtype (Table 6).

Since week 40/2010, 1 907 admissions to ICU were reported, 1 021 (53.5%) of whom required ventilation (Table 8).

In 3 419 cases with severe respiratory illness with available information, 1 354 (39.6%) had no prior underlying conditions. The two most common associated underlying conditions were obesity (9.7%) and chronic lung condition (8.2%), respectively (Figure 7).

Table 4: Cumulative number of SARI cases, weeks 40/2010–13/2011

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
Finland	76		13		
Portugal	418		45		
Romania	417	6.5	30	0.47	6413821
Belgium	922				
Spain	1380		155		
Malta	55		1		
Slovakia	188	3.46	21	0.39	5433385
Austria	372		12		
France	788		142		
Ireland	122		23		
Total	4738		442		

Figure 6: Number of SARI cases by week of onset, weeks 40/2010-13/2011

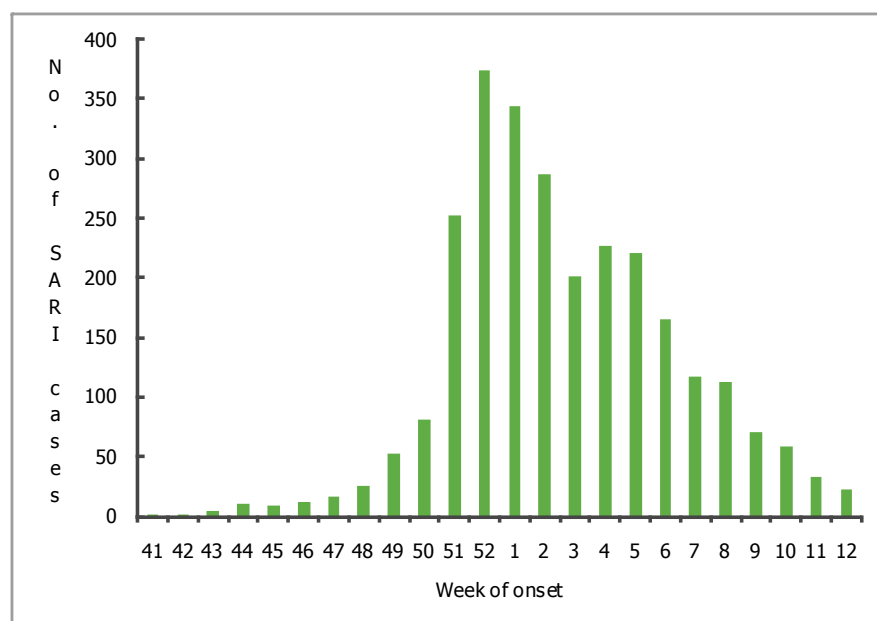


Table 5: Number of SARI cases by age and gender, weeks 40/2010–13/2011

Age groups	Male	Female	Unknown
Under 2	344	253	6
2-17	367	327	7
18-44	599	572	2
45-59	674	485	3
>=60	592	460	3
Unknown	32	12	
Total	2608	2109	21

Table 6: Number of SARI cases by influenza type and subtype, week 13/2011

Virus type/subtype	Number of cases during current week	Cumulative number of cases since the start of the season
Influenza A	6	2921
A(H1)2009	6	2740
A(subtyping not performed)		159
A(H1)		
A(H3)		22
Influenza B	1	206
Other Pathogen	1	36
Unknown	19	1575
Total	27	4738

Table 7: Number of SARI cases by antiviral treatment, weeks 40/2010–13/2011

Antiviral treatment	Number of patients who received prophylaxis	Number of patients who received anti-viral treatment
Oseltamivir	55	1733
Zanamivir	1	22
Oseltamivir and Zanamivir		11
Other (or combinations with other)	113	118
Unknown	3303	2531
None	1266	323
Total	4738	4738

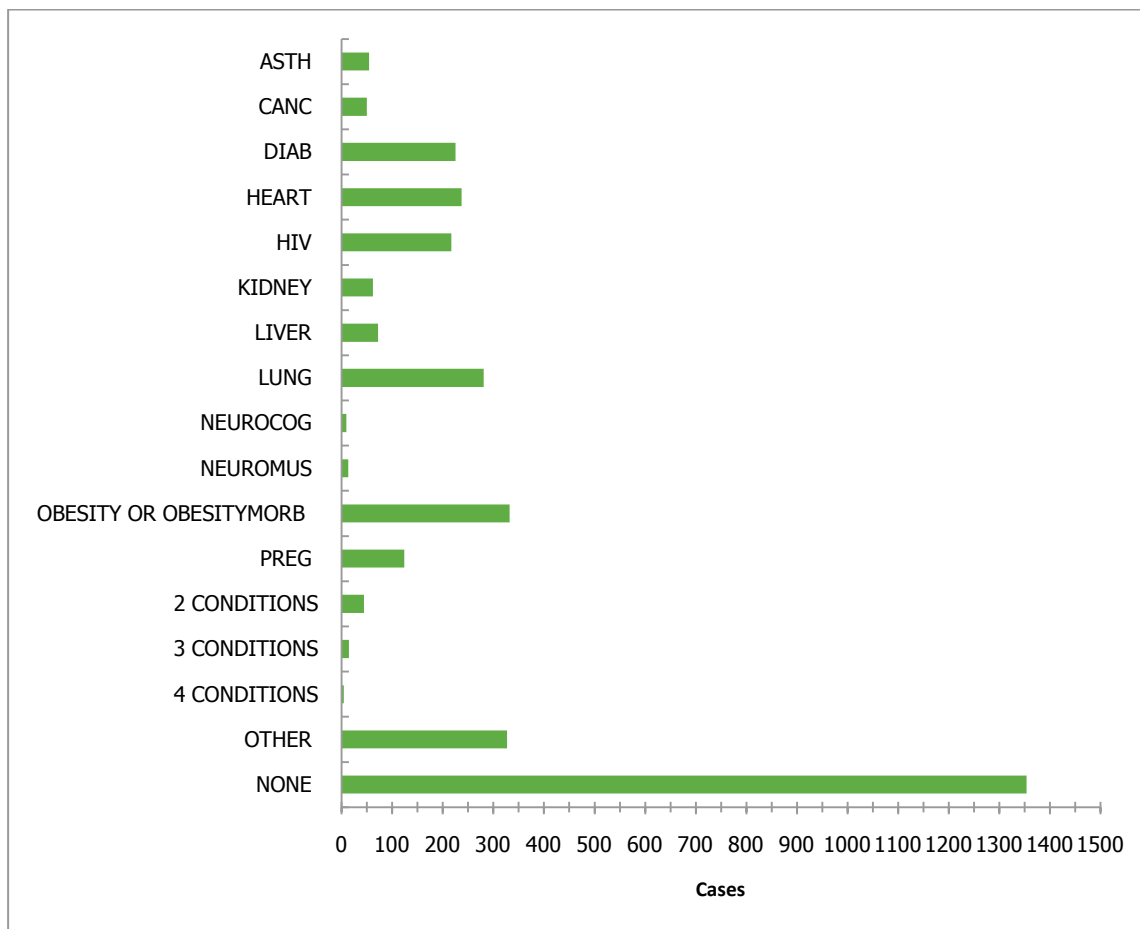
Table 8: Number of SARI cases by level of care and respiratory support, weeks 40/2010–13/2011

Respiratory support	ICU	Inpatient ward	Other	Unknown
No respiratory support available			1	
No respiratory support necessary	173	464	431	
Oxygen therapy	132	196	384	
Respiratory support given unknown	581	309	749	228
Ventilator	1021	17	6	46

Table 9: Number of SARI cases by vaccination status, weeks 40/2010–13/2011

Vaccination Status	Number Of Cases	Percentage of cases
Both, monovalent 2009 pandemic H1N1 and seasonal 2010 vaccination	125	2.6
Monovalent 2009 pandemic H1N1 vaccination	48	1
Not vaccinated	2150	45.4
Seasonal 2010 vaccination	257	5
Unknown	2158	45.5
TOTAL	4738	

Figure 7: Number of SARI cases by underlying condition, weeks 40/2010–13/2011



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.

Table 10: Number of underlying conditions in SARI cases by age group, weeks 40/2010–13/2011

Underlying condition/risk factor	0-11 months	1-4 years	5y-14	15-24	25-64	>=65
Asthma	2	8	5	5	40	4
Cancer		1	1		39	12
Diabetes		3	4	3	162	77
Chronic heart disease	15	7	4	6	149	85
HIV/other immune deficiency		6	10	12	143	46
Chronic lung disease	12	19	8	8	169	71
No underlying condition	333	305	131	59	439	67
Obesity (BMI between 30 and 40)		1	3	9	234	32
Pregnancy			1	25	102	
Underlying condition unknown	81	148	67	68	737	206
Other (including all other conditions)	35	31	30	14	295	196

Table 11: Additional clinical complications in SARI cases by age group, weeks 40/2010–13/2011

Additional clinical complications	0-11 months	1-4 years	5y-14	15-24	25-64	>=65
Acute respiratory distress syndrome	49	89	50	49	649	132
Bronchiolitis	5	2			3	
Encephalitis		1	1	1	2	
Myocarditis					2	1
None	23	31	23	45	150	42
Other (please specify separately)	3	8	6	2	94	25
Pneumonia (secondary bacterial infection)	48	115	42	50	911	224
Sepsis/Multi-organ failure	1	1	1		44	9
Unknown	349	285	140	65	747	367

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 show influenza-associated hospitalisations (and some emergency hospital consultations), use of higher level care and mortality.

Denmark: Up to 4 April (week 13/2011), a cumulative total of 155 influenza patients with a median age of 55 years (range 1 week to 83 years) have been reported by intensive care units (ICUs) in Denmark. Three patients were admitted to an ICU in week 13/2011 compared with six new admissions in week 12. Other influenza surveillance systems in the country show low activity. The pressure on the wards, reflected by the proportion of ICU beds used for influenza patients, remained at the same level as the previous week. On Monday, 4 April 2011, at 8:00 am, eight influenza patients were in ICUs, corresponding to 2.6% of the total number of occupied ICU beds in the country. Of the ICU patients, 115 were diagnosed with influenza A, 45 of whom were reported to be further subtyped as A(H1N1)2009. Forty patients had an influenza B virus infection. Eleven patients with influenza A and three patients with influenza B virus infection received extracorporeal membrane oxygenation (ECMO). Nineteen patients with confirmed influenza A and seven with influenza B virus infection died. Twenty-four patients were reported to be previously healthy, and for another 39 patients, no underlying condition was reported. For 92 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 28 of the 155 patients had received the 2010/2011 seasonal influenza vaccine between weeks 39 and 50/2010. The other 127 patients were probably not vaccinated with the 2010/2011 seasonal influenza vaccine.

Spain: [ISCHII influenza link here](#). 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 13/2011, 1380 severe hospitalised confirmed influenza cases have been reported. Severely affected cases were mostly in the 15–64 year age groups (63%), 19% were less than five years old and 18% were more than 64 years old. 26% of them with no known risk factors. Of 1374 cases with outcome information, 155 died (13% with no known risk factors). Of the severe cases, 892 had information available on the status of influenza vaccination for the 2010/2011 season and only 134 cases (15%) had been immunised. Monovalent pandemic vaccines 2009 were reported to have been received for 10% of hospitalised cases. Most of the severe and fatal cases included in the groups which were recommended influenza vaccination had not been vaccinated this season.

The report text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC): Eeva Broberg, Flaviu Plata, Phillip Zucs 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 Bianca Sniijders (RIVM Bilthoven, The Netherlands) and Thedi Ziegler (National Institute for Health and Welfare, Finland). Additionally the report is reviewed by experts of WHO regional office Europe.

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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