



SURVEILLANCE REPORT

Weekly influenza surveillance overview

19 October 2012

Main surveillance developments in week 41/2012 (8–14 Oct 2012)

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

- During week 41/2012, all 24 reporting countries experienced low intensity of clinical influenza activity, 20 countries notified no geographic spread. Three countries reported increasing trends.
- Of 219 sentinel specimens tested by 27 countries, three (1.4%) were positive for influenza virus. From non-sentinel sources, eight influenza A viruses and five influenza B viruses were detected.
- No severe hospitalised laboratory-confirmed influenza cases have been reported since week 40/2012.

During the second week of the 2012–2013 influenza surveillance season, there was no evidence of significant influenza activity in Europe.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): Influenza activity of low-intensity was notified by all 24 countries reporting, with the majority of them indicating sporadic spread or no activity. For more information, [click here](#).

Virological surveillance: Twenty-seven countries reported virological data. Sentinel physicians collected 219 specimens, of which three (1.4%) were positive for influenza virus. For more information, [click here](#).

Hospital surveillance of influenza laboratory-confirmed cases: In week 41/2012, no severe hospitalised laboratory-confirmed influenza case was reported. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

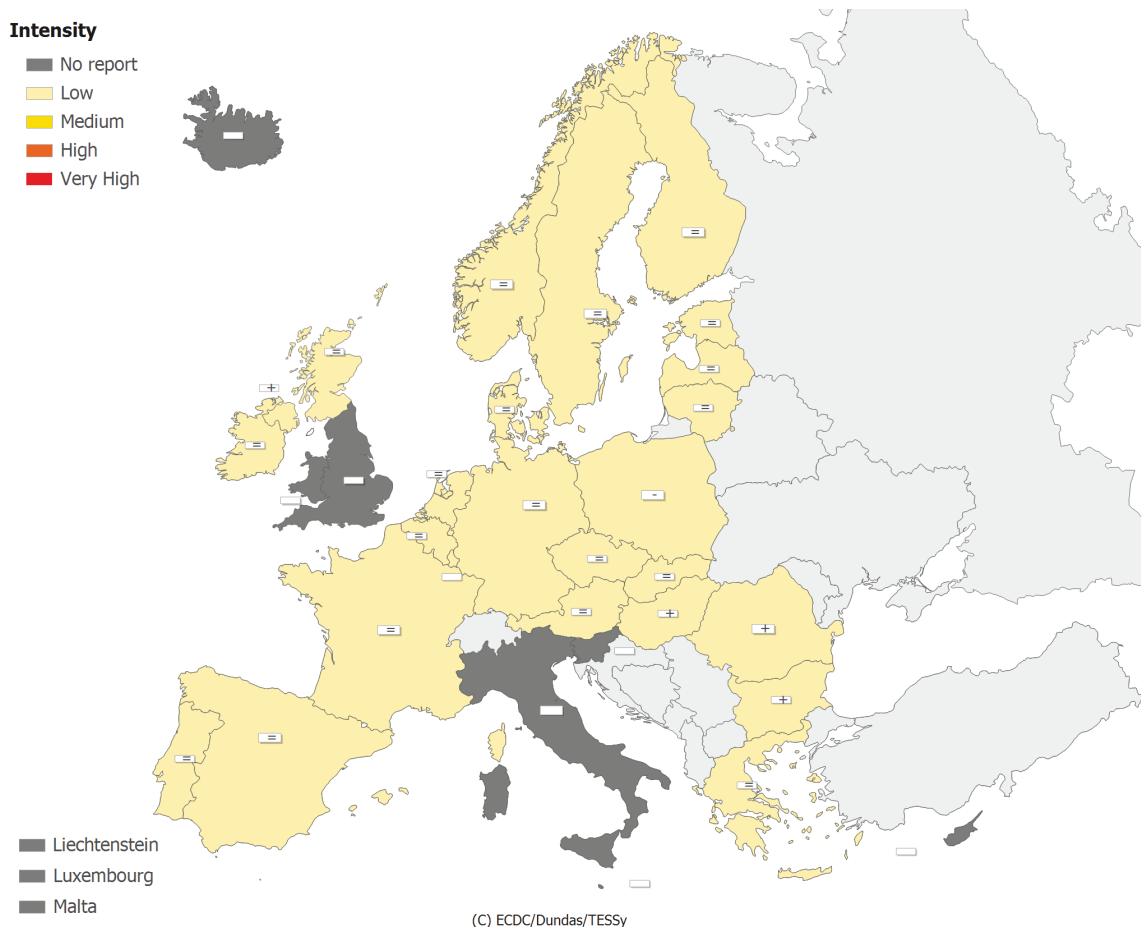
Weekly analysis – epidemiology

During week 41/2011, 24 countries reported clinical data. All reporting countries experienced low-intensity influenza activity (Table 1, Map 1).

Sporadic activity was reported by four countries (Czech Republic, France, Lithuania and Norway). No geographic spread was reported by 20 reporting countries (Table 1, Map 2).

Stable trends in clinical activity were reported by 18 countries and the UK (Scotland), while increasing trends were reported by Bulgaria, Hungary, Romania and the UK (Northern Ireland). A decreasing trend was reported by Poland (Table 1, Map 2).

Map 1. Intensity for week 41/2012



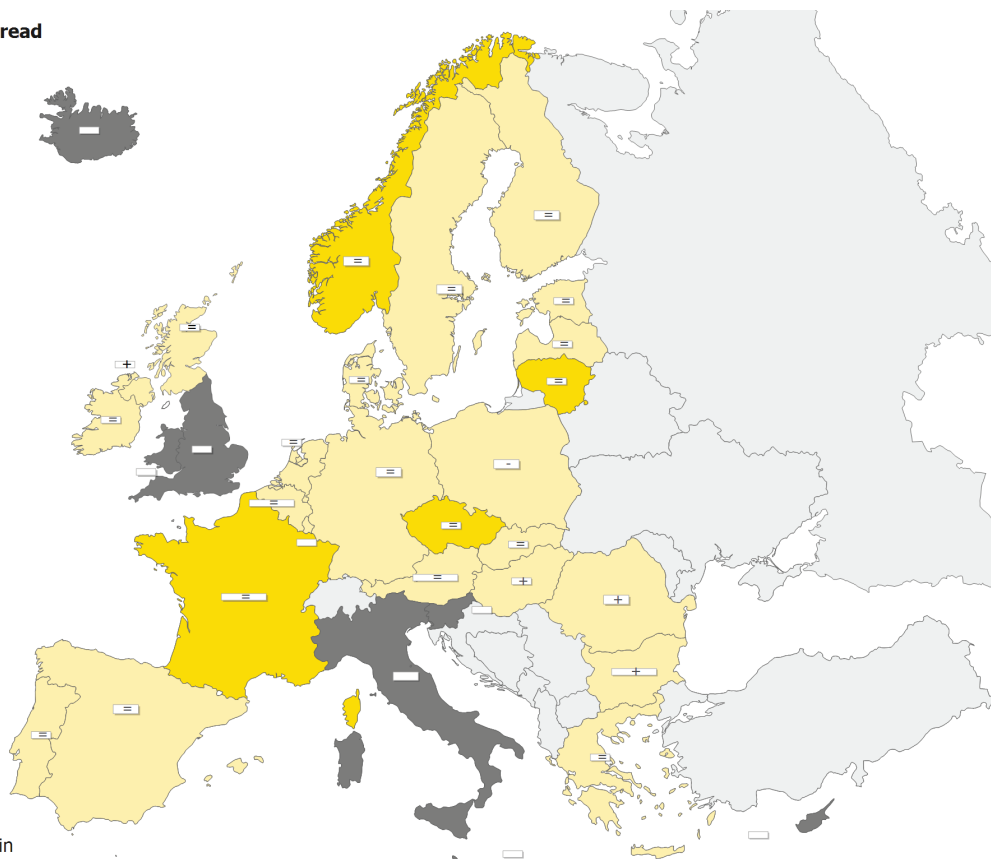
* A type/subtype is reported as dominant when at least ten samples have been detected as influenza positive in the country and of those > 40 % are positive for the type/subtype.
 Legend:

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 41/2012

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 41/2012

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	Stable	0	None	0.0	10.3	-	Graphs	Graphs
Belgium	Low	No activity	Stable	13	None	0.0	60.6	1779.2	Graphs	Graphs
Bulgaria	Low	No activity	Increasing	0	None	0.0	-	555.7	Graphs	Graphs
Cyprus				-	-	0.0	-	-		
Czech Republic	Low	Sporadic	Stable	16	None	12.5	17.7	765.0	Graphs	Graphs
Denmark	Low	No activity	Stable	4	None	0.0	12.9	-	Graphs	Graphs
Estonia	Low	No activity	Stable	2	None	0.0	5.0	216.6	Graphs	Graphs
Finland	Low	No activity	Stable	7	None	0.0	-	-	Graphs	Graphs
France	Low	Sporadic	Stable	48	-	2.1	-	1683.8	Graphs	Graphs
Germany	Low	No activity	Stable	15	None	0.0	-	1166.5	Graphs	Graphs
Greece	Low	No activity	Stable	0	-	0.0	30.2	-	Graphs	Graphs
Hungary	Low	No activity	Increasing	-	None	0.0	52.6	-	Graphs	Graphs
Iceland				0	-	0.0	-	-	Graphs	Graphs
Ireland	Low	No activity	Stable	7	None	0.0	4.4	-	Graphs	Graphs
Italy				-	-	0.0	-	-		
Latvia	Low	No activity	Stable	0	None	0.0	0.0	1253.5	Graphs	Graphs
Lithuania	Low	Sporadic	Stable	1	None	0.0	1.1	519.3	Graphs	Graphs
Luxembourg	Low	No activity	No information available	0	None	0.0	-*	-*	Graphs	Graphs
Malta				0	None	0.0	-*	-*	Graphs	Graphs
Netherlands	Low	No activity	Stable	21	None	0.0	33.5	-	Graphs	Graphs
Norway	Low	Sporadic	Stable	1	None	0.0	22.8	-	Graphs	Graphs
Poland	Low	No activity	Decreasing	11	None	0.0	101.6	-	Graphs	Graphs
Portugal	Low	No activity	Stable	4	None	0.0	19.3	-	Graphs	Graphs
Romania	Low	No activity	Increasing	7	-	0.0	0.6	706.9	Graphs	Graphs
Slovakia	Low	No activity	Stable	0	None	0.0	135.9	1509.9	Graphs	Graphs
Slovenia				8	None	0.0	-	-	Graphs	Graphs
Spain	Low	No activity	Stable	20	None	0.0	6.2	-	Graphs	Graphs
Sweden	Low	No activity	Stable	12	-	0.0	2.1	-	Graphs	Graphs
UK - England				13	None	0.0	-	-	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Increasing	1	None	0.0	15.6	342.4	Graphs	Graphs
UK - Scotland	Low	No activity	Stable	8	None	0.0	7.9	393.3	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
Europe				219		1.4			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 ILI, 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 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 41/2012, 27 countries reported virological data. Of 219 sentinel specimens tested, three (1.4%) were positive for influenza virus (Tables 1 and 2, Figure 1). Thirteen non-sentinel source specimens, e.g. specimens collected for diagnostic purposes in hospitals, were found to be positive for influenza virus (Table 2).

All three influenza virus detections in sentinel specimens since week 40/2012, were type A viruses.

Of the 29 influenza viruses detected from non-sentinel sources since week 40/2012, 20 (69%) were type A, and nine (31%) were type B. Since week 40, a total of nine influenza A viruses have been subtyped, four (44.4%) were A(H1)pdm09 and five (55.6%) were a A(H3) viruses. The lineage of one of nine detected influenza B viruses was reported as B (Yamagata) (Table 2).

Since week 40/2012, only one antigenic characterisation has been reported, without being assigned to an antigenic group. More details on the antigenic and genetic characteristics of circulating viruses can be found in the [September report](#) prepared by the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL) coordination team.

No data on sensitivity to antiviral drugs were reported in week 41/2012.

In week 41/2012, eight countries reported 83 respiratory syncytial virus detections, which is similar to numbers reported at the same time of the year in 2011 (Figure 2).

Table 2. Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40/2012–41/2012

Virus type/subtype	Current period Sentinel	Current period Non-sentinel	Season Sentinel	Season Non-sentinel
Influenza A	3	8	3	20
A(H1)pdm09	0	0	0	4
A(H3)	1	2	1	4
A(sub-type unknown)	2	6	2	12
Influenza B	0	5	0	9
B(Vic) lineage	0	0	0	0
B(Yam) lineage	0	1	0	1
Unknown lineage	0	4	0	8
Total influenza	3	13	3	29

Note: A(H1)pdm09 and A(H3) include both N-sub-typed and non-N-sub-typed viruses

Figure 1. Proportion of sentinel specimens positive for influenza virus, weeks 40/2012–41/2012

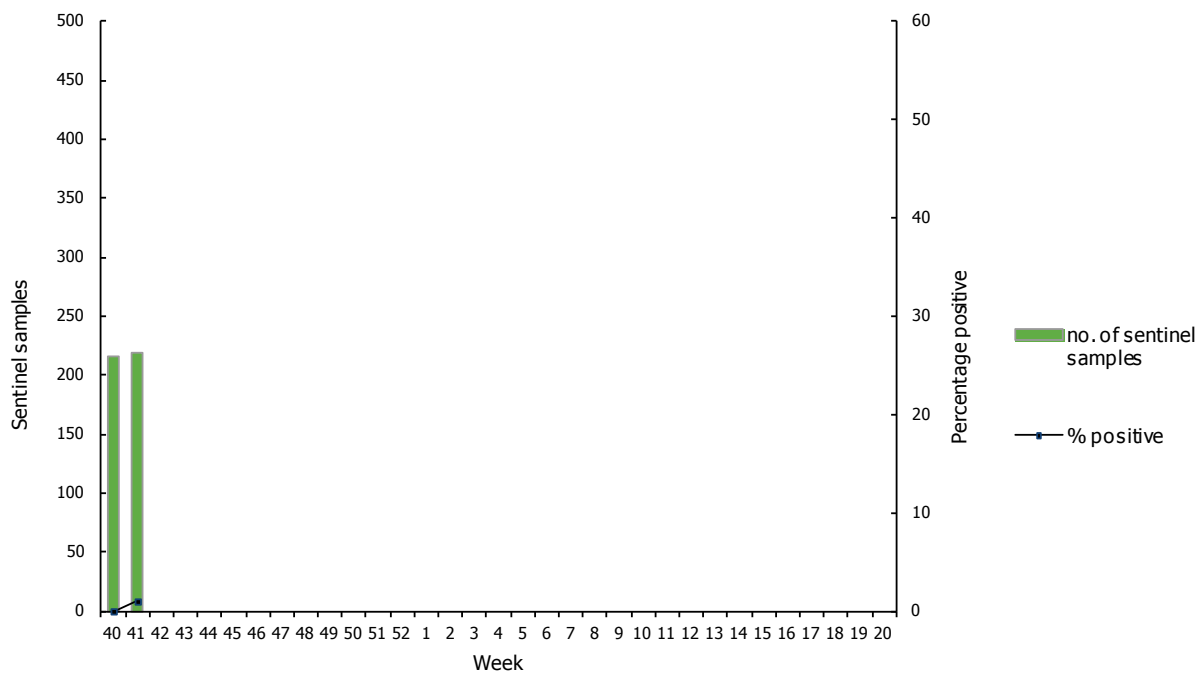
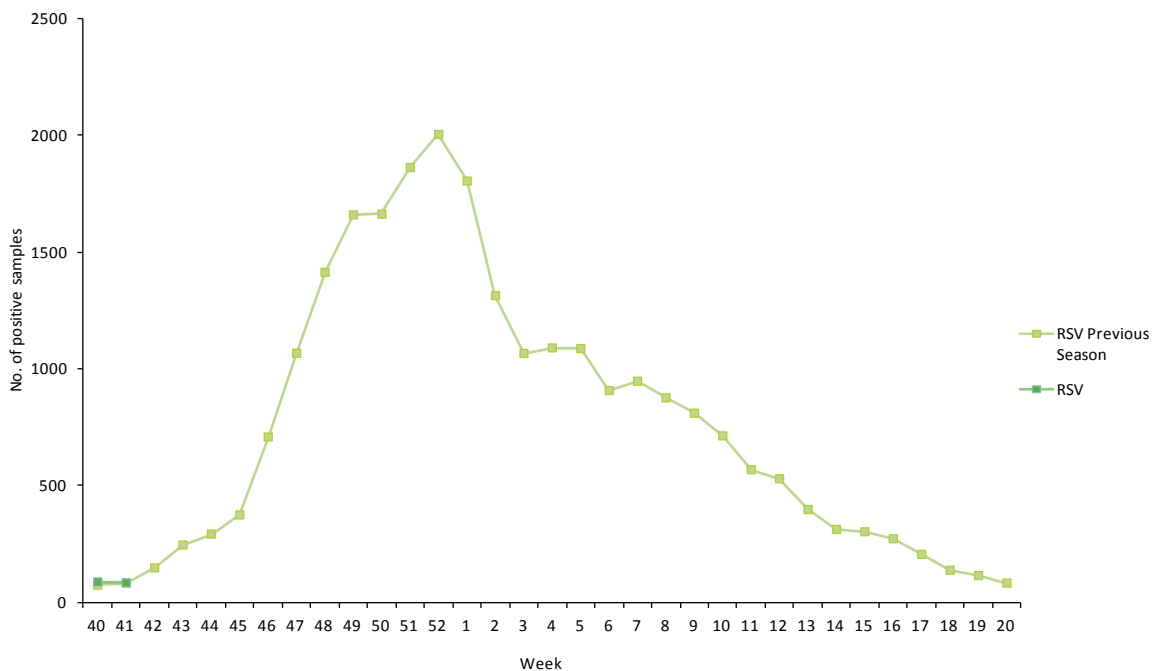


Figure 2. Respiratory syncytial virus (RSV) detections, sentinel and non-sentinel, weeks 40/2012–41/2012



Description of the system

According to the nationally defined sampling strategy, sentinel physicians take nasal or pharyngeal swabs from patients with ILI, 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 the World Health Organization (WHO) for vaccine preparation [click here](#).

Hospital surveillance – severe influenza disease

Weekly analysis of hospitalised influenza laboratory-confirmed cases

Since week 40/2012, no severe hospitalised laboratory-confirmed influenza cases have been 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), Vincent Enouf (Institut Pasteur, France) and Anne Mazick (Statens Serum Institut, Copenhagen). 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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