



SURVEILLANCE REPORT

Fortnightly influenza surveillance overview

5 July 2013

Main surveillance developments in weeks 25-26/2013 (17–30 June 2013)

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 the inter-season period for influenza (from week 21/2013), ECDC is producing overviews on a fortnightly basis. For weeks 25–26/2013:

- all 18 reporting countries experienced low-intensity transmission. Stable trends were reported by almost all reporting countries
- four countries tested five sentinel specimens, none of which was positive for influenza virus
- no hospitalised laboratory-confirmed influenza cases have been reported since week 21/2013.

Influenza activity has been low in Europe since week 21/2013.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): During the two week reporting period, all reporting countries experienced low-intensity influenza activity. For more information, [click here](#).

Virological surveillance: None of the five sentinel specimens tested by four countries was positive for influenza virus. For more information, [click here](#).

Hospital surveillance of influenza laboratory-confirmed cases: Since week 21/2013, no hospitalised laboratory-confirmed influenza cases have been reported. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

Epidemiology

For weeks 25–26/2013, clinical data were reported by 18 countries.

All reporting countries experienced low-intensity influenza activity, the lowest category of reporting (Table 1, Map 1).

Geographic patterns of influenza activity were reported as sporadic or local by Malta, Norway and the UK (Scotland). All other countries reported no activity (Table 1, Map 2).

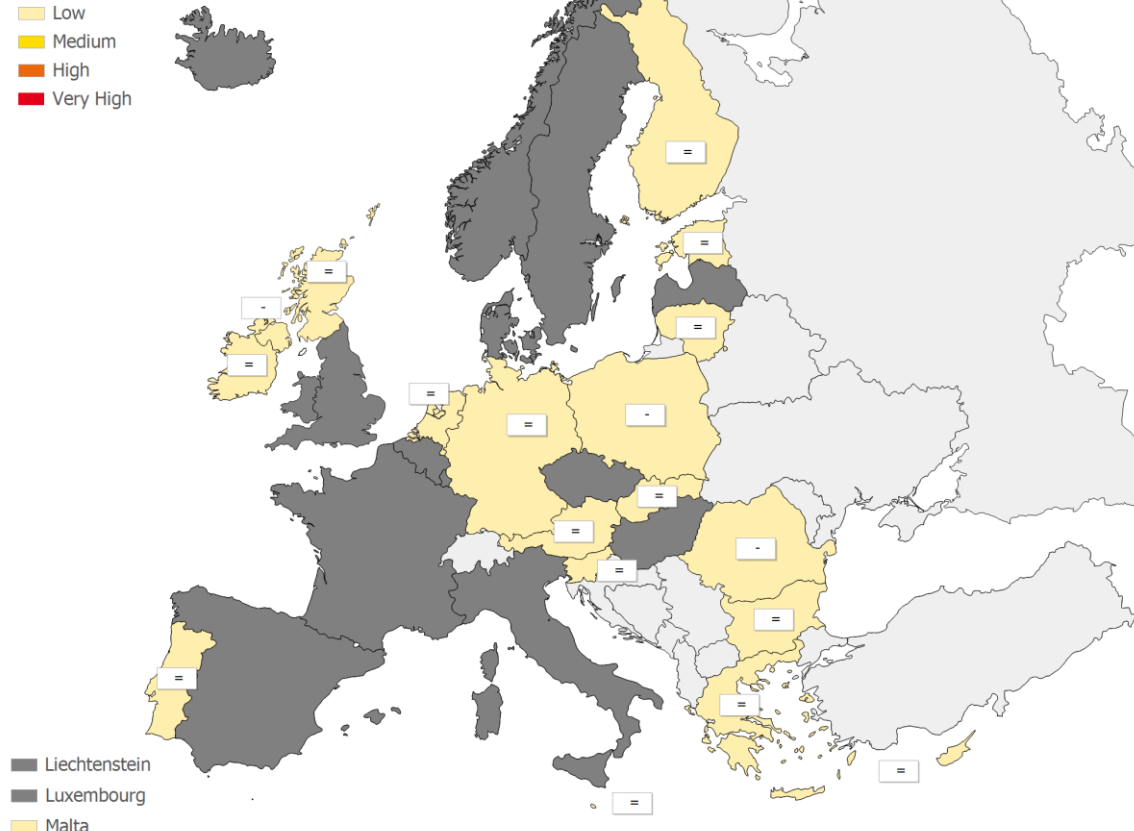
All countries reported stable or decreasing trends (Table 1, Map 2).

Since week 21/2013, all reporting countries have seen a return to baseline levels following the 2012–2013 influenza season.

Map 1. Intensity for week 26/2013

Intensity

- No report
- Low
- Medium
- High
- Very High



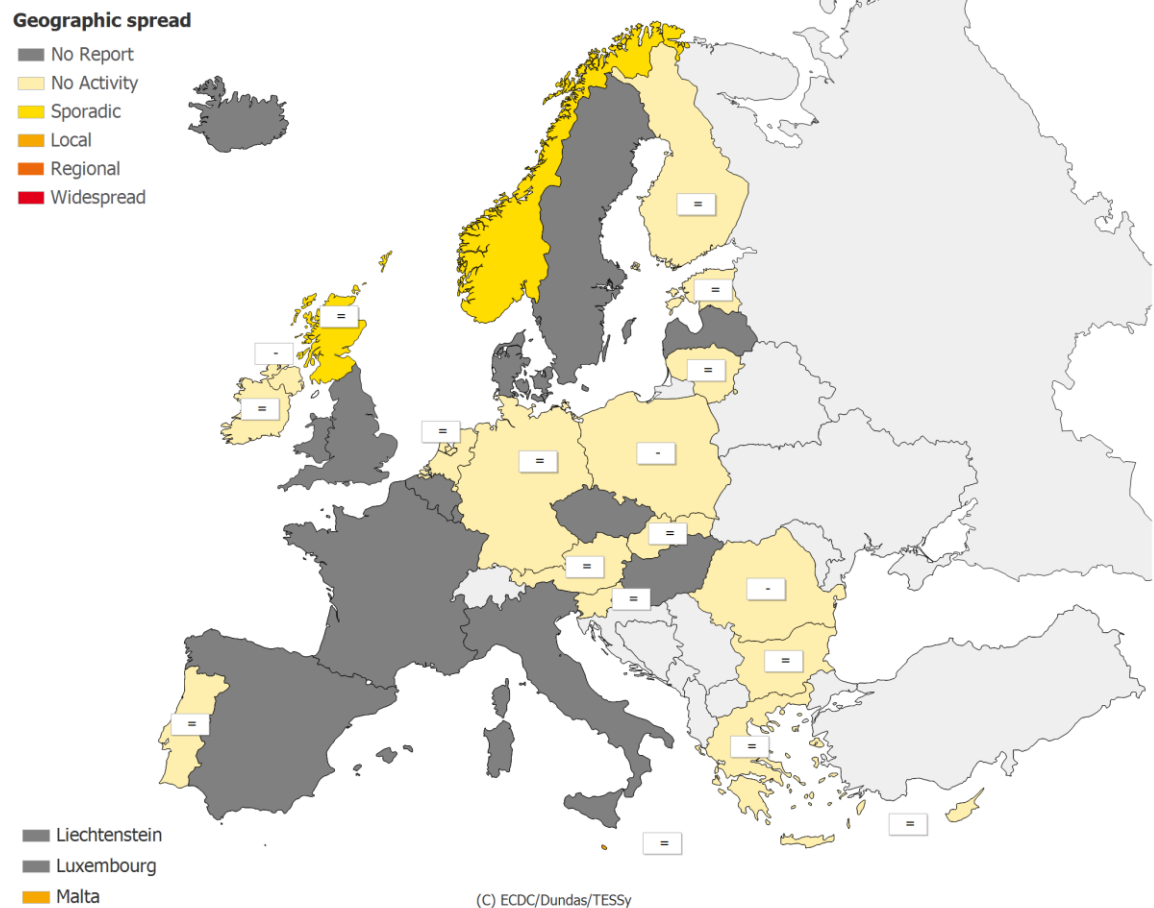
(C) ECDC/Dundas/TESSy

* 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	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 26/2013



* 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 26/2013

Country	Intensity	Geographic spread	Trend	No. of sentinel specimens	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	-	-	Graphs	Graphs
Belgium				-	-	0.0	-	-		
Bulgaria	Low	No activity	Stable	0	None	0.0	-	297.2	Graphs	Graphs
Cyprus	Low	No activity	Stable	-	-	0.0	-*	-*	Graphs	Graphs
Czech Republic				-	-	0.0	-	-		
Denmark				0	None	0.0	-	-	Graphs	Graphs
Estonia	Low	No activity	Stable	1	None	0.0	2.4	99.0	Graphs	Graphs
Finland	Low	No activity	Stable	-	-	0.0	-	-	Graphs	Graphs
France				-	-	0.0	-	-		
Germany	Low	No activity	Stable	-	-	0.0	-	556.5	Graphs	Graphs
Greece	Low	No activity	Stable	0	None	0.0	30.6	-	Graphs	Graphs
Hungary				-	-	0.0	-	-		
Iceland				-	-	0.0	-	-		
Ireland	Low	No activity	Stable	2	None	0.0	0.4	-	Graphs	Graphs
Italy				-	-	0.0	-	-		
Latvia				-	-	0.0	-	-		
Lithuania	Low	No activity	Stable	1	None	0.0	0.0	170.2	Graphs	Graphs
Luxembourg				-	-	0.0	-	-		
Malta	Low	Local	Stable	0	None	0.0	-*	-*	Graphs	Graphs
Netherlands	Low	No activity	Stable	1	None	0.0	13.3	-	Graphs	Graphs
Norway	No information available	Sporadic	No information available	0	None	0.0	-	-	Graphs	Graphs
Poland	Low	No activity	Decreasing	0	None	0.0	82.9	-	Graphs	Graphs
Portugal	Low	No activity	Stable	0	None	0.0	0.0	-	Graphs	Graphs
Romania	Low	No activity	Decreasing	0	None	0.0	0.0	399.2	Graphs	Graphs
Slovakia	Low	No activity	Stable	0	None	0.0	51.3	851.5	Graphs	Graphs
Slovenia	Low	No activity	Stable	0	None	0.0	0.0	558.4	Graphs	Graphs
Spain				0	None	0.0	-	-	Graphs	Graphs
Sweden				0	-	0.0	-	-	Graphs	Graphs
UK - England				-	-	0.0	-	-		
UK - Northern Ireland	Low	No activity	Decreasing	0	None	0.0	3.9	251.0	Graphs	Graphs
UK - Scotland	Low	Sporadic	Stable	-	None	0.0	3.3	296.1	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
Europe				5		0.0				

* 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 (TESSy) database. Additional semi-quantitative indicators of intensity, geographic spread, and trend of influenza activity at the national level are also reported.

Virological surveillance

For weeks 25–26/2013, four countries tested five sentinel specimens, of which none was positive for influenza virus (Tables 1–2).

In addition, 10 non-sentinel source specimens (e.g. specimens collected for diagnostic purposes in hospitals) were found to be positive for influenza virus, of which seven were type A and three type B (Table 2, Figure 2).

For weeks 25–26/2013, no genetic or antigenic characterisations of influenza viruses have been reported.

More detail on the viruses that circulated between 1 December 2012 and 31 May 2013 can be found in the [May Report](#) prepared by the European Reference Laboratory Network for Human Influenza (ERLI-Net) coordination team. The viruses circulating during this inter-season period (weeks 21–26/2013) remain well-matched with the vaccine viruses for the 2012–13 season.

Since week 21/2013, one influenza A(H1N1)pdm09 virus and two influenza B viruses have been tested for antiviral susceptibility. None of them showed indications of reduced inhibition by neuraminidase inhibitors.

For weeks 25–26/2013, five countries reported five respiratory syncytial virus detections, remaining at the baseline level.

Table 2. Weekly (weeks 25–26/2013) and cumulative (from week 21/2013) influenza virus detections by type, subtype and surveillance system

Virus type/subtype	Current period Sentinel	Current period Non-sentinel	Season Sentinel	Season Non-sentinel
Influenza A	0	7	2	76
A(H1)pdm09	0	1	2	11
A(H3)	0	2	0	23
A(sub-type unknown)	0	4	0	42
Influenza B	0	3	0	46
B(Vic) lineage	0	1	0	1
B(Yam) lineage	0	0	0	7
Unknown lineage	0	2	0	38
Total influenza	0	10	2	122

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

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 of the current virus strains recommended by WHO for vaccine preparation [click here](#).

Hospital surveillance – severe influenza disease

Weekly analysis of hospitalised laboratory-confirmed influenza cases

For weeks 25–26/2013, no hospitalised laboratory-confirmed influenza cases were reported.

The EuroMOMO mortality monitoring system

Analysis of pooled data from 9 countries or regions in week 26/2013 showed that all-cause mortality has been at normal levels since week 17/2013.

Further details are available on <http://www.euromomo.eu/results/pooled.html>

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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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