

SURVEILLANCE REPORT

Influenza surveillance overview

19 May-27 July 2014

Main surveillance developments during weeks 21–30/2014 (19 May–27 July 2014)

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

For weeks 21 to 30/2014:

- Low intensity and local or sporadic activity were indicated by all countries submitting reports. ILI and ARI levels remained at or below baseline levels in all countries.
- Ten sentinel specimens tested positive for influenza, eight of which were type A viruses.
- Two countries reported a total of seven hospitalised laboratory-confirmed influenza cases, five of these cases were admitted to ICU and there was one death.

Overall, influenza activity and circulation of influenza viruses in reporting countries was low in Europe during the period in question.

Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI): Low intensity was reported by all countries submitting reports. For more information, [click here](#).

Virological surveillance: For weeks 21 to 30/2014, 10 of 286 specimens (3.5 %) tested positive for influenza. For more information, [click here](#).

Hospital surveillance of laboratory-confirmed influenza cases: During weeks 21 to 30/2014, seven laboratory-confirmed influenza cases were reported by two countries, one of which resulted in death. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

Over weeks 21 to 30/2014, clinical data were reported by 15 to 19 countries on a weekly basis. Low intensity was reported by all countries submitting reports.

Geographic patterns of influenza activity varied across Europe: sporadic activity over a period of one to seven weeks was reported by Croatia, Estonia, Germany, Lithuania and the UK (Northern Ireland). Sporadic activity was reported during ten weeks of surveillance by the UK (Scotland). No activity was reported by the remaining 11 countries.

Increasing trends were reported for three weeks at most by Poland, Romania and the UK (Northern Ireland). Stable and decreasing trends were reported by all other countries and ILI/ARI rates remained at or below baseline levels in all countries.

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.

Table 1. Virological overview by country, weeks 21 to 30/2014

Country	No. of sentinel specimens	Dominant type	Positive specimens
Austria	-	-	
Belgium	4	None	0
Bulgaria	0	None	0
Croatia	-	-	
Cyprus	-	-	
Czech Republic	-	-	
Denmark	1	None	0
Estonia	2	None	0
Finland	7	None	0
France	20	None	0
Germany	141	None	0
Greece	0	None	0
Hungary	-	-	
Iceland	0	-	0
Ireland	27	None	0
Italy	-	-	
Latvia	0	None	0
Lithuania	1	-	1
Luxembourg	-	-	
Malta	0	None	0
Netherlands	28	None	2
Norway	12	None	3
Poland	1	None	1
Portugal	0	None	0
Romania	-	-	
Slovakia	1	None	0
Slovenia	28	None	1
Spain	0	None	0
Sweden	0	-	0
UK - England	0	A(H3)	0
UK - Northern Ireland	7	None	0
UK - Scotland	0	-	0
UK - Wales	6	None	2
Europe	286		10

**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.*

Virological surveillance

Between week 21 and week 30/2014, 286 sentinel specimens were tested across 14 countries and 10 (3.5%) of these were positive for influenza virus (Tables 1 and 2). Of the positive specimens, eight were type A and two were type B. Of seven type A viruses subtyped, all were A(H3) (Table 2). Non-sentinel virus detections are summarised in Table 2.

The results of 59 antigenic and 30 genetic characterisations of sentinel and non-sentinel viruses were similar to those observed during the 2013–2014 season. More details on viruses circulating during the 2013–2014 season can be found in the [WHO CC Report, June 2014](#).

Between weeks 21 and 30/2014 three viruses, two A(H3) and one A(H1)pdm09, were tested for susceptibility to neuraminidase inhibitors. None of them showed reduced susceptibility.

Table 2. Influenza virus detections by type, subtype and surveillance system, weeks 21–30/2014

Virus type/subtype	Sentinel weeks 21 to 30/2014	Non Sentinel weeks 21 to 30/2014
Influenza A	8	326
A(H1)pdm09	0	38
A(H3)	7	86
A(sub-type unknown)	1	202
Influenza B	2	111
B(Vic) lineage	0	1
B(Yam) lineage	2	8
Unknown lineage	0	102
Total influenza	10	437

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. The non-sentinel part of the surveillance system comprises viruses submitted from hospital and peripheral diagnostic laboratories to the influenza-specific reference laboratories for (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

Analysis of hospitalised laboratory-confirmed influenza cases

During weeks 21 to 30/2014, a total of seven hospitalised laboratory-confirmed influenza cases were reported by Slovakia and Spain. Five patients were infected by an influenza B virus, and one each by A(H1)pdm09 and A(H3) viruses.

Five patients were admitted to ICU and one patient, aged >65 years who had been infected by an A(H3) virus, died.

Description of the system

A subset of EU countries reports case-based severe influenza data to ECDC every week. Case definitions, populations under surveillance and data formats differ among these countries. In order to make the data more comparable and pool them at EU level, only hospitalised, laboratory-confirmed influenza cases are included in the weekly data analysis and displayed in this report.

The EuroMOMO mortality monitoring system

For week 30/2014, all-cause mortality has been within the normal range for all reporting countries.

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

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Maps and commentary published in this Weekly Influenza Surveillance Overview 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 Weekly Influenza Surveillance Overview 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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