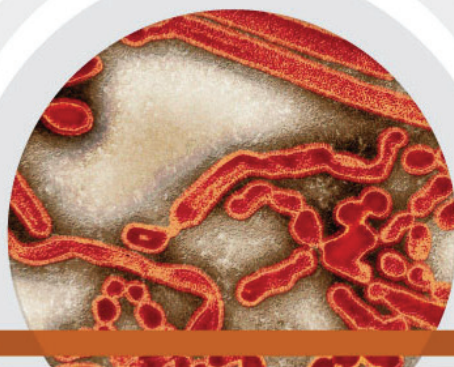


SURVEILLANCE REPORT



Fortnightly influenza surveillance overview

13 September 2013

Main surveillance developments in weeks 35–36/2013 (26 August – 8 September 2013)

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 the period between influenza seasons from week 21 to week 39/2013, ECDC produces overviews of influenza activity on a fortnightly basis.

For weeks 35–36/2013:

- All seventeen countries providing clinical data reported low-intensity influenza activity.
- Three countries tested fifteen sentinel specimens, none of which was positive for influenza virus.
- Since week 21/2013, six hospitalised confirmed influenza cases have been reported by two countries.

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 fifteen sentinel specimens collected by three countries tested positive for influenza virus. For more information, [click here](#).

Hospital surveillance of severe acute respiratory infection (SARI): Since week 21/2013, six laboratory-confirmed severe cases of influenza have been reported. For more information, [click here](#).

Sentinel surveillance (ILI/ARI)

Weekly analysis – epidemiology

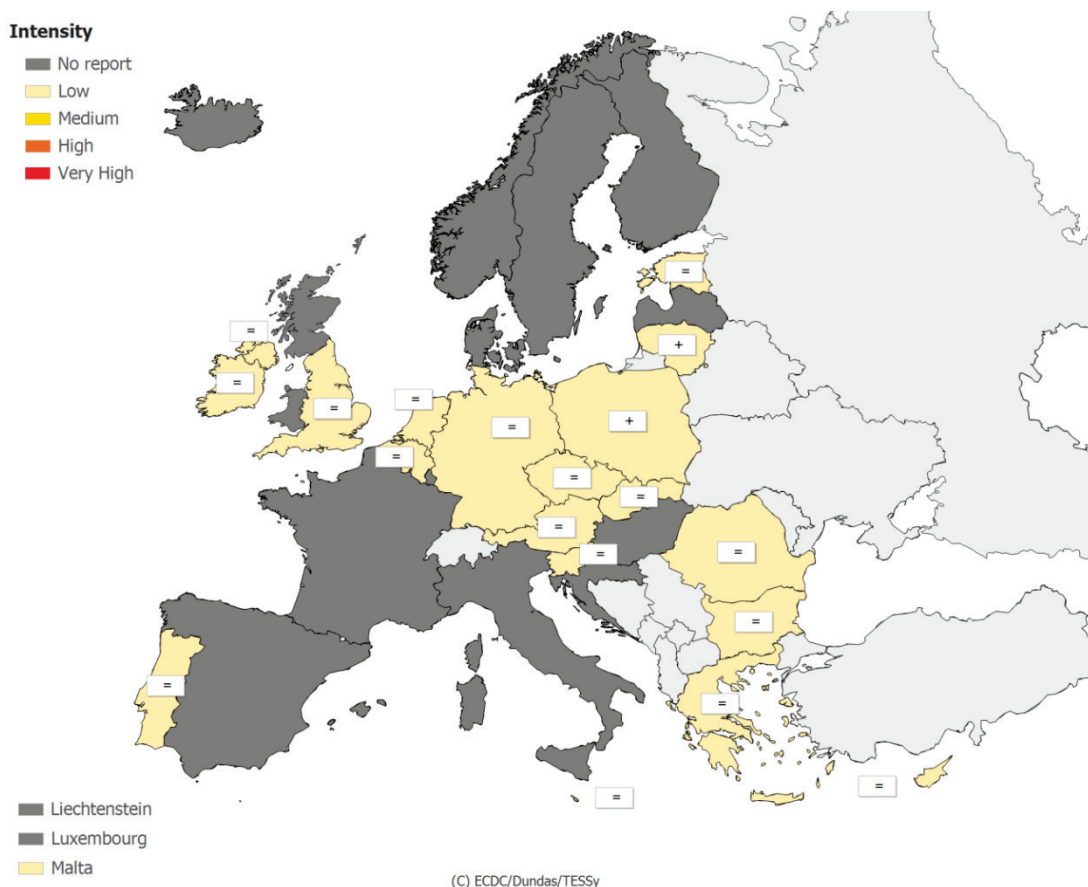
For weeks 35–36/2013, clinical data were reported by 17 countries, all of which experienced low-intensity influenza activity, the lowest category of reporting (Table 1, Map 1).

Geographic patterns of influenza activity were reported as local by Malta. All other countries reported no activity (Table 1, Map 2).

Lithuania and Poland reported increasing trends while all other countries reported stable trends (Table 1, Map 2).

Since week 21/2013, all countries have reported a return to baseline levels of ILI/ARI rates after the 2012–2013 influenza season.

Map 1. Intensity for weeks 35–36/2013

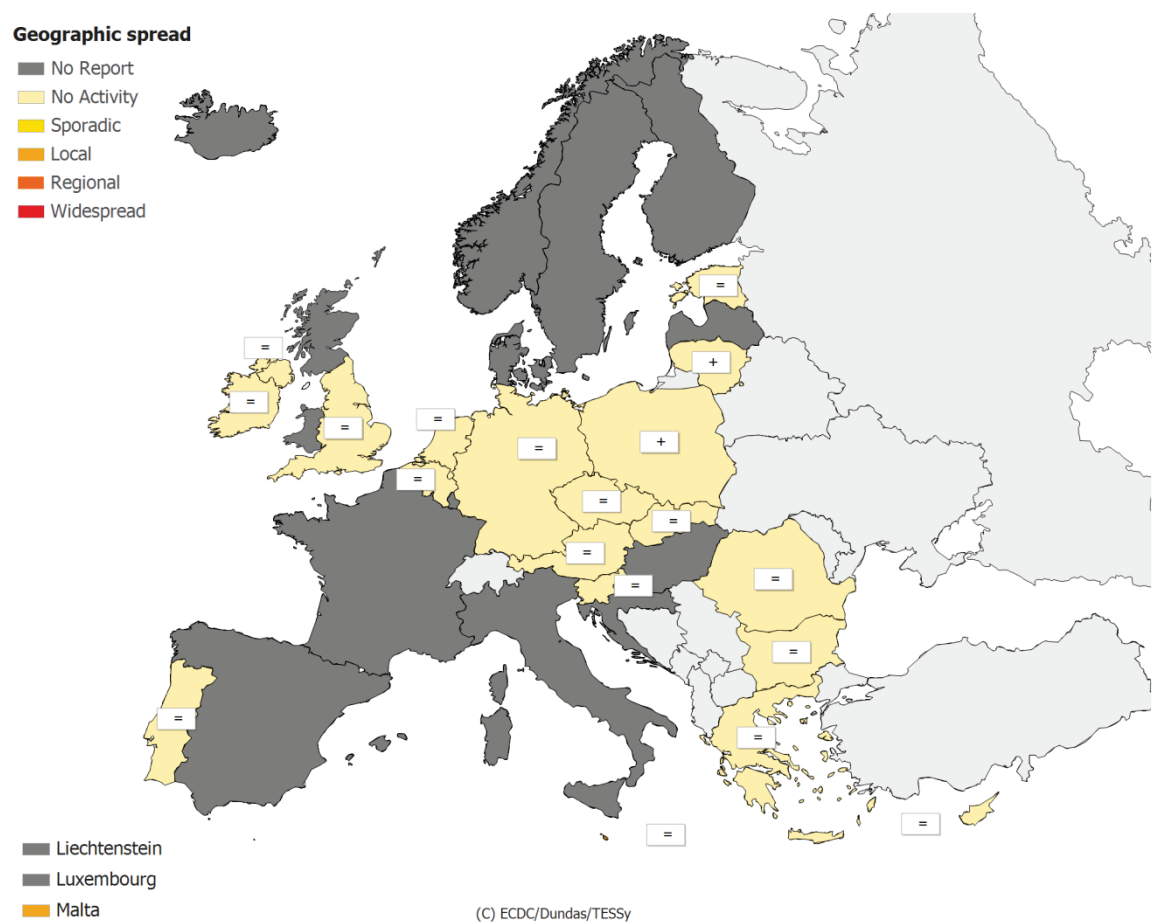


* A type/subtype is reported as dominant when at least ten samples have been detected as influenza positive in the country and of those > 40 % are positive for the type/subtype.
 Legend:

No report	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		

*The map displays data for the most recent reported week only, of the two-week surveillance period. For information on the other weeks please consult the weekly influenza activity maps' [here](#).

Map 2. Geographic spread for weeks 35–36/2013



* 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)		

**The map displays data for the most recent reported week only, of the two-week surveillance period. For information on the other week please consult the weekly influenza activity maps' [here](#).*

Table 1. Epidemiological and virological overview by country, weeks 35-36/2013

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	Low	No activity	Stable	0	None	0.0	4.0	624.3	Graphs	Graphs
Bulgaria	Low	No activity	Stable	0	None	0.0	-	219.2	Graphs	Graphs
Croatia				-	-	0.0	-	-		
Cyprus	Low	No activity	Stable	-	-	0.0	-*	-*	Graphs	Graphs
Czech Republic	Low	No activity	Stable	-	-	0.0	5.8	337.6	Graphs	Graphs
Denmark				0	None	0.0	-	-	Graphs	Graphs
Estonia	Low	No activity	Stable	2	None	0.0	1.9	97.0	Graphs	Graphs
Finland				9	None	0.0	-	-	Graphs	Graphs
France				-	-	0.0	-	-		
Germany	Low	No activity	Stable	-	-	0.0	-	515.3	Graphs	Graphs
Greece	Low	No activity	Stable	0	None	0.0	20.7	-	Graphs	Graphs
Hungary				-	-	0.0	-	-		
Iceland				-	-	0.0	-	-		
Ireland	Low	No activity	Stable	0	None	0.0	1.1	-	Graphs	Graphs
Italy				-	-	0.0	-	-		
Latvia				-	-	0.0	-	-		
Lithuania	Low	No activity	Increasing	0	None	0.0	0.1	170.8	Graphs	Graphs
Luxembourg				-	-	0.0	-	-		
Malta	Low	Local	Stable	0	None	0.0	-*	-*	Graphs	Graphs
Netherlands				4	None	0.0	-	-	Graphs	Graphs
Norway				0	None	0.0	-	-	Graphs	Graphs
Poland	Low	No activity	Increasing	0	None	0.0	53.7	-	Graphs	Graphs
Portugal	Low	No activity	Stable	0	None	0.0	0.0	-	Graphs	Graphs
Romania	Low	No activity	Stable	0	None	0.0	0.0	325.4	Graphs	Graphs
Slovakia	Low	No activity	Stable	0	None	0.0	32.2	548.7	Graphs	Graphs
Slovenia	Low	No activity	Stable	0	None	0.0	0.0	410.5	Graphs	Graphs
Spain				0	None	0.0	-	-	Graphs	Graphs
Sweden				0	-	0.0	-	-	Graphs	Graphs
UK - England	Low	No activity	Stable	0	-	0.0	1.7	100.5	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Stable	0	-	0.0	7.2	185.7	Graphs	Graphs
UK - Scotland				-	None	0.0	2.0	258.2	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
Europe				15		0.0				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.

For qualitative indicators (intensity, geographic spread, trend and dominant type) the table only displays data for the most recently reported week of the two-week surveillance period. For the number of sentinel swabs, the table displays a sum of both weeks and the percentage positive is calculated based on both weeks' data. For the ILI and ARI rates, the average rate for two weeks is shown.

Country comments

Spain: During weeks 21–39/2013, only virological influenza surveillance is active in Spain. Although qualitative activity indicators (intensity level and geographic spread) are not provided by sentinel sites, Spain is reporting weekly virological influenza detections, mainly from non-sentinel sources.

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

For weeks 35–36/2013, three countries tested fifteen sentinel specimens, none of which was positive for influenza virus (Tables 1–2).

In addition, 31 non-sentinel source specimens (e.g. specimens collected for diagnostic purposes in hospitals) were found to be positive for influenza; 30 were type A and one type B (Table 2). The two influenza A viruses subtyped were A(H1)pdm09 viruses (Table 2). The lineage of the type B virus is unknown.

Since week 21/2013, 29 antigenic characterisations of influenza viruses have been reported for sentinel and non-sentinel specimens. Of the 15 antigenic characterisations of influenza A viruses reported, six were characterised as A/Victoria/361/2011(H3N2)-like and nine as A(H1)pdm09 A/California/7/2009 (H1N1)-like. Of the fourteen antigenic characterisations of influenza B viruses reported, all were characterised as B/Estonia/55669/2011-like (B/Yamagata/16/88-lineage). Since week 21/2013, eight influenza viruses have been genetically characterised, including viruses from A(H1)pdm09 A/St Petersburg/27/2011, A(H3) A/Victoria/361/2011 group 3C, B(Vic) B/Brisbane/60/2008, B(Yam) B/Wisconsin/1/2010 and B(Yam) B/Estonia/55669/2011 genetic groups.

More details on viruses circulating between 1 January and 31 May 2013 can be found in the [July report](#) prepared by the European Reference Laboratory Network for Human Influenza (ERLI-Net) coordination team.

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

For weeks 35–36/2013, three countries reported 47 respiratory syncytial virus detections, remaining below the EU/EEA baseline level.

Table 2. Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 21/2012–36/2013

Virus type/subtype	Current period Sentinel	Current period Non-sentinel	Season Sentinel	Season Non-sentinel
Influenza A	0	30	4	206
A(H1)pdm09	0	2	3	43
A(H3)	0	0	0	40
A(sub-type unknown)	0	28	1	123
Influenza B	0	1	0	68
B(Vic) lineage	0	0	0	4
B(Yam) lineage	0	0	0	10
Unknown lineage	0	1	0	54
Total influenza	0	31	4	274

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

Country comments

Norway: Most of the influenza A-positive cases (four positive out of four non-sentinel tested, ed.) this week were connected to travel abroad.

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 influenza disease

Weekly analysis of hospitalised laboratory-confirmed influenza cases

For weeks 35–36/2013, no hospitalised laboratory-confirmed influenza cases were reported. Since week 21/2013, six hospitalised confirmed cases have been reported by Ireland and Spain. Three patients were infected with A(H1)pdm09, one with A(H3), one with an unsubtype A virus and one with a B virus.

The EuroMOMO mortality monitoring system

Analysis of pooled data from 12 countries or regions showed that overall all-cause mortality levels have been normal since the end of the winter season 2012/2013. Single countries recently experienced some excess mortality which is thought to be related to high-temperature weather conditions. Further details are available on <http://www.euromomo.eu/>

This report was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC): Cornelia Adloch, Eeva Broberg, Julien Beauté and René Snacken. The bulletin text was reviewed by European Reference Laboratory Network for Human Influenza (ERLI-Net) 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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