

## SURVEILLANCE REPORT

# Fortnightly influenza surveillance overview

16 August 2013

## Main surveillance developments in weeks 31-32/2013 (29 July – 11 August 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 period between influenza seasons from week 21 to week 39/2013, ECDC produces overviews of influenza activity on a fortnightly basis.

For weeks 31–32/2013:

- Fourteen countries reported low intensity and no geographic spread while Norway, Malta and the UK reported sporadic or local activity
- Two countries tested six 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 six sentinel specimens collected by two countries tested positive for influenza virus. For more information, [click here](#).

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

# Sentinel surveillance (ILI/ARI)

## Epidemiology

For weeks 31–32/2013, clinical data were reported by 17 countries.

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

For weeks 31–32, geographic patterns of influenza activity were reported as sporadic or local by Malta, Norway and the UK. All other countries reported no activity (Table 1, Map 2).

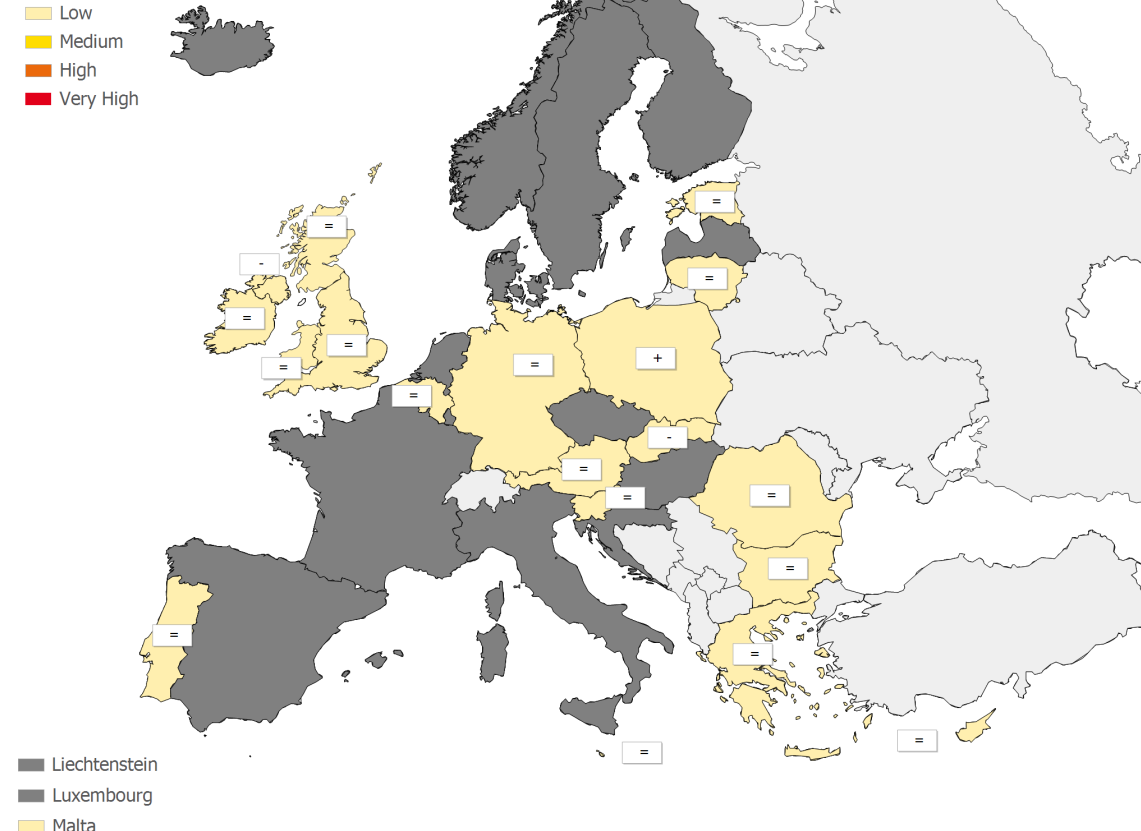
For weeks 31–32, Poland reported an increasing trend while Slovakia and Northern Ireland reported a decreasing trend. Stable trends were reported by the remaining reporting countries (Table 1, Map 2).

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 31–32/2013**

**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.

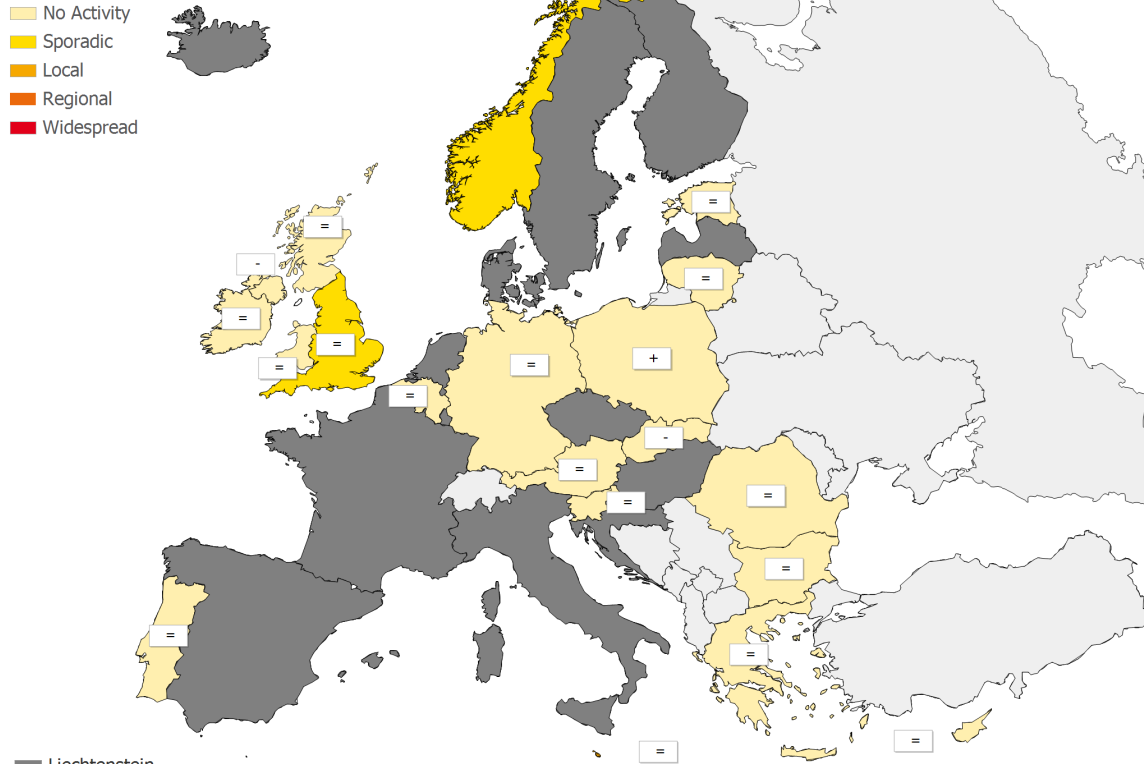
Legend:

<b>No report</b>	Intensity level was not reported	+	Increasing clinical activity
<b>Low</b>	No influenza activity or influenza at baseline levels	-	Decreasing clinical activity
<b>Medium</b>	Usual levels of influenza activity	=	Stable clinical activity
<b>High</b>	Higher than usual levels of influenza activity		
<b>Very high</b>	Particularly severe levels of influenza activity		

**Map 2. Geographic spread for weeks 31–32/2013**

**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:

<b>No report</b>	Activity level was not reported	+	Increasing clinical activity
<b>No activity</b>	No evidence of influenza virus activity (clinical activity remains at baseline levels)	-	Decreasing clinical activity
		=	Stable clinical activity
<b>Sporadic</b>	Isolated cases of laboratory confirmed influenza infection		
<b>Local outbreak</b>	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)		
<b>Regional activity</b>	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>Widespread</b>	Influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population (laboratory confirmed)		

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	-	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Belgium	Low	No activity	Stable	2	None	0.0	3.5	512.8	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Bulgaria	Low	No activity	Stable	0	None	0.0	-	212.0	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Cyprus	Low	No activity	Stable	-	-	0.0	-*	-*	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Czech Republic				-	-	0.0	-	-		
Denmark				0	None	0.0	-	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Estonia	Low	No activity	Stable	0	None	0.0	1.0	61.5	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Finland				-	-	0.0	-	-		
France				-	-	0.0	-	-		
Germany	Low	No activity	Stable	0	None	0.0	-	397.0	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Greece	Low	No activity	Stable	0	None	0.0	4.9	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Hungary				-	-	0.0	-	-		
Iceland				-	-	0.0	-	-		
Ireland	Low	No activity	Stable	0	None	0.0	0.7	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Italy				-	-	0.0	-	-		
Latvia				0	None	0.0	-	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Lithuania	Low	No activity	Stable	0	None	0.0	0.0	99.7	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Luxembourg				-	-	0.0	-	-		
Malta	Low	Local	Stable	-	-	0.0	-*	-*	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Netherlands				0	None	0.0	-	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Norway	N.A.	Sporadic	N.A.	0	None	0.0	-	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Poland	Low	No activity	Increasing	0	None	0.0	43.0	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Portugal	Low	No activity	Stable	0	None	0.0	0.0	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Romania	Low	No activity	Stable	0	-	0.0	0.0	295.0	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Slovakia	Low	No activity	Decreasing	0	None	0.0	29.3	482.2	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Slovenia	Low	No activity	Stable	0	None	0.0	1.1	372.9	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Spain				0	None	0.0	-	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
Sweden				0	-	0.0	-	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
UK - England	Low	Sporadic	Stable	3	-	0.0	1.3	112.8	<a href="#">Graphs</a>	<a href="#">Graphs</a>
UK - Northern Ireland	Low	No activity	Decreasing	1	None	0.0	2.7	167.0	<a href="#">Graphs</a>	<a href="#">Graphs</a>
UK - Scotland	Low	No activity	Stable	-	None	0.0	1.9	170.0	<a href="#">Graphs</a>	<a href="#">Graphs</a>
UK - Wales	Low	No activity	Stable	0	None	0.0	0.7	-	<a href="#">Graphs</a>	<a href="#">Graphs</a>
<b>Europe</b>				<b>6</b>		<b>0.0</b>				<b><a href="#">Graphs</a></b>

\* 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 31–32/2013, two countries tested six sentinel specimens, none of which was positive for influenza virus (Tables 1–2).

In addition, 16 non-sentinel source specimens (e.g. specimens collected for diagnostic purposes in hospitals) were found to be positive for influenza; 14 were type A and two type B (Table 2). Of seven influenza A viruses subtyped, four were A(H1)pdm09 and three A(H3) (Table 2). The lineage of the two detected B viruses is unknown.

Since week 21/2013, twenty-nine 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 have been 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 have been characterised as B/Estonia/55669/2011-like (B/Yamagata/16/88-lineage). Since week 21/2013, two influenza A viruses were genetically characterised as A(H1)pdm09 group 6 representative A/St Petersburg/27/2011.

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, one influenza A(H1N1)pdm09 and two influenza B viruses have been tested for antiviral susceptibility. None showed indications of reduced inhibition to neuraminidase inhibitors.

For weeks 31–32/2013, four countries reported thirteen respiratory syncytial virus detections, remaining below the baseline level.

**Table 2. Weekly (weeks 30–31/2013) 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	14	4	157
A(H1)pdm09	0	4	3	37
A(H3)	0	3	0	35
A(sub-type unknown)	0	7	1	85
Influenza B	0	2	0	62
B(Vic) lineage	0	0	0	2
B(Yam) lineage	0	0	0	10
Unknown lineage	0	2	0	50
<b>Total influenza</b>	<b>0</b>	<b>16</b>	<b>4</b>	<b>219</b>

*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 31-32/2013, 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 nine 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/>

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*This report was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC): Eeva Broberg, Julien Beauté and René Snacken. The bulletin text was reviewed by the 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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