

## SURVEILLANCE REPORT



# Weekly influenza surveillance overview

18 October 2013

## Main surveillance developments in week 41/2013 (7-13 Oct 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 week 41/2013, all 24 reporting countries experienced low-intensity influenza activity and geographic spread was reported as local or sporadic by four countries and the UK (Scotland).
- Of 220 sentinel specimens collected by 16 countries, one (0.5%) tested positive for influenza virus A.
- Since week 40/2013, three hospitalised laboratory-confirmed influenza cases have been reported by Ireland and the UK.

During the two first weeks of the 2013–2014 influenza surveillance season, influenza activity in Europe has remained at inter-season levels.

**Sentinel surveillance of influenza-like illness (ILI)/ acute respiratory infection (ARI):** Low-intensity influenza activity was reported by all 24 reporting countries. For more information, [click here](#).

**Virological surveillance:** Sixteen countries tested sentinel specimens, of which one (0.5%) from Spain was positive for influenza virus. For more information, [click here](#).

**Hospital surveillance of influenza laboratory-confirmed cases.** Since week 40/2013, the UK have reported two hospitalised cases and Ireland one case. For more information, [click here](#).

# Sentinel surveillance (ILI/ARI)

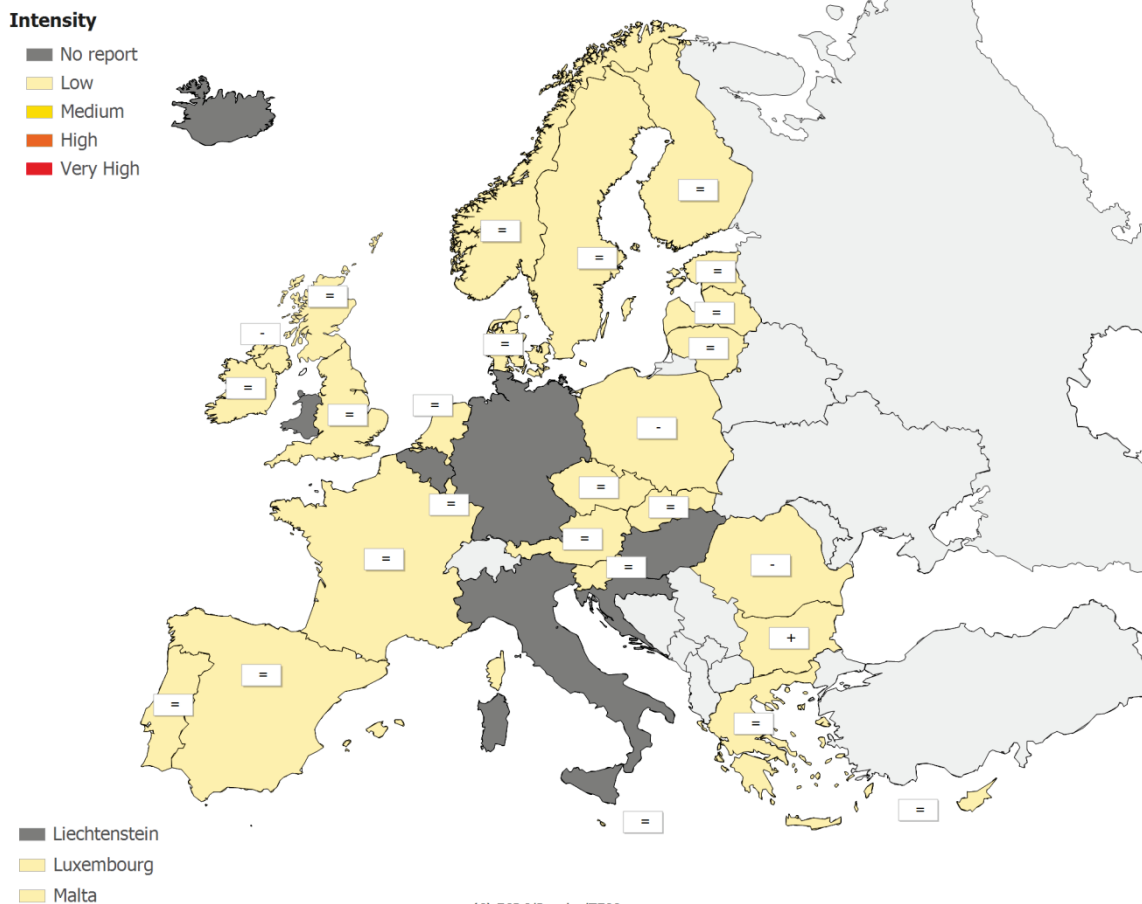
## Weekly analysis – epidemiology

During week 41/2013, clinical data were reported by 24 countries, all of which experienced low-intensity influenza activity, the lowest category of reporting (Table 1, Map1).

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

An increasing trend was reported by Bulgaria while all other countries reported stable or decreasing trends (Table 1, Map 2).

**Map 1. Intensity for week 41/2013**



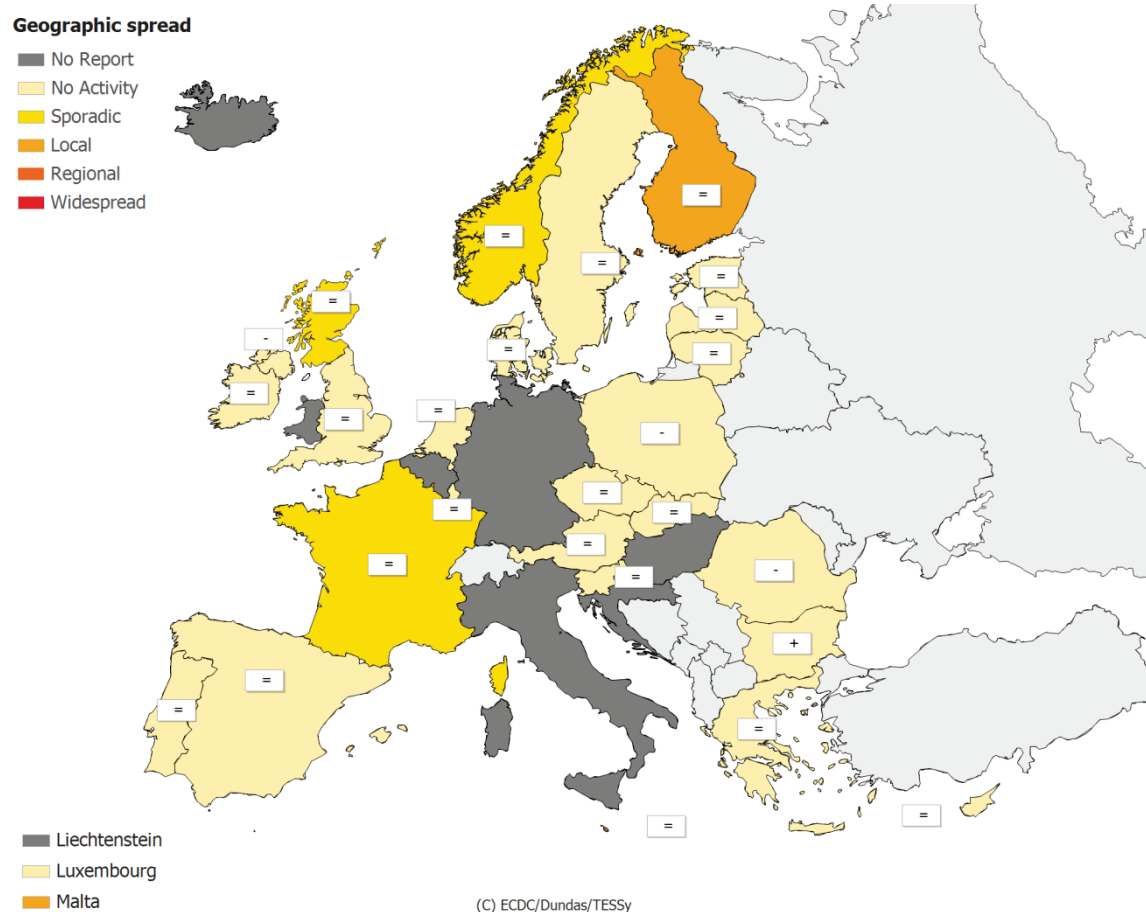
(C) ECDC/Dundas/TESSy

\* 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 week 41/2013



\* 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:

<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
<b>Sporadic</b>	Isolated cases of laboratory confirmed influenza infection	=	Stable clinical activity
<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)		

**Table 1. Epidemiological and virological overview by country, week 41/2013**

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	638.3	-	Graphs	Graphs
Belgium				19	None	0.0	-	-	Graphs	Graphs
Bulgaria	Low	No activity	Increasing	0	None	0.0	-	626.4	Graphs	Graphs
Croatia				-	-	0.0	-	-		
Cyprus	Low	No activity	Stable	-	-	0.0	-*	-*	Graphs	Graphs
Czech Republic	Low	No activity	Stable	-	-	0.0	21.6	815.1	Graphs	Graphs
Denmark	Low	No activity	Stable	0	None	0.0	17.6	-	Graphs	Graphs
Estonia	Low	No activity	Stable	1	None	0.0	5.9	243.2	Graphs	Graphs
Finland	Low	Local	Stable	4	None	0.0	-	-	Graphs	Graphs
France	Low	Sporadic	Stable	35	None	0.0	-	1567.5	Graphs	Graphs
Germany				16	None	0.0	-	-	Graphs	Graphs
Greece	Low	No activity	Stable	0	None	0.0	67.7	-	Graphs	Graphs
Hungary				-	-	0.0	-	-		
Iceland				-	-	0.0	-	-		
Ireland	Low	No activity	Stable	7	None	0.0	7.1	-	Graphs	Graphs
Italy				-	-	0.0	-	-		
Latvia	Low	No activity	Stable	0	None	0.0	0.0	1093.2	Graphs	Graphs
Lithuania	Low	No activity	Stable	1	None	0.0	0.5	614.2	Graphs	Graphs
Luxembourg	Low	No activity	Stable	3	-	0.0	-*	-*	Graphs	Graphs
Malta	Low	Local	Stable	0	None	0.0	-*	-*	Graphs	Graphs
Netherlands	Low	No activity	Stable	3	None	0.0	25.4	-	Graphs	Graphs
Norway	Low	Sporadic	Stable	2	None	0.0	20.4	-	Graphs	Graphs
Poland	Low	No activity	Decreasing	9	None	0.0	229.6	-	Graphs	Graphs
Portugal	Low	No activity	Stable	0	None	0.0	0.0	-	Graphs	Graphs
Romania	Low	No activity	Decreasing	2	-	0.0	0.7	749.8	Graphs	Graphs
Slovakia	Low	No activity	Stable	0	None	0.0	147.0	1647.4	Graphs	Graphs
Slovenia	Low	No activity	Stable	7	None	0.0	0.0	913.5	Graphs	Graphs
Spain	Low	No activity	Stable	44	None	2.3	8.9	-	Graphs	Graphs
Sweden	Low	No activity	Stable	28	-	0.0	4.9	-	Graphs	Graphs
UK - England	Low	No activity	Stable	20	None	0.0	4.0	219.4	Graphs	Graphs
UK - Northern Ireland	Low	No activity	Decreasing	1	None	0.0	8.4	324.5	Graphs	Graphs
UK - Scotland	Low	Sporadic	Stable	18	None	0.0	6.8	366.5	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
<b>Europe</b>				<b>220</b>		<b>0.5</b>			<b>Graphs</b>	<b>Graphs</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

## Weekly analysis – virology

In week 41/2013, 16 countries tested a total of 220 sentinel specimens, one (0.5%) of which from Spain was positive for influenza virus A (Tables 1–2).

In addition, 14 non-sentinel source specimens from six countries (e.g. specimens collected for diagnostic purposes in hospitals) were found to be positive for influenza virus, 10 type A and four type B. Of eight influenza A viruses subtyped, five were A(H3) and three were A(H1)pdm09 (Table 2). Of the six countries with positive non-sentinel specimens, four reported sporadic or local activity (Finland, France, Norway and the UK (Scotland)).

For week 41/2013, there were no reports on antigenic and genetic characterisation or antiviral susceptibility to neuraminidase inhibitors.

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

For week 41/2013, France, the Netherlands and the UK reported 38 respiratory syncytial virus detections, remaining below the baseline level.

**Table 2. Weekly and cumulative influenza virus detections by type, subtype and surveillance system, week 41/2013**

Virus type/subtype	Current period Sentinel	Current period Non-sentinel	Season Sentinel	Season Non-sentinel
Influenza A	1	10	3	21
A(H1)pdm09	0	3	2	4
A(H3)	0	5	0	9
A(sub-type unknown)	1	2	1	8
Influenza B	0	4	2	9
B(Vic) lineage	0	0	0	0
B(Yam) lineage	0	0	0	0
Unknown lineage	0	4	2	9
<b>Total influenza</b>	<b>1</b>	<b>14</b>	<b>5</b>	<b>30</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

Since week 40/2012, three hospitalised laboratory-confirmed influenza cases have been reported by Ireland and the UK. Two patients were infected by influenza A virus, one of which was subtyped as A(H1)pdm09, and one by a B virus.

**Table 3. Cumulative number of hospitalised laboratory-confirmed influenza cases, weeks 40-41/2013**

Country	Number of cases	Incidence of cases per 100 000 population	Number of fatal cases reported	Incidence of fatal cases per 100 000 population	Estimated population covered
Ireland	1				
United Kingdom	2	0			63 705 030
<b>Total</b>	<b>3</b>		<b>0</b>		

**Table 4. Number of hospitalised laboratory-confirmed influenza cases by influenza virus type and subtype, week 41/2013 and cumulative for the season**

Pathogen	Number of cases during current week	Cumulative number of cases since the start of the season
Influenza A	1	2
A(H1)pdm09	1	1
A(H3)		
A(subtyping not performed)		1
Influenza B		1
<b>Total</b>	<b>1</b>	<b>3</b>

## The EuroMOMO mortality monitoring system

Since week 40/2013, all-cause mortality has been within the normal range for all reporting countries. 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, Eva 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 Maja Sočan (Inštitut za varovanje zdravja), Allison Waters (University College Dublin) 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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