

Week 40/2016 (3 – 9 October 2016)

- This is the first weekly influenza report for the 2016-2017 season.
- Low influenza activity was reported by 41 countries.
- Only one influenza virus was detected in the community and none were detected in hospitalized cases.

Season

- As is usual for this time of year, influenza activity is low in the European Region.

Global update

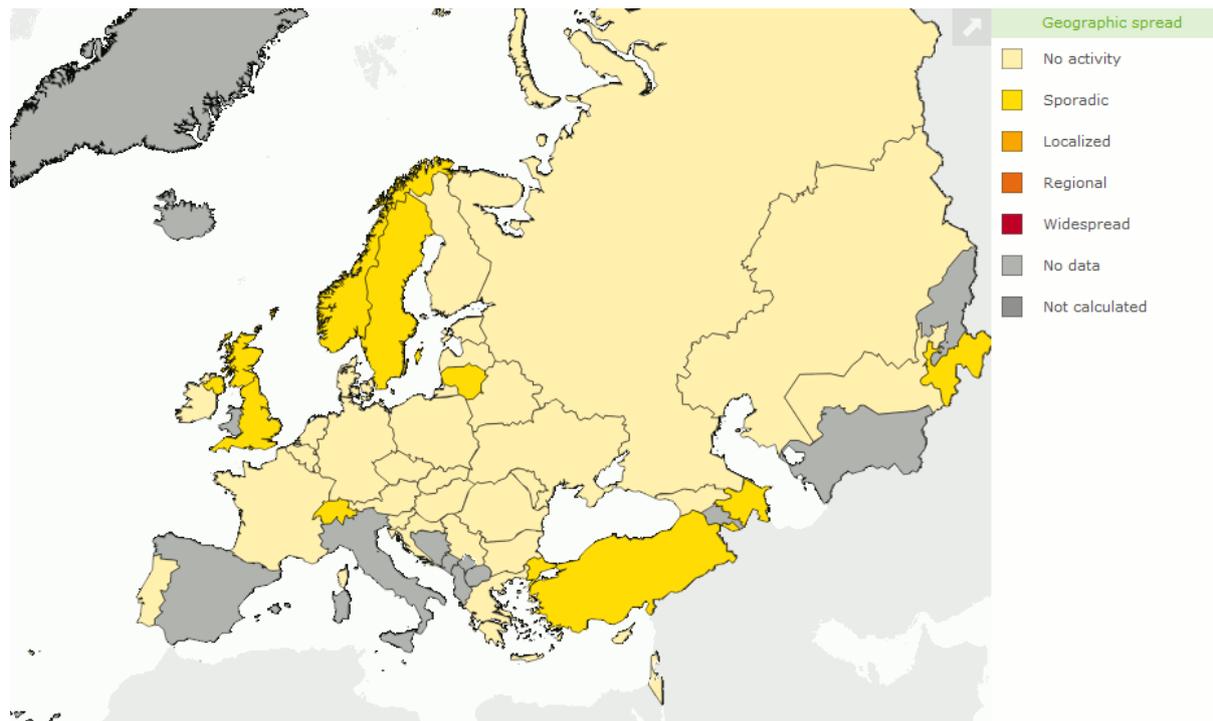
- As of mid-September, influenza activity was varied in countries of temperate South America, ongoing in South Africa with A(H1N1)pdm09 dominating, and decreasing in Oceania where A(H3N2) remained the dominant circulating virus. More information on global influenza activity is available [here](#).

Influenza activity

All 41 countries that reported epidemiological data reported low intensity, indicating that influenza activity is at a baseline level.

Across the Region, one country reported local and eight others reported sporadic geographic spread (Fig. 1).

Fig. 1. Geographic spread in the European Region, week 40/2016



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* The administrative boundaries include spatial feature for Kosovo, this designation being without prejudice to position on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

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For interactive maps of influenza intensity and geographical spread, please see the Flu News Europe [website](#).

Viruses detected in sentinel-source specimens (ILI and ARI)

In week 40/2016, of 400 sentinel specimens tested, one influenza B virus (lineage not determined) was detected in the UK (Scotland).

Severity

No influenza-infected cases were reported by countries that conduct surveillance based on SARI or hospitalized laboratory-confirmed influenza cases in intensive care units or other wards.

Mortality monitoring

Pooled analysis of data from the 16 countries or regions reporting to the [EuroMOMO](#) project indicated that all-cause mortality was within the normal range during the five past weeks.

Virus characteristics

Viruses detected from non-sentinel sources

For week 40/2016, 53 specimens from non-sentinel sources tested positive for influenza viruses, 77% were type A and 23% type B. Both influenza A(H1N1)pdm09 and A(H3N2) subtypes were detected (Table 1).

Table 1. Influenza viruses detected in non-sentinel-source specimens, by virus (sub)type, week 40/2016

Virus type and subtype	Number detected
Influenza A	41
A(H1N1)pdm09	3
A(H3N2)	7
A not subtyped	31
Influenza B	12
B/Victoria lineage	0
B/Yamagata lineage	0
Unknown lineage	12
Total detected (total tested)	53 (5552)

Genetic characterization

For week 40/2016, no characterization data were reported.

The ECDC summary report for [July 2016](#) provides detailed genetic and antigenic analyses of viruses collected between September 2015 and June 2016.

The recommended composition of trivalent influenza vaccines for the 2016-2017 season in the [northern hemisphere](#) are for inclusion of an A/California/7/2009 (H1N1)pdm09-like virus; an A/Hong Kong/4801/2014 (H3N2)-like virus; and a B/Brisbane/60/2008-like virus. The recommended influenza A(H1N1)pdm09 component of the 2017 [southern hemisphere](#) influenza vaccine is an A/Michigan/45/2015 (H1N1)pdm09-like virus, the first update since A(H1N1)pdm09 viruses emerged in 2009.

Antiviral susceptibility testing

For week 40/2016, there were no data reported on antiviral susceptibility testing.

This weekly update was prepared by an editorial team at the European Centre for Disease Prevention and Control and the WHO Regional Office for Europe. The bulletin text was developed by influenza teams from ECDC (Cornelia Adlhoch, Eeva Broberg, René Snacken) and WHO Europe (Caroline Brown, Piers Mook, Dmitriy Pereyaslov and Tamara Meerhoff, Temporary Advisor to WHO) and reviewed by the European Reference Laboratory Network for Human Influenza (ERLI-Net) coordination team, Rod Daniels and John McCauley (WHO Collaborating Centre for Reference and Research on Influenza, Francis Crick Institute, Mill Hill Laboratory, London, United Kingdom) and Maria Zambon (Public Health England, London, United Kingdom), and by country representatives: AnnaSara Carnahan (Public Health Agency, Sweden) and Veronica Eder (National Public Health Center, Republic of Moldova) and Tyra Grove Krause (State Serum Institute, Copenhagen, Denmark) for the EuroMoMo consortium.

Maps and commentary do not represent a statement on the legal or border status of the countries and territories shown.

All data are up to date on the day of publication. Past this date, however, published data should not be used for longitudinal comparisons, as countries retrospectively update their databases.

The WHO Regional Office for Europe is responsible for the accuracy of the Russian translation.

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