

Week 41/2016 (10–16 October 2016)

- Low influenza activity was reported by 42 countries.
- Two influenza viruses were detected in the community from sentinel sources and none were detected in hospitalized cases.
- Forty-three influenza viruses were detected from non-sentinel sources.

Season

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

Global update

- As of early October, influenza activity had decreased in Oceania, where A(H3N2) remained the dominant circulating virus; in Southern Africa, where A(H1N1)pdm09 virus dominated; and in temperate South America. Influenza activity in the temperate zone of the northern hemisphere remained at inter-seasonal levels. More information on global influenza activity is available [here](#).

Influenza activity

All 42 countries that reported epidemiological data reported low intensity (Fig. 1), indicating that influenza activity is at baseline levels.

Across the Region, two countries reported local and eight others reported sporadic geographic spread (Fig. 2).

Fig. 1. Intensity in the European Region, week 41/2016

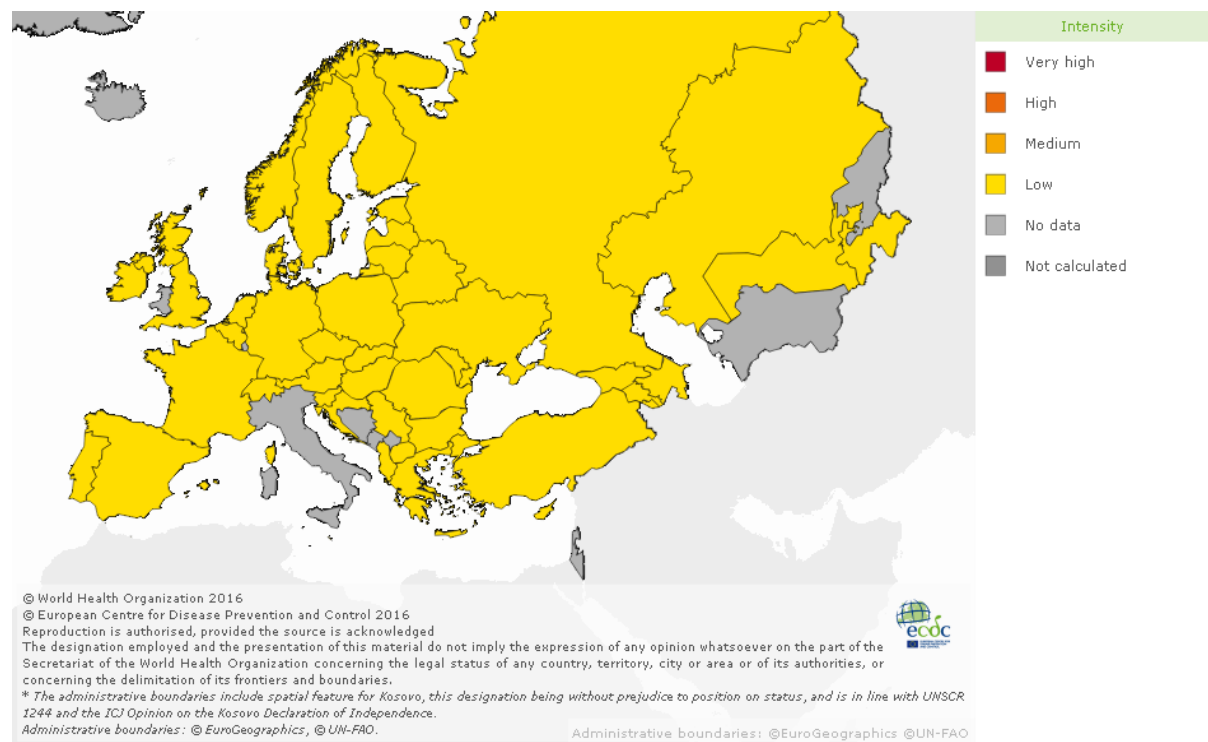
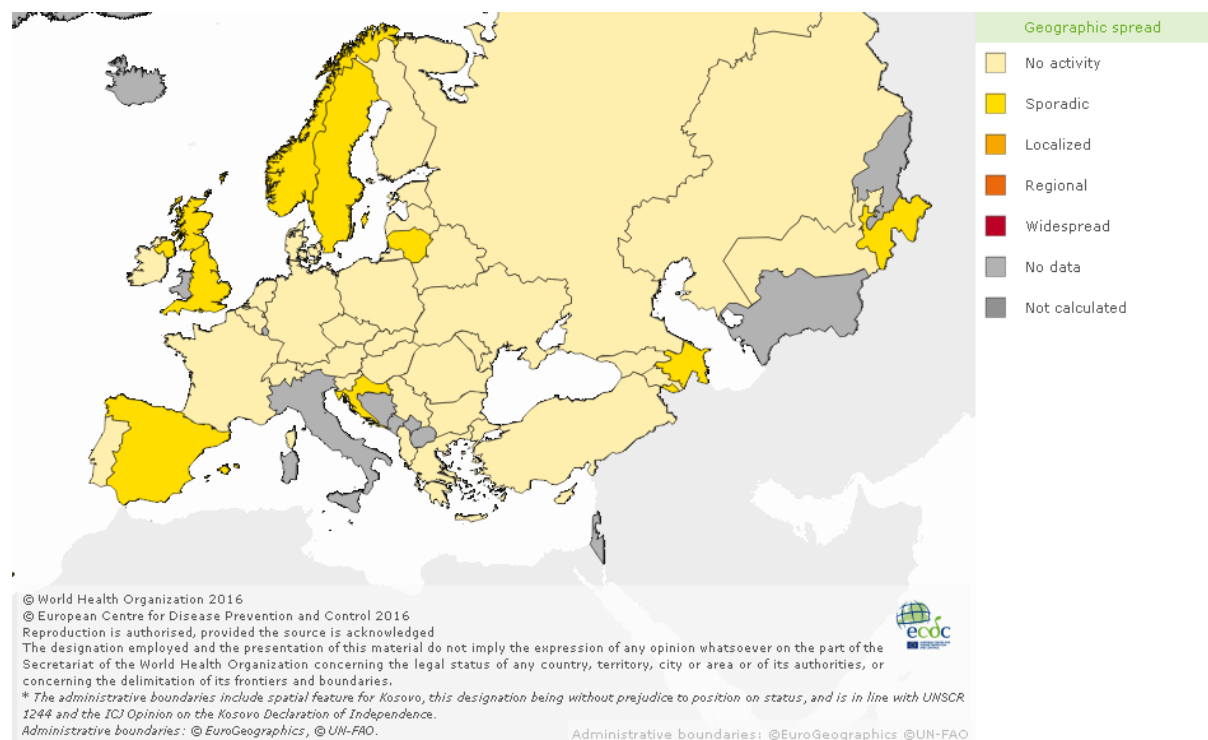


Fig. 2. Geographic spread in the European Region, week 41/2016



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

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

In week 41/2016, of 488 sentinel specimens tested, two influenza A(H3) viruses were detected in Spain (Table 1).

Table 1. Influenza virus detections in sentinel-source specimens by type and subtype, week 41/2016

Virus type and subtype	Number of detections	
	Current week	2016–2017 season
Influenza A	2	5
A(H1N1)pdm09	0	0
A(H3N2)	2	5
A not subtyped	0	3
Influenza B	0	1
B/Victoria lineage	0	0
B/Yamagata lineage	0	0
Unknown lineage	0	1
Total detections (total tested)	2 (488)	6 (950)

Severity

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

Mortality monitoring

Pooled analysis of data from the 19 countries or regions reporting to the [EuroMOMO](#) project indicated that all-cause mortality was within the normal range during the past weeks.

Virus characteristics

Viruses detected from non-sentinel sources

For week 41/2016, 43 specimens from non-sentinel sources tested positive for influenza viruses, 88% were type A and 12% type B. Both influenza A(H1N1)pdm09 and A(H3N2) subtypes were detected.

Table 2. Influenza viruses detected in non-sentinel-source specimens, by virus (sub)type, week 41/2016

Virus type and subtype	Number of detections	
	Current week	2016–2017 season
Influenza A	38	84
A(H1N1)pdm09	2	7
A(H3N2)	11	19
A not subtyped	25	58
Influenza B	5	18
B/Victoria lineage	0	0
B/Yamagata lineage	0	2
Unknown lineage	5	16
Total detections (total tested)	43 (5913)	102 (11787)

Genetic characterization

Up to week 41/2016, no characterization data were reported.

The ECDC summary report for [July 2016](#) provides detailed genetic and antigenic analyses of viruses collected between January 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 (B/Victoria lineage). 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

Up to week 41/2016, 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, Adam Meijer, 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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