Flu News Europe

Joint ECDC–WHO/Europe weekly influenza update

Week 42/2016 (17–23 October 2016)

- Activity remained low with sporadic detections of influenza viruses across the region.
- Only 81 influenza virus detections were reported, 11 from sentinel surveillance and 70 from non-sentinel sources.
- Since week 40/2016, 66% of all influenza virus detections have been reported by four countries of northern Europe.
- So far, influenza A has predominated with most of the viruses subtyped being influenza A(H3N2).
- The situation is usual for this time of year.

Global update

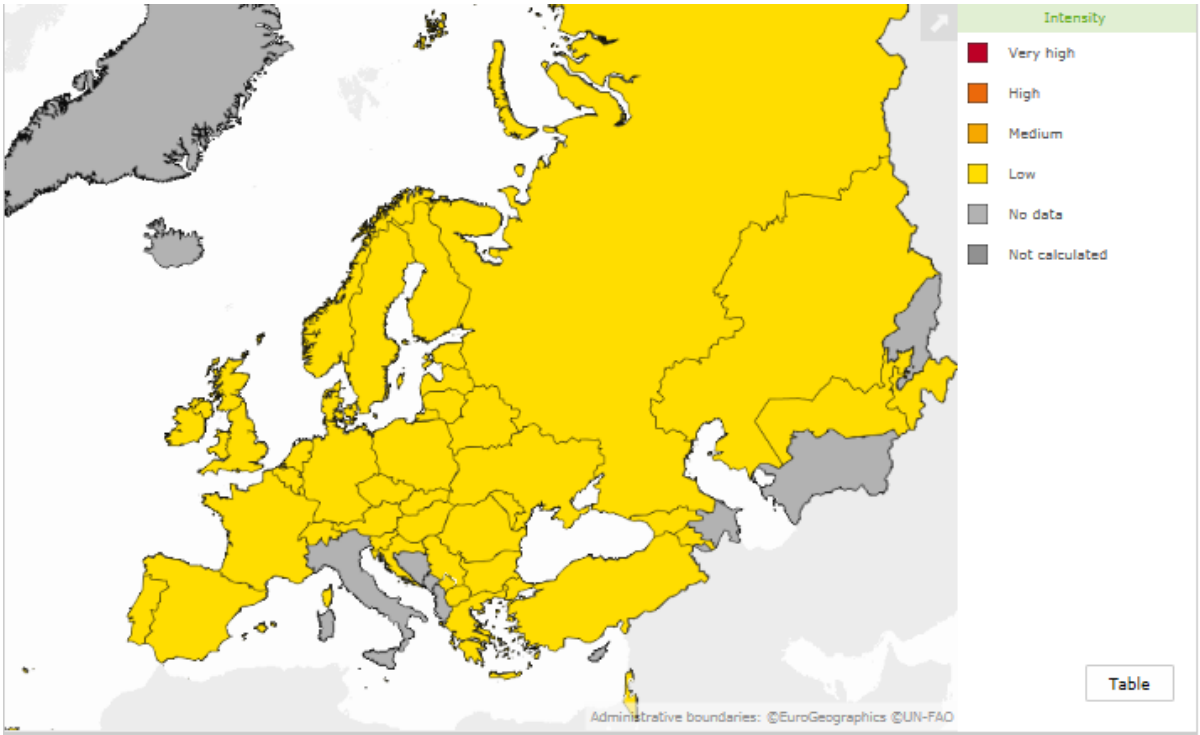
- Information on global influenza activity is available here.

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, three countries reported local and seven others reported sporadic geographic spread (Fig. 2).

Only eleven countries reported influenza positive specimens in sentinel and/or non-sentinel sources. Of the 225 influenza virus detections this season, 149 were reported by four countries in northern Europe (France, Norway, Sweden and the UK).

Fig. 1. Intensity in the European Region, week 42/2016

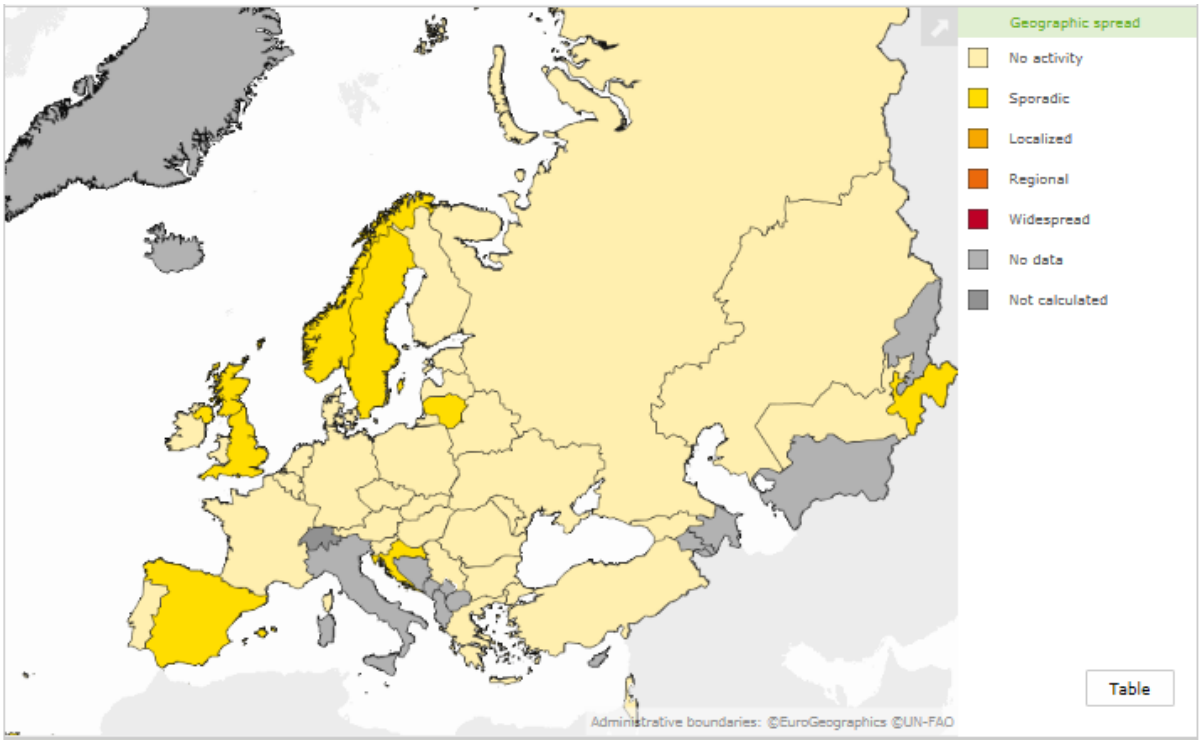


Map disclaimer

The designation employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

** 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.*
Administrative boundaries: © EuroGeographics, © UN-FAO.

Fig. 2. Geographic spread in the European Region, week 42/2016



Map disclaimer

© World Health Organization 2016
© European Centre for Disease Prevention and Control 2016
Reproduction is authorised, provided the source is acknowledged

The designation employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

** 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.*
Administrative boundaries: © EuroGeographics, © UN-FAO.

For interactive maps of influenza intensity and geographic spread, please see the Flu News Europe web site.

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

For week 42/2016, of 740 sentinel specimens tested, 11 were positive for influenza virus (Table 1). Of these 11 influenza viruses, nine (82%) were A(H3N2).

Table 1. Influenza virus detections in sentinel-source specimens by type and subtype, week 42/2016 and cumulatively

Virus type and subtype	Number of detections	
	Current week	2016–2017 season
Influenza A	**10**	**16**
A(H1N1)pdm09	1	1
A(H3N2)	9	15
A not subtyped	0	0
Influenza B	**1**	**2**
B/Victoria lineage	0	0
B/Yamagata lineage	0	0
Unknown lineage	1	2
Total detections (total tested)	**11 (740)**	**18 (1928)**

Severity

No cases were reported by countries that conduct surveillance of severe disease due to influenza (sentinel SARI systems or 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.

Viruses detected from non-sentinel sources

For week 42/2016, 70 specimens from non-sentinel sources (such as hospitals, schools, nursing homes and other care institutions) tested positive for influenza viruses (Table 2). Similar to the previous week, 87% were type A and 12% type B. All 11 influenza A viruses subtyped were A(H3N2).

Virus characteristics

Since week 40, influenza viruses have been detected in 207 specimens from non-sentinel sources (Table 2) and 18 from sentinel ILI and/or ARI sources (Table 1). Of the 225 influenza viruses detected from both sources, 193 were influenza A and 32 were influenza B. Of the 66 influenza A viruses subtyped, the majority were A(H3N2), 42 from non-sentinel sources and 16 from sentinel ILI and/or ARI sources.

Table 2. Influenza viruses detected in non-sentinel-source specimens, by virus (sub)type, week 42/2016 and cumulatively

Virus type and subtype	Number of detections	
	Current week	2016–2017 season
Influenza A	**61**	**177**
A(H1N1)pdm09	0	8
A(H3N2)	11	42
A not subtyped	50	127
Influenza B	**9**	**30**
B/Victoria lineage	0	0
B/Yamagata lineage	0	2
Unknown lineage	9	28
Total detections (total tested)	**70 (7 488)**	**207 (22 556)**

Genetic characterization

Reporting of genetic characterization data will commence when genetic reporting categories for the 2016-2017 season have been finalized.

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

Reporting of antiviral susceptibility data will commence when test results become available.

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.

Suggested citation:

European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Flu News Europe, Joint ECDC–WHO weekly influenza update, week 42/2016.

Tables and figures should be referenced:

European Centre for Disease Prevention and Control/WHO Regional Office for Europe. Flu News Europe, Joint ECDC–WHO weekly influenza update, week 42/2016.