

Summary

Week 41/2017 (9–15 October 2017)

- Low influenza activity was reported by all 39 reporting countries.
- Influenza viruses were detected sporadically in sentinel specimens with equal numbers of influenza A and B type viruses being detected.
- For week 41/2017, data from the 20 countries or regions reporting to the EuroMOMO project indicated all-cause mortality to be at expected levels for this time of the year.
- Additional information on global influenza activity is available from [WHO's biweekly global updates](#).

2017/18 season overview

- As is usual for the first weeks of the season, influenza activity is low in the European Region.
- Due to the diversity of A(H3N2) influenza viruses that circulated during the 2017 Southern Hemisphere season, WHO recently recommended a change of the A(H3N2) component for inclusion in seasonal influenza vaccines for use in the 2018 southern hemisphere influenza season. In addition, the influenza B lineage in trivalent vaccines was changed (to a B/Yamagata-lineage virus), compared to the vaccine component (a B/Victoria-lineage virus) recommended for 2017–2018 northern hemisphere influenza seasons. See also the [ECDC summary report for July](#) and the [ECDC commentary](#).
- A report on the antigenic and genetic characteristics of zoonotic influenza viruses and development of candidate vaccine viruses for pandemic preparedness is available [here](#).

Primary care data

Influenza activity

For week 41/2017, 39 countries reported epidemiological data. All reporting countries reported low intensity of influenza activity (Fig. 1), indicating that influenza activity is at baseline levels.

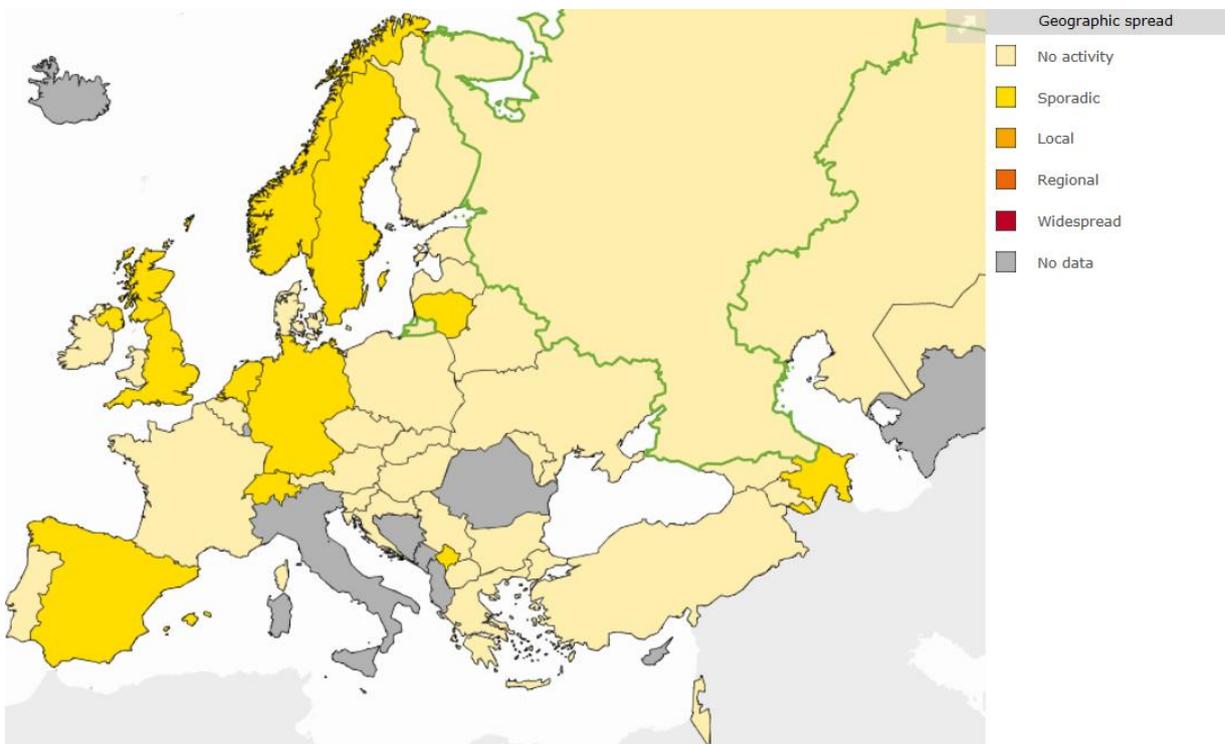
Across the Region, all countries reported either sporadic cases or no activity (Fig. 2).

Maps of qualitative indicators in the European Region

Fig. 1 Intensity in the European Region, week 41/2017



Fig. 2 Geographic spread in the European Region, week 41/2017



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

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

For week 41/2017, 10 (2%) of 480 sentinel specimens tested positive for influenza viruses: 5 un-subtyped A viruses and 5 B viruses of which 3 were not ascribed to a lineage and 2 were B/Yamagata (Fig. 3 and Table 1).

Fig. 3 Influenza virus detections in sentinel-source specimens by type and subtype, by week

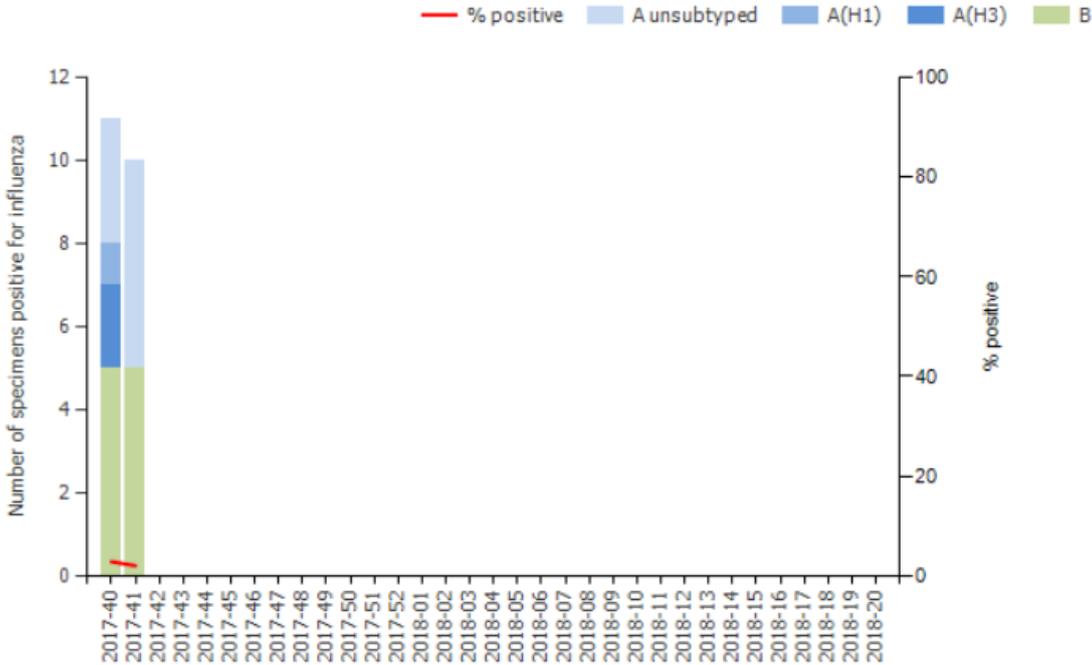


Table 1. Influenza virus detections in sentinel-source specimens by type and subtype, week 41/2017 and cumulatively

Virus type and subtype	Current Week		Season 2017-2018	
	Number	% ^a	Number	% ^a
Influenza A	5	50	11	52.4
A(H1N1)pdm09			1	33.3
A(H3N2)			2	66.7
A not subtyped	5	-	8	-
Influenza B	5	50	10	47.6
B/Yamagata lineage	2	100	5	100
Unknown lineage	3	-	5	-
Total detections (total tested)	10 (480)	2.1	21 (864)	2.4

^aFor influenza type percentage calculations, the denominator is total detections; for subtype and lineage, it is total influenza A subtyped and total influenza B lineage determined, respectively; for total detections, it is total tested.

Severity

For week 41/2017, few cases of severe influenza related disease were reported by countries, territories or regions that conduct surveillance based on hospitalized laboratory-confirmed influenza cases or sentinel severe acute respiratory infections (SARI).

For week 41/2017, 5 influenza-infected cases were reported by countries that conduct surveillance based on hospitalized laboratory-confirmed influenza cases in intensive care units or other wards: 3 cases in ICU in the United Kingdom (one A(H1N1)pdm09, 1 un-subtyped A and one B viruses) and 2 in Ireland (1 un-subtyped A and 1 B viruses) from other wards.

For week 41/2017, of 99 specimens tested by 11 countries reporting data on severe acute respiratory infection (SARI), 3 were positive for influenza virus in Tajikistan.

Mortality monitoring

Data from 20 countries or regions reporting to the [EuroMOMO](#) project were received for week 41/2017 and included in the pooled analyses of excess all-cause mortality. Levels of all-cause mortality were at expected levels for this time of year in the participating European countries.

Virus characteristics

Viruses detected in non-sentinel-source specimens

For week 41/2017, 8 307 specimens from non-sentinel sources were tested (such as hospitals, schools, non-sentinel primary care facilities, nursing homes and other institutions), of which 108 were positive for influenza viruses. Of the 108 detections, there were 77 type A and 31 type B viruses (Table 12). Among sub-typed A viruses, the vast majority (94%) were A(H3N2) viruses.

Table 2. Influenza virus detections in non-sentinel-source specimens by type and subtype, week 41/2017 and cumulatively

Virus type and subtype	Current Week		Season 2017-2018	
	Number	% ^a	Number	% ^a
Influenza A	77	71.3	158	73.8
A(H1N1)pdm09	2	5.9	8	11.4
A(H3N2)	32	94.1	62	88.6
A not subtyped	43	-	88	-
Influenza B	31	28.7	56	26.2
B/Yamagata lineage			2	100
Unknown lineage	31	-	54	-
Total detections (total tested)	108 (8307)	-	214 (16067)	-

^aFor influenza type percentage calculations, the denominator is total detections; for subtype and lineage, it is total influenza A subtyped and total influenza B lineage determined, respectively; as not all countries have a true non-sentinel testing denominator, no percentage calculations for total tested are shown

Genetic characterization

For week 41/2017, no genetic characterizations have been reported. The latest characterization data are summarised in the [ECDC summary report for July](#).

The recommended composition of trivalent influenza vaccines for the 2017–2018 season in the [northern hemisphere](#) included an A/Michigan/45/2015 (H1N1)pdm09-like virus; an A/Hong Kong/4801/2014 (H3N2)-like virus; and a B/Brisbane/60/2008-like virus (B/Victoria lineage). For quadrivalent vaccines, a B/Phuket/3073/2013-like virus (B/Yamagata lineage) was recommended. On 28 September 2017, WHO announced the recommended vaccine composition for the 2018 season in the [southern hemisphere](#). The recommendations matched the A(H1N1)pdm09 component for the 2017–2018 northern hemisphere season, but the A(H3N2) component was changed and the type B component in trivalent vaccines was switched to a B/Yamagata-lineage virus.

Antiviral susceptibility testing

No viruses with collection dates in weeks 40-41/2017 have been tested for antiviral susceptibility.

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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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