

Summary

Week 42/2018 (15–21 October 2018)

- Influenza activity was low throughout the European Region.
- Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care.
- Both influenza A and B type viruses were detected at low numbers.
- For week 42/2018, data from the 20 countries or regions reporting to the [EuroMOMO](#) project indicated all-cause excess mortality to be at expected levels for this time of the year.

2018–2019 season overview

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

Primary care data

For week 42/2018, of those Member States in which thresholds for influenza-like illness (ILI) activity are defined, only Turkey reported activity above its threshold level, but without influenza virus detections. Similarly, for those Member States with thresholds for acute respiratory infection (ARI), only Ukraine reported activity above the threshold level, again without detection of influenza viruses. This indicates that ILI/ARI activity in these countries might not be due to influenza activity.

Influenza activity

All 47 Member States and areas reporting on intensity reported low intensity for week 42/2018 (see Fig. 1), indicating that influenza activity is within baseline levels.

Of 47 Member States and areas reporting on geographic spread, 35 reported no activity (across the region) and 12 reported sporadic spread (in eastern, northern and western areas) (see Fig. 2).

Maps of qualitative indicators in the European Region

Fig. 1. Intensity in the European Region, week 42/2018

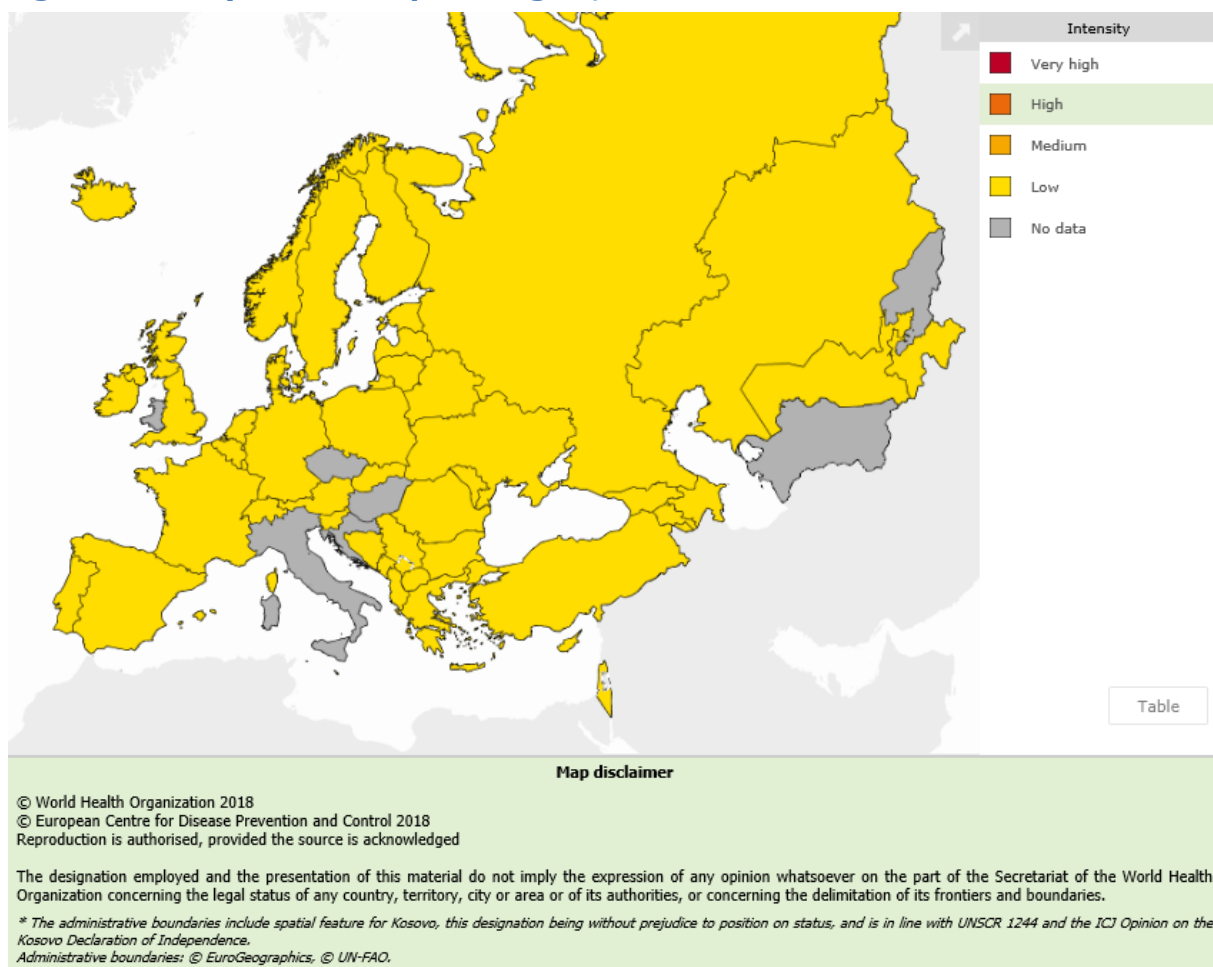
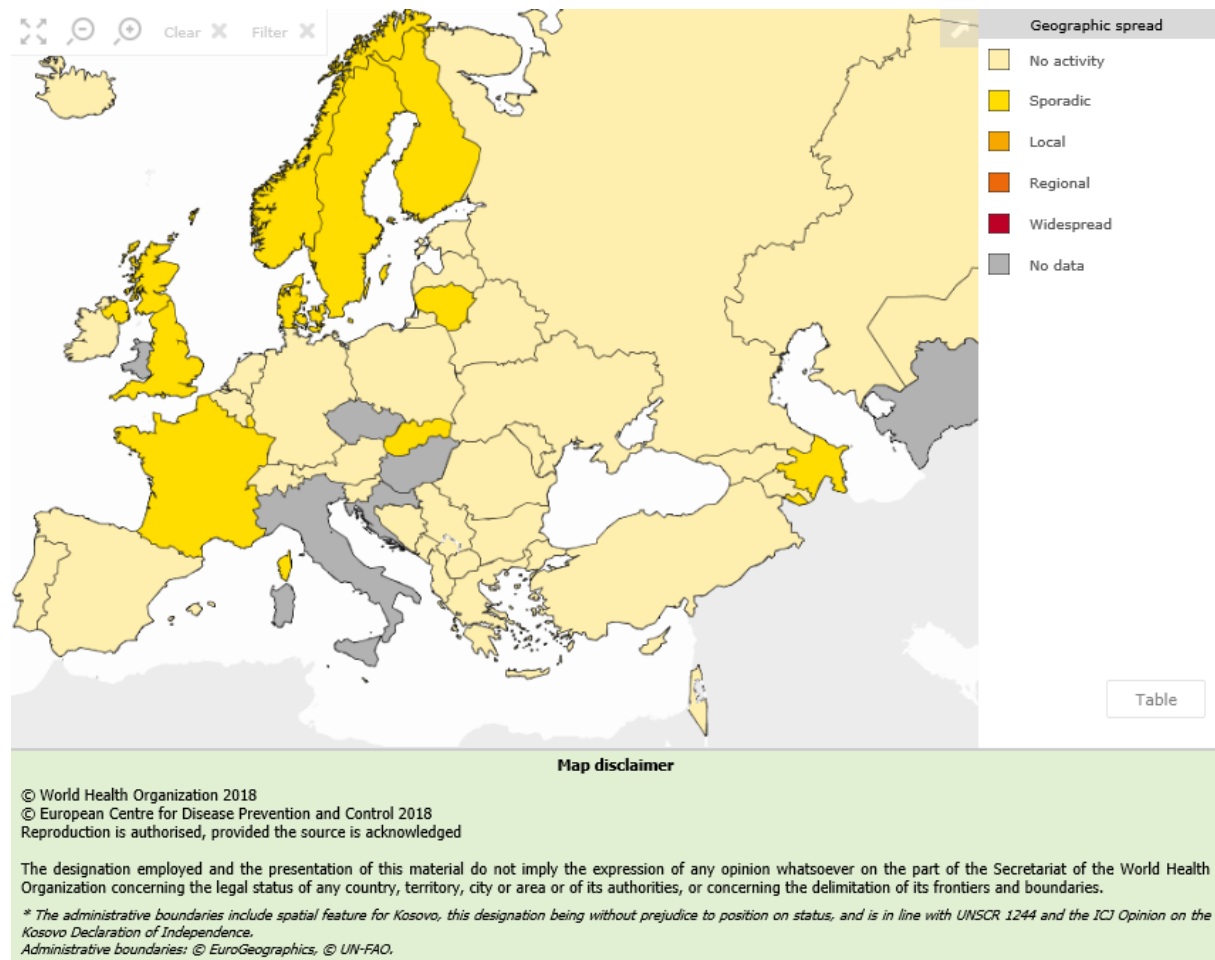


Fig. 2. Geographic spread in the European Region, week 42/2018



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

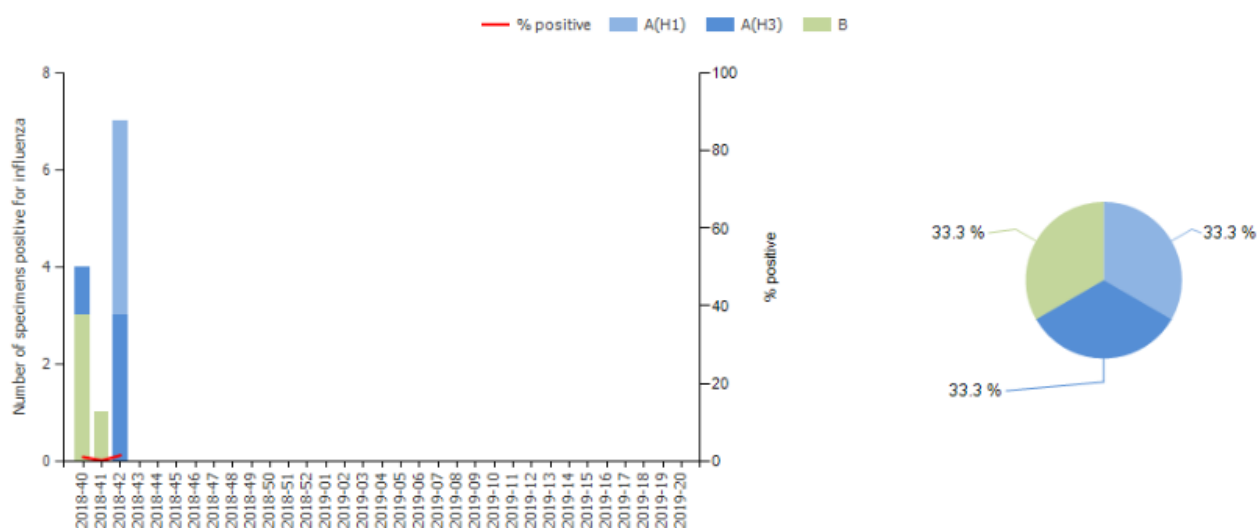
Viruses detected in sentinel-source specimens (ILI and ARI)

For week 42/2018, 7 (2%) of 429 sentinel specimens tested positive for influenza virus, of which 4 were A(H1N1)pdm09 and 3 A(H3N2) viruses.

For the season overall, 12 influenza viruses (4 A(H1N1)pdm09, 4 A(H3N2) and 4 type B viruses (2 ascribed to the B/Yamagata lineage)) have been detected (Fig. 3 and Table 1).

Details of the distribution of viruses detected in non-sentinel-source specimens can be found in the [Virus characteristics section](#).

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



^a Pie chart shows cumulative data for this period.

Table 1. Influenza virus detections in sentinel-source specimens by type and subtype, week 42/2018 and cumulatively.

Virus type and subtype	Current Week		Season 2018–2019	
	Number	% ^a	Number	% ^a
Influenza A	7	100	8	66.7
A(H1N1)pdm09	4	57.1	4	50
A(H3N2)	3	42.9	4	50
A not subtyped			0	-
Influenza B	0	-	4	33.3
B/Victoria lineage			0	0.0
B/Yamagata lineage			2	100.0
Unknown lineage			2	-
Total detections (total tested)	7 (429)	1.6	12 (1200)	1

^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

A subset of Member States monitors severe disease related to influenza virus infection by surveillance of 1) hospitalized laboratory-confirmed influenza cases in ICUs (n=12 countries), or other wards (n=8 countries), or 2) severe acute respiratory infections (SARI; n=17 countries).

1.1) Hospitalized laboratory-confirmed influenza cases – ICUs

1 case of hospitalized laboratory-confirmed influenza A in ICUs was reported during week 42/2018 by the UK.

1.2) Hospitalized laboratory-confirmed influenza cases – other wards

No cases of hospitalization due to influenza in other wards were reported during week 42/2018.

2. SARI surveillance

For week 42/2018, 610 SARI cases were reported by 10 countries. Of 113 specimens tested for influenza viruses, none were positive.

Of 1 500 SARI cases reported since week 40/2018, 1 498 had a recorded age and, of these, 61% were 0–4 years old and 22% were 15–64 years old.

Mortality monitoring

For week 42/2018, the [EuroMOMO](#) project received data from 20 EU/EEA Member States or regions that were included in pooled analyses. Overall, the pooled estimates of all-cause mortality showed expected levels for this time of year in the participating countries.

Virus characteristics

Details of the distribution of viruses detected in sentinel-source specimens can be found in the [Primary care data](#) section.

Viruses detected in non-sentinel source specimens

For week 42/2018, 86 specimens from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions) tested positive for influenza viruses. Of the 86, 80% were type A and 20% type B viruses (Table 2). Of the influenza A viruses that were subtyped, 64% were A(H3N2) and 36% were A(H1N1)pdm09. None of the influenza B viruses were assigned to a lineage.

Table 2. Influenza virus detections in non-sentinel source specimens by type and subtype, week 42/2018

Virus type and subtype	Current Week		Season 2018–2019	
	Number	% ^a	Number	% ^a
Influenza A	69	80.2	175	81.0
A(H1N1)pdm09	8	36.4	27	39.7
A(H3N2)	14	63.6	41	60.3
A not subtyped	47	-	107	-
Influenza B	17	19.8	41	19.0
B/Victoria lineage	0	-	0	0.0
B/Yamagata lineage	0	-	2	100.0
Unknown lineage	17	-	39	-
Total detections (total tested)	86	-	216	-

^a For 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 42/2018, no virus genetic characterizations were reported. The latest characterization data are summarized in the [ECDC summary report for July](#), the September report will be available 30 October.

For more information on virus characterizations for EU/EEA countries, see earlier [WHO CC London Influenza virus characterisation reports](#).

The recommended composition of the trivalent influenza vaccine for the northern hemisphere 2018–2019 season included an A/Michigan/45/2015 (H1N1)pdm09-like virus, an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus and a B/Colorado/06/2017-like virus (B/Victoria lineage). For quadrivalent vaccines, a B/Phuket/3073/2013-like virus (B/Yamagata lineage) was recommended. The full report can be found [here](#).

On 27 September 2018, WHO announced the recommended vaccine composition for the 2019 season for the southern hemisphere. The recommendations matched the A(H1N1)pdm09 and B components for the 2018–2019 northern hemisphere season, but the A(H3N2) component was changed for egg-based vaccines. The full report can be found [here](#). A comment by ECDC can be seen [here](#).

Antiviral susceptibility testing

No viruses with collection dates in weeks 40–42/2018 have been tested for antiviral susceptibility.

This weekly update was prepared by an editorial team at the European Centre for Disease Prevention and Control (Cornelia Adlhoch, Angeliki Melidou, Pasi Penttinen, Phillip Zucs and Emmanuel Robesyn) and the WHO Regional Office for Europe (Caroline Brown, Sonja Olsen, Piers Mook, Dmitriy Pereyaslov and Tamara Meerhoff, Temporary Advisor to WHO). It was reviewed by country experts (Iris Hasibra [Hatibi], Institute of Public Health, Albania; Joan O'Donnell, Health Protection Surveillance Centre, Ireland) and by experts from the network (Adam Meijer, National Institute for Public Health and the Environment (RIVM), the Netherlands; Rod Daniels and John McCauley, WHO Collaborating Centre for Reference and Research on Influenza, Francis Crick Institute, United Kingdom).

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 42/2018.

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 42/2018.

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