



Respiratory virus surveillance network webinar

16 September 2024

Agenda



Item	Presenter
1. Introductions	Marc-Alain Widdowson, WHO EURO
2. Review of respiratory activity in interseason (W20-W40) (45 min)	Chair: Marc-Alain Widdowson
a. 4 country presentations (5 minutes each)	Albania: Artan Simaku, Medical epidemiologist, Institute of Public Health of Albania Portugal: Pedro Licinio Pinto Leite, Director of the Directorate of Information and Analysis, Directorate-General of Health Spain: Susana Monge Corella, Respiratory Virus Surveillance Unit, Department of Epidemiology of Communicable Diseases UK – England: Mary Sinnathamby, Principal Scientist, Respiratory Virus Section, UK Health Security Agency
b. Panel discussion (20 min)	Moderator: Karoline Bragstad
3. Preparing for the winter season ahead (45 min)	Chair: Edoardo Colzani
a. Epidemiological summary of the 2024 southern hemisphere respiratory virus season (15 min)	Melissa Rolfes, WHO HQ
b. TESSy reporting and ERVISS updates (15 min)	James Fielding, WHO/EURO Nick Bundle, ECDC
c. Update on vaccine-related activities for respiratory viruses (15 min)	Nathalie Nicolay, ECDC Kate Olsson, ECDC
4. Closing remarks	Edoardo Colzani, ECDC



Review of respiratory activity in interseason (w20-W40)

Presentations by: Albania, Portugal, Spain, and UK – England
Followed by: panel discussion (moderator: Karoline Bragstad)

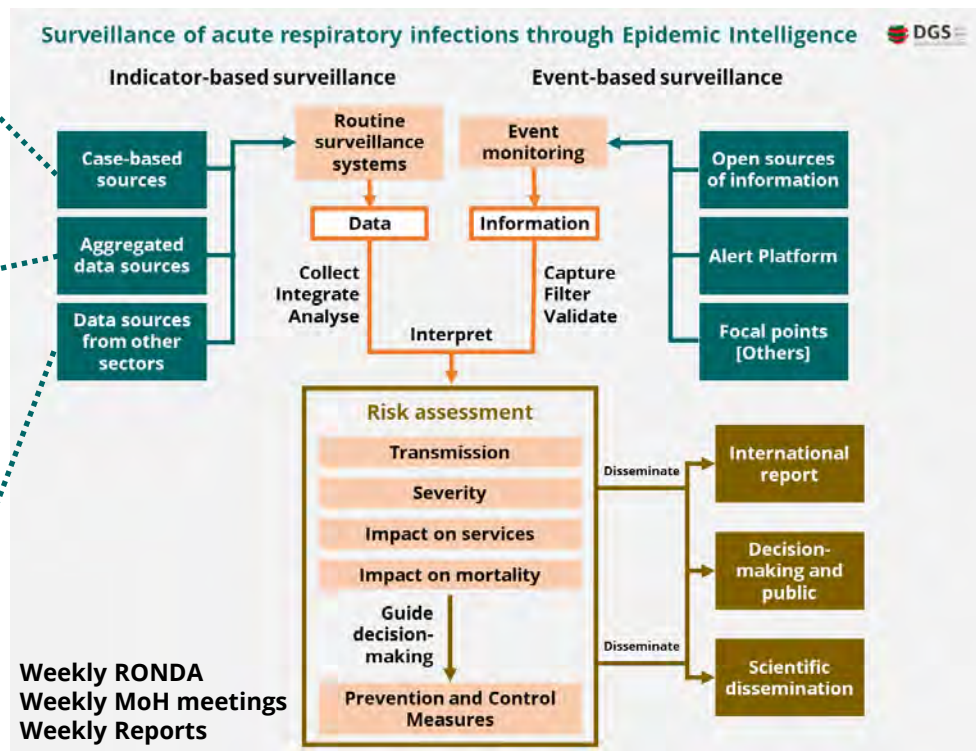
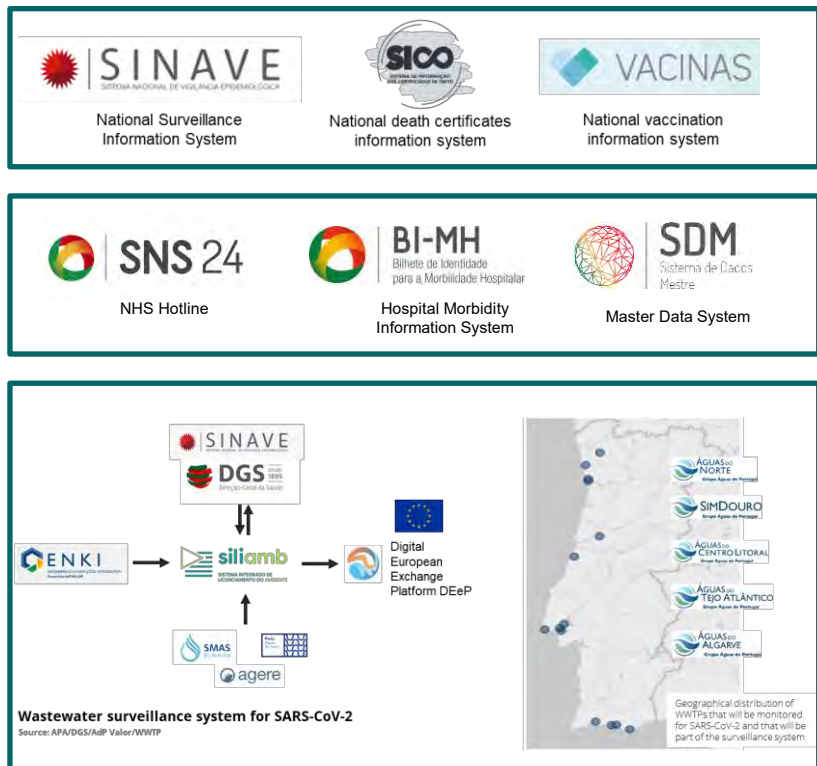


Review of the respiratory activity in interseason | Portugal

Pre-season European Region Respiratory Surveillance Network webinar

Pedro Pinto Leite, MD
Directorate of Information and Analysis
Directorate-General of Health

- **Seasonal Health Response (DGS):** Oversees preparedness and management of respiratory virus surges;
 - Contingency Plans: **1) Surveillance and monitoring systems;** 2) Protection of vulnerable populations;
 - 3) Access and organisation of healthcare; 4) Health Education, Community and Communication;
- **Public Health Surveillance (DGS):** Coordinates Epidemiological Surveillance Information System (SINAVE);
 - Clinical, laboratory and epidemiological data for real-time infectious disease reporting and outbreak detection;
 - Epidemic Intelligence approach (CESP), for risk analysis and support risk management and risk communication.
- **National Surveillance Programme for Influenza and other Respiratory Viruses (INSA):** Analysis of trends in virus transmissibility and severity; virus characterisation and genetic sequencing; vaccine effectiveness;
- **Portuguese Network of Laboratories for the Diagnosis of Influenza Virus Infection and Other Respiratory Viruses (INSA):** Coordinates diagnostic testing across public health and clinical labs for consistent reporting.



7-day incidence rate of SARS-CoV-2 infection cases (per 100 000 inhab.)
Portugal



N.º de vacinas administradas

~ 2 500 000

2 000 000

1 500 000

1 000 000

500 000

0

39 40 41 42 43 44 45 46 47 48 49 50 51 52 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18

Semana ISO

80 ou mais anos

70-79 anos

60-69 anos

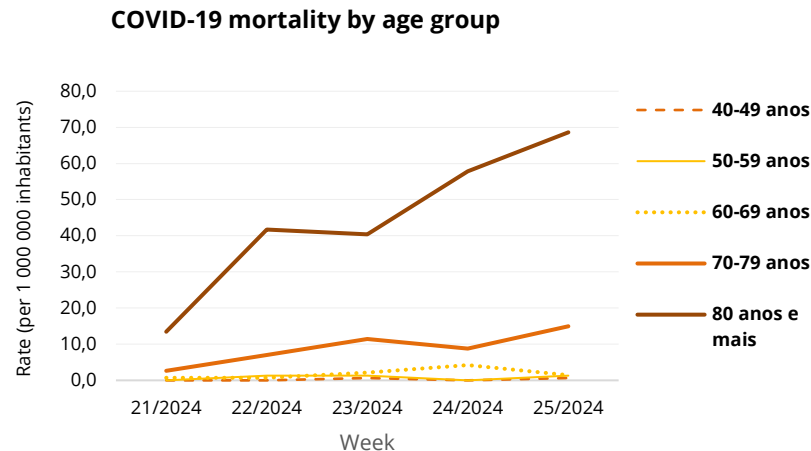
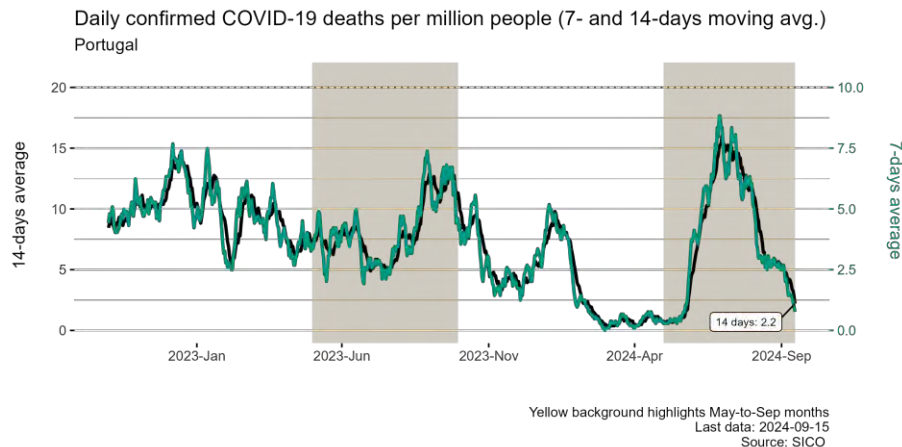
A linha representa o número acumulado (inclui todas as idades)

Últimos dados: 2024-08-05

Fonte: DGS-VACINAS | Autor: DGS

**60+ y.o.:
56%**

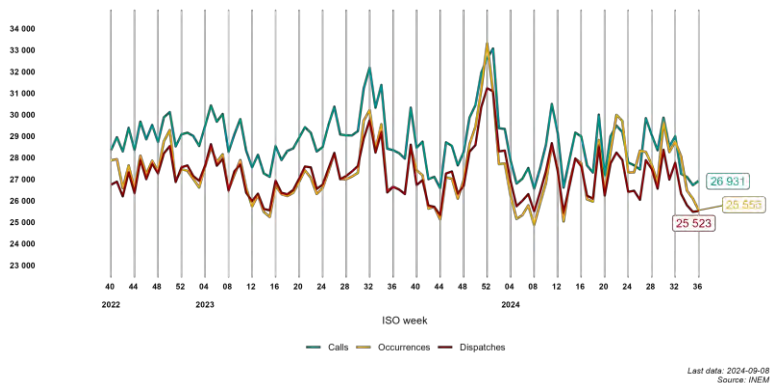
Deaths: Slight **uptick in mortality** in high-risk populations (**70%** in 80+ y.o.; **45%** without register of seasonal booster), but no overwhelming mortality surge.



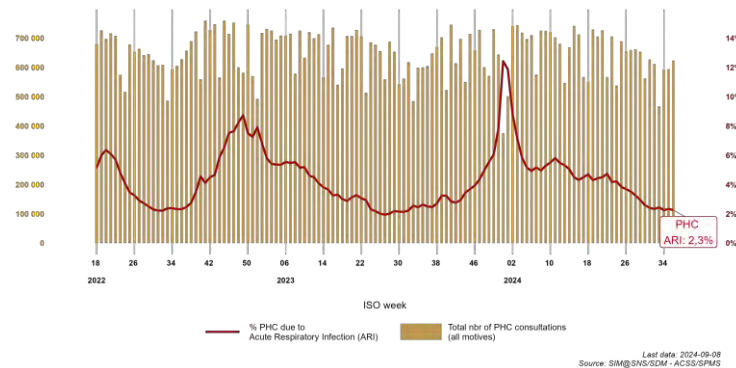
Response: Enhanced monitoring and preparedness measures, focused on **local risk assessment**, including **guidance for health institutions**, but **no widespread restrictive public health measures**.

- 1. National Institute of Medical Emergencies:** Calls, occurrences, and activations remained **low**;
- 2. Primary Health Care (NHS):** The absolute number of consultations remained stable with a **low** proportion of acute respiratory infections;
- 3. Emergency Episodes (NHS Hospitals):** The absolute number of emergency visits remained stable with a **low** proportion of acute respiratory tract infections.

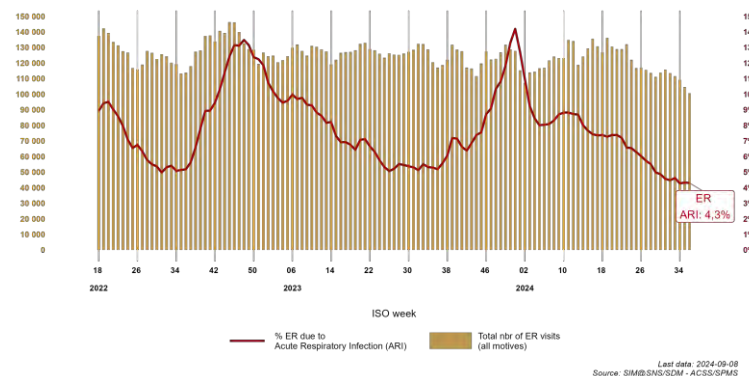
1.



2.



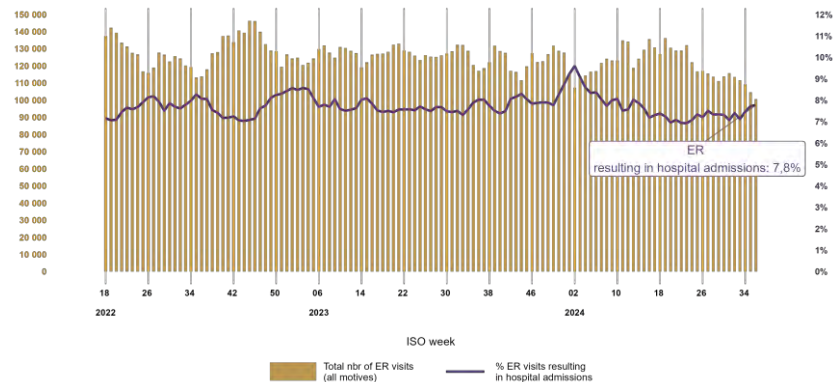
3.



4. **Limited Severity:** The proportion of ER episodes resulting in hospitalisation remained **stable**.

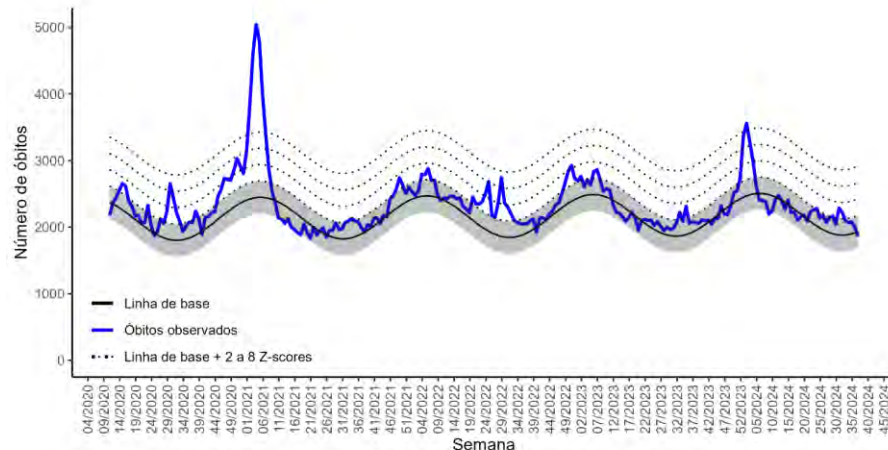
5. **No Excess Mortality:** No significant increase in mortality was detected during the period.

4.



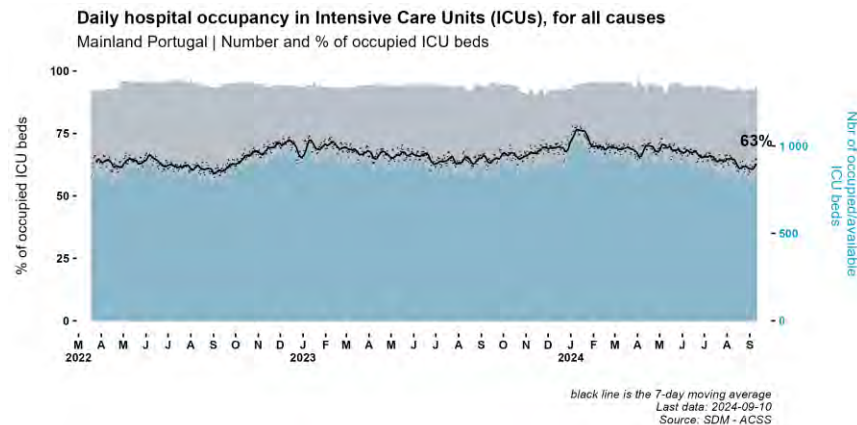
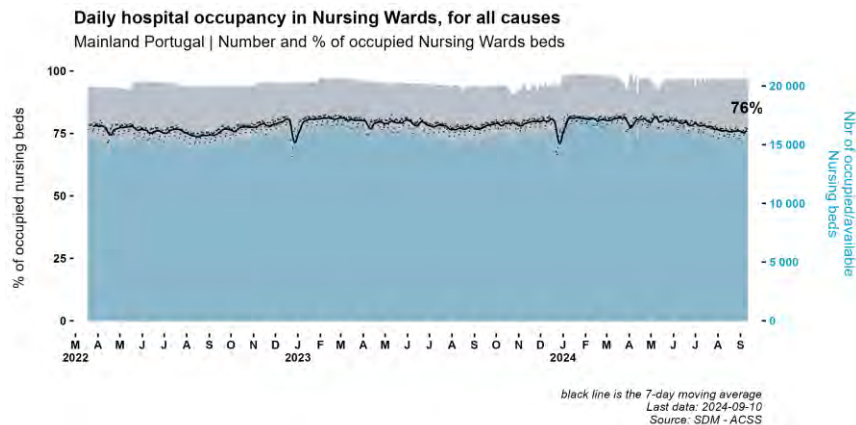
Last date: 2024-09-08
Source: SIM@SNS/SDM - ACSS/SPMS

5.

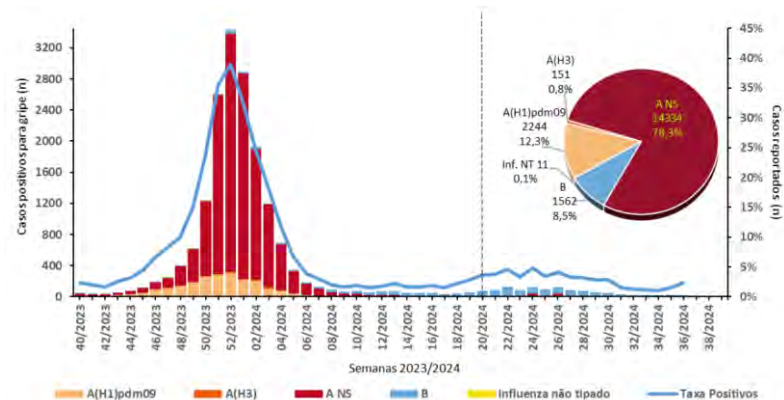
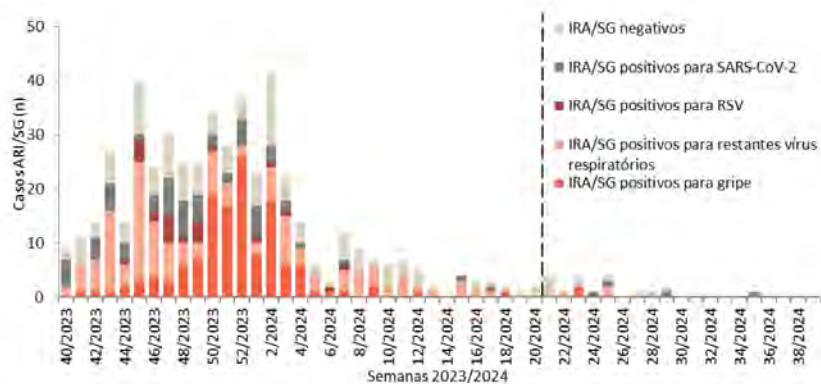


Dados até 2024-09-08 atualizados a 2024-09-11
Fonte: SICO/DGS | Autoria: INSA

6. **Healthcare Services Impact:** Occupancy rates in nurseries and ICUs remained **stable**, indicating a **limited** impact on the response capacity of healthcare services.



- **Primary Surveillance Systems used:**
 - **Sentinel GP/Hospital Networks** for influenza-like illness (ILI) and acute respiratory infection (ARI) data;
 - **SARI Surveillance** in hospitals for severe respiratory disease trends;
 - **INSA Laboratory Surveillance** for genomic sequencing and real-time variant monitoring.



Source: INSA



- Contingency Plans Technical Reference:
 - Summer 2024: <https://www.dgs.pt/em-destaque/plano-de-contingencia-para-a-resposta-sazonal-em-saude-referencial-tecnico-verao-2024.aspx>
- Health Seasonal Response Reports: <https://www.dgs.pt/publicacoes/relatorio-de-resposta-sazonal-em-saude.aspx>
- National Surveillance Programme for Influenza and other Respiratory Viruses Reports: <https://www.insa.min-saude.pt/category/informacao-e-cultura-cientifica/publicacoes/atividade-gripal/>
- Report on the genetic diversity of the new coronavirus SARS-CoV-2 (COVID-19) in Portugal: <https://insaflu.insa.pt/covid19/>



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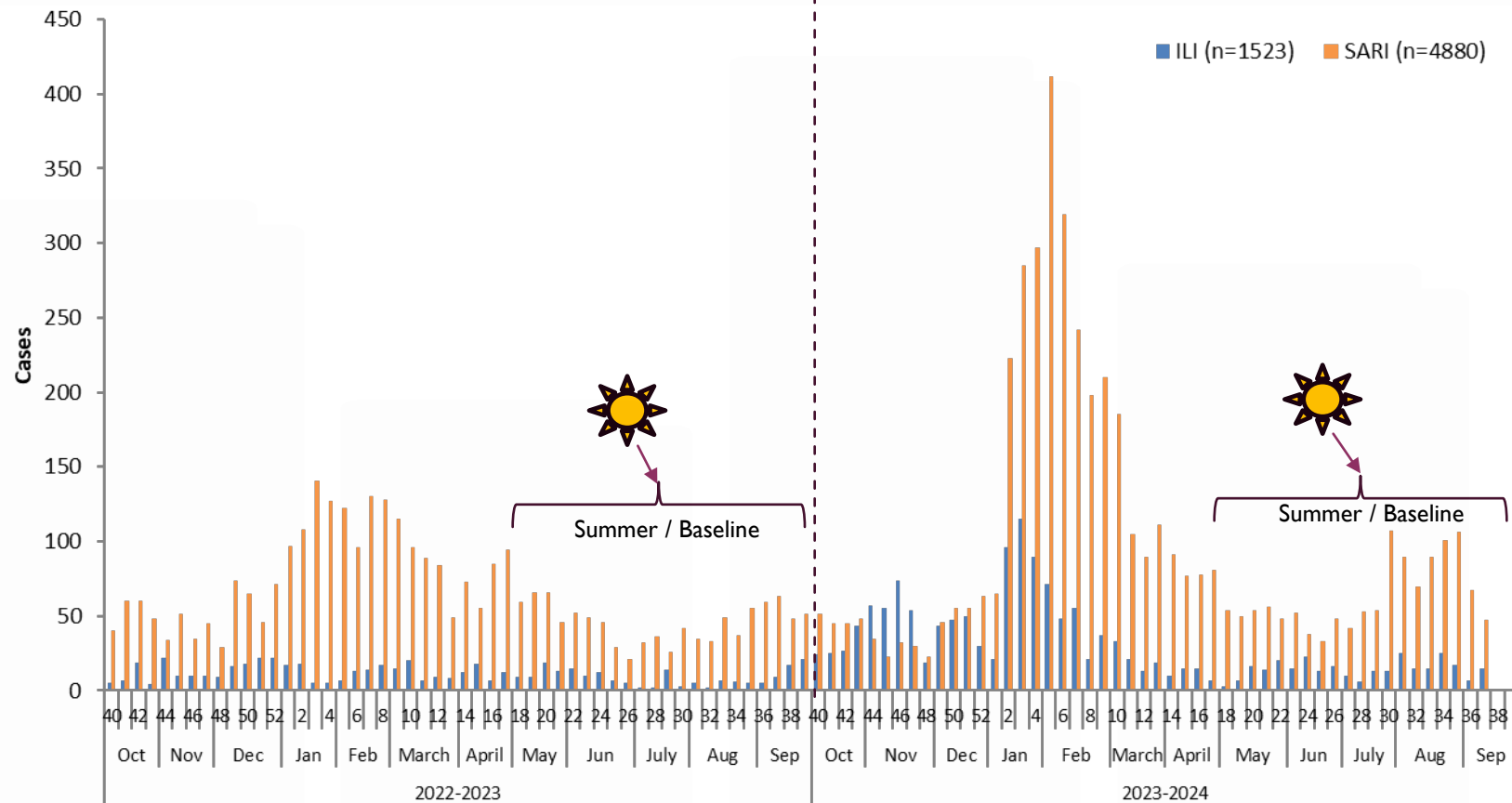


SUMMER SEASON RESPIRATORY VIRUS EPIDEMIOLOGY - ALBANIA

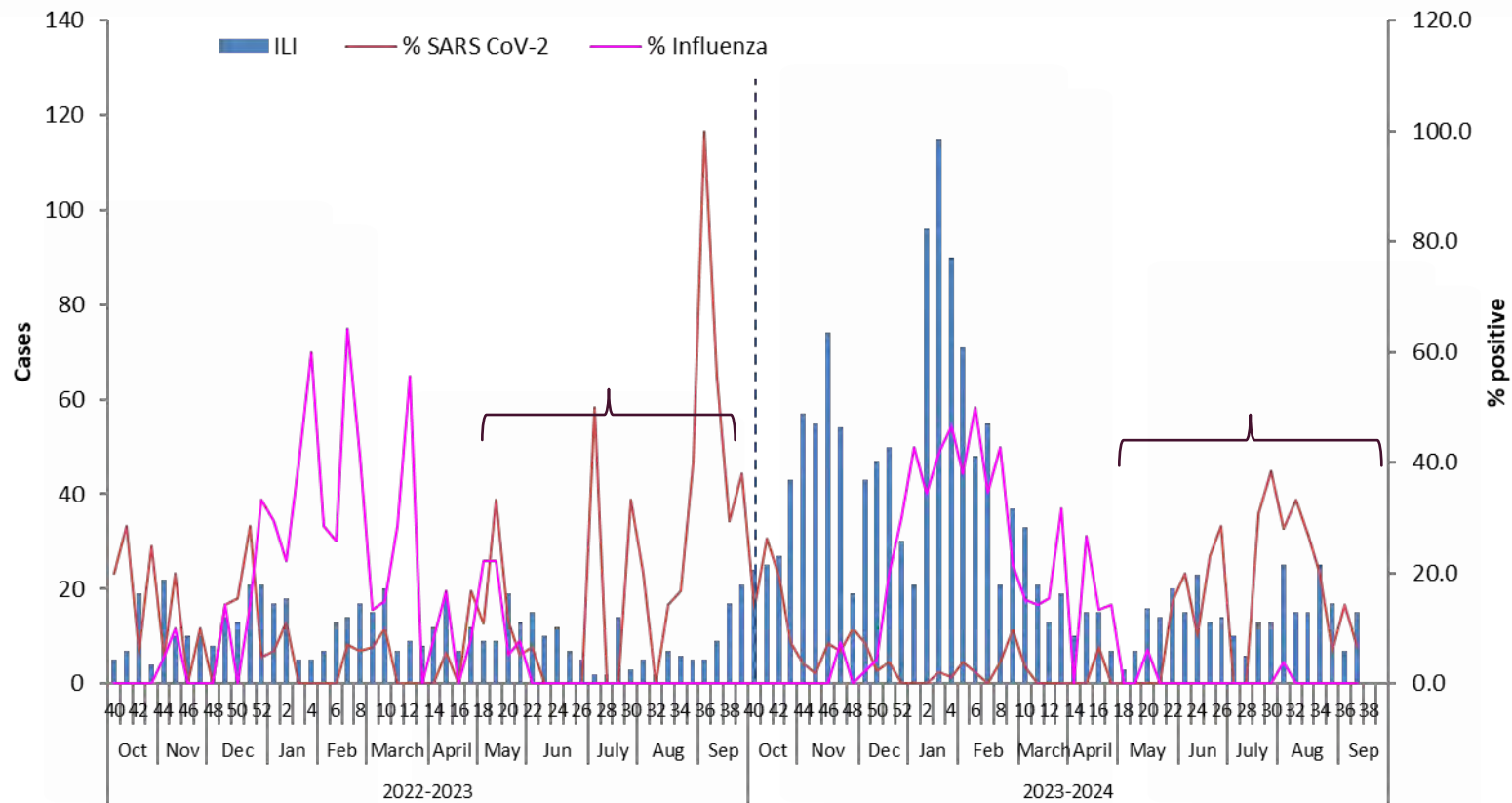
Integrated ILI-SARI Surveillance for Influenza
and SARS-CoV-2

Artan Simaku, Silvia Bino
Institute of Public Health, Tirana, Albania

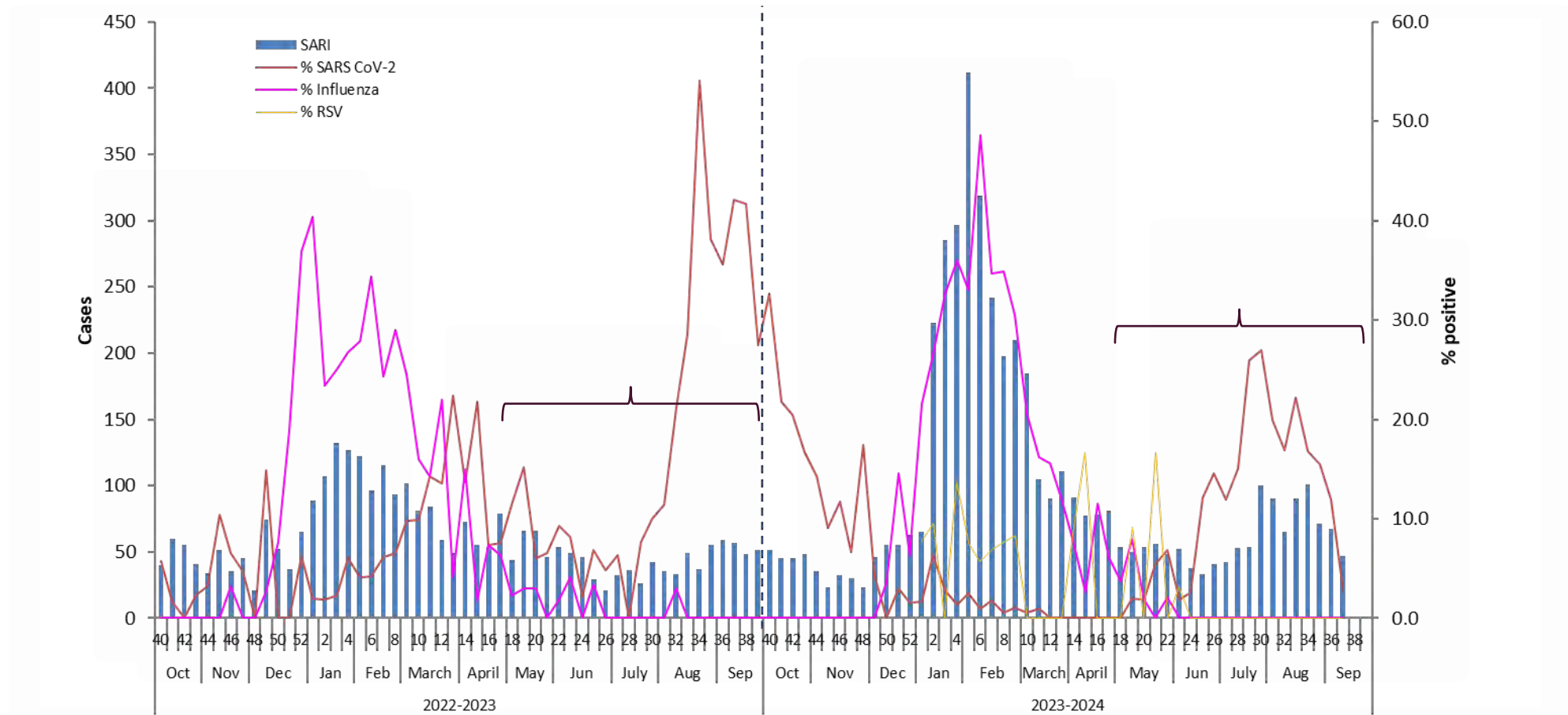
No. of ILI and SARI cases by week. Seasons 2022-2023 & 2023-2024



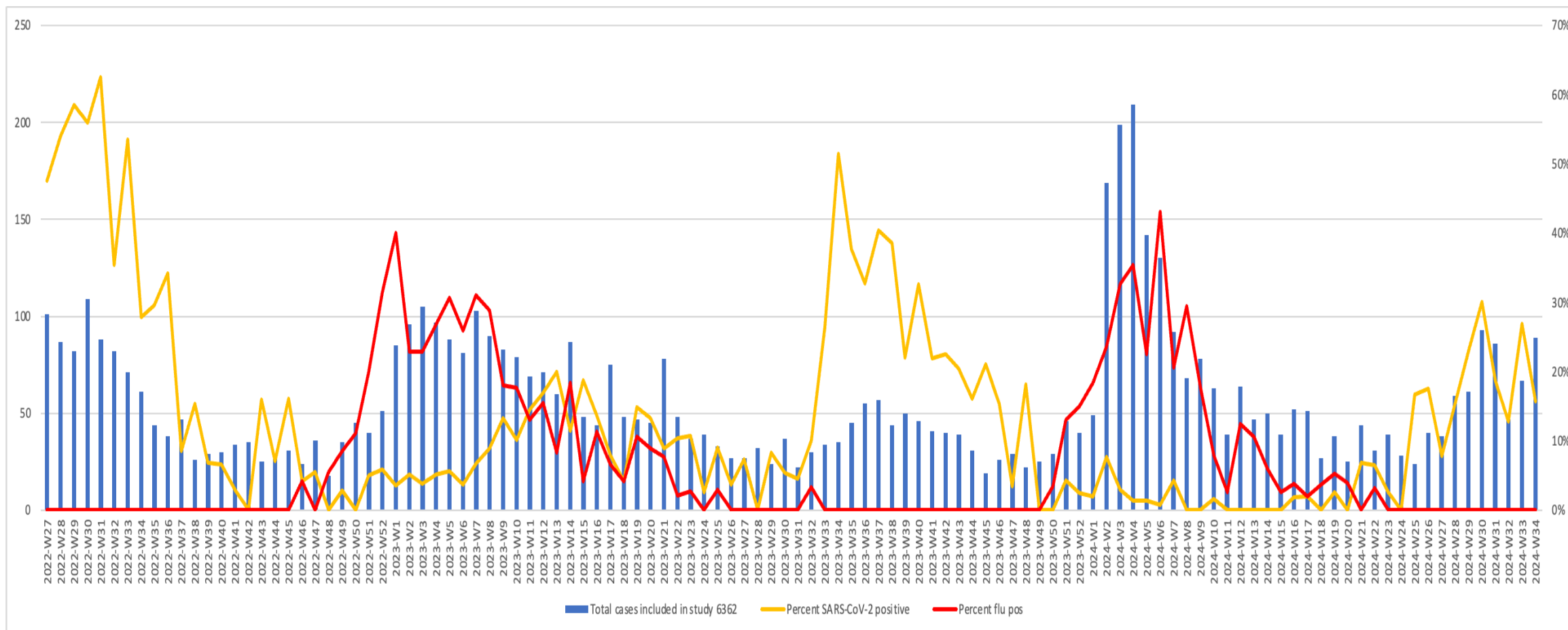
No. of ILI cases and % positive for Influenza and Covid-19 by week and season: 2022-2023 & 2023-2024



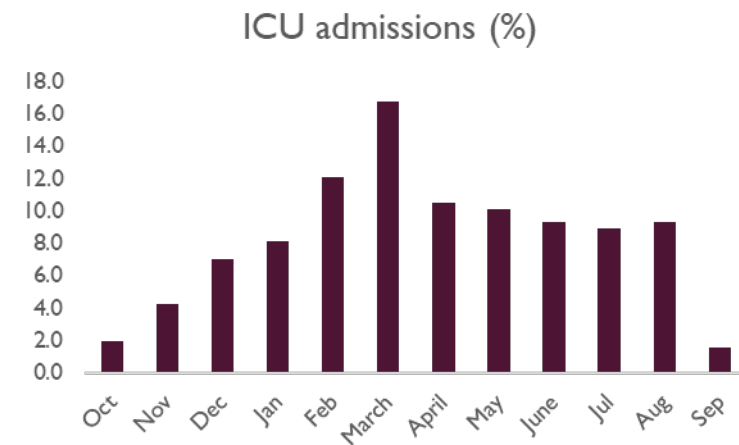
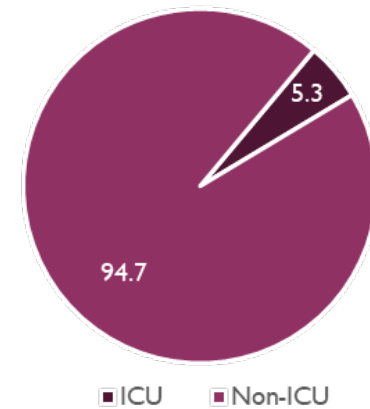
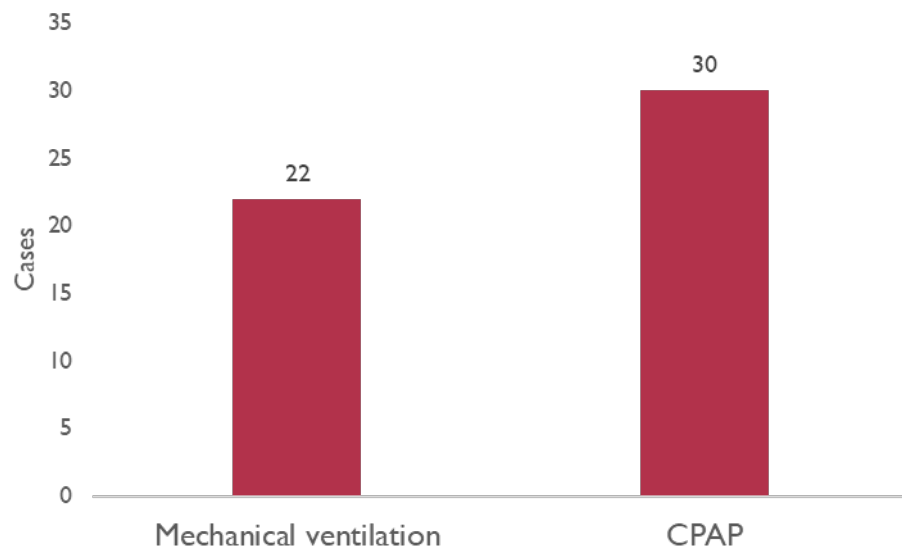
No. of SARI cases and % positive for Influenza, Covid-19 and RSV by week and season: 2022-2023 & 2023-2024



DATA FROM WEEKLY TRACKER IN SARIVE STUDY IN ALBANIA

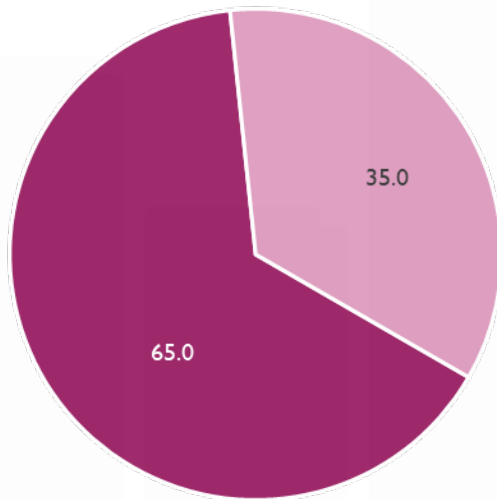


CPAP, MECHANICAL VENTILATION AND ICU ADMISSIONS



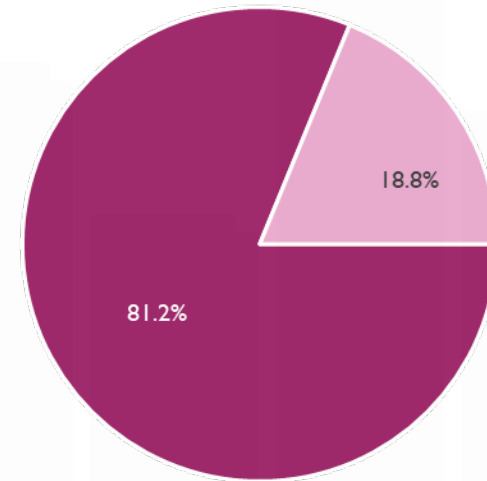
Proportion of baseline ILI cases out of season totals, (%)

ILI 2022-2023 (n=565)



■ Oct-April ■ May-Sept

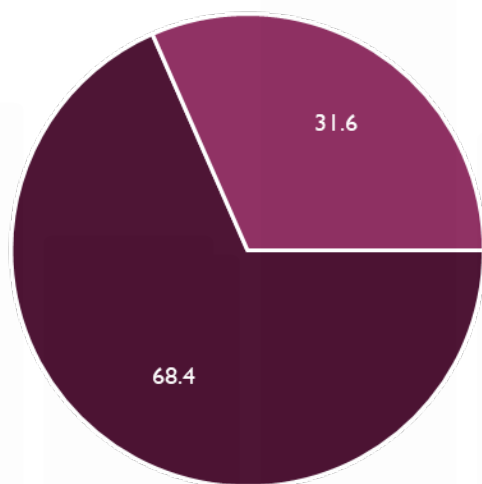
ILI 2023-2024 (n=1523)



■ Oct-April ■ May-Sept

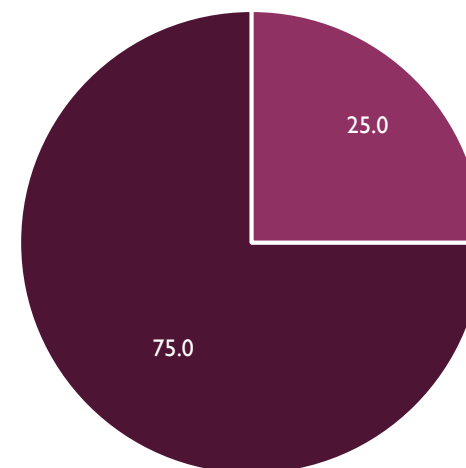
Proportion of baseline SARI cases out of season totals, (%)

SARI 2022-2023 (n=3108)



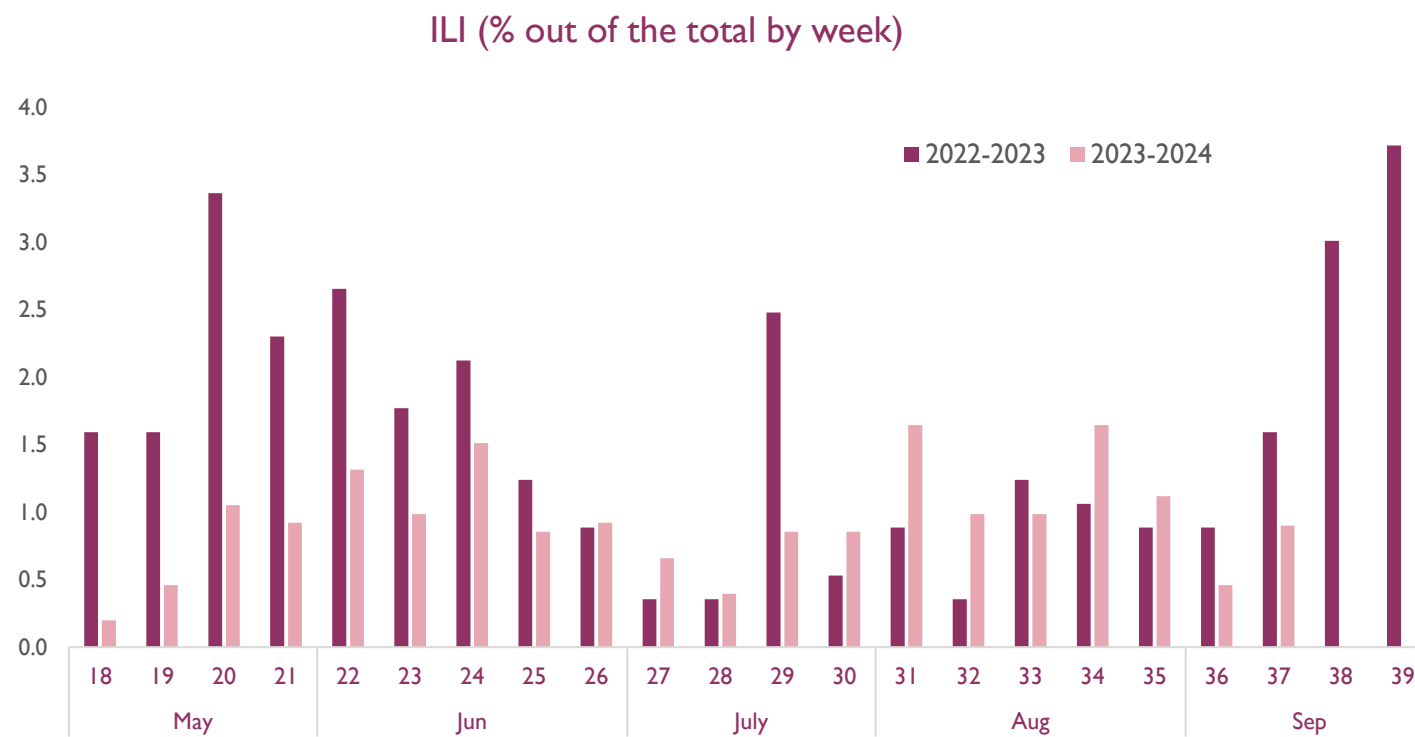
■ Oct-April ■ May-Sept

SARI 2023-2024 (n=4826)

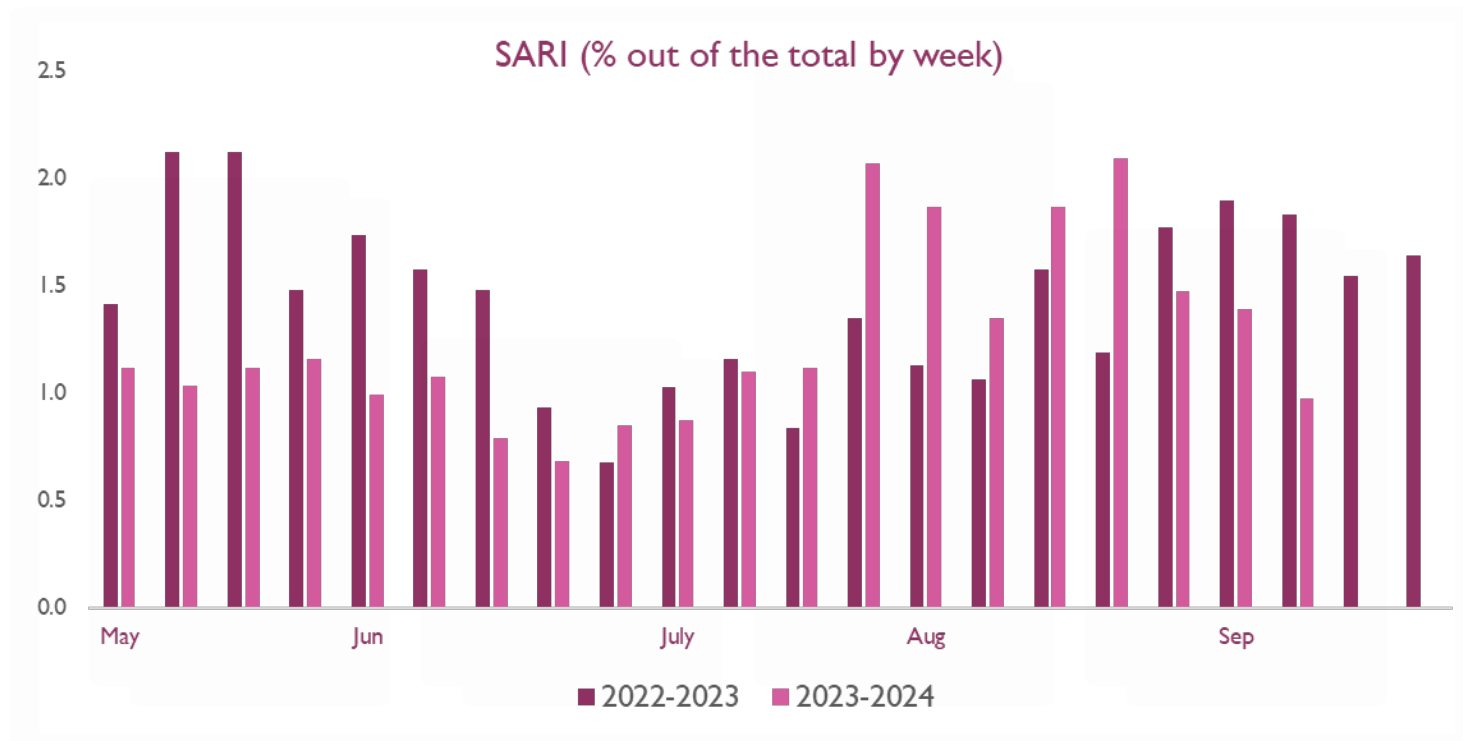


■ Oct-April ■ May-Sept

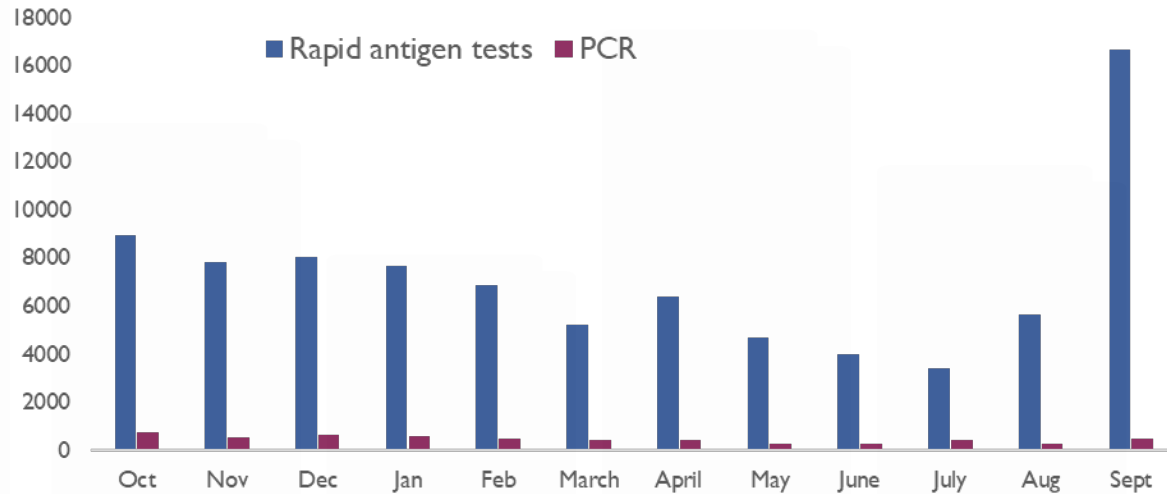
Baseline ILI proportion (%) out of season totals by week



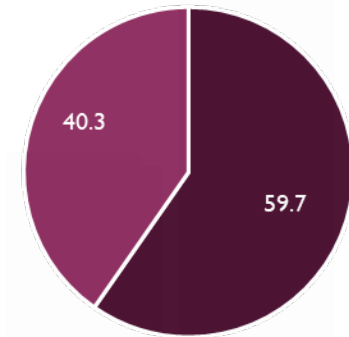
Baseline SARl proportion (%) out of season totals by week



No. of COVID-19 Rapid antigen tests and PCR by month. % out of totals in Baseline period 2022-2023

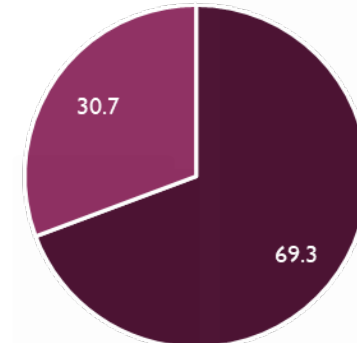


Rapid antigen tests



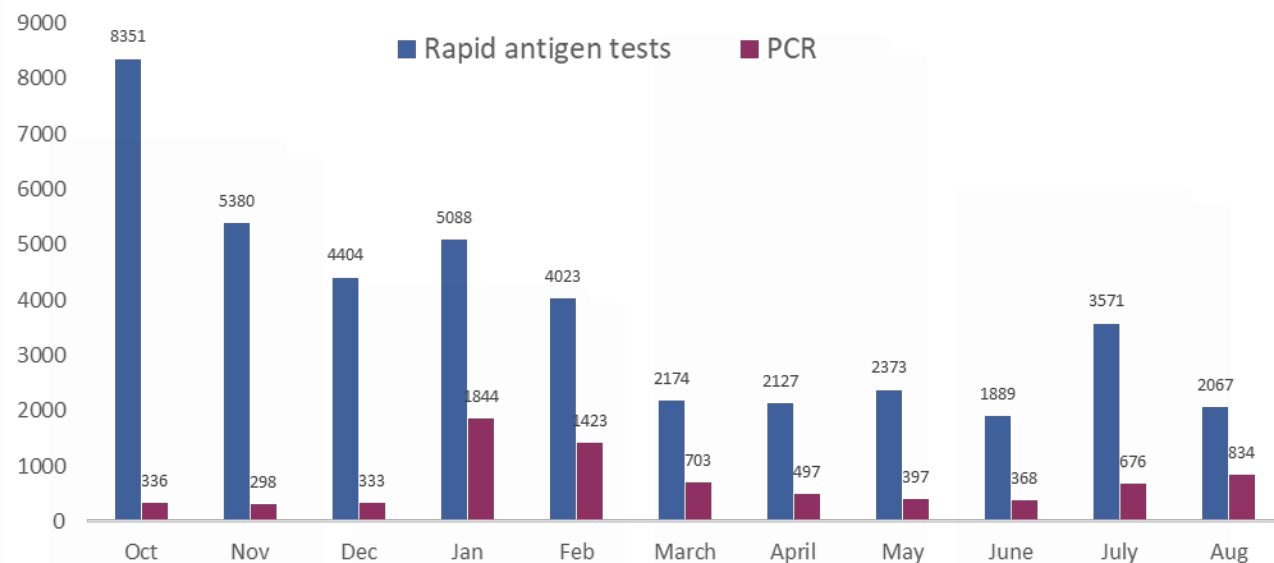
■ Oct-April ■ May-Sept

PCR

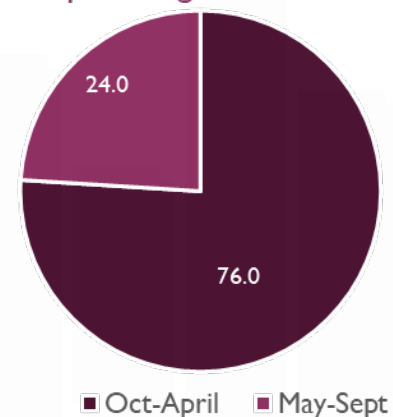


■ Oct-April ■ May-Sept

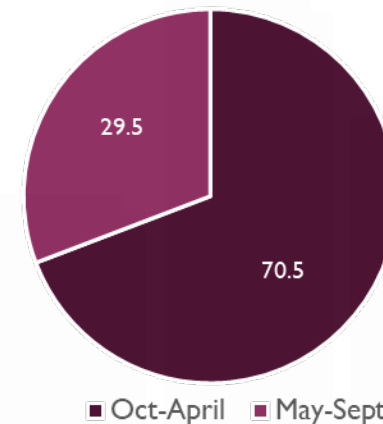
No. of COVID-19 Rapid antigen tests and PCR by month. % out of totals in Baseline period 2023-2024



Rapid antigen tests



PCR



IMPACT AND MEASURES

- High impact on hospital beds (COVID -19 and WEST NILE Virus outbreak)
- Hospital emergency preparedness plan activated
- Infection control measures
- Risk communication and increase information and recommendations to population
- High impact on virology laboratory (surge capacities activated)
- Year round surveillance shows the real trend of Influenza and SARS-CoV-2
- ILI,ARI and SARI sentinel surveillance and hospital admission monitoring year around provide important information for weekly and monthly epi assessment.

RECENT INFLUENZA VACCINATION CONFERENCE – 9-11 SEPTEMBER, ALBANIA

- Weekly bulletin - Improve data communication
- Improve timeliness of data communication – EpiTel
- Regional EpiTel
- Develop key messages using the current data
- Use of graphs, figures and Infographic
- Gaps in data analyses at district level
- Gaps in data communication at local and central level

ACKNOWLEDGEMENT

- Iris Hasibra
- Jonilda Sulo
- Adela Vasili
- Elona Kureta
- Eugena Tomini
- Kujtim Mersini
- ILI & SARI sentinel sites
- Influenza (ILI/SARI) surveillance supported by US CDC
- SARI (and RSV) surveillance 2023 supported by ECDC – Epiconcept
- SARIVE study supported by WHO Euro and Epiconcept
- Data communication for Influenza vaccination supported by PIVI/Task Force for Global Health and US CDC and WHO Euro
- Communicable disease surveillance and COVID and Influenza vaccination supported by Government of Albania and PIVI/TFGH

Rritet numri i rasteve me Covid-19", Tomini: Kemi një miksim të qarkullimit të viruseve

schedule09:07 - 16 Korrik, 2024

Covidi i Verës, javën e fundit janë shtuar rastet me Coronavirus!
14/07/2024 19:50

Përveçse virozave stinore, duket se vera po regjistron raste të shtuara të prekur nga coronavirus. E nëse në vende të Europës po qarkullon një nënvariant i ri ai KP.3 çka ka rritur numrin e të infektuarve në Shqipëri qarkullon një nënvariant i omicronit, ai që ka prekur fëmijë dhe grup-moshën 30 vjeç e lart.

Inter-seasonal respiratory virus surveillance in Spain, 2024

Susana Monge

Respiratory Virus Surveillance Unit

Department of Epidemiology of Communicable Diseases

National Centre of Epidemiology, Instituto de Salud Carlos III

smonge@isciii.es

ARI and SARI surveillance in Spain is year-round

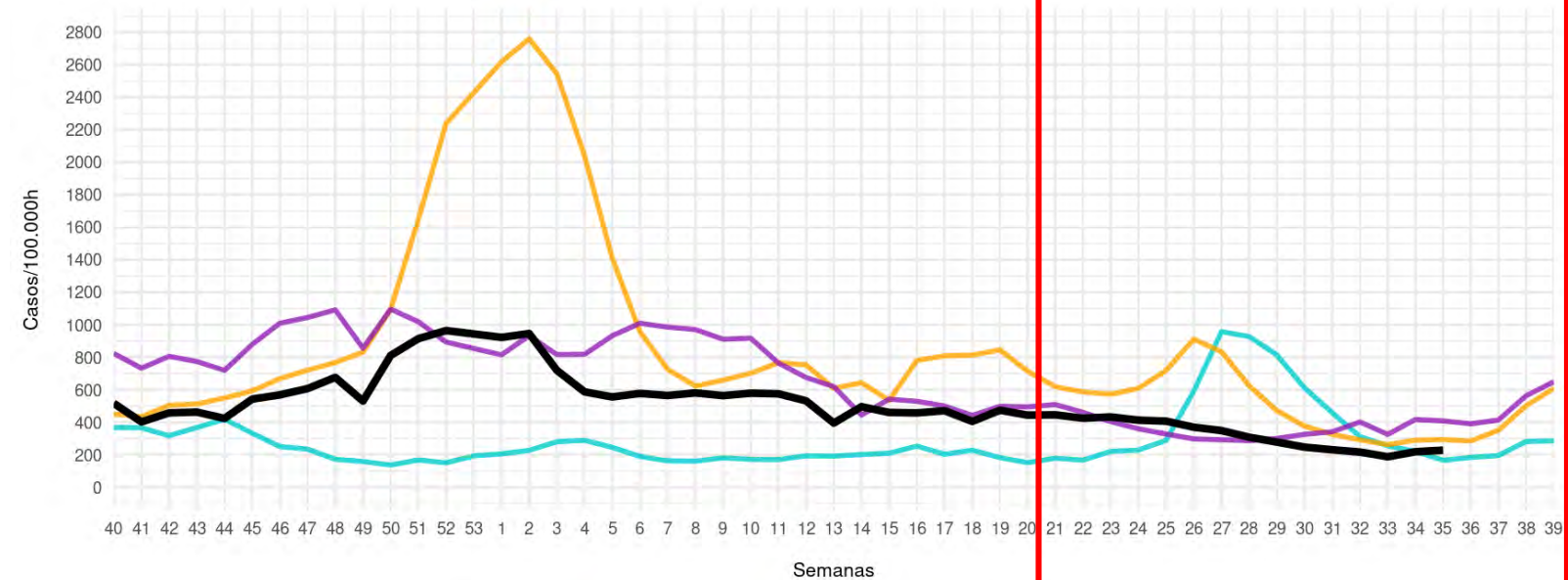
Syndromic component

- WHO ARI and SARI case definition as reference
- Extraction of diagnostic codes in primary care
- Extraction of codes \pm manual revisión in hospitals
- Weekly ARI/SARI rates by sex and age

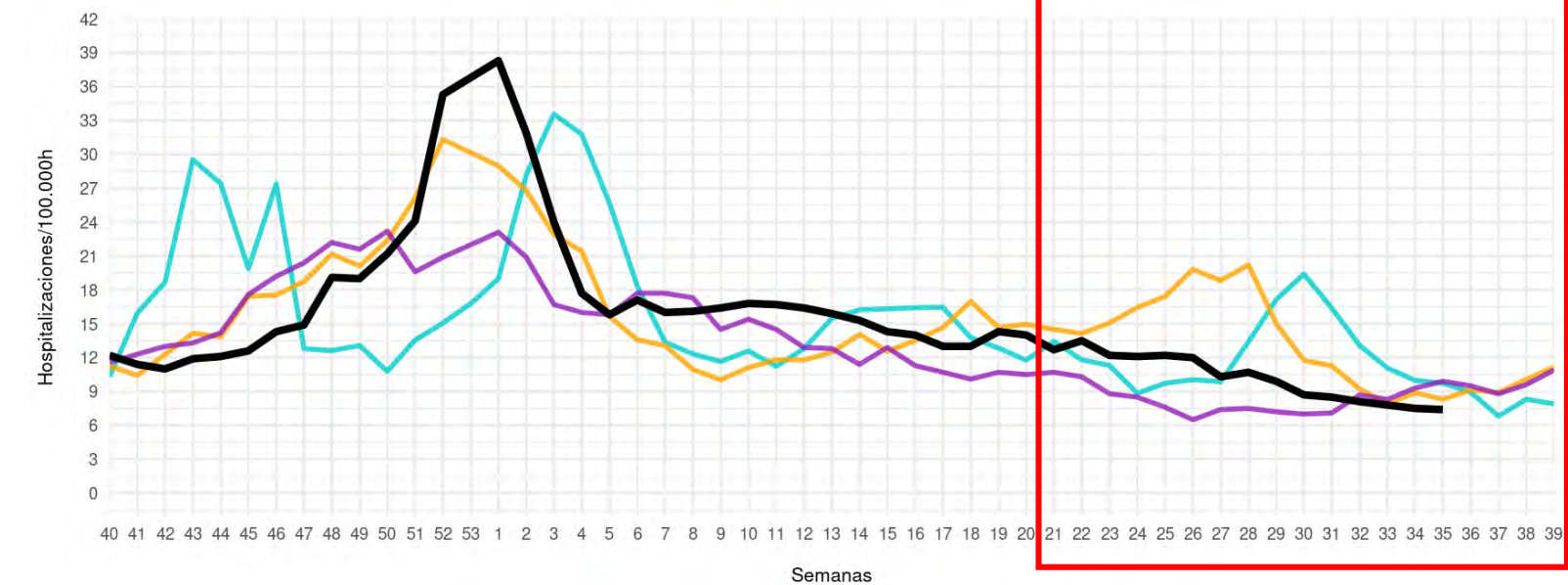
Systematic selection

- Systematic:
 - ✓ First 2-5 weekly ARI patients in PC
 - ✓ SARI hospitalized one/two days at week
- Triple test: influenza, SARS-CoV-2 and RSV
- Positivity rates

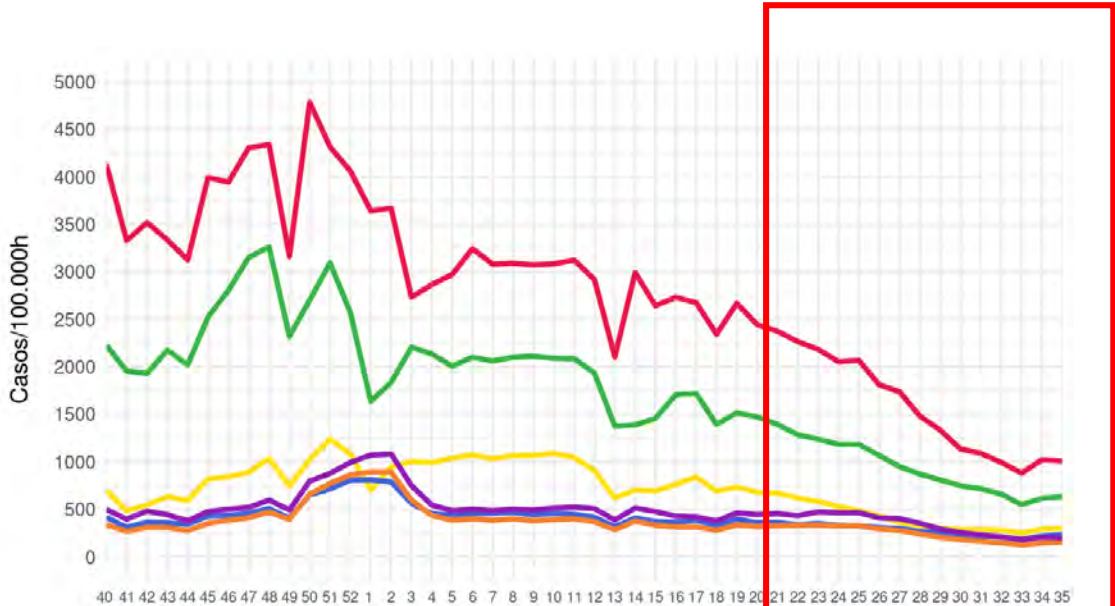
Weekly ARI rates



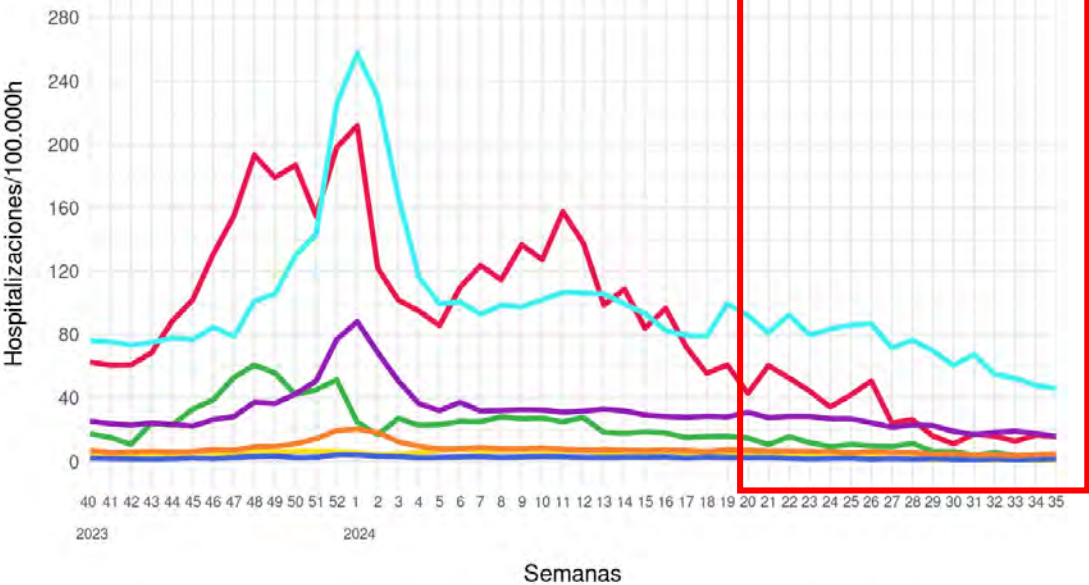
Weekly SARI rates



Weekly ARI rates



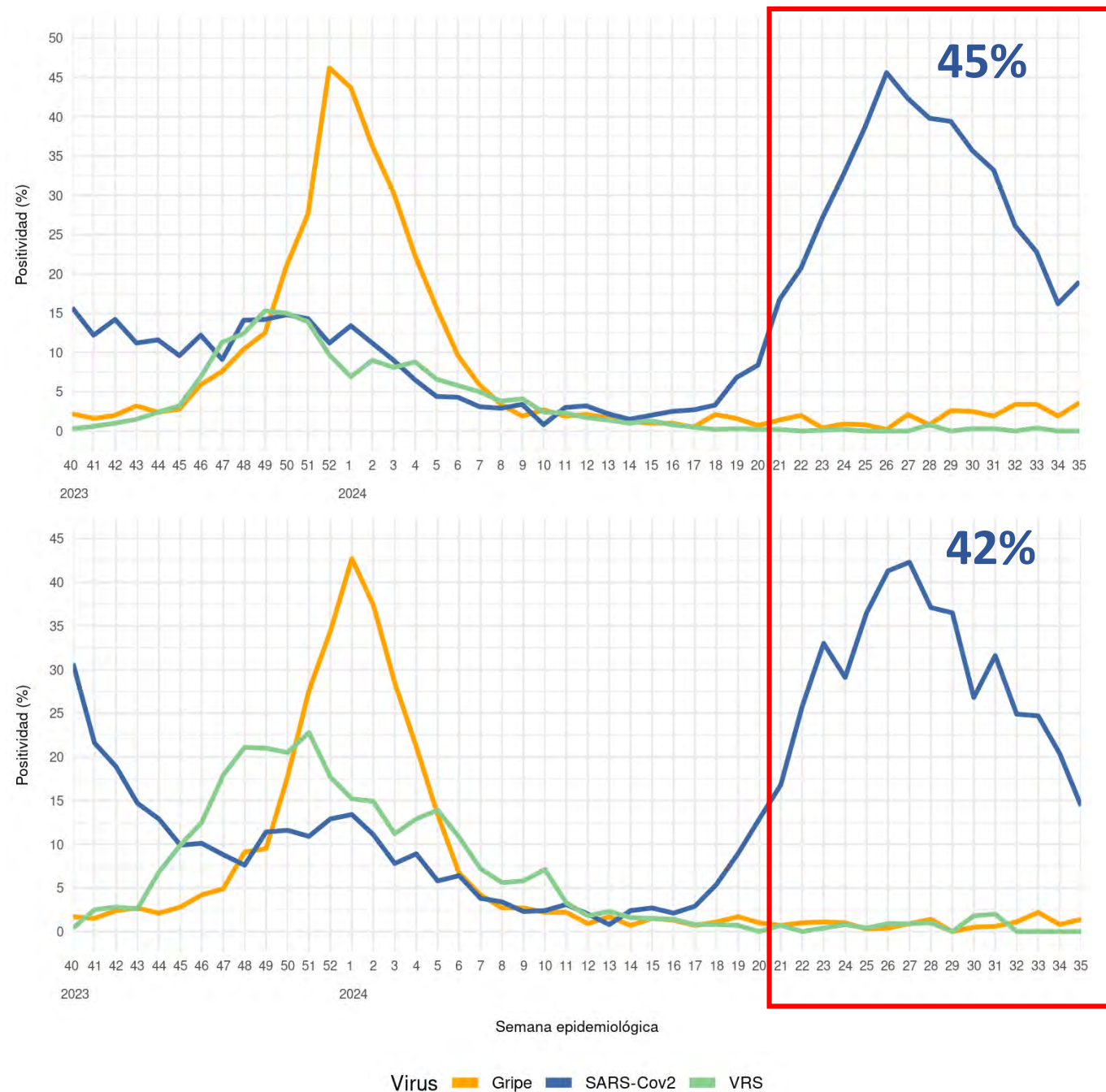
Weekly SARI rates



Assessment? Nothing going on?

ARI positivity rates

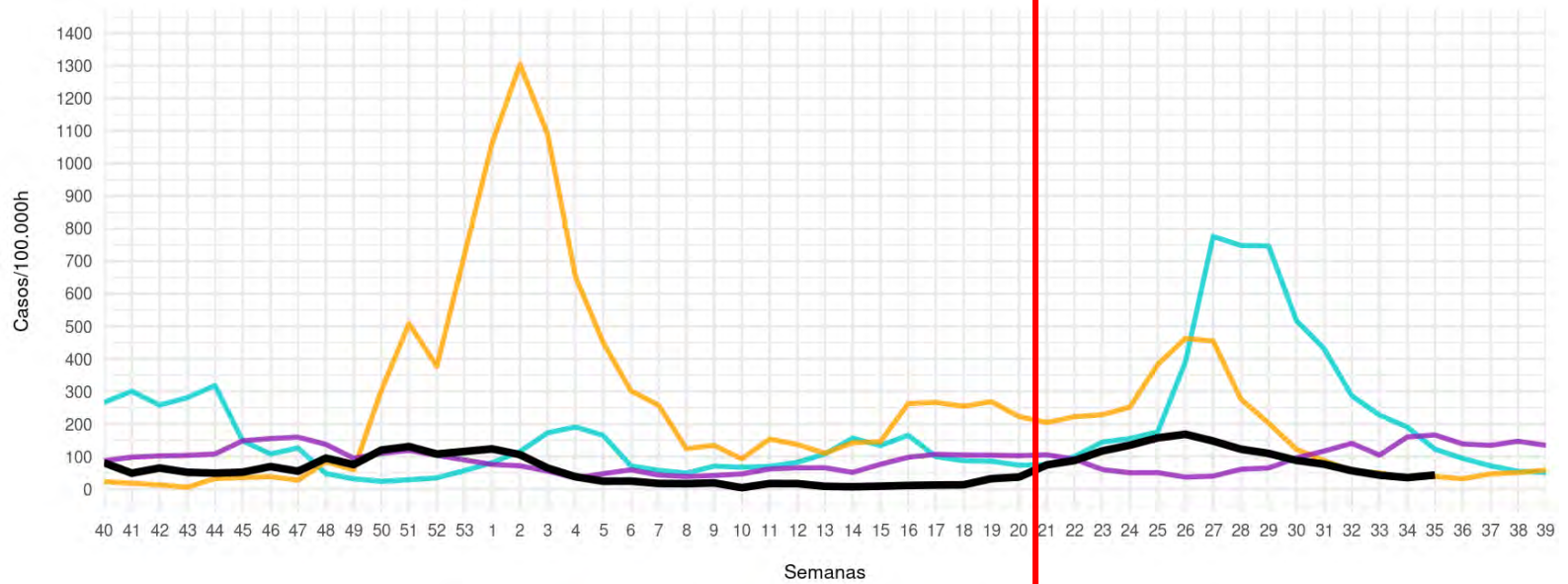
SARI positivity rates



Assessment? Interseasonal COVID-19
wave x3 the winter wave?

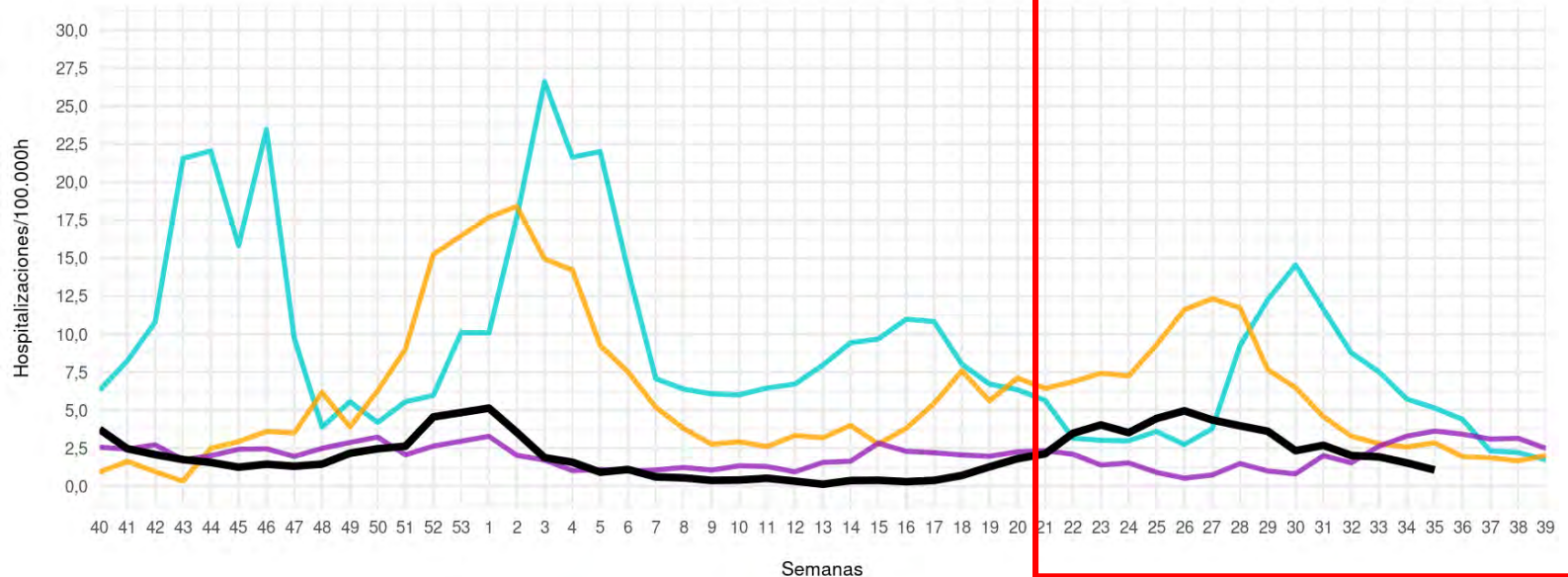
ARI COVID-19

proxy rates



SARI COVID-19

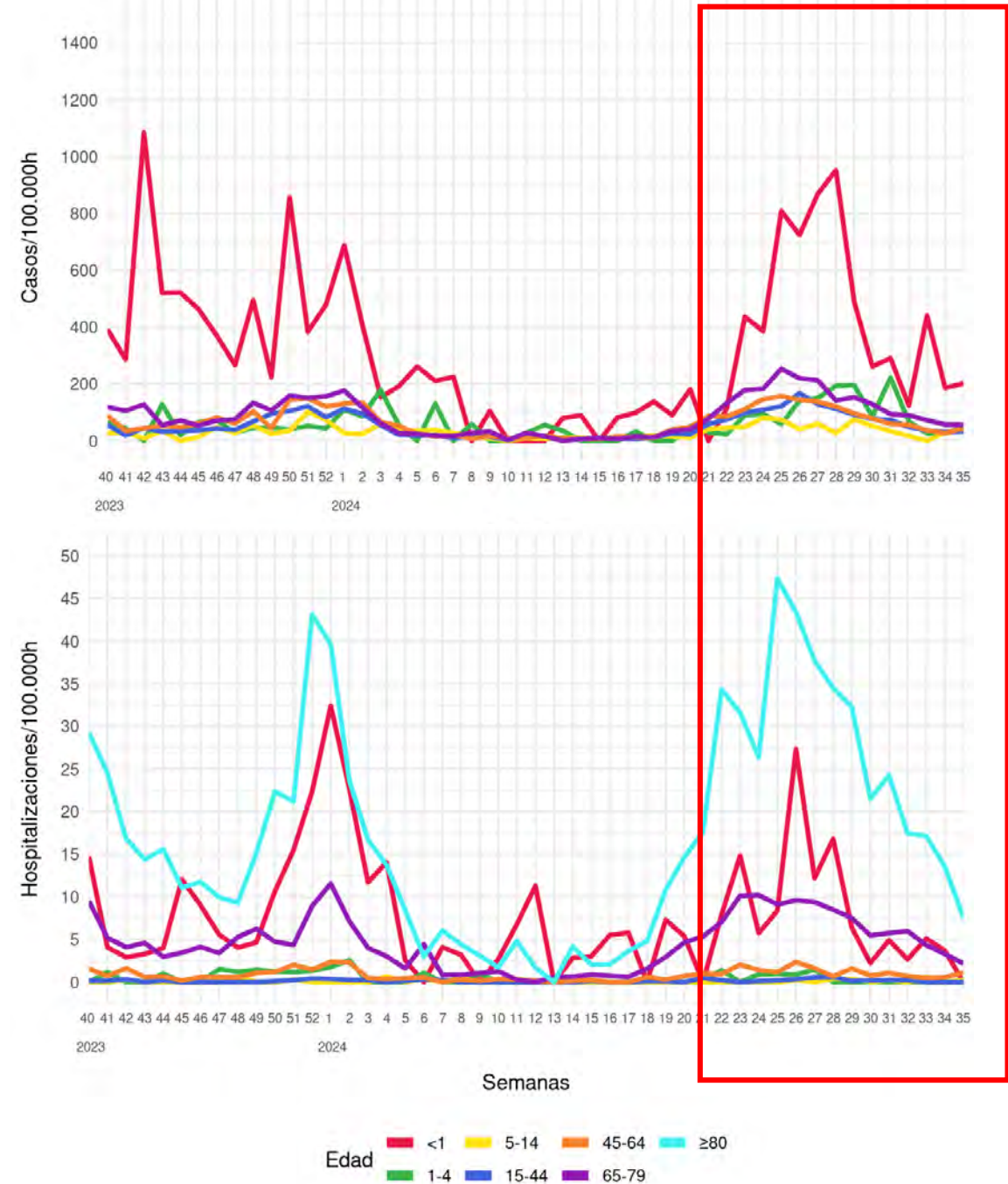
proxy rates



Temporada 2020-2021 2021-2022 2022-2023 2023-2024

ARI COVID-19 proxy rates

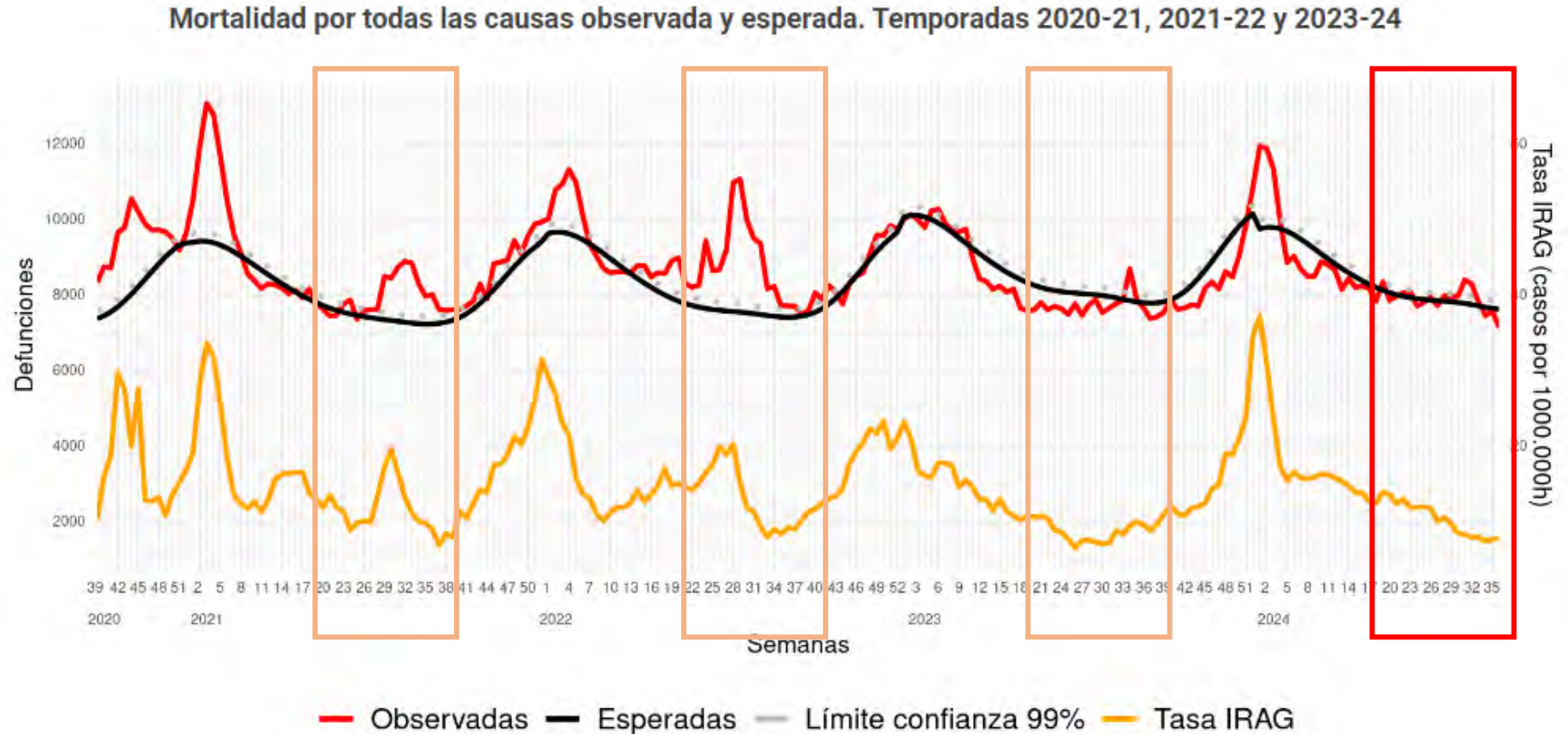
SARI COVID-19 proxy rates



Assessment:

- Interseasonal COVID-19 wave similar to winter wave
- Comparable intensity to previous season, but different timing
- Low impact in healthcare

Supporting data for this assessment



Supporting data for this assessment

Año	2024	Mes	JULIO
Nº EDAR controladas	24	Nº total de PM muestreados	24

Resultados:

	Total de muestras analizadas	Muestras analizadas por métodos cualitativos	Muestras analizadas por métodos cuantitativos (N=116)							
			10 ¹	10 ²	10 ³	10 ⁴	10 ⁵	10 ⁶	10 ⁷	10 ⁸
			0	0	1	2	33	63	17	0
			0,0	0,0	0,9	1,7	28,4	54,3	14,7	0,0

Resultados:

	Total de muestras analizadas (N=225)		Muestras analizadas por métodos cualitativos (N=0)		Muestras analizadas por métodos cuantitativos (N=225)								
cg/L	Negativo	Positivo	Ausencia	Presencia	0	10 ¹	10 ²	10 ³	10 ⁴	10 ⁵	10 ⁶	10 ⁷	10 ⁸
N	0	225	-	-	0	0	0	0	15	99	85	26	0
%	0,0	100,0	-	-	0,0	0,0	0,0	0,0	6,7	44	37,8	11,5	0,0

BA.2.86; Ómicron BA.2.86 + R346T + F456L, JN.1 + T572I (BA.2.86); FLiRTTI: F456L + R346T + 19E (BA.2.86)³
ron BA.2.86 + F456L

variantes subrayadas fueron identificadas por ambas técnicas de análisis.
24 se incluyen también en esta categoría las XBB.1.5-like+F456L y las XBB.1.5-

Risk assessment and communication

SOCIEDAD

Los casos de covid-19 se multiplican por 14 en un mes: ¿debemos preocuparnos por el crecimiento exponencial?

Un aumento de casos que responde al comportamiento que tiene el virus cada primavera

17 June



Many thanks for you attention!



UK Health
Security
Agency

Respiratory virus activity in England

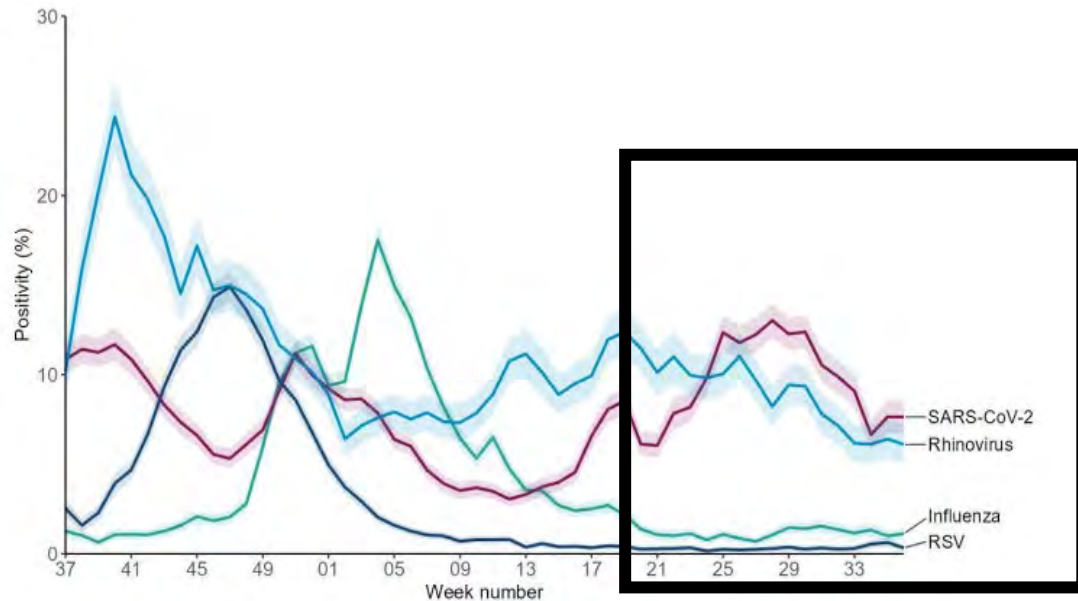
Summer 2024

Mary A. Sinnathamby
*Respiratory Virus Section
Immunisations and Vaccine Preventable Diseases
UK Health Security Agency*

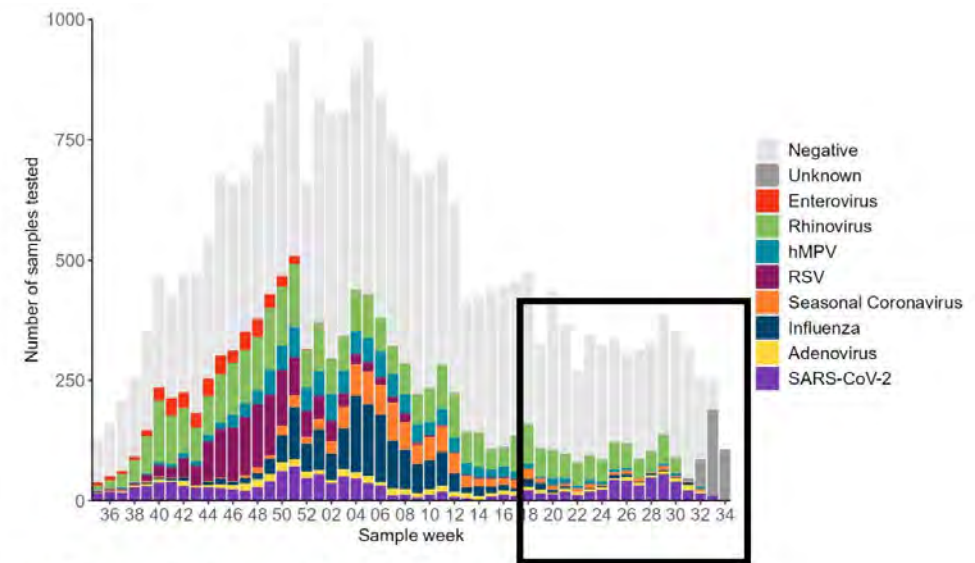
Overview

- Overall, flu and RSV activity has remained low over the interseasonal period
- COVID-19 activity increased from week 21

Weekly positivity (%) of key respiratory viruses, England



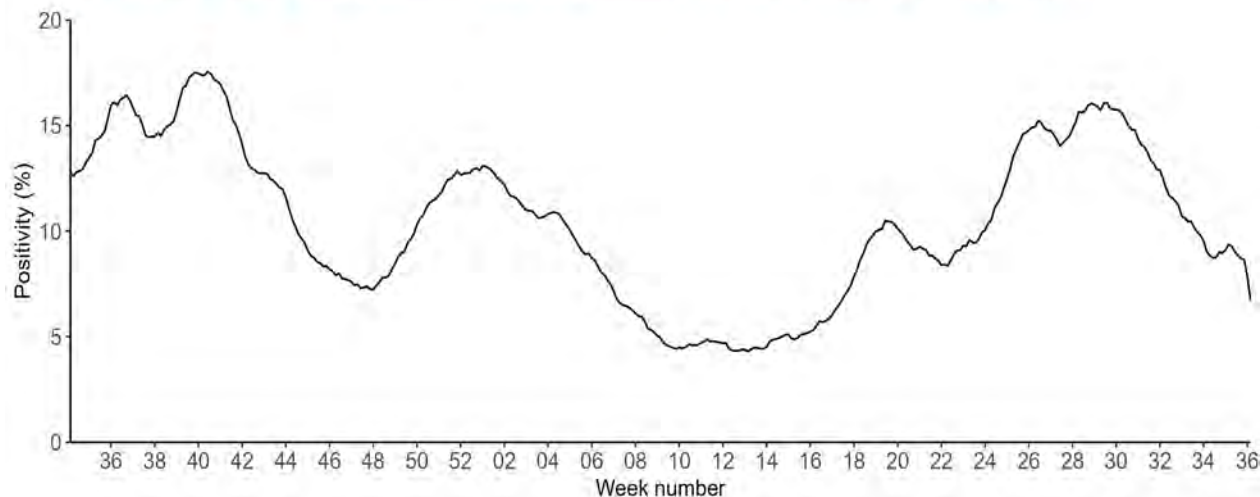
Primary care samples tested of key respiratory viruses, England



[note 1] Unknown category corresponds to samples with no result yet.

COVID-19 activity – Laboratory surveillance

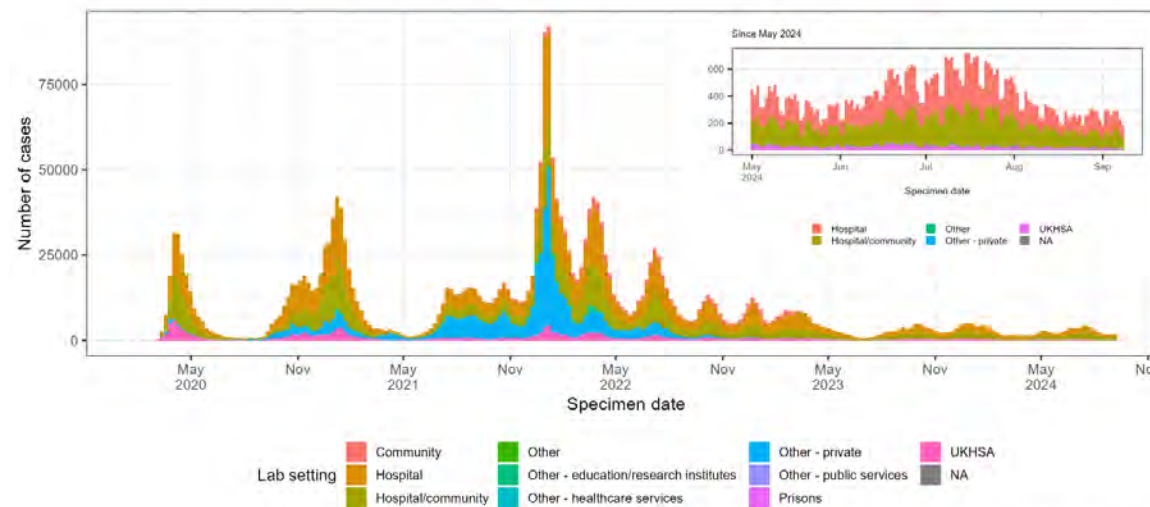
7-day rolling average PCR positivity (%) of confirmed COVID-19 cases by sample date



- Increase in cases testing in hospital and hospital/community settings noted over the summer (~1500 cases per week)

- Positivity peaked in week 30
- Highest positivity noted in 85+ year old age group

Confirmed COVID-19 cases by lab setting



Refer to the funding and setting variable creation slide for detail on categories

COVID-19 activity - Secondary care surveillance

- Increases noted in COVID-19 hospitalisations in early summer
- ICU/HDU admissions for COVID-19 remained fairly stable
- Mortality remained fairly stable

Figure 3. Weekly overall COVID-19 hospital admission rates per 100,000 trust catchment population, reported through SARI Watch mandatory surveillance, England

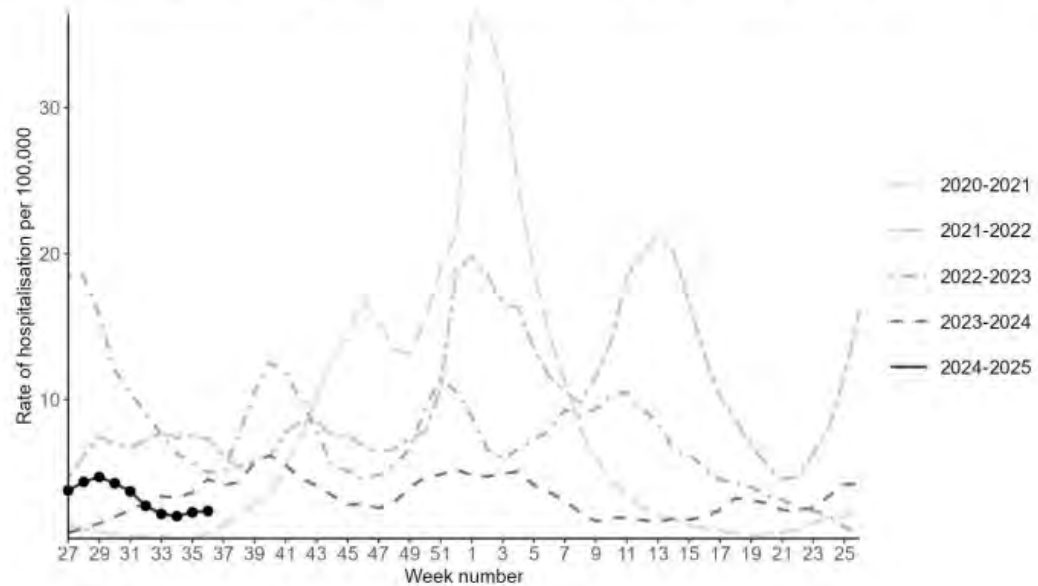
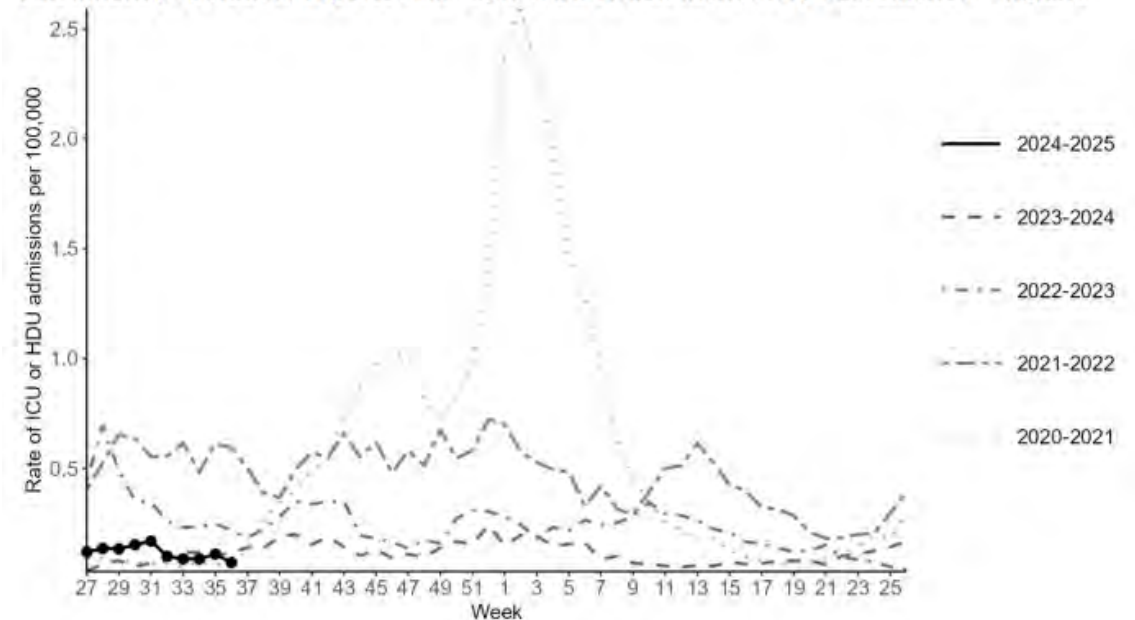
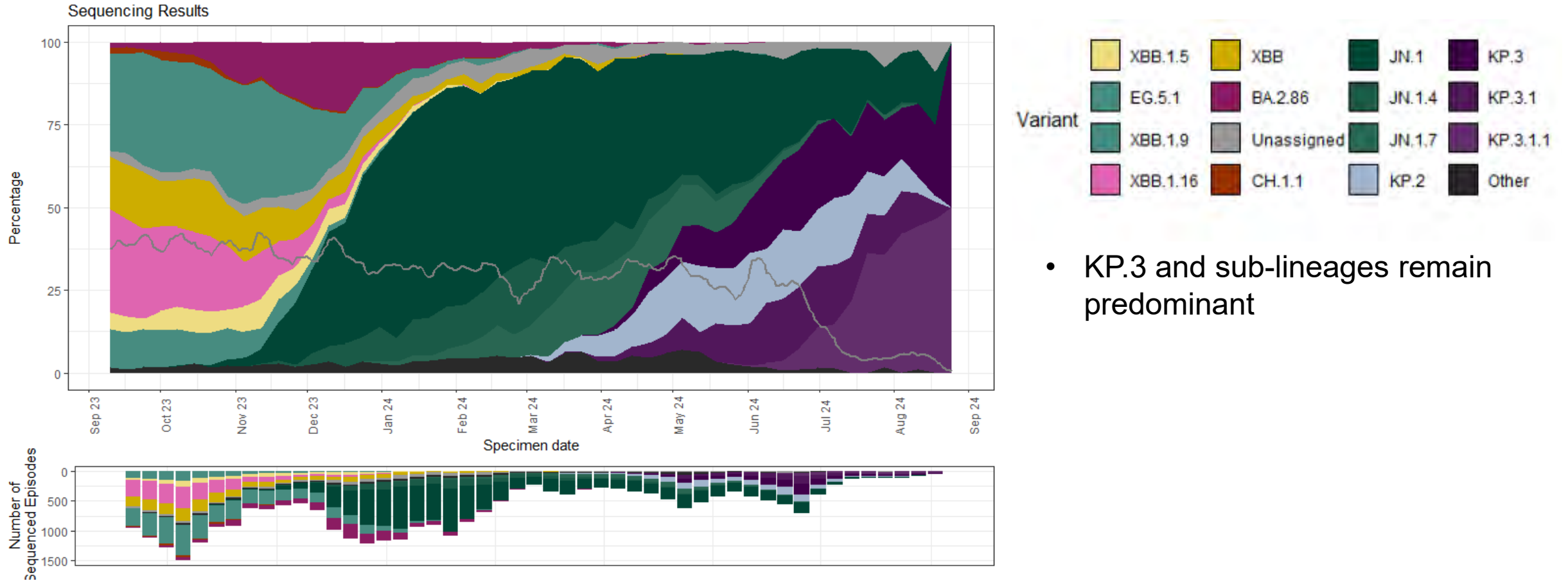


Figure 4. Weekly overall COVID-19 ICU or HDU admission rates per 100,000 trust catchment population, reported through SARI Watch mandatory surveillance, England



COVID-19 activity – Variants monitoring



Plans for forthcoming season

Vaccination programmes

- RSV vaccination programme commenced on 1 September offering to pregnant women and older adults (75 to 79 years old)
- Flu vaccination programme commenced on 1 September for children and pregnant women and will start for adults in October

Surveillance plans

- Plans for further harmonisation of respiratory virus surveillance



Review of respiratory activity in interseason (w20-W40)

Panel discussion (moderator: Karoline Bragstad)



Epidemiological summary of the 2024 southern hemisphere respiratory virus season

Melissa Rolfes, PhD, MPH

Global Influenza Programme, WHO, Geneva

rolfesm@who.int



EPIDEMIC
& PANDEMIC
PREPAREDNESS
& PREVENTION

Summary

Influenza

- Activity during the 2024 season has been typical to high
 - Average/typical in Southern Africa and Oceania
 - High in temperate countries of South America and Eastern Africa
- Influenza H3 viruses predominated in Oceania and South America
- Influenza H1 and B viruses predominated in Eastern and Southern Africa

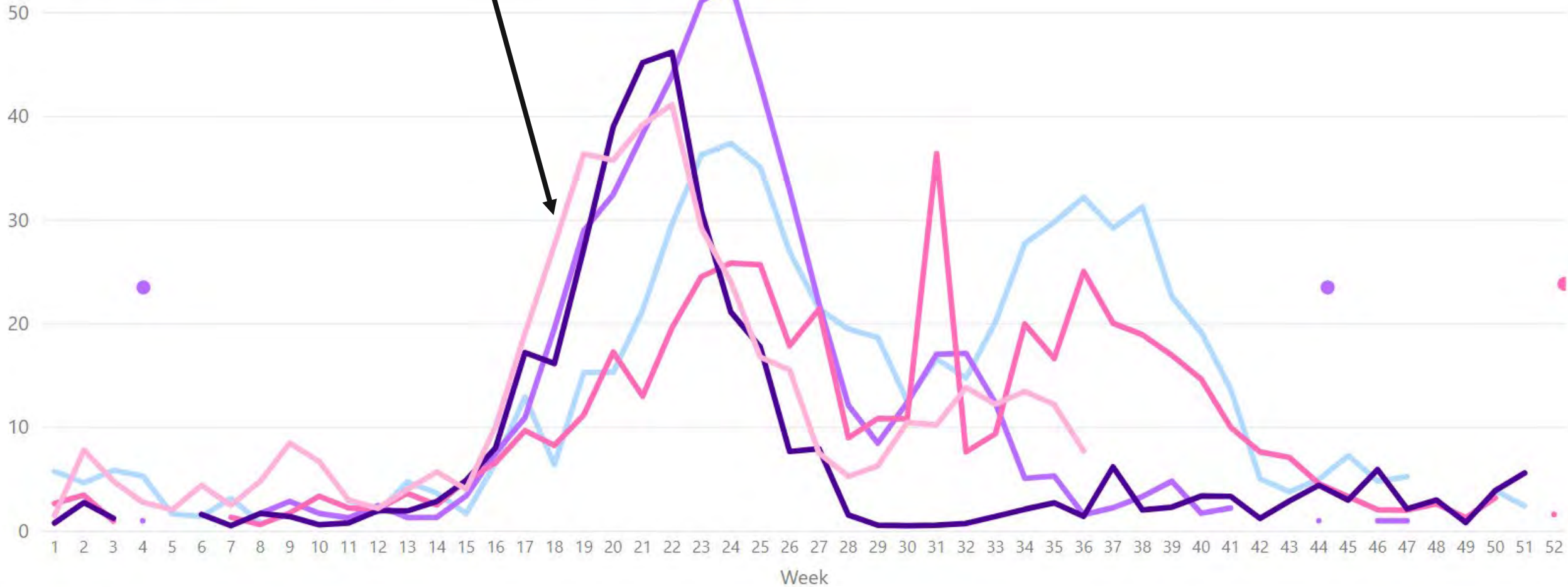
SARS-CoV-2

- Activity during the 2024 season has been relatively low

South Africa (Southern Africa)

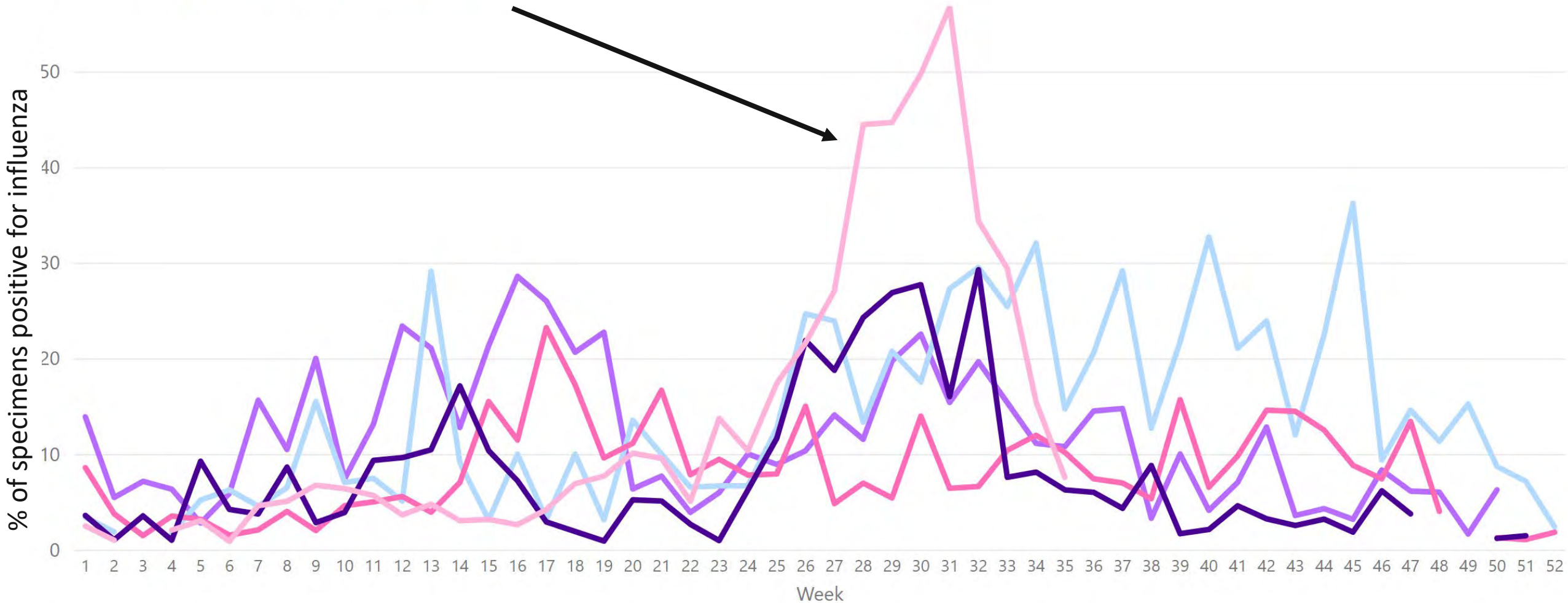
Selected year(s) 2018 2019 2022 2023 2024

% of specimens positive for influenza

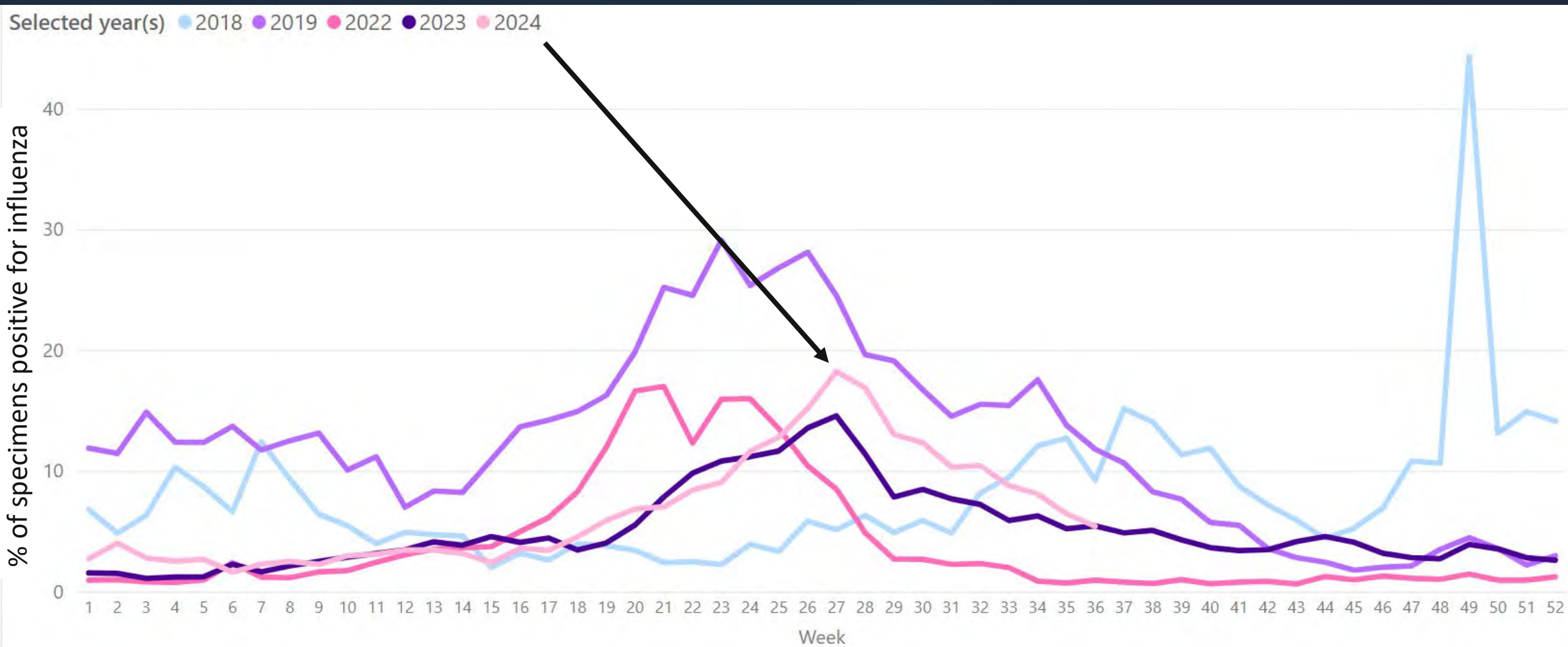


Zambia (Eastern Africa)

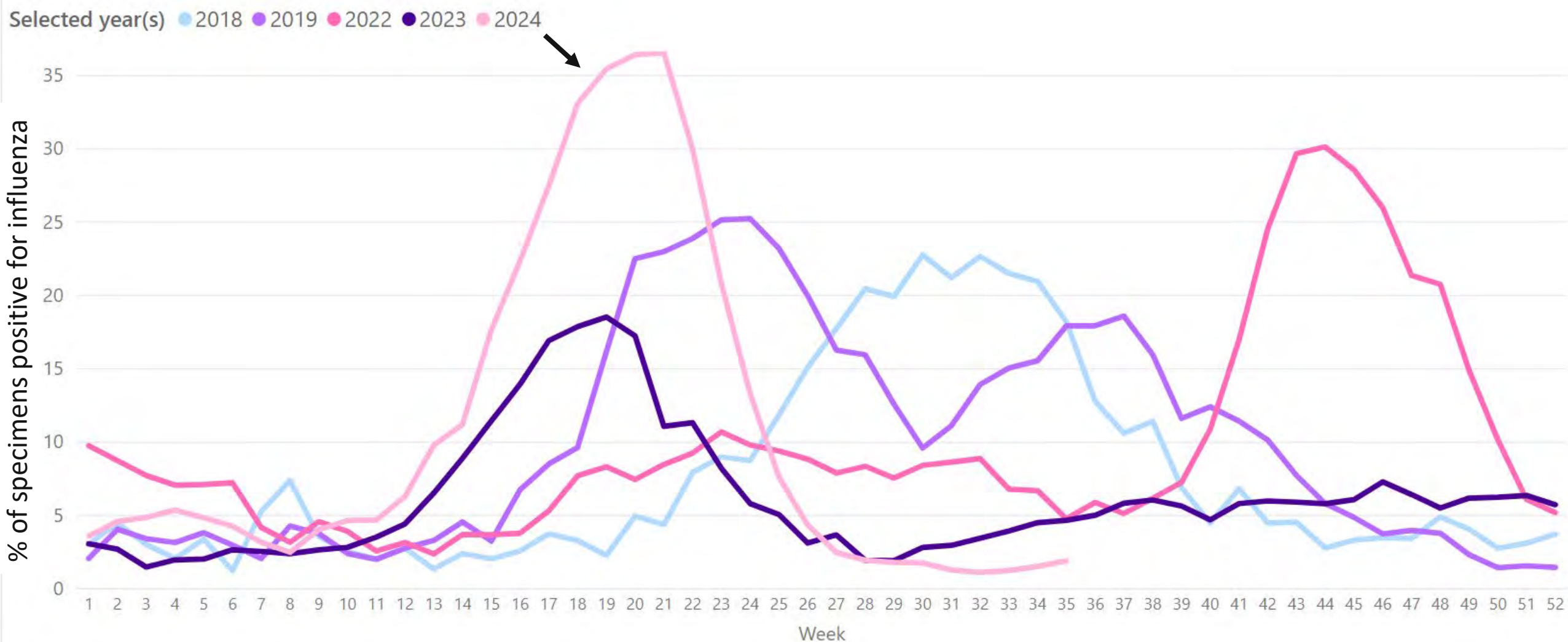
Selected year(s) ● 2018 ● 2019 ● 2022 ● 2023 ● 2024

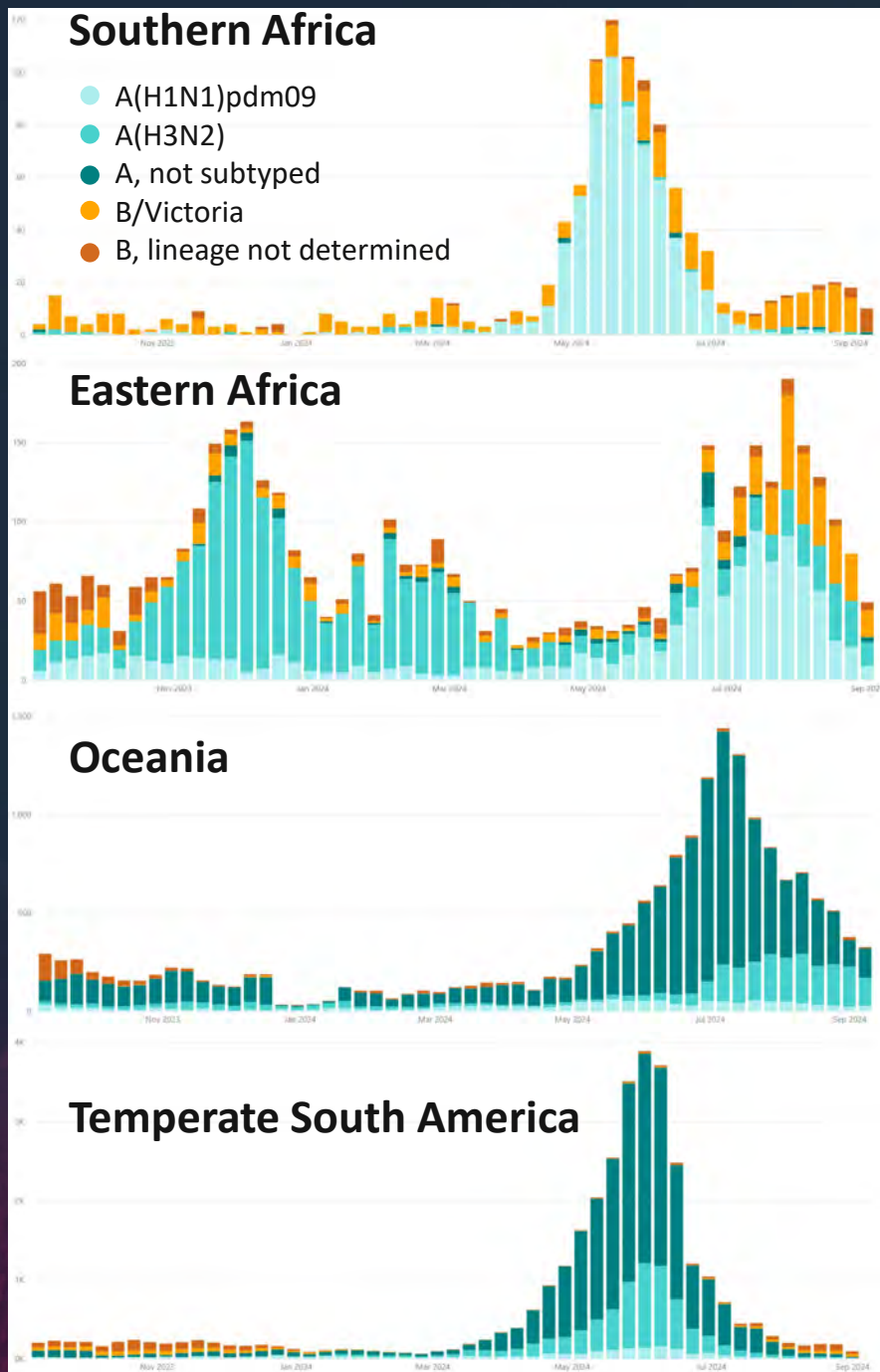


Australia (Oceania)



Chile (Temperate South America)





Influenza A

A(H1N1)pdm09 most common in Southern and Eastern Africa

A(H3N2) viruses most common in Oceania and South America

Influenza B

B viruses have been detected throughout and more common in recent weeks

Few B detections, even in recent weeks

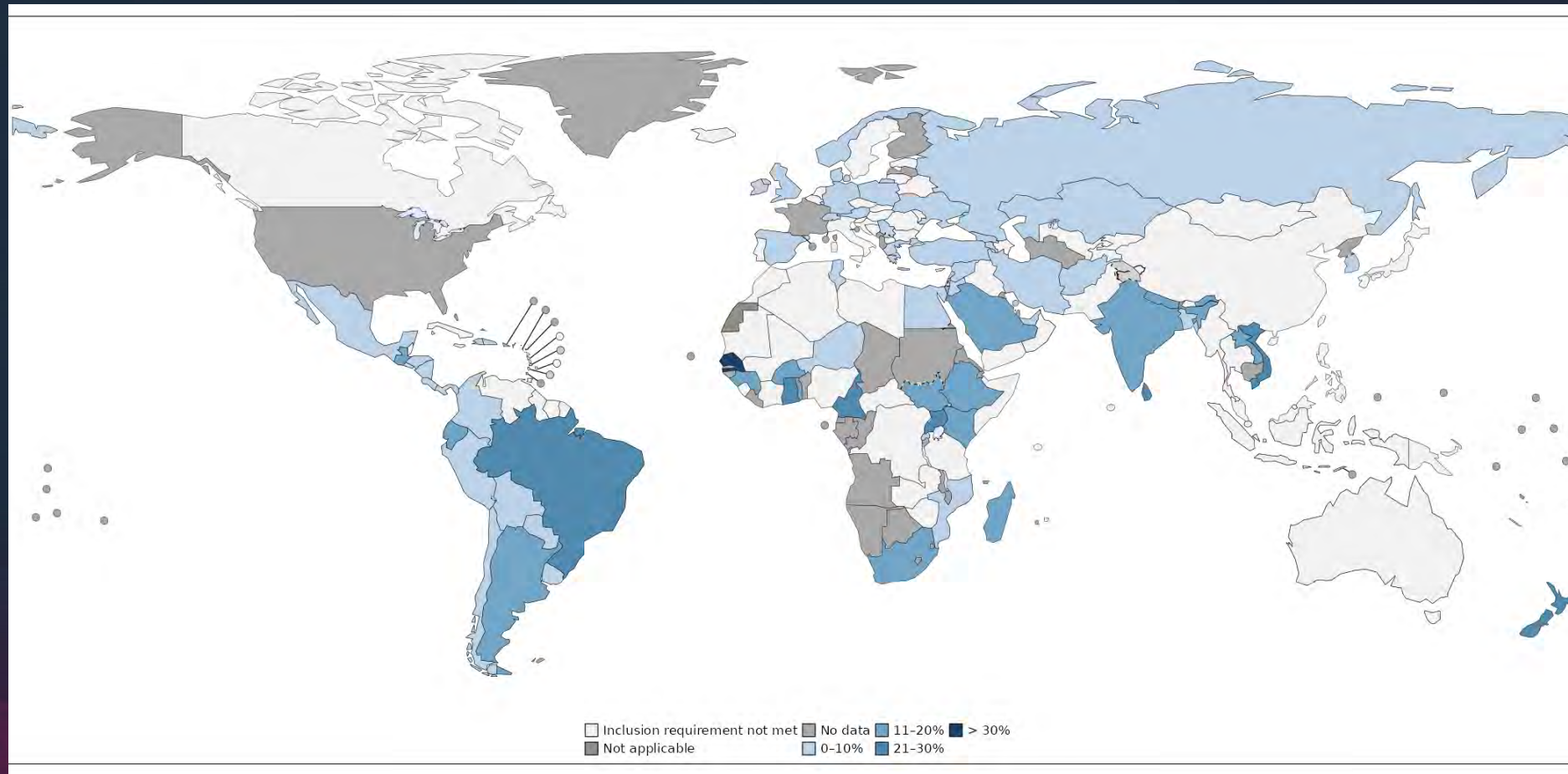
<https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>



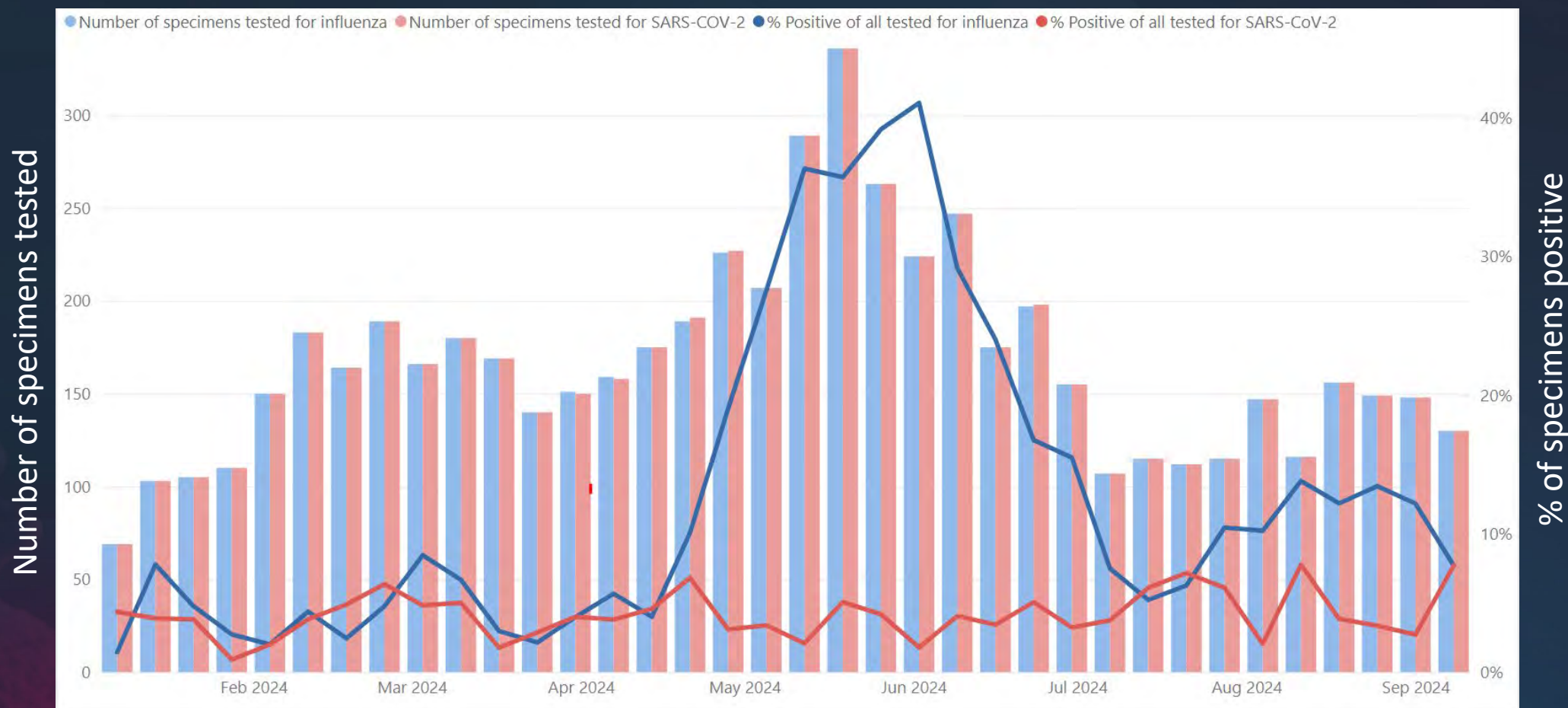
World Health Organization

EPIDEMIC
& PANDEMIC
PREPAREDNESS
& PREVENTION

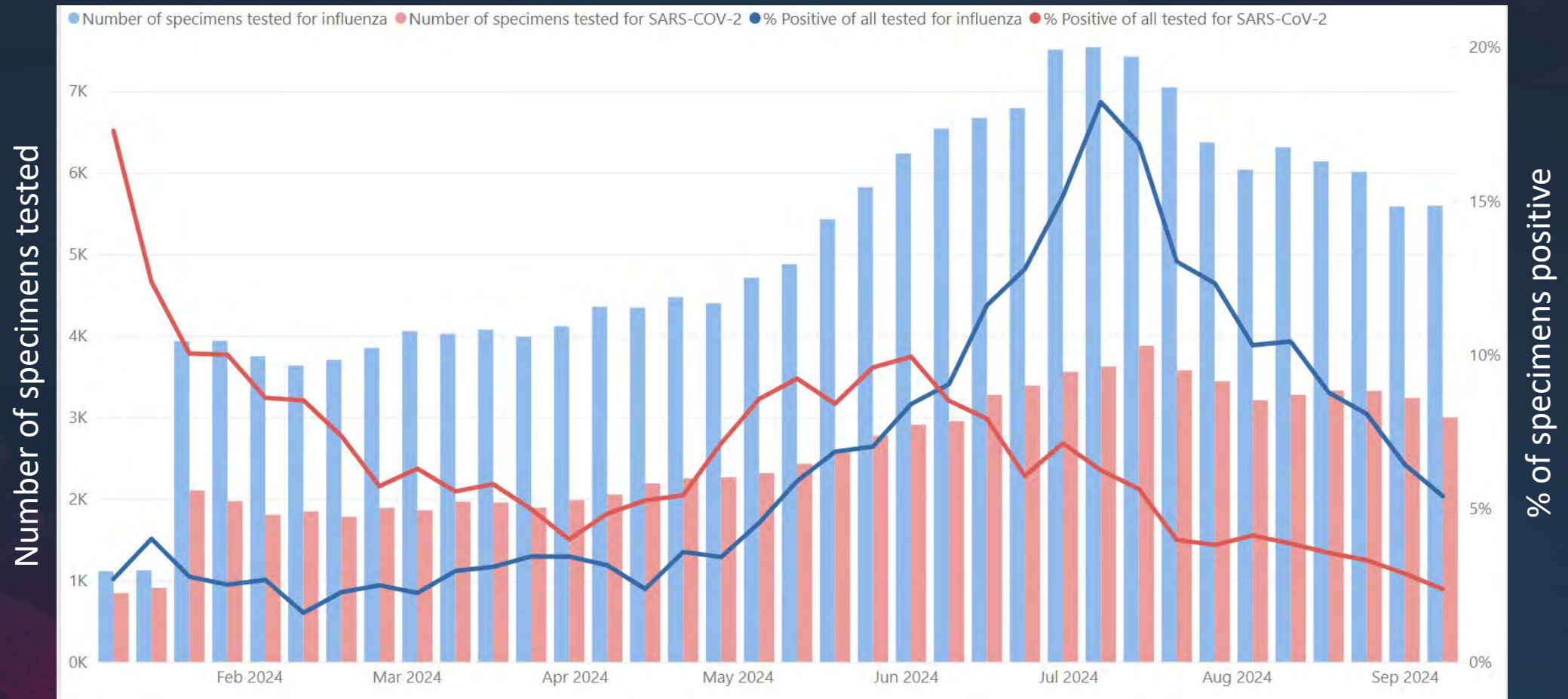
Proportion of sentinel specimens positive for influenza, week 35



South Africa: Specimen testing and positivity for influenza and SARS-CoV-2



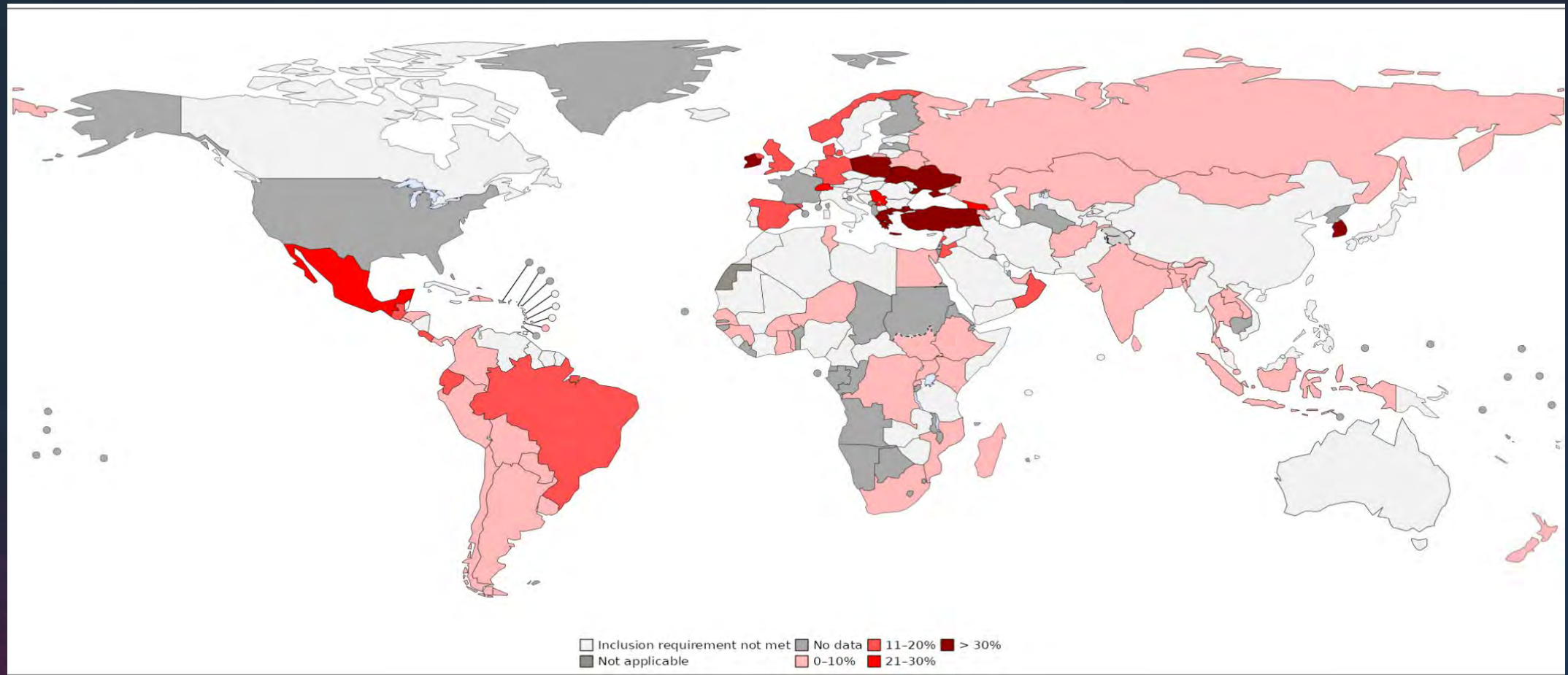
Australia: Specimen testing and positivity for influenza and SARS-CoV-2



Chile: Specimen testing and positivity for influenza and SARS-CoV-2



Proportion of sentinel specimens positive for SARS-CoV-2, week 35





Metadata changes and reporting to TESSy

James Fielding, WHO/Europe

Points to be covered



- Record types 2024/2025 and beyond
- Overview of current reporting to new record types
- Metadata changes
 - RESPISEVERE adding Influenza/RSV (sub)type

Moving to new record types

- Moving out of the COVID-19 pandemic ECDC/WHO Euro introduced substantial changes to the metadata over the past two years
- We continue to work with countries to move over to the new record types (RESPIAGGR, RESPISEVERE, RESPISURV)
- New record types allow countries to report additional data such as age-specific or RSV type data.
- Internal restructure of data submission means all countries and areas need to stop reporting the following record types by December 2024:
 - INFLVIRWAGGR
 - NCOVAGGR
 - NCOVTEST
 - INFLSARI

Record types 2024/2025 and beyond

Objectives

1. Monitor the intensity, geographical spread and temporal patterns of influenza, COVID-19, and other respiratory virus infections to inform mitigation measures.

2. Monitor severity, risk factors for severe disease, and assess the impact on healthcare systems of influenza, COVID-19, and other respiratory virus infections to inform mitigation measures.

3. Monitor changes and characteristics of circulating and emerging respiratory viruses, particularly virological changes of influenza viruses, SARS-CoV-2, and other respiratory viruses to inform treatment, drug, and vaccine development.

Sentinel data

INFLCLINAGGR

AND

RESPIAGGR

INFLSARIAGGR

OR

SARISURV

SARISURVDENOM

INFLANTIVIR

GISAID

NCOVVARIANT

Non-sentinel data

RESPISEVERE

AND/OR

RESPISURV

Reporting Protocol with details on all record types: [Reporting Protocol for integrated respiratory virus surveillance, version 1.7 \(europa.eu\)](#)

■ Strain/case-based
■ Aggregated

Moving to new record types

INFLVIRWAGGR Sentinel and non-sentinel tests and detections (Flu, RSV)
(age-disaggregated if possible)

NCOVTEST Non-sentinel tests for SARS-CoV-2

NCOVAGGR Non-sentinel detections for SARS-CoV-2

RESPIAGGR

NCOVAGGR Non-sentinel ICU/Hosp data for SARS-CoV-2
(age-disaggregated if possible)

INFLSARI Non-sentinel ICU/Hosp data for Influenza

RESPISEVERE

AND/OR

RESPISURV

Moving to new record types



Influenza/RSV (sub)types to RESPISEVERE



The following variables have been added

Influenza Type Subtype

Field: InfluenzaTypeSubtype

Coded value list: InfluenzaTypeSubtype

Coding: As per all other record types

RSV type

Field: RSVType

Coded value list name: RSVType

Coding: A = RSV type A, B = RSV type B, UNK = RSV unknown type



Overview of ERVISS 2.0

Nick Bundle, ECDC

Overview of main changes



Network feedback + PROMISE recommendations + ECDC/WHO-EURO wish-list

→ prioritisation process

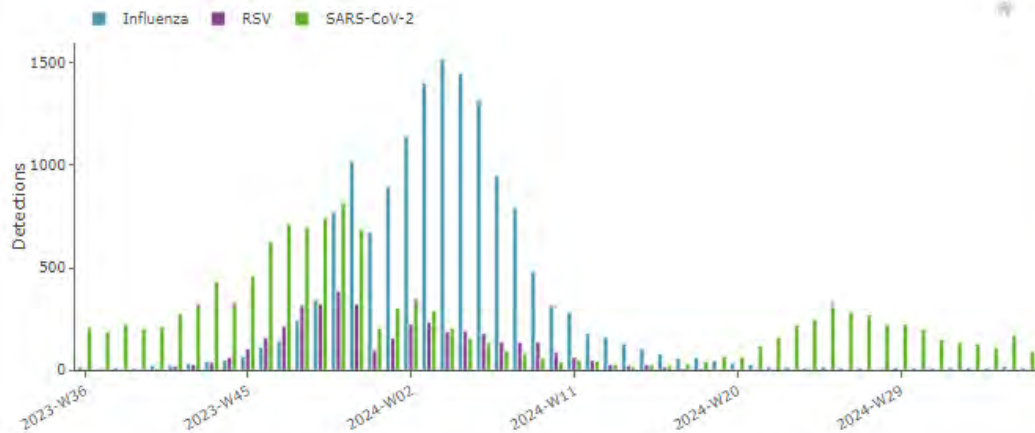
→ shortlist of new features feasible to implement:

Main additions:

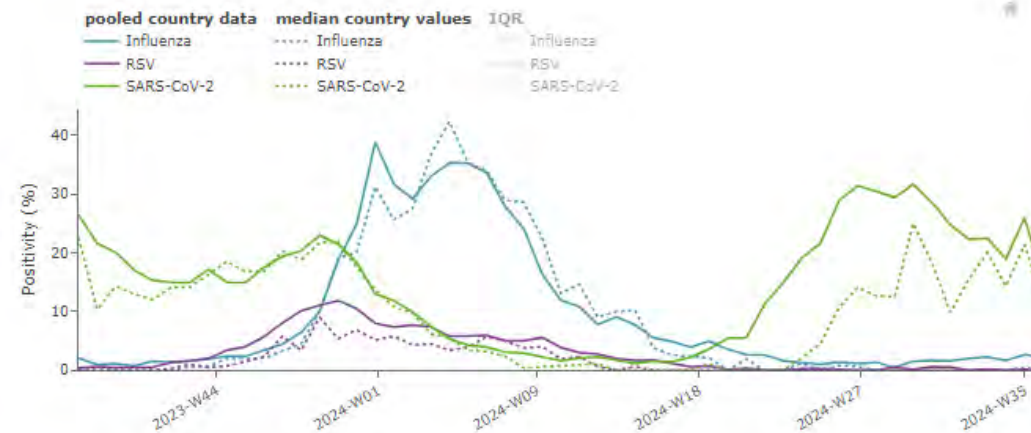
- RSV type data (activity and severity sections)
- More detailed age-specific data
- Detailed description of SARI detections, including finer age groups in infants
- Antiviral data
- Country section
 - Single page per country with multiple plots of submitted data in one place
 - Overview of surveillance system characteristics (country profiles)
- Russian language
- *Small update to influenza dominant type calculation*
- *Fewer historical seasons*
- *ECDC and WHO summary improvements (tables, figures, text alterations)*

Activity section – integrated view: age distributions (now aligns with severity section)

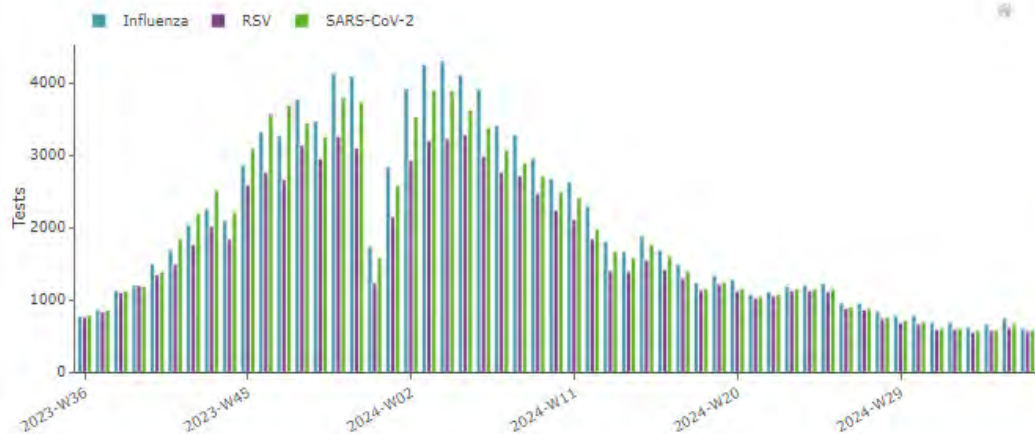
Aggregate weekly detections



Aggregate weekly test positivity



Aggregate weekly tests



Cumulative detections by age group, 2023-W36 to 2024-W36

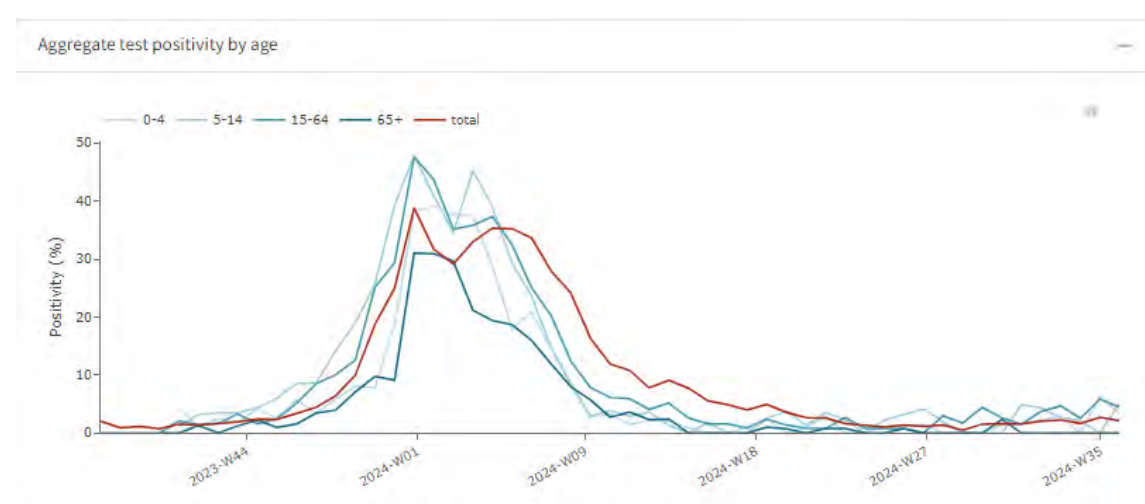
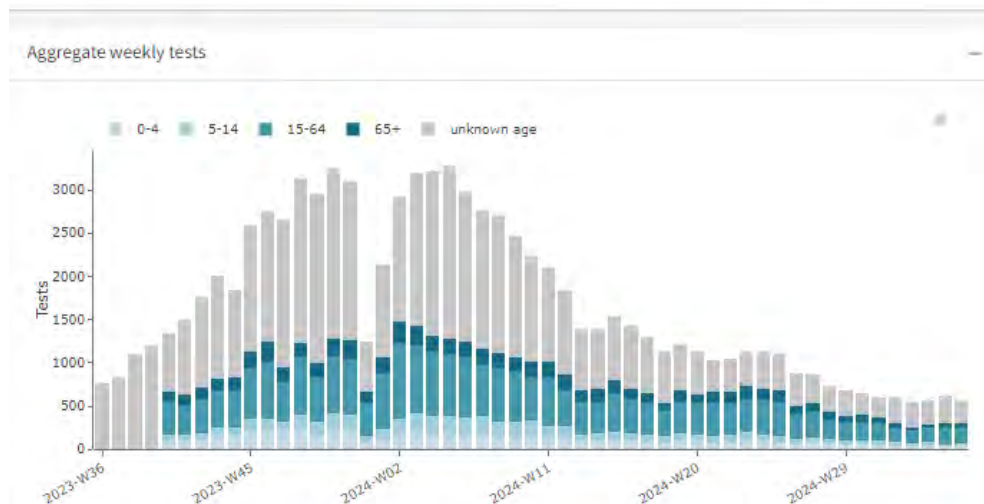
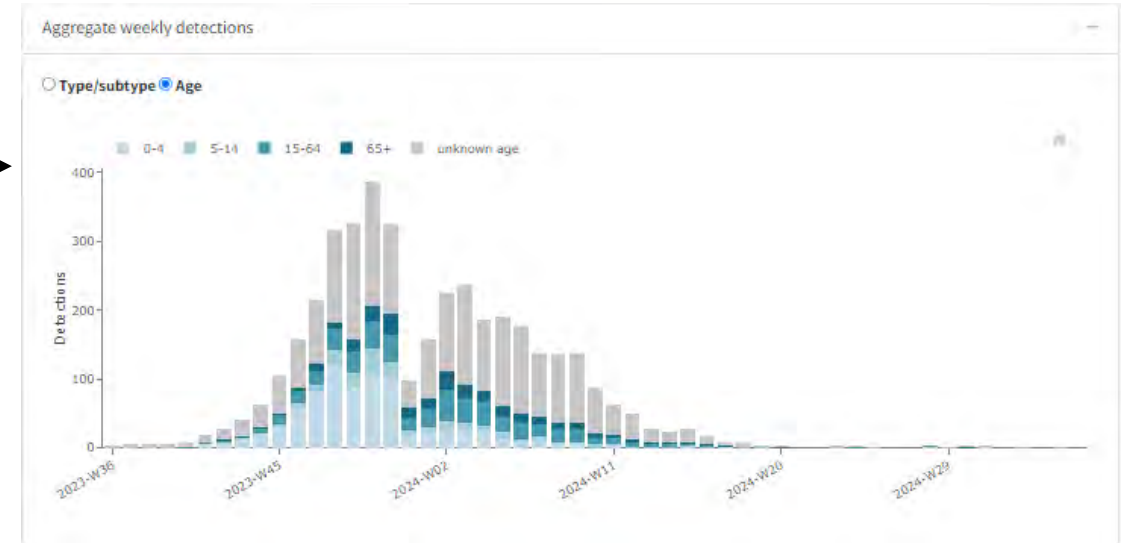
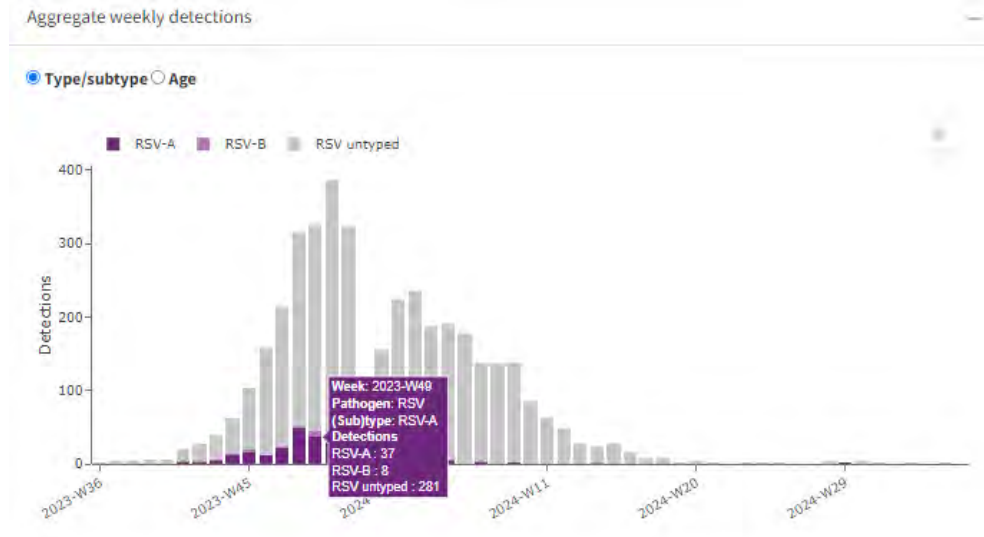
☒ Detections ☐ Proportions



Activity section - single pathogen view

additional extra information added using RESPIAGGR data

a) Weekly type- and age-specific data (detections, tests, positivity)

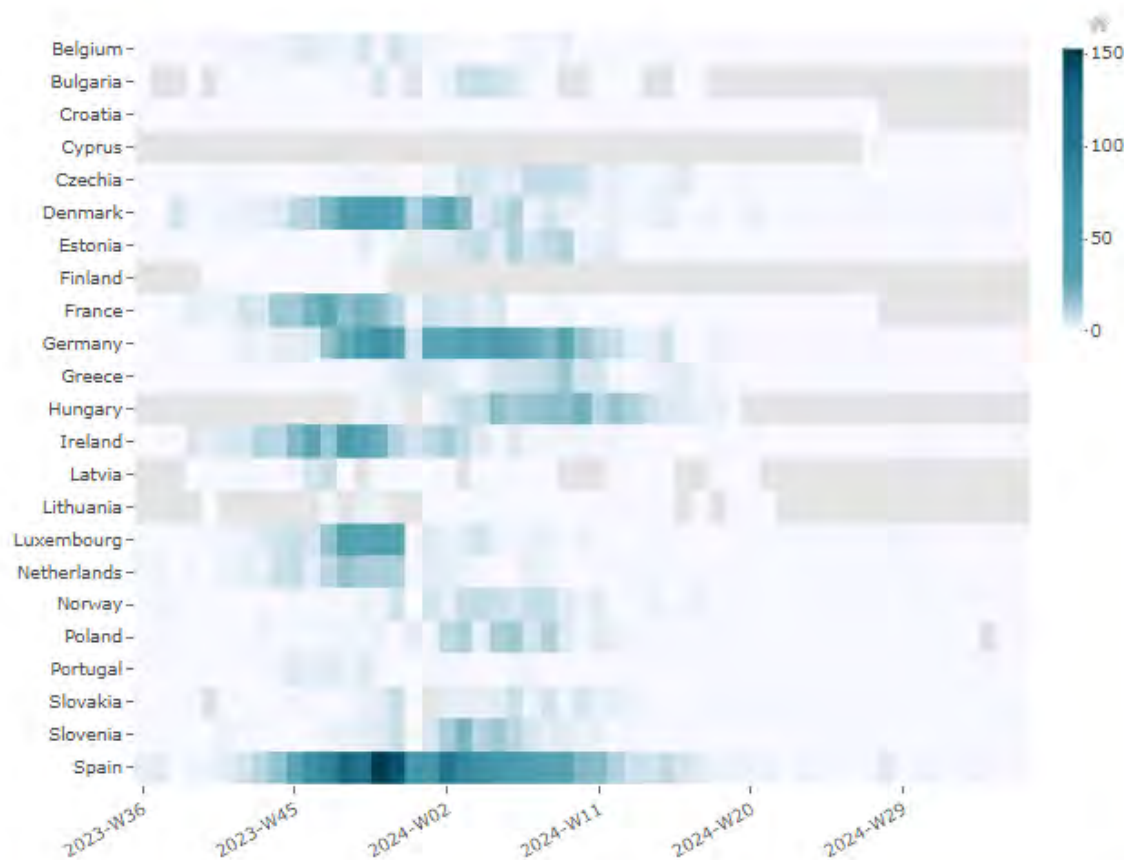


*The number of countries reporting data (see hover text) may vary greatly per week and age group.

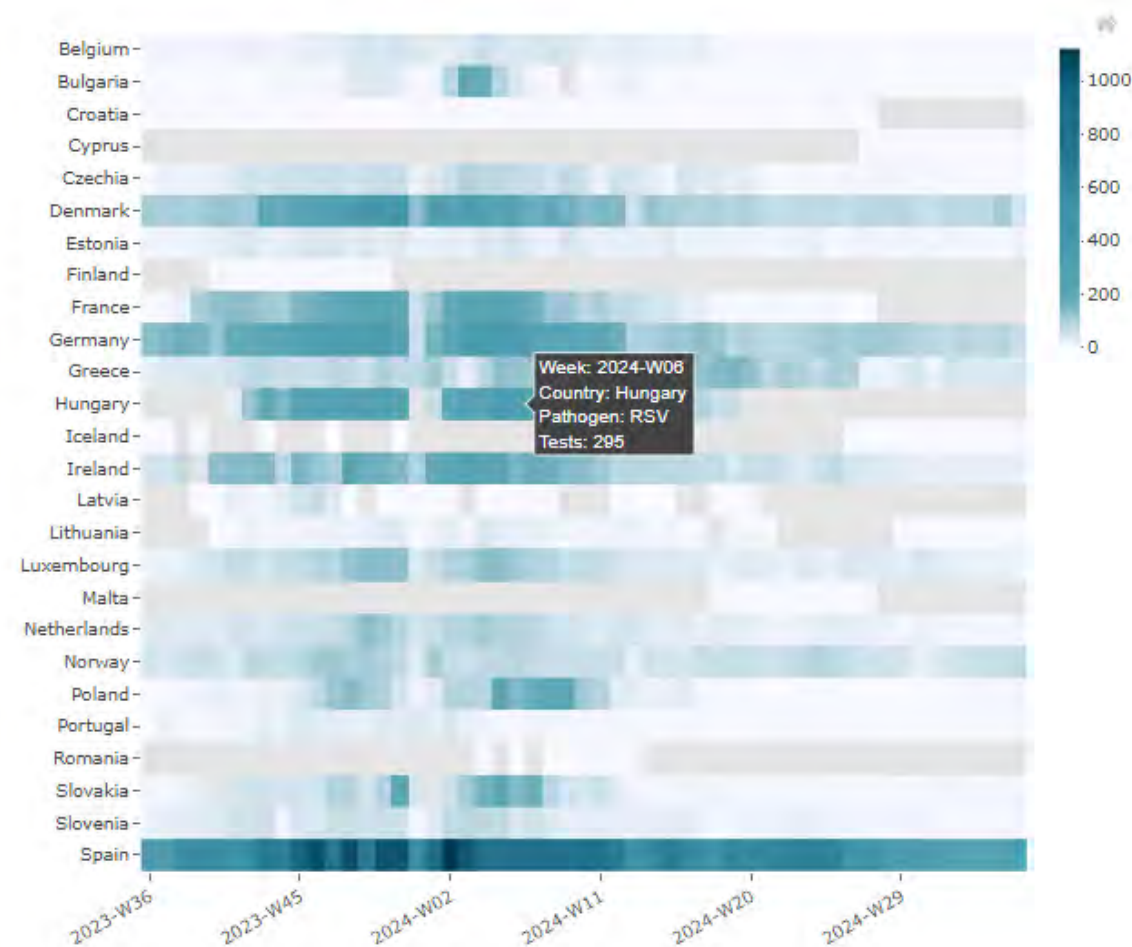
Activity section: selecting a single pathogen reveals extra additional information

b) Heatmaps showing weekly tests and detections by country

Weekly detections by country

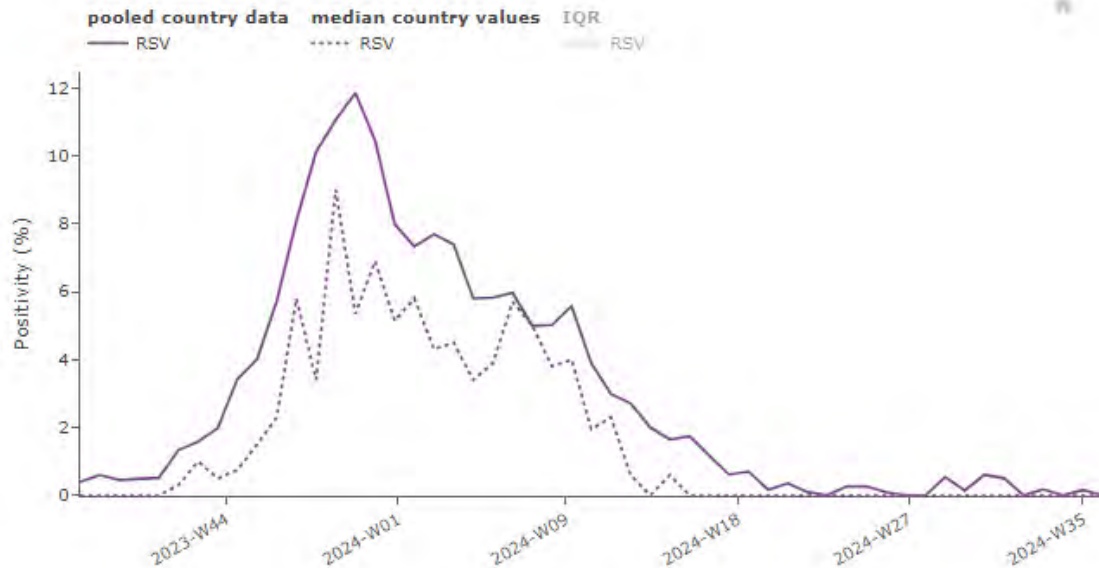


Weekly tests by country



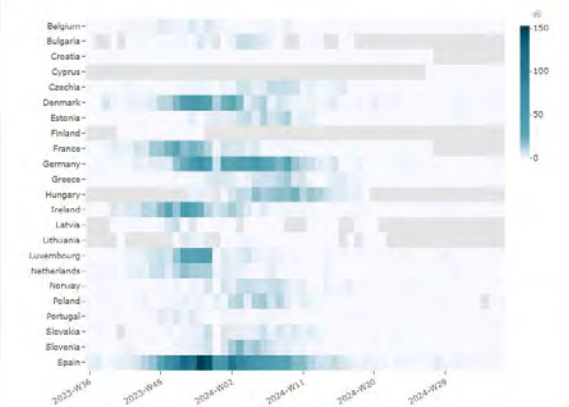
Activity section: selecting a single pathogen reveals extra additional information

Aggregate weekly test positivity



→ Aid interpretation of aggregate figures by understanding reporting and relative contribution of individual countries

Weekly detections by country

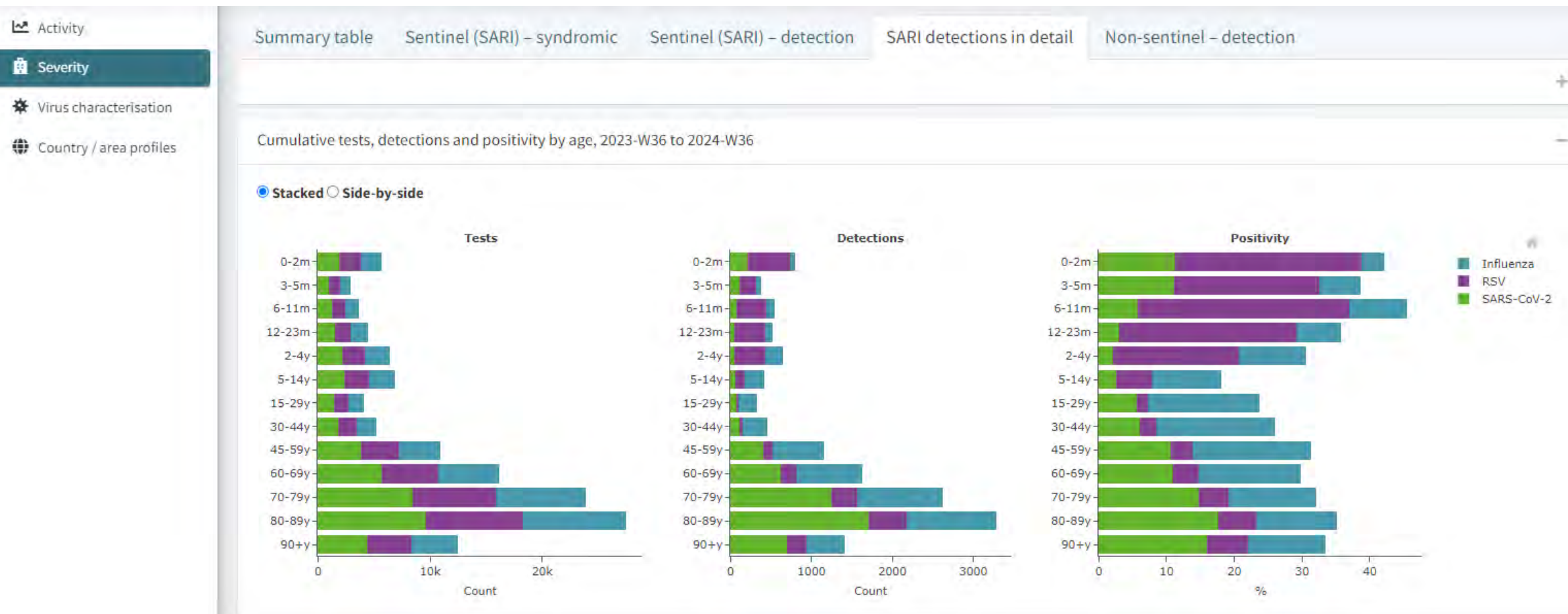


Weekly tests by country



Detailed description of SARI detections – integrated view

a) Tests, detections, positivity by pathogen



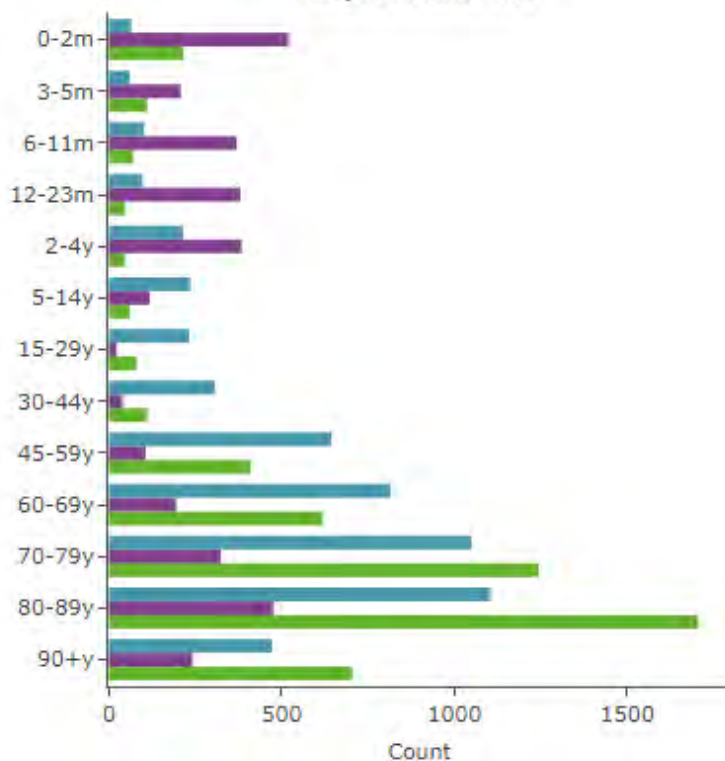
Detailed description of SARI detections – integrated view

b) Detections by clinical outcome. Toggle between cumulative effect or pathogen comparison

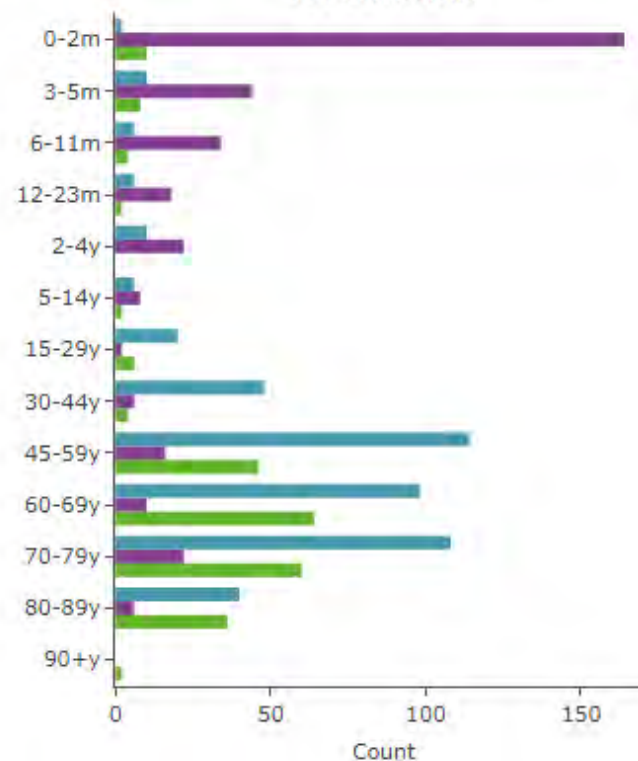
Cumulative detections by outcome and age, 2023-W36 to 2024-W36

☐ Stacked ☒ Side-by-side

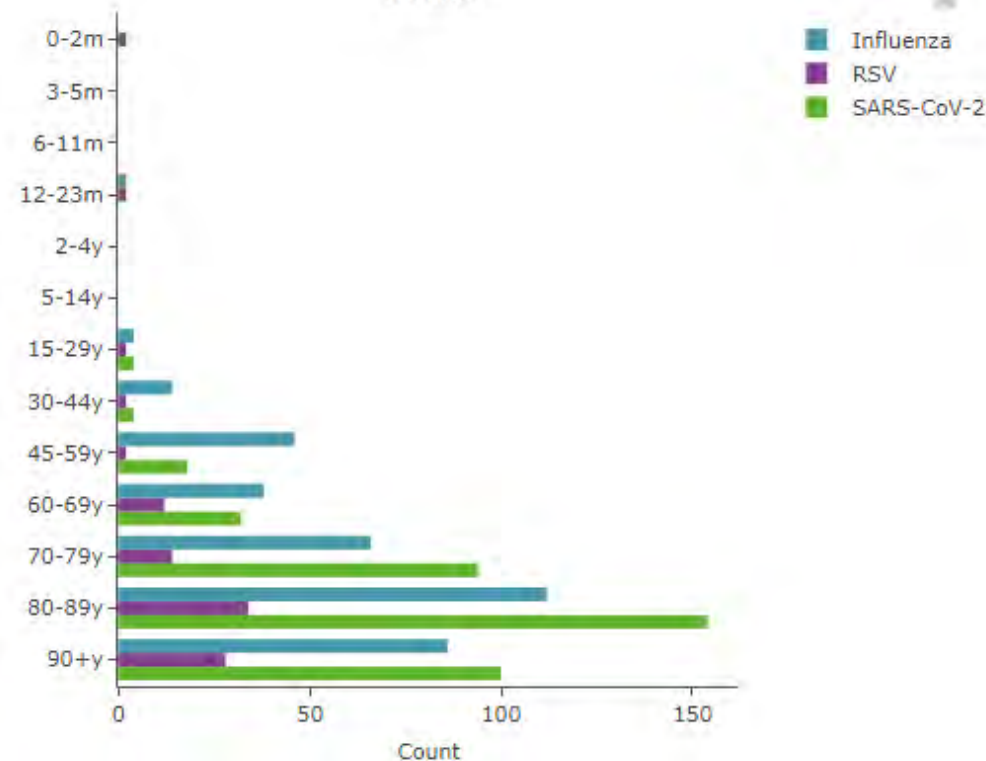
Hospital admissions



ICU admissions



Deaths

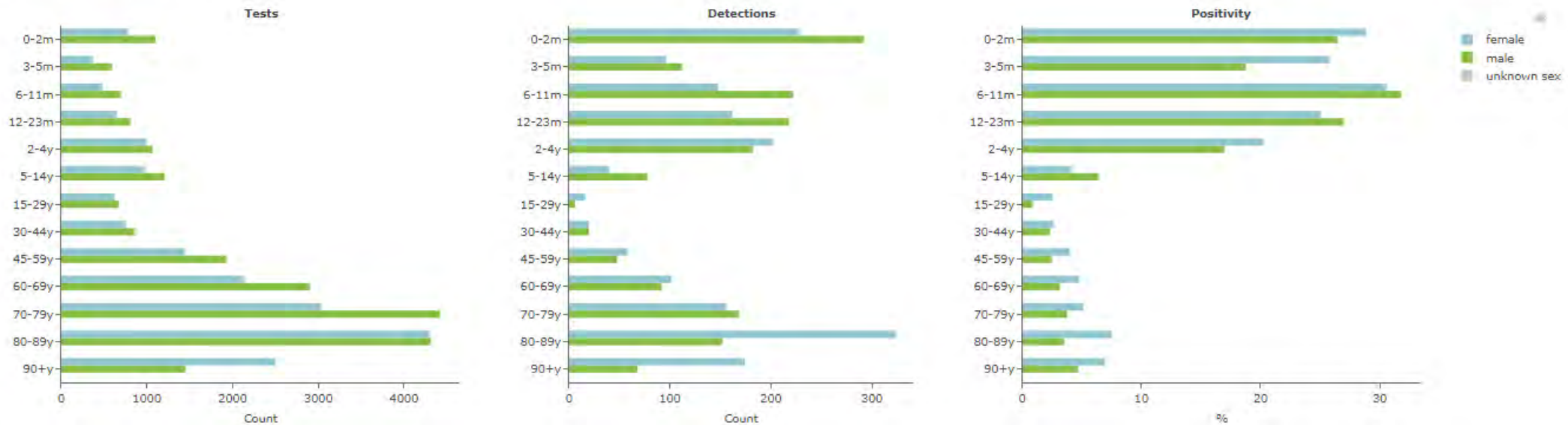


Detailed description of SARI detections – single pathogen view

a) Tests, detections, positivity and detections by clinical outcome by age/sex

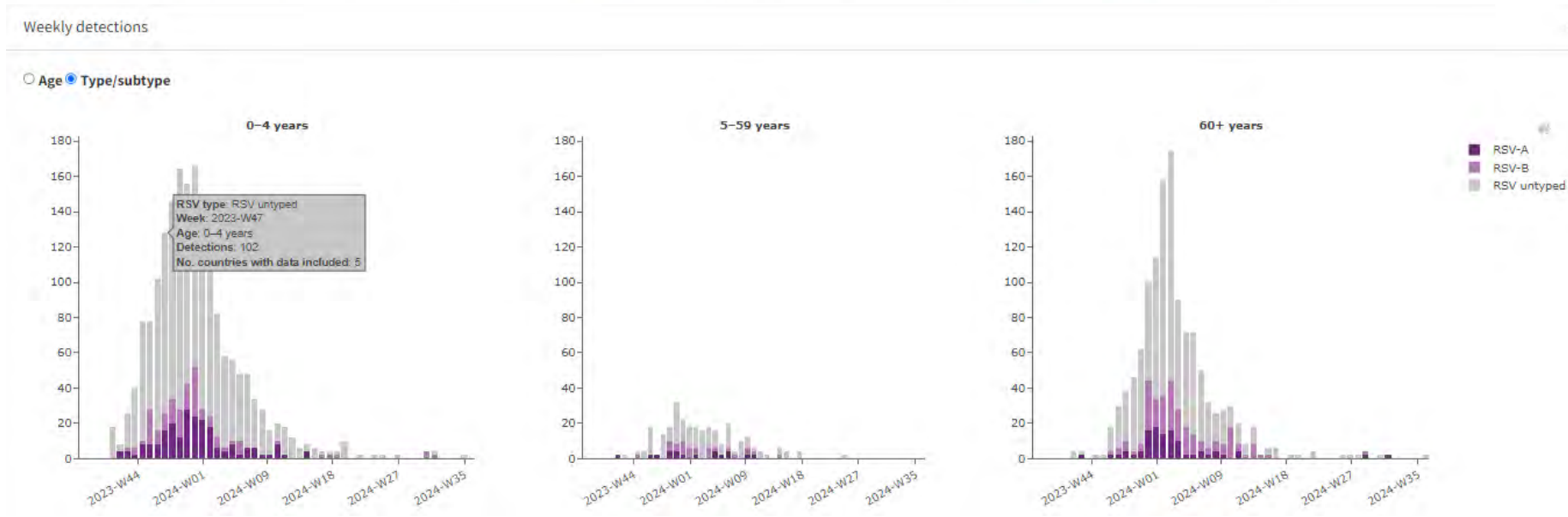
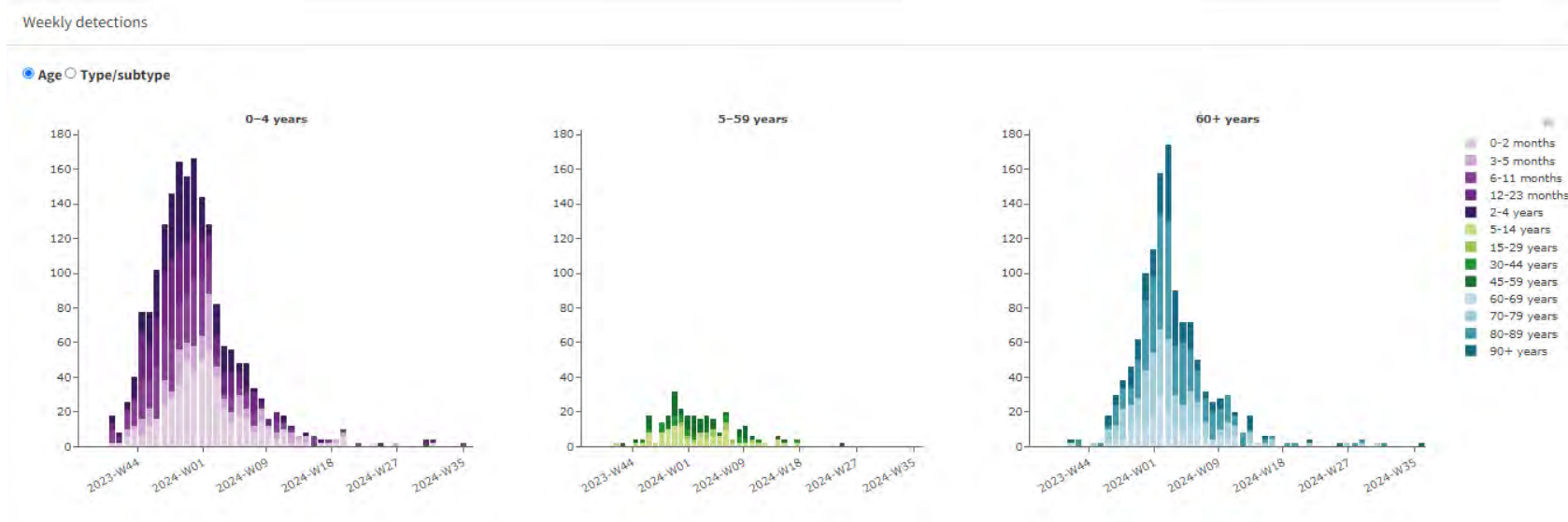
Cumulative tests, detections and positivity by age and sex, 2023-W36 to 2024-W36

☐ Stacked ☒ Side-by-side



Detailed description of SARI detections – single pathogen view

b) Weekly view by age and type/subtype



Antiviral data

Will include Baloxavir!

- Summary
- Activity
- Severity
- Virus characterisation**
- Country / area profiles

Influenza SARS-CoV-2

Cumulative influenza virus detections by genetic clade, 2023-W40 to 2024-W35

Weekly influenza virus detections by genetic clade and subtype

Cumulative antiviral susceptibility, 2023-W40 to 2024-W35

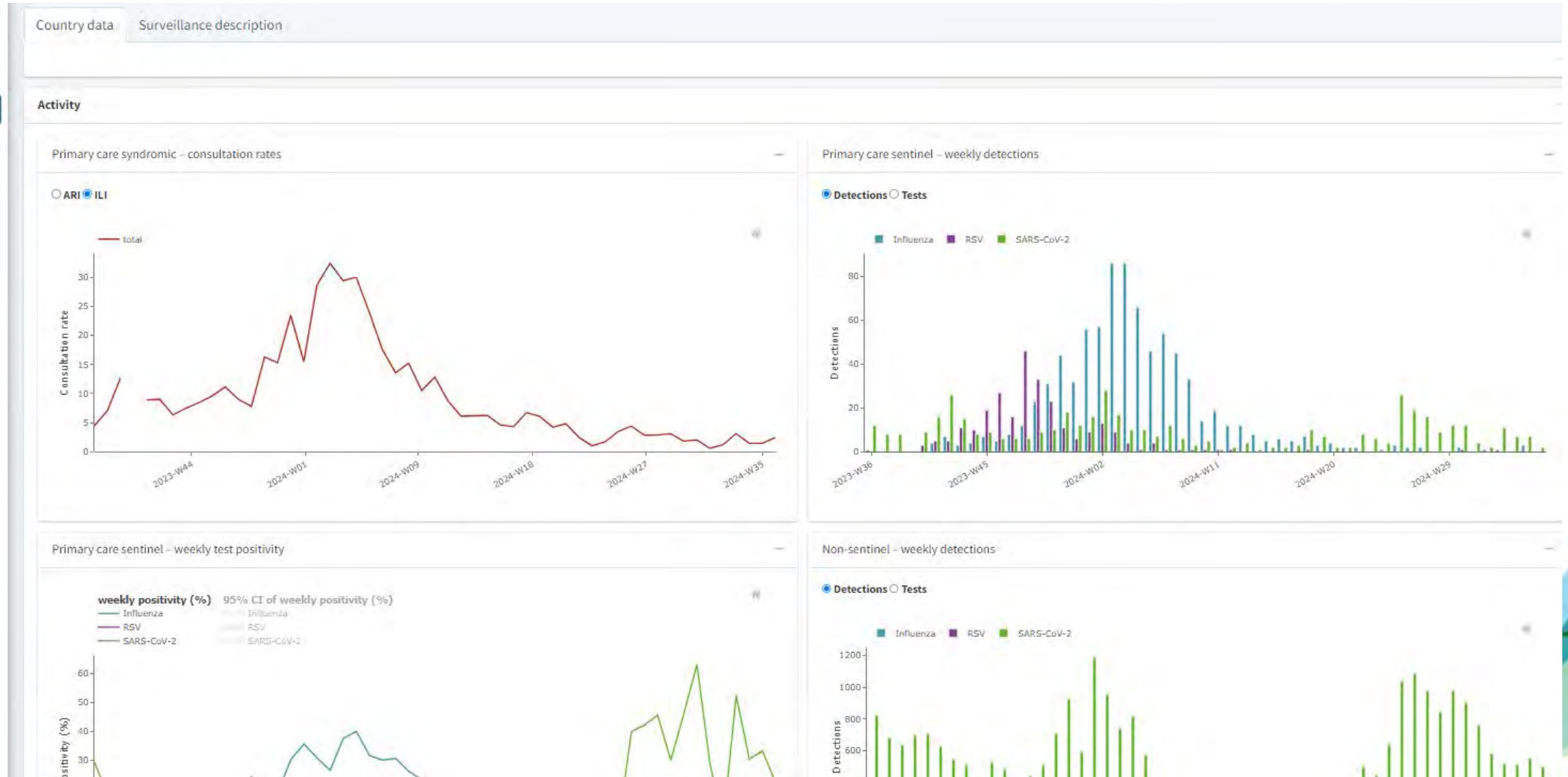
Subtype	Oseltamivir		Zanamivir	
	Nr tested	RI + HRI	Nr tested	RI + HRI
A(H1)pdm09	5095	58	4998	4
A(H3)	3157	5	3107	2
B/Vic	1422	5	1413	6

RI+HRI: number of viruses with reduced or highly reduced inhibition by antiviral therapies determined via phenotypic or genotypic assessment

Country section – integrated display

- presents weekly country-level data for multiple indicators in a single window
- the figures are grouped into three boxes (activity, severity, and virus characterisation)

- Activity
- Severity
- Virus characterisation
- Country / area profiles



Country section – single pathogen display

a) Country-level virus characterisation data visible

Country data

Surveillance description

Country / Area section

The following selections apply to the below visualisations showing data from **Ireland**:

- Time selection: **2023-W36 to 2024-W36**
- Pathogen selection: **Influenza**

Pathogen selection

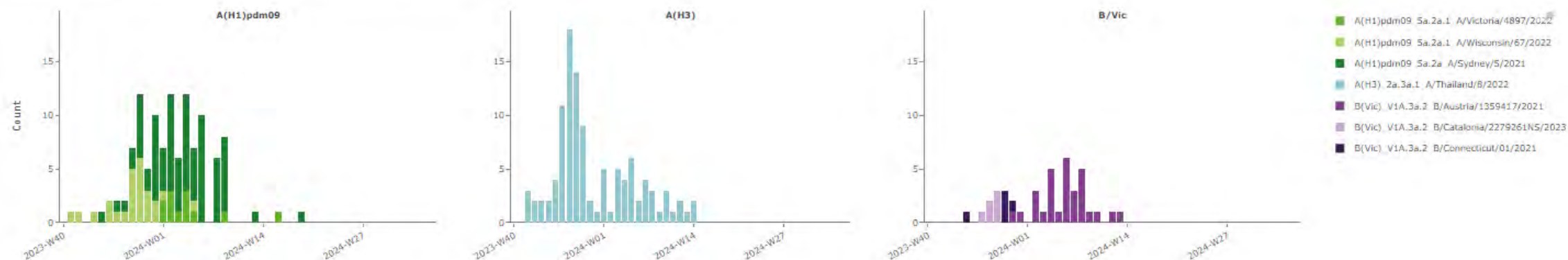
Influenza

Total ☒ Age ☐

Activity

Severity

Virus characterisation – Weekly influenza virus detections by genetic clade and subtype

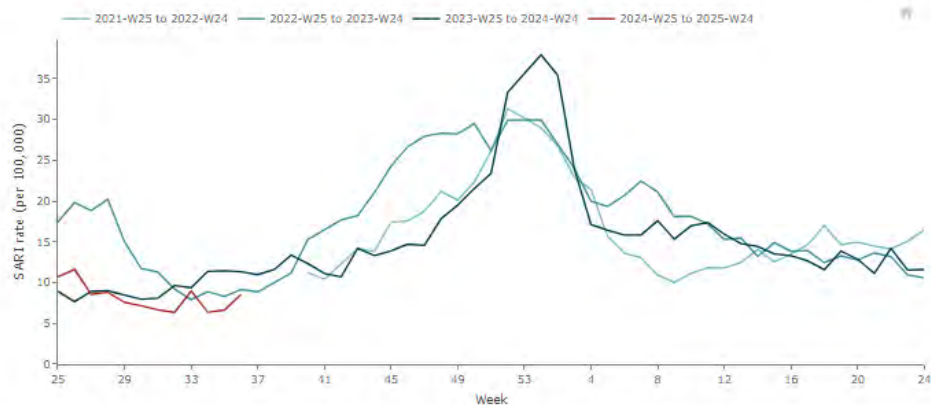


Country section – single pathogen display

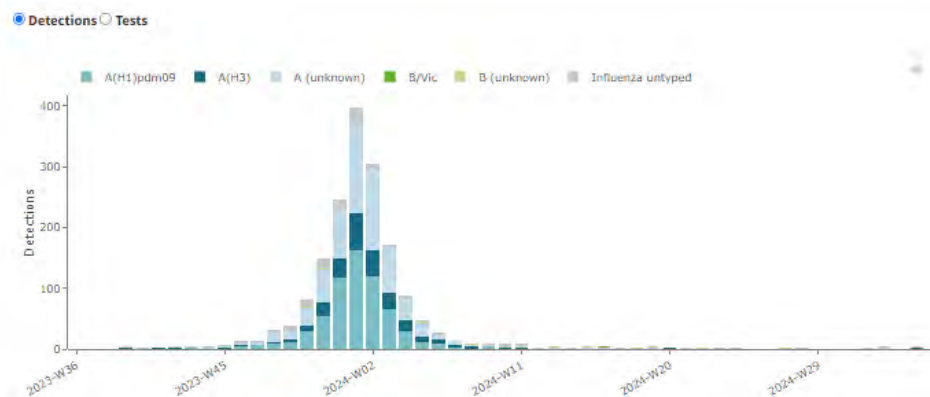
b) Age/total toggle changes the data display. Total (include historic comparisons)

Severity

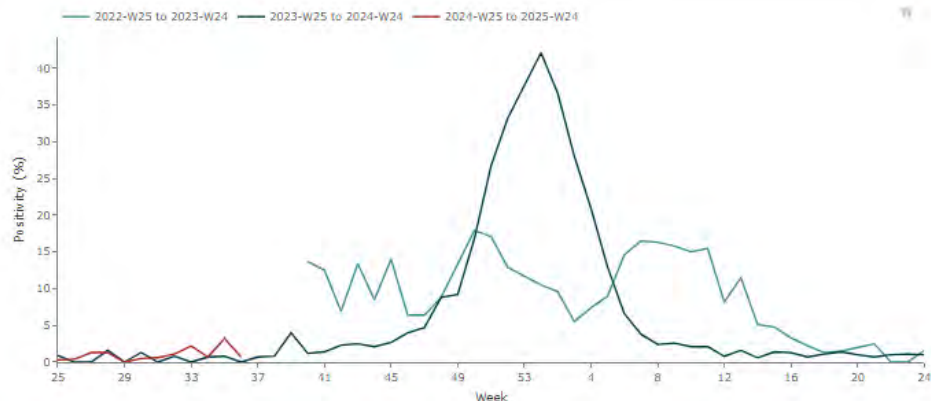
Secondary care (SARI) syndromic - historic comparison of weekly consultation rates



Secondary care (SARI) - weekly detections



Secondary care (SARI) - historic comparison of weekly test positivity



Non-sentinel - weekly laboratory-confirmed hospital admissions

☒ Hosp admissions ☐ Hosp inpatients ☐ ICU admissions ☐ ICU inpatients ☐ Deaths

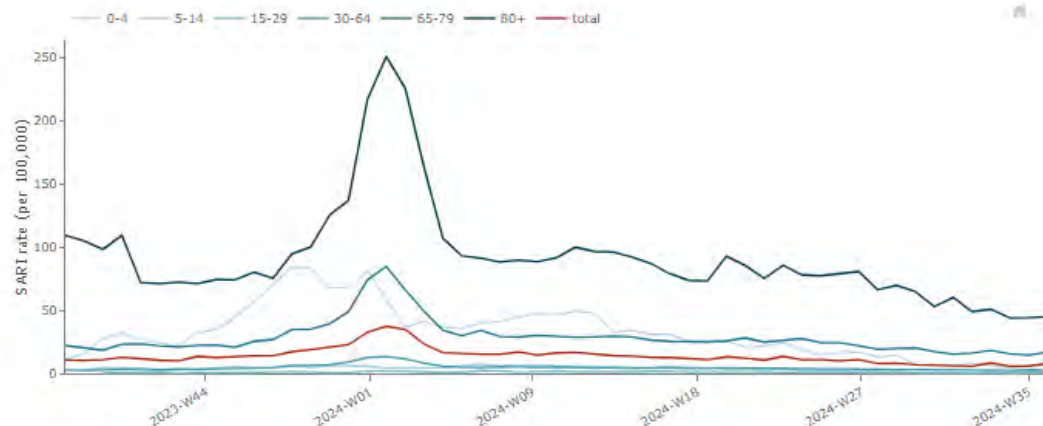
There were no data available with the selected filters.

Country section – single pathogen display

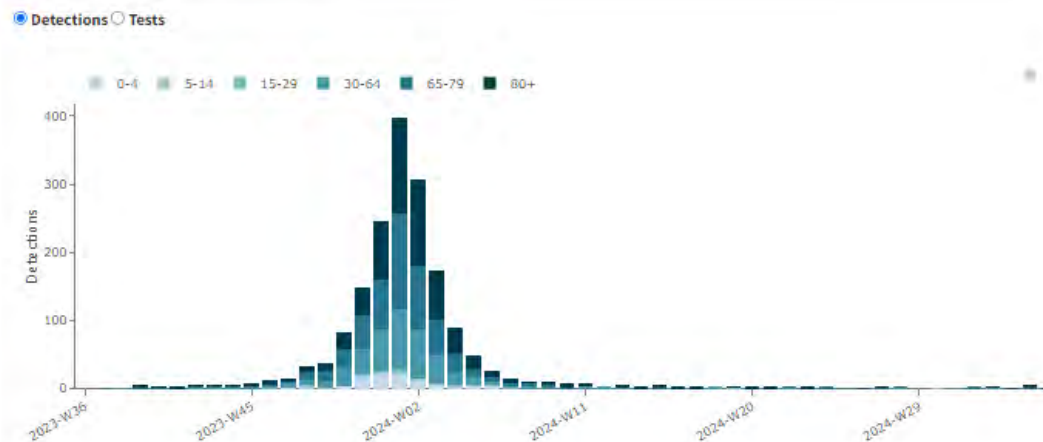
b) Age/total toggle changes the data display. Age: the most granular age groups submitted are shown

Severity

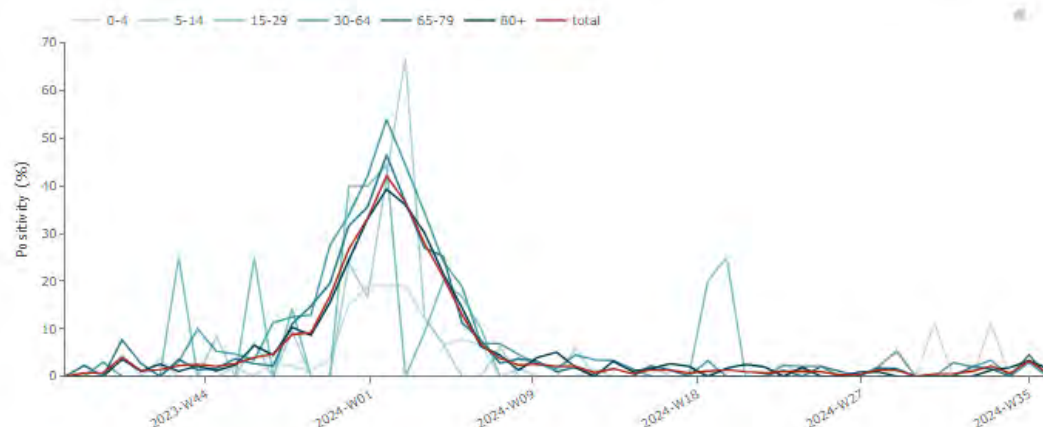
Secondary care (SARI) syndromic - consultation rates



Secondary care (SARI) - weekly detections



Secondary care (SARI) - weekly test positivity



Non-sentinel - weekly laboratory-confirmed hospital admissions

☒ Hosp admissions ☐ Hosp inpatients ☐ ICU admissions ☐ ICU inpatients ☐ Deaths

There were no data available with the selected filters.

Country section – surveillance system description shows data from country profiles

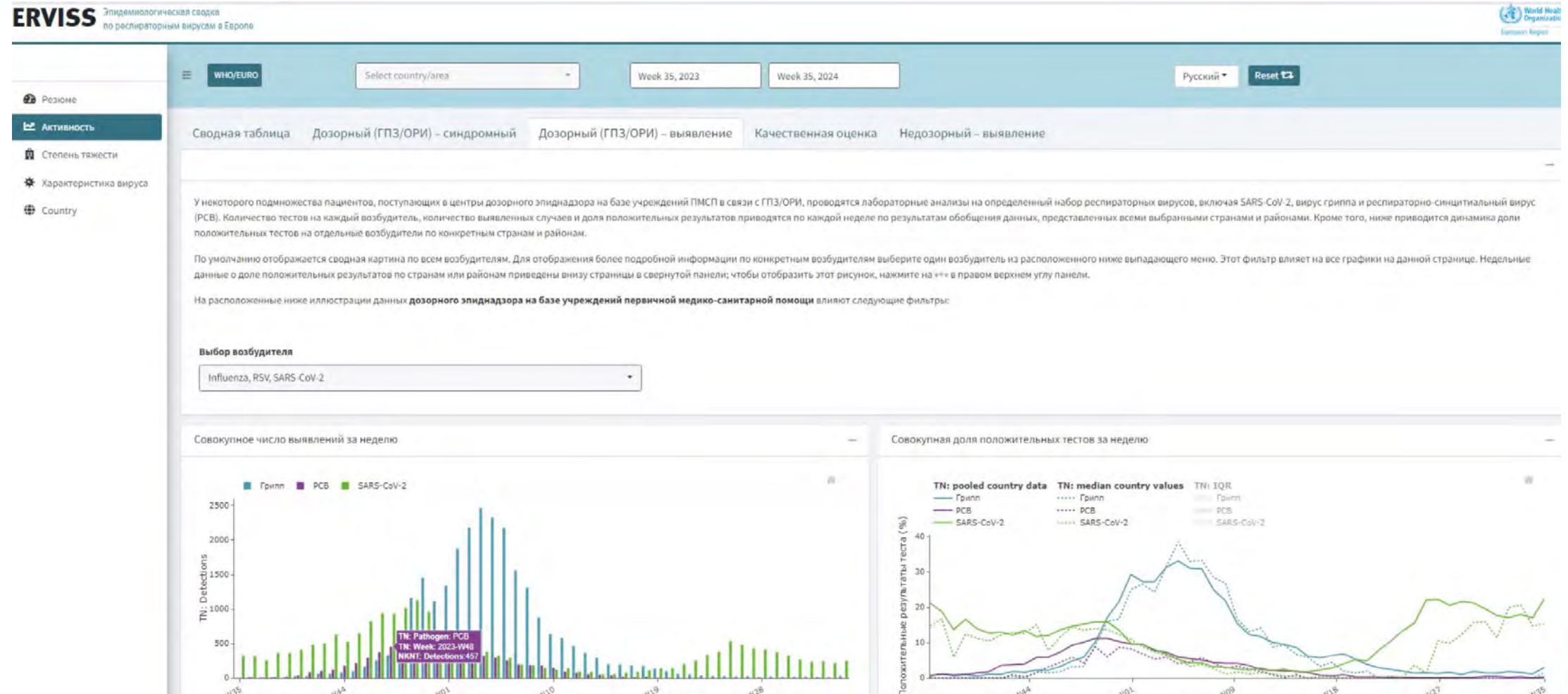
- Activity
- Severity
- Virus characterisation
- Country / area profiles**

Country data Surveillance description

Respiratory virus surveillance system characteristics

Characteristics	Primary care Influenza-like illness (ILI)		Primary care Acute respiratory infection (ARI)		Hospital ^a Severe acute respiratory infection (SARI)		Hospital ^a Laboratory-confirmed respiratory virus		Other ^b
	Sentinel	Universal	Sentinel	Universal	Sentinel	Universal	Sentinel	Universal	
Surveillance system	Integrated clinical and virological	—	Integrated clinical and virological	—	Integrated clinical and virological	—	—	Integrated clinical and virological	Virological
Respiratory pathogens tested for from surveillance system samples	—	—	Influenza, RSV and SARS-CoV-2	—	Influenza, RSV and SARS-CoV-2	—	—	Influenza, RSV and SARS-CoV-2	Influenza and RSV
Reporting period	Year-round	—	Year-round	—	Year-round	—	—	Year-round	Year-round
Population covered	10% of the population	—	10% of the population	—	7.6% of the population	—	—	100% of the population	Not available
Type of primary health care facilities/hospitals	General practice	—	General practice	—	Hospital	—	—	Hospital	Hospitals, general practices and nursing homes (excluding sentinel general practices)
Number of primary health care facilities/hospitals	100 practices	—	100 practices	—	1	—	—	All hospitals	Not available
Case definition used	ECDC	—	ECDC, WHO	—	National	—	—	National	No case definition used
Description if a national specific case definition	—	—	—	—	https://www.hpsc.ie/a-z/respiratory/acuterespiratoryinfection/surveillance/severeacuterespiratoryinfectionssari/2024reports/	—	—	https://www.hpsc.ie/notifiablediseases/casedefinitions/	—
Year surveillance system introduced	2000	—	2022	—	2021	—	—	Influenza was made notifiable in 2004, RSV	2000

Russian language version of ERVISS is coming



Russian language version of ERVISS is coming



ERVISS Эпидемиологическая сводка
по респираторным вирусам в Европе



Резюме

Активность

Степень тяжести

Характеристика вируса

Country

WHO/EURO

Select country/area

Week 35, 2023

Week 35, 2024

Русский

Reset

Сводная таблица

Дозорный (ТОРИ) – синдромный

Дозорный (ТОРИ) – выявление

SARI detections in detail

Недозорный – выявление

Дозорный эпиднадзор за респираторными симптомами в системе вторичной медико-санитарной помощи осуществляется национальными сетями больничных центров и опирается на синдромные определения случая тяжелой острой респираторной инфекции (ТОРИ). Мазки отбираются, в зависимости от системы, у всех или у некоторой доли пациентов с ТОРИ и анализируются на наличие избранных возбудителей респираторных заболеваний, включая SARS-CoV-2, вирус гриппа и респираторно-синцитиальный вирус (РСВ).

В следующей таблице приводятся сводные данные дозорного эпиднадзора на базе учреждений вторичной медико-санитарной помощи с разбивкой по странам или районам для стран и районов с развитыми системами дозорного эпиднадзора за ТОРИ. Количество тестов, количество выявленных случаев и доля положительных тестов по каждому возбудителю приведены для текущей отчетной недели – (2024-W35), а мини-графики отображают динамику ТОРИ за 20-недельный период, предшествующий 2024-W15. Обращаем ваше внимание, что последняя отчетная неделя всегда отображается в таблице ниже вне зависимости от того, какой период выбран в верхней части страницы.

Следующие фильтры влияют на расположенные ниже иллюстрации данных **дозорного эпиднадзора (ТОРИ) в учреждениях вторичной медико-санитарной помощи**:

Сводная информация о ключевых показателях дозорного эпиднадзора на базе учреждений вторичного звена за неделю 2024-W35

Search

TN: Country or area	TN: SARI rates	SARS-CoV-2			Грипп			PCV		
		TN: Number of tests	TN: Number of detections	Положительные результаты теста (%)	TN: Number of tests	TN: Number of detections	Положительные результаты теста (%)	TN: Number of tests	TN: Number of detections	Положительные результаты теста (%)
Албания										
Армения										
Австрия										
Азербайджан		0	0		0	0		0	0	
Беларусь										
Бельгия										
Босния и Герцеговина										
Хорватия										
Грузия										

О6 ERVISS | Методы | Archive/Архив | Данные | Additional resources | Контактная информация | Заявление об ограничении ответственности

* Все упоминания Косово в данном документе следует интерпретировать в контексте резолюции 1244 (1999) Совета Безопасности Организации Объединенных Наций.

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Proposed ERVISS publication schedule 2024/25



No report

Week 52/2024 (Christmas)

Week 16/2025 (Easter)

Week 22/2025 (Ascension Day)

Delayed reporting (following Monday) due to public holidays

Week 44 (November 1 → November 4)

Week 19 (May 9 → May 12)

Week 23 (June 6 → June 9)



Update on vaccine-related activities for respiratory viruses

Pre-season European Region Respiratory Surveillance Network webinar

Nathalie Nicolay and Kate Olsson
VPD and Immunisation, DPR Unit, ECDC

Scope of the presentation

Uptake of Influenza and COVID-19 vaccination coverage for the period 2023-09 up to 2024-06 in the EU/EEA countries

Influenza Vaccine effectiveness during the 2023-24 influenza season – Results from the VEBIS hospital network

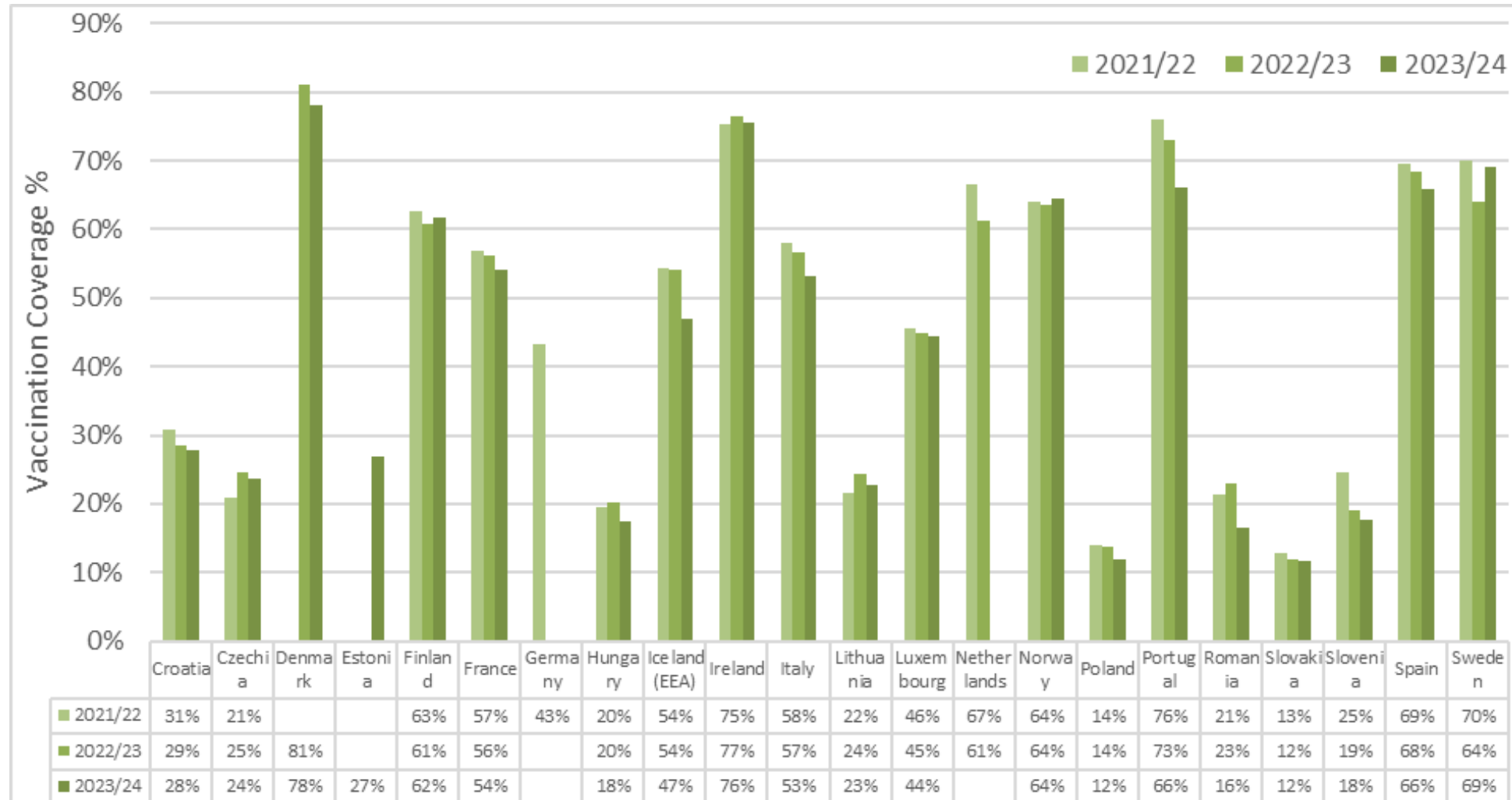
COVID-19 Vaccine effectiveness of the 2023 autumnal dose – Results from the VEBIS hospital network during the

Available evidence on the effectiveness of RSV immunisation products

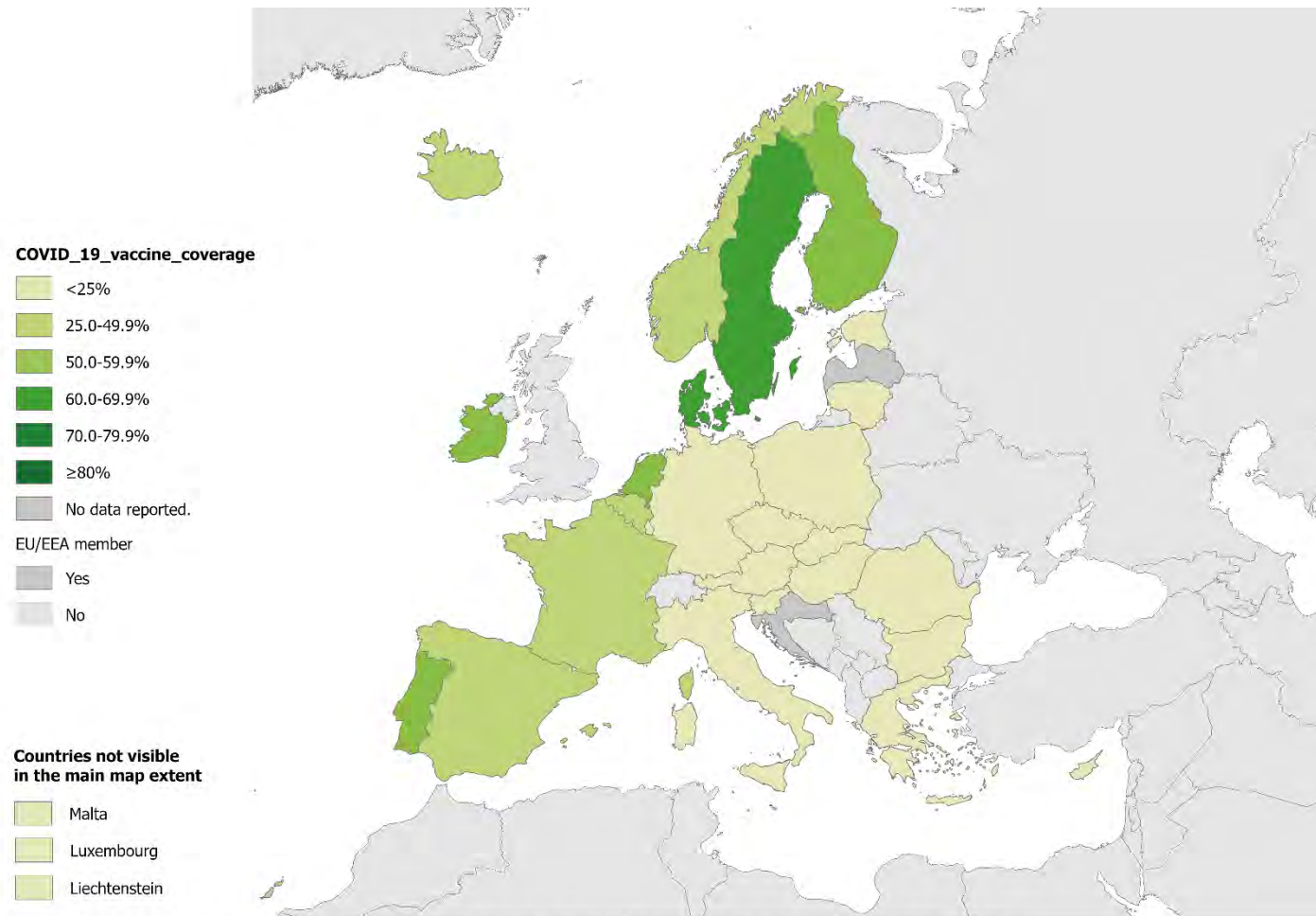
Latest recommendations for RSV immunisations in the EU/EEA countries

Upcoming activities

Seasonal influenza vaccination coverage rates in older adult age groups (above 55, 60 or 65 years-old), EU/EEA countries (n=19), 2021–2022, 2022–2023 and 2023–2024 influenza seasons



COVID-19 vaccine coverage among people aged 60 years and above, 28 EU/EEA countries, 1 September 2023 to 31 July 2024



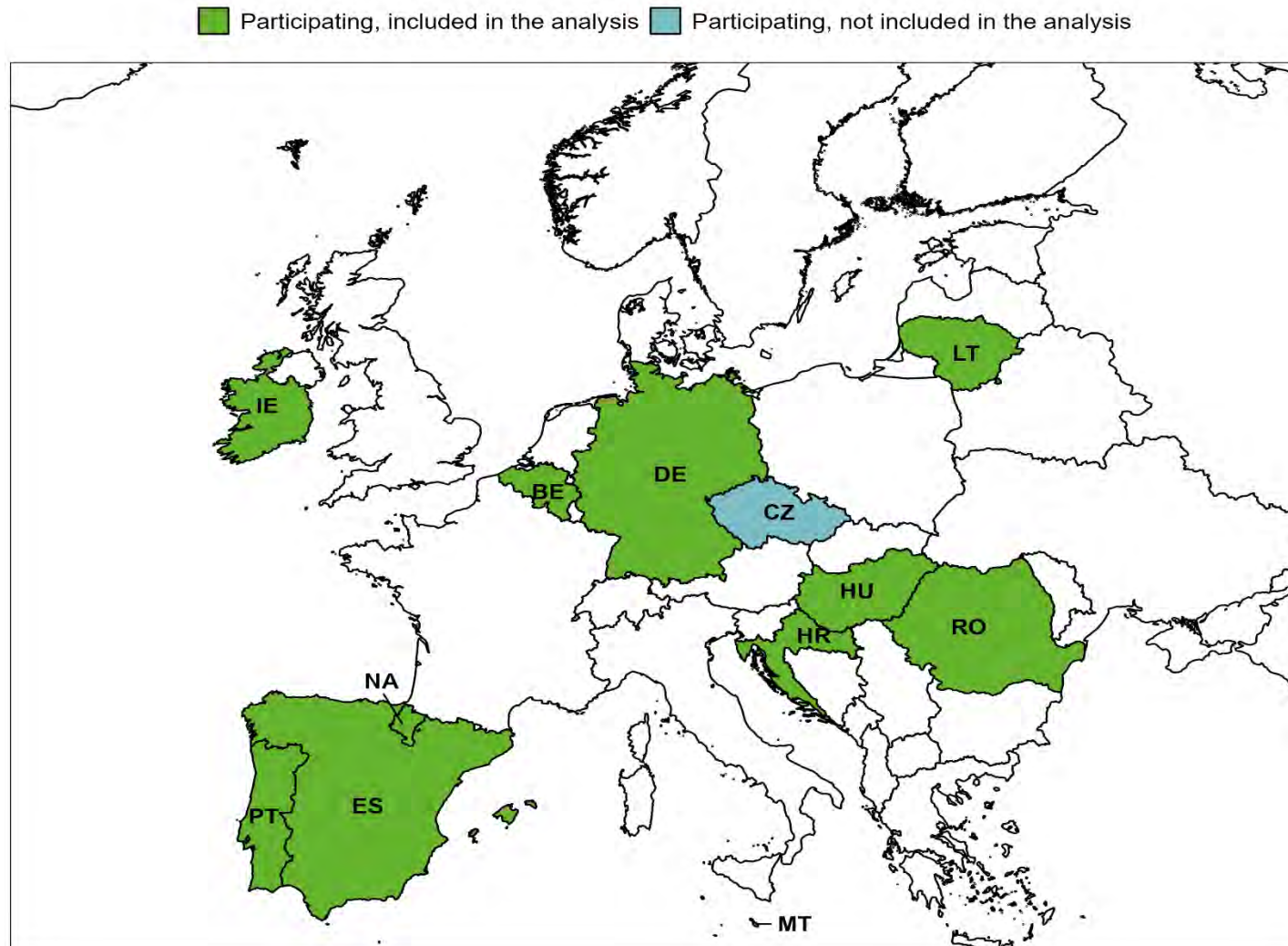
Map produced on: 24 Aug 2024. Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

The European VE, Burden and Impact studies (VEBIS) hospital study

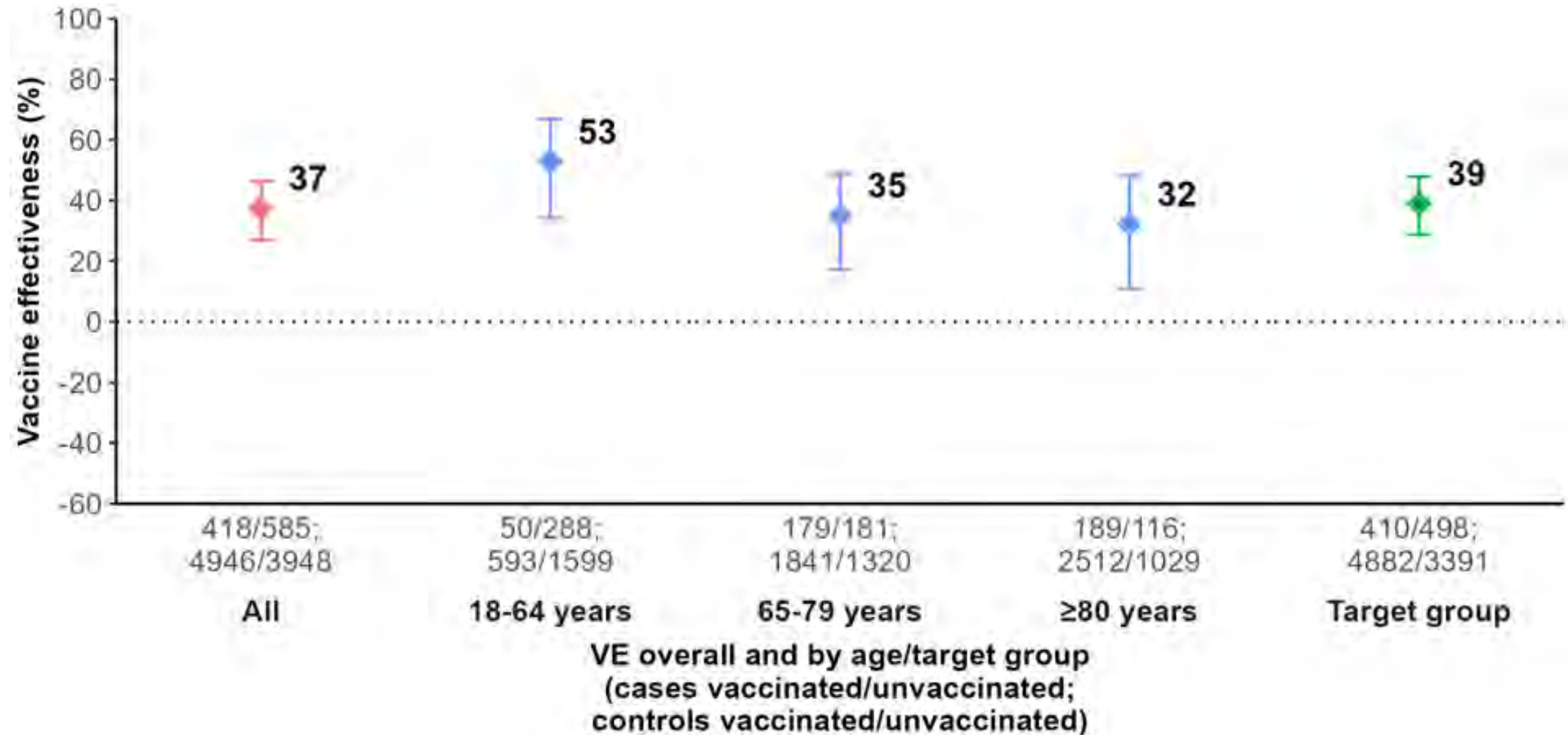


- Multicentre study in 12 sites (BE, CZ, DE, ES, HR, HU, IE, LT, MT, NA, PT, RO) across 11 countries (76 hospitals)
- Hospitalised SARI patients swabbed ≤ 7 days after symptom onset
- 18 years and older
- Methods
 - Case-control test-negative design
 - Cases: Influenza/COVID-19 positive by RT-PCR/PCR
 - Controls: Influenza/COVID-19 negative by RT-PCR/PCR
 - Logistic regression model with odds ratio (OR) adjusted for study site, date of onset, age, sex and presence of chronic condition†
 - $$VE (\%) = (1 - OR) \times 100$$

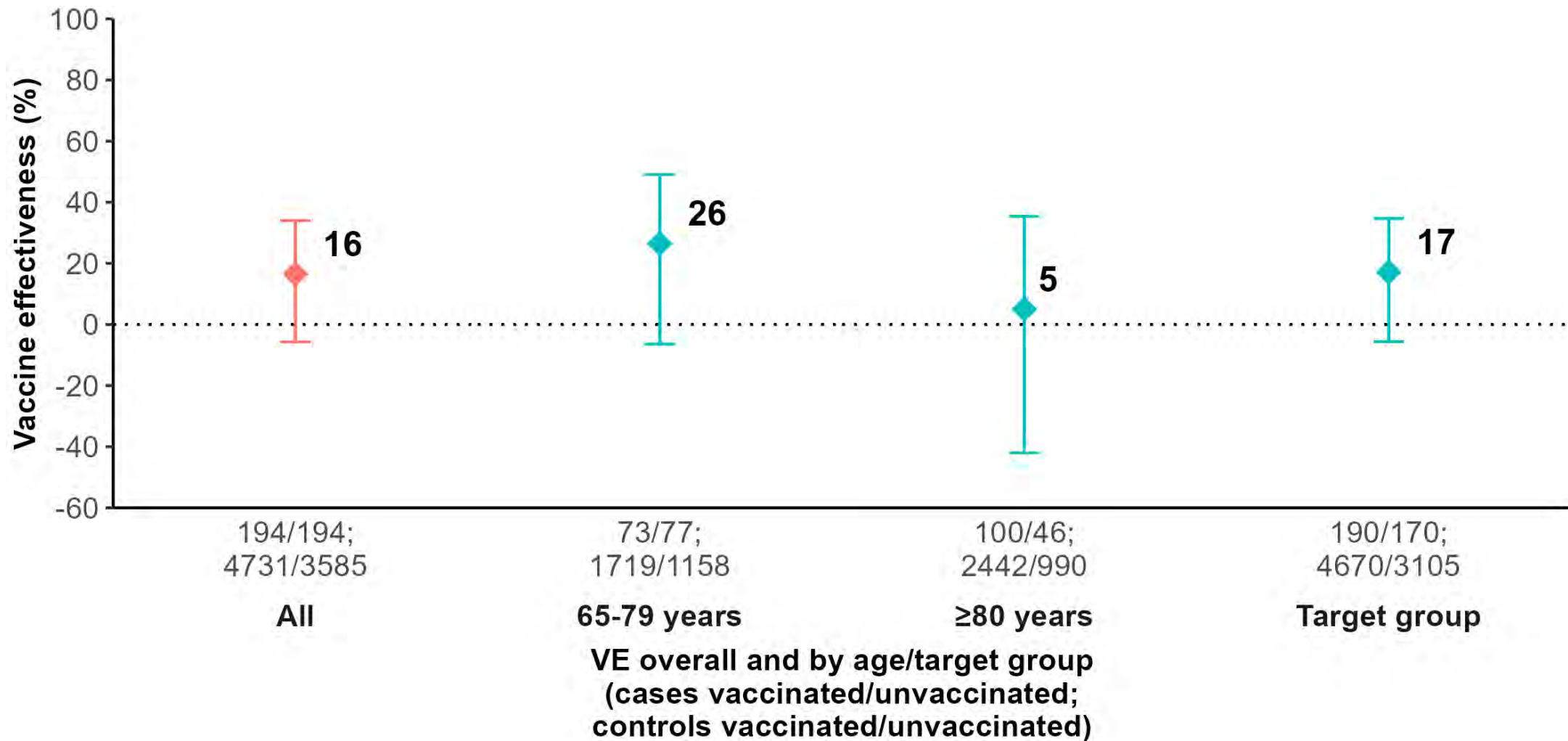
Sites/countries contributing in the VEBIS hospital network, Influenza vaccine effectiveness, As of 19 May 2024



Seasonal influenza vaccine effectiveness against A(H1N1)pdmn09 subtype, overall, by age and in target group



Seasonal influenza vaccine effectiveness against influenza A(H3N2) subtype, overall, by age and in target group



Sequencing results

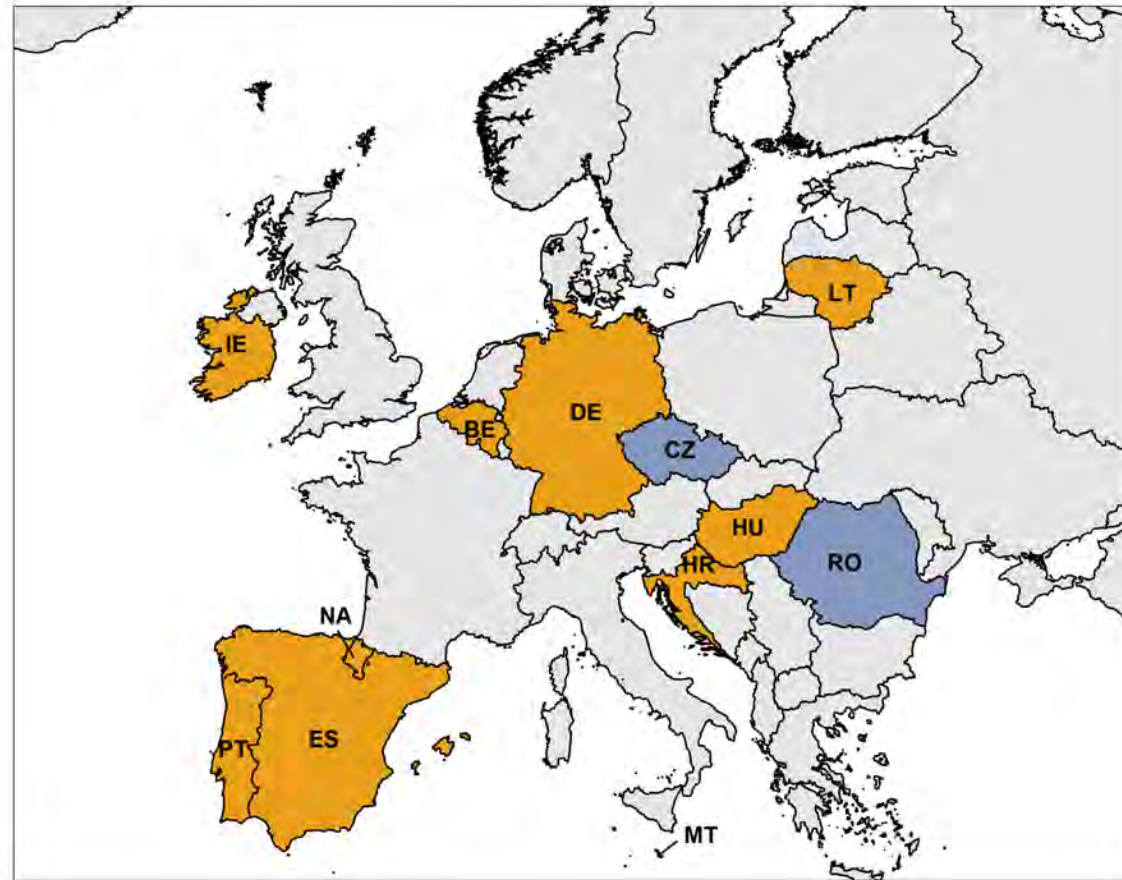
Influenza A(H1N1)pdm09 : 196/1003 (20%) cases sequenced

- 69 (35%) 5a.2a.1 → Vaccine strain
- 127 (65%) 5a.2a → Sufficient sample size to calculate preliminary clade-specific VE (two sites only: 25% [95%CI:-17–51])

Influenza A(H3N2) : 84/388 (22%) cases sequenced

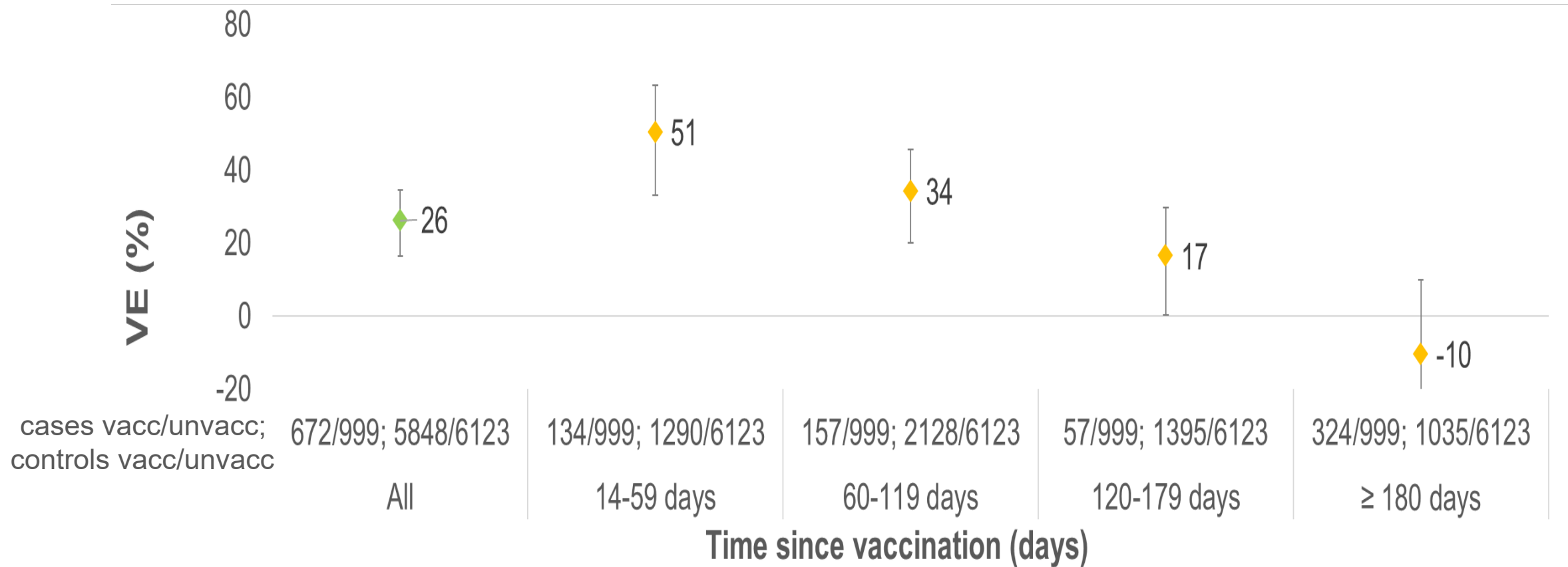
- All 2a.3a.1
- Vaccine strain = 2a.2

Sites/countries contributing in the VEBIS hospital network, COVIDI-19 vaccine effectiveness, Oct 2023 - July 2024



- Sites included in analysis
- Sites not included in analysis

COVID-19 vaccine effectiveness against hospitalisation for SARI patients aged ≥ 18 years, by time since vaccination, VEBIS hospital network, Europe, Oct 2023 - July 2024



Key findings

- VE against laboratory-confirmed hospitalised influenza A(H1N1)pdm09 and A(H3N2) was moderate and low respectively in the 2023/24 season → Highlighting need for improved vaccines, particularly against A(H3N2)
- Adapted COVID-19 XBB.1.5 vaccines protected vaccinated individuals up to 4 months post vaccination, reducing risk of COVID-19 hospitalisation by one-third to a half, depending on age group and time since vaccination (TSV), with the most protection observed in the first 2 months
- Results likely reflect VE against BA.2.86, as most cases (82%) occurred in the BA.2.86 predominant period.

Upcoming publications/activities

COVID-19 Vaccine effectiveness against severe outcomes of COVID-19 during BA2.86 dominating season – results from the multicountry study using healthcare databases ("lot 4")

2023/24 Influenza vaccine effectiveness against severe outcomes of influenza

An overview of vaccination recommendations for 2023–24 and coverage rates for the 2021–22 to 2023–24 influenza seasons

Effectiveness of the RSV immunisation product – A feasibility protocol

RSV Immunisation

Prevention of RSV in older adults: vaccines

- There are three recently approved RSV vaccines in EU for adults 60+ years

Vaccines	Date authorised in the EU
Arexvy (GSK) recombinant F protein RSVPreF3	6 June 2023
Abrysvo (Pfizer) recombinant RSVPreF bivalent	23 August 2023
mResvia (Moderna Biotech Spain) Single-stranded 5' capped mRNA encoding the Respiratory syncytial virus glycoprotein F stabilized in the prefusion conformation mRNA-1345	22 August 2024

Prevention of RSV in infants: long-acting monoclonal antibody and maternal vaccine

- Two recently authorised products in EU to prevent severe RSV in infants

Infant long-acting mAB	Date authorised in the EU
Beyfortus /Nirsevimab (AstraZeneca/Sanofi)	31 October 2022

Maternal vaccine	Date authorised in the EU
Abrysvo (Pfizer) recombinant RSVPreF bivalent maternal vaccine	23 August 2023

Effectiveness

Real-world effectiveness of Nirsevimab

- Few published post authorisation studies on the effectiveness of Nirsevimab for prevention of RSV hospitalisations in infants
 - In general, studies from Spain, US, Luxembourg^{8,9,10} found very **high effectiveness of Nirsevimab against RSV in infants**.
 - In the US Nirsevimab effectiveness was **90% against RSV-associated hospitalisation in infants** in their first RSV season⁹.

Maternal RSV vaccine effectiveness

- There is evidence to support the **efficacy and safety** of maternal RSV vaccination.
- There is a **lack of post authorisation vaccine effectiveness** published data available yet.

RSV Vaccine effectiveness in older adults

- Real-world evidence presented during US CDC ACIP meeting June 2024, showed **robust protection against RSV-associated hospitalisation during the first season** after vaccination among adults 60 and older, including among adults 75 and older and adults with chronic medical conditions¹¹.
- ACIP also showed evidence that **revaccination at 12 months did not appreciably increase efficacy** compared with a single dose in those aged 60+.
- Recently published study from the US provided first estimated **RSV VE against hospitalisation among 60+ years** in the first season of use. Overall, VE against RSV-associated hospitalization was 75% (95% CI, 50%-87%). For adults aged **60 to 74 years (75% [95% CI, 31%-91%])** or **75 years and older (76% [95% CI, 40%-91%])**¹²

⁸ Effectiveness and impact of universal prophylaxis with nirsevimab in infants against hospitalisation for respiratory syncytial virus in Galicia, Spain: initial results of a population-based longitudinal study - The Lancet Infectious Diseases

⁹ Early Estimate of Nirsevimab Effectiveness for Prevention of Respiratory Syncytial Virus-Associated Hospitalization Among Infants Entering Their First Respiratory Syncytial Virus Season — New Vaccine Surveillance Network, October 2023–February 2024 | MMWR (cdc.gov)

¹⁰ Eurosurveillance | Impact of nirsevimab prophylaxis on paediatric respiratory syncytial virus (RSV)-related hospitalisations during the initial 2023/24 season in Luxembourg

¹¹ Evidence to Recommendations Framework (ETR): RSV Vaccination in Adults Aged 50–59 years, 60–74 years, and 75 years and older PowerPoint Presentation (cdc.gov)

¹² RSV Vaccine Effectiveness Against Hospitalization Among US Adults 60 Years and Older | Vaccination | JAMA | JAMA Network

Prevention of RSV

Countries are making decisions on how to introduce different immunisation strategies:

- ☐ Vaccination in pregnant people, in order to protect the infants from RSV disease
- ☐ Extended half-life monoclonal antibodies, to be given to newborn infants in order to protect them from RSV disease in their first months of life, when the disease is more severe
- ☐ RSV vaccination in older people, in order to protect them from severe disease

EU/EEA country recommendations for mABs Nirsevimab for season 2024-2025



mABs nirsevimab (n=17 from survey April 2024)

Status	EU/EEA Country
Recommended	BE, FR, ES, IE-, LU, NL, LI, DE< (8)
No recommendation issued	HR, CY, IS, NO (4)
Ongoing assessment/review	AT, FI>, IT*, SE/ ,DK= (5)

Country comments:

- **Ireland:** [High level recommendation issued in November 2023 from NIAC](#). Update in Sept 2024 - MoH has implemented a pathfinder programme in place for newborn infants and at-risk infants only for 2024-25 season.

<**Germany:** Decision of the STIKO to recommend mAb for all newborns and infants in their 1st RSV-season is expected to be approved in June 2024

<**Finland:** The Service Unit of the MoH has given its draft recommendation re use of nirsevimab and is seeking comments 24 April. Presently the recommendation is quite similar to recommendation of Paluvizumab.

***Italy:** National assessment ongoing. Some regions are deciding independently to offer coverage to all newborns for the 2024/25 season

/**Sweden:** Updated recommendations by the MPA ongoing. To be published in May/June 2024

=**Denmark:** Work expected to be finished in Q4.

2023-2024 Season recommendations

- Three EU/EEA countries recommended mABs Nirsevimab - France, Spain, Sweden*
(*Recommendations by the Medicines Product Agency targeting preterm birth < 32 GW or children with underlying medical conditions)

EU/EEA country recommendations for RSV maternal vaccination for season 2024-2025



Maternal vaccination (n=16 from survey April 2024)

Status	EU/EEA Country
Recommended, not implemented	BE [~] , IE ⁻ , NL [^] (3)
No recommendation issued	IS, ES [*] , SE [/] (3)
Ongoing assessment/review	AT, DK ⁼ , DE ^{<} , IT, LI, FR ⁺ (6)
Not yet discussed	HR, CY, NO, FI (4)

Country comments:

- **Ireland:** [High level recommendation issued in November 2023](#). Further specific recommendations for the 24/25 season based on updated review of real-world data from 23/24 season will be issued at a later time.

[^]Recommendation issued but with a preference for the use of nirsevimab

[~]**Belgium:** update will be made later in 2024

^{*}**Spain:** There will not be recommendations on maternal vaccination for the next season. Currently, there is a working group assessing both strategies (mAB and maternal vaccination) and recommendations for future seasons are expected to be issued in the next coming months

[/]**Sweden:** We are monitoring the development, especially with regards to the safety profile, so in a way work is ongoing at slow speed and the question is being discussed, but we have also decided to not issue (and thereby not work on with a deliverable in mind) recommendations for maternal vaccination for season 2024/2025.

⁼ **Denmark:** Work expected to be finished in Q4.

[<] **Germany:** Assessment ongoing: Additional data on the risk of preterm birth needed to clarify the observed imbalance between the vaccine and placebo groups.

⁺ **France:** Under consultation. Document recommends maternal vaccination for next season.

2023-2024 Season recommendations

- No EU/EEA countries were recommending maternal vaccination.

EU/EEA country recommendations for RSV vaccination for older individuals for season 2024-2025



RSV vaccination for older individuals (n=29 from survey April 2024)

Status	EU/EEA Country
Recommended and implemented	BE ² , SE ³ (2)
Recommended, not implemented	IE ¹ (1)
No recommendation issued	AT, BG, HR, CY, CZ, DK, DE, EE, EL, FI, FR, HU, IC, IT, (24) LV, LT, LU, MT, NO, PL, PT, RO, SK, SL
Ongoing assessment/review	NL, ES (2)

Country comments:

¹ **Ireland:** High level recommendation issued in November 2023 from NIAC. No policy decision on implementation advised yet.

² **Belgium:** https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/20230918_shc-9725_rsv_vaccination_adults_vweb_1.pdf

³ **Sweden:** [People from the age of 75 are recommended vaccination against RSV — Public Health Agency of Sweden \(folkhalsomyndigheten.se\)](https://www.folkhalsomyndigheten.se/en/publications/people-from-the-age-of-75-are-recommended-vaccination-against-rsv)

2023-2024 Season recommendations

- Two EU/EEA countries were recommending vaccination for older people 75+ (IE, SE).
- Countries have recommended vaccination for individuals 75 years and older in relation to age-based recommendations.
- As of today (situation might change) **no re-vaccination is indicated for the next season.**

Evidence gaps and factors to consider

- Duration of protection – need for clear understanding of the long-term durability of vaccine-mediated protection
- Real world estimates of effectiveness, esp among subgroups (able to conduct studies could be hindered by low uptake)
- Further data and monitoring of the safety of vaccines (eg pre-term births, Guillain-Barrre Syndrome (GBS))
- Timing (during pregnancy, seasonal, year-round programme)
- Questions on co-administration with other vaccines, for both maternal vaccination and older adults
- The age cut off for vaccination for older population depending on the various aspects including the epidemiology of RSV in countries and risk vs benefit
- Acceptability (anticipated uptake of products)
- Cost-effectiveness of different immunisation strategies
- Considerations about other aspects / diseases / vaccinations to be prioritized over RSV in the current moment in the vaccination programme

ECDC VPI activities and outputs on prevention of RSV

National Immunisation Technical Advisory Groups (NITAGs) Webinars on RSV

Held in Nov 2023 and April 2024 objective to facilitate the sharing of evidence in relation to RSV prevention including both infant immunisation with RSV monoclonal antibodies and maternal and elderly RSV vaccination.

Systematic reviews (outsourced)

- SR on the *Efficacy, effectiveness and safety of respiratory syncytial virus vaccines* has been finalised and submitted to Cochrane Library and awaits publication. Protocol: crd.york.ac.uk/PROSPERO/display_record.php?RecordID=439128

Planned RSV systematic reviews for year 2024-2025

RESEARCH QUESTION	Working Group Members Countries	STATUS UPDATE	TIMELINE OUTPUT
Living Systematic Review: Efficacy, effectiveness and safety of EU/EEA authorised RSV vaccines	DE, BE, RO, FI	WG launched and technical work started	Living SR to be carried out over 18 months with updates provided every 6 months. First draft report provided Q3 2024
Systematic Review: Efficacy, effectiveness and safety of monoclonal antibodies (mABs) for the protection against RSV		WG launched and technical work started	Protocol to be published on Prospero shortly. Draft report by mid-2025; publication by Q4 2025



World Health Organization

REGIONAL OFFICE FOR **Europe**