

### HIGHLIGHTS:

- ILI incidence in Italy is low.
- No threshold breach in emergency room admission trends was detected.
- In the current epiweek, no deaths due to A/H1N1v occurred.

### Influenza Like Illness (ILI) sentinel surveillance

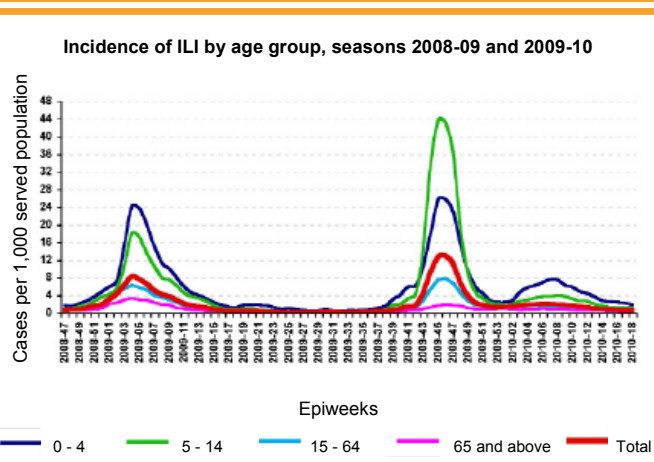
Completeness of reporting in the current epiweek was 95% (20/21 regions reporting).

The **incidence of ILI**, as detected through sentinel surveillance, was 0.61 cases per 1,000 served population. In the age group 0-4 years the incidence was 1.92‰. Among patients aged 5-14 years the incidence was 1.18‰.

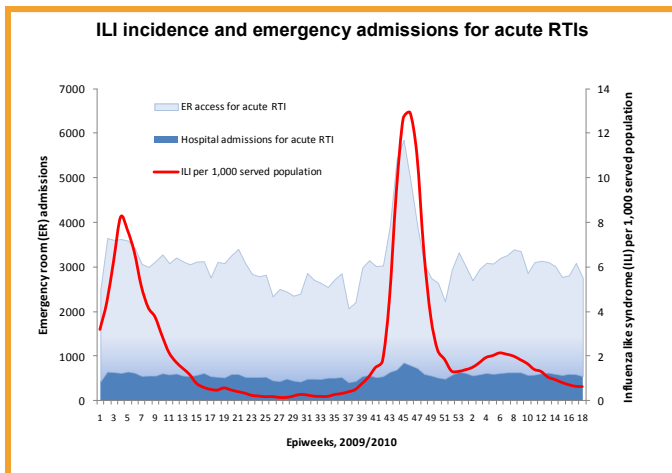
In Italy, estimated 5,582,000 people have contracted an ILI since the 43rd epiweek of 2009. The number of **estimated ILI cases** in the reporting period was 37,000.



<http://www.iss.it/iflu/>



### Emergency room admission trends for acute respiratory syndromes (ARS)



Completeness of reporting in epiweek 18 of 2010 was 100% (14/14 regions presently reporting). See the methods box below for further details.

In the 18th epiweek, 5.3% of all people who accessed the sentinel ERs were diagnosed with acute respiratory tract infection (RTI), 25.2% of those were admitted to hospital.

Compared with the previous epiweek, the number of ER admissions is stable. No epidemic threshold was breached both globally and by age group.



#### ILI surveillance methodology:

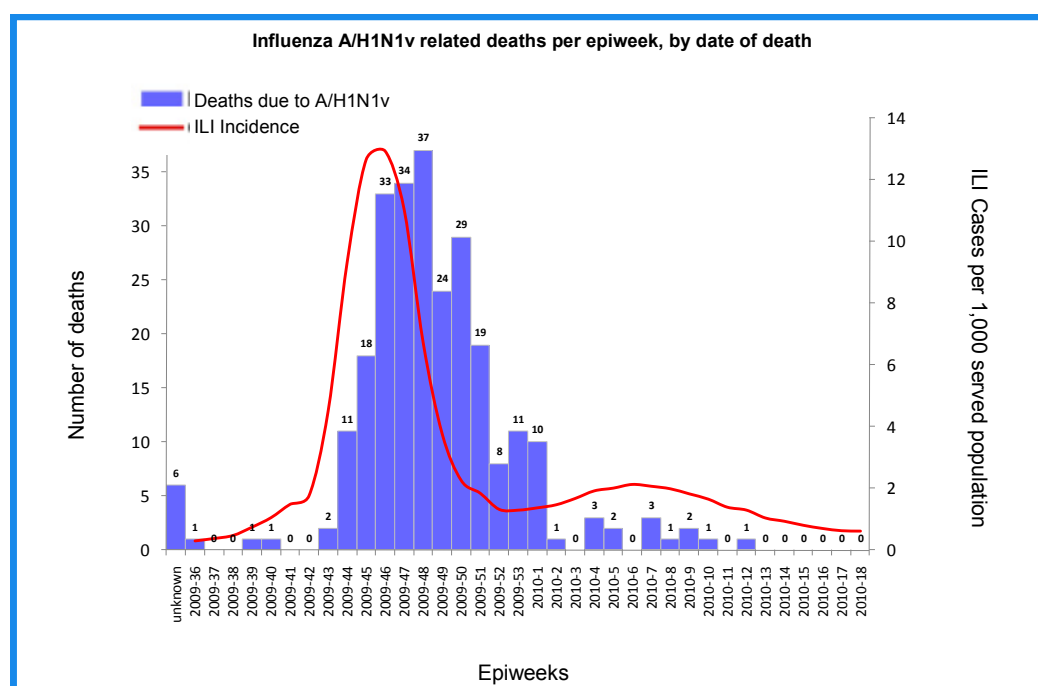
The Italian surveillance system for influenza is based on a network of sentinel community based physicians in the 21 regions and autonomous provinces of the country. Incidence rates are therefore not based on consultations but on the served population of each reporting physician each week. Incidence data per 1,000 patients is provided globally and by age group. For more information on the Influnet surveillance system consult the website <http://www.iss.it/iflu/> (in Italian).

#### ER admission surveillance methodology:

A surveillance network was established among Italian emergency services that had an automatic recording system for admissions with immediate regional updates as of August 2009. 16 of the 21 Italian regions adhered (76.2%). Of these, 14 identified at least one emergency service that would send data for surveillance and constitute to date the reporting units of the system.

The surveillance system is based on the weekly transmission of the total number of ER admission to the regional health institutions. They select those whose main diagnosis is coded as an acute respiratory syndrome based on the ICD9-CM coding system. One year historical data, when available, was received by the adhering regions and the estimated number of weekly admission, alert and alarm epidemic thresholds were calculated using a time series model (cyclic regression analysis) that takes into account the seasonality of the disease. Each week the actual number of admissions is compared with the estimated one and any threshold breach documented.

## Surveillance of A/H1N1v mortality



In epiweek 18 of 2010, no deaths due to influenza A/H1N1v occurred. 259 people have died due to influenza A/H1N1v in Italy since the beginning of the pandemic.

41.7% of all deaths that occurred since the beginning of the pandemic were among women. The most affected age groups were the 15-44 yrs (32.4%) and the 45-64 yrs (34%).

The most affected Italian region was Campania where 20.1% of all A/H1N1v deaths have occurred, followed by Puglia (13.9%), and Lazio (11.2%). 77.2% of the people who died had one or more pre-existing risk factors.



### Mortality Data:

Since the 19th of November 2009, a special surveillance for hospitalized and severe cases as well as fatalities due to Influenza A/H1N1v was activated in Italy. Each region compiles online individual case forms as severe cases and deaths occur and aggregate data weekly. Retrospective data was collected to include the entire duration of the pandemic.



**As a consequence of the decreased transmission of influenza in Italy, the publication of the weekly “Flunews Flash” bulletin will be suspended. This is therefore the last issue.**

**However, surveillance will continue in order to highlight in a timely fashion any relevant/unexpected increase in ILI cases, access to ER for RTIs or Influenza A/H1N1v related deaths.**

### Acknowledgements

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