Low levels of influenza activity in Europe

European Influenza Surveillance Scheme

This is the first Weekly Electronic Bulletin of the 2002-2003 influenza season. It mainly covers week 42/2002, but will also comment available data on influenza activity in weeks 40/2002 and 41/2002.

In weeks 40/2002 and 41/2002, all of the networks that reported data to the European Influenza Surveillance Scheme (EISS) reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels). Maps outlining influenza activity in weeks 40/2002 and 41/2002 can be viewed on the EISS website (click here).

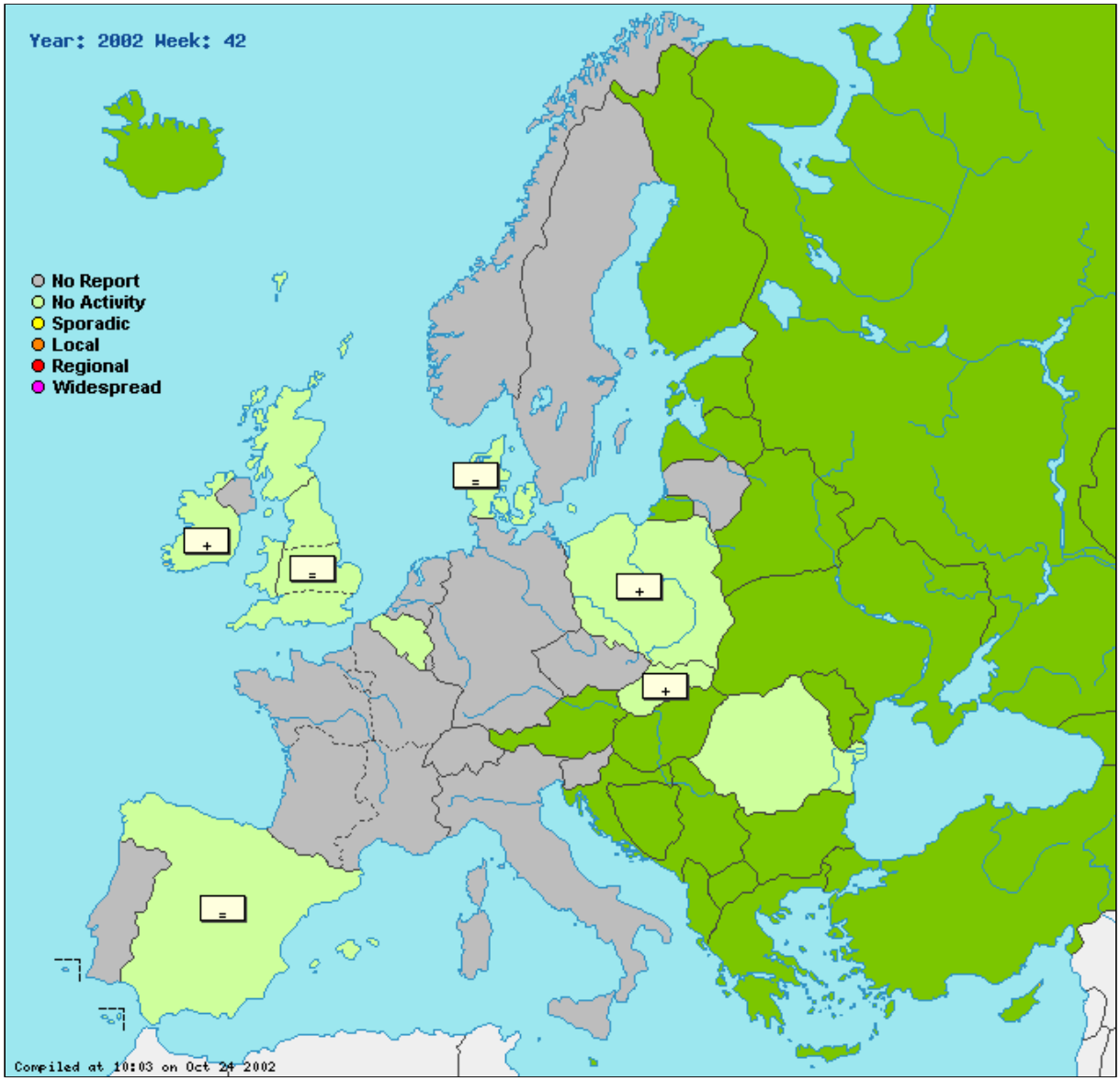
Ten networks reported clinical influenza activity to EISS in week 42/2002. All of the networks reported no (baseline) influenza activity. Eleven networks reported virological data and none of the specimens (nasal or pharyngeal swabs) collected by sentinel physicians (N=58) were positive for influenza A or B.

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 42/2002, ten networks reported clinical data and eleven networks reported virological data.

Map

The map presents the geographical spread as assessed by each of the networks.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
High = higher than usual levels of influenza activity
Very high = particularly severe levels of influenza activity

B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
No influenza activity to report
Spain
No influenza activity

Table and graphs (where available)

Network - region	Geographic Spread	Intensity	Sentinel swabs	Percentage positive	Dominant type	Rate	Numerator / denominator	Network graphs
Belgium	None		3	0%	None	58.2/100,000	ILI / Population	Click here
Denmark	None	Low	0	0%	None	38.3/100,000	ILI / Population	Click here
England	None	Low	4	0%	None	11.7/100,000	ILI / Population	Click here
Ireland	None		2	0%	None	5.7/100,000	ILI / Population	Click here
Netherlands			2	0%	None		ILI / Population	Click here
Poland	None	Low	0	0%	None	18.9/100,000	ILI / Population	Click here
Portugal			2	0%	None		ILI / Population	Click here
Romania	None		17	0%	None	99.3/100,000	ARI / Population	Click here
Scotland	None		0	0%	None	12.1/100,000	ILI / Population	Click here
Slovakia	None	Low				748.7/100,000	ILI / Population	Click here
Slovenia			25	0%	None		ILI / Population	Click here
Spain	None	Low	3	0%	None	9.4/100,000	ILI / Population	Click here
Wales	None	Low				1.4/100,000	ILI / Population	Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Low levels of influenza activity in Europe

European Influenza Surveillance Scheme

In week 43/2002, sixteen networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) to the European Influenza Surveillance Scheme (EISS).

Despite the low levels of influenza activity, there are indications that influenza A and B viruses are circulating in Europe. Three influenza B viruses were detected (by PCR) in respiratory specimens collected by sentinel physicians in Germany. In England, one influenza A virus was detected in a respiratory specimen obtained from a non-sentinel source (from a hospital).

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 43/2002, seventeen networks reported clinical data and seventeen networks reported virological data.

Map

The map presents the geographical spread as assessed by each of the networks.

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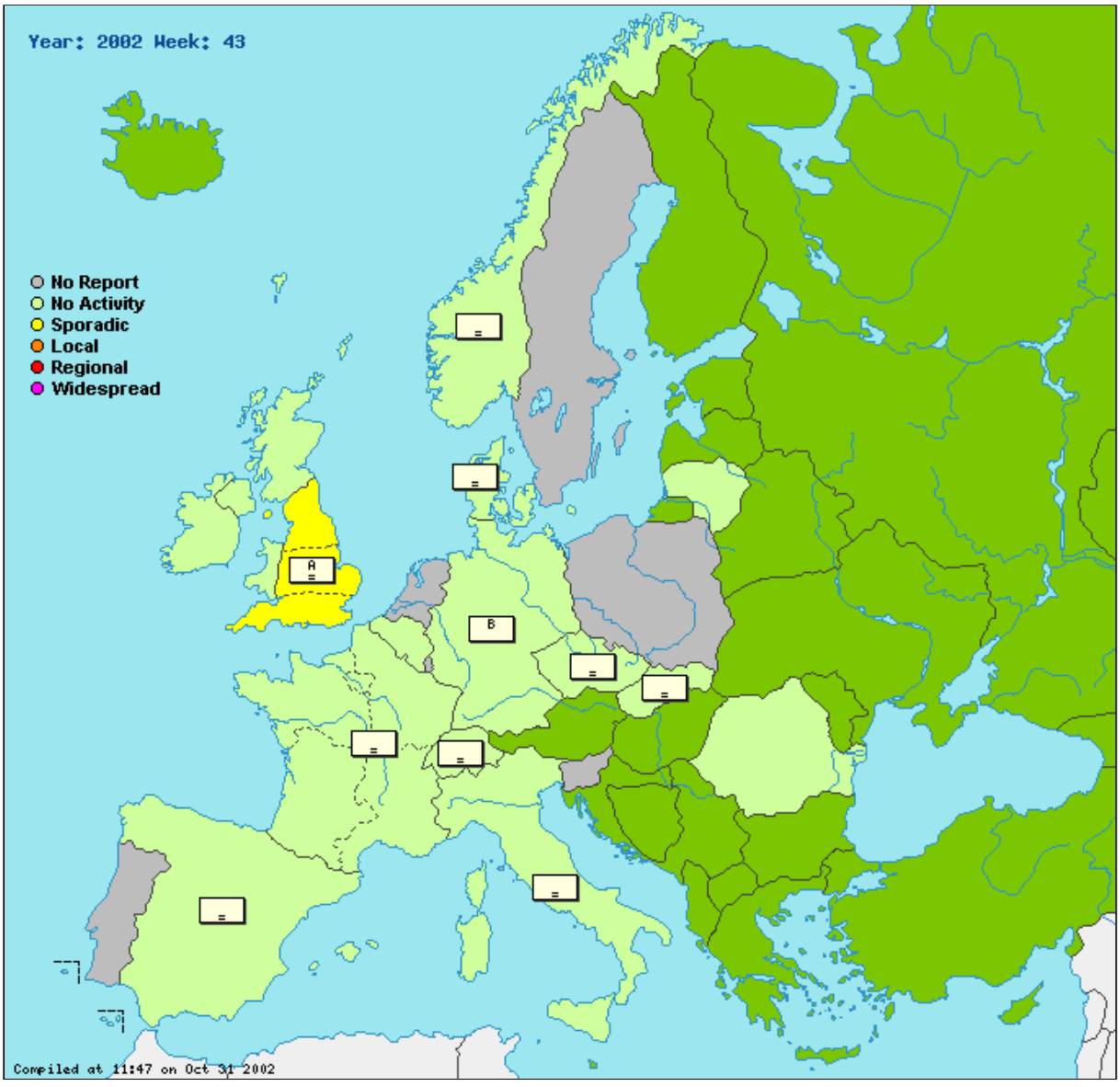

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Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region,

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Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Influenza activity is low. One positive detection has been made of influenza A.
Czech Republic
Total morbidity at seasonal level - 1393 cases of ARI per 100 000 inhab.Non influenza viruses were isolated so far.
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Spain
No influenza activity
Switzerland
Activity of influenza is very low at the moment.

Table and graphs (where available)

Network - region	Geographic Spread	Intensity	Sentinel swabs	Percentage positive	Dominant type	Rate	Numerator / denominator	Network graphs
Belgium	None		3	0%	None	45.3/100,000	ILI / Population	Click here
Czech Republic	None	Low	31	0%	None	1281.8/100,000	ARI / Population	Click here
Denmark	None	Low	0	0%	None	63.2/100,000	ILI / Population	Click here
England	Sporadic	Low	15	0%	Type A	10.7/100,000	ILI / Population	Click here
France	None	Low	20	0%	None	1442.2/100,000	ARI / Population	Click here
Germany	None		15	20.0%	Type B	1455.0/100,000	ARI / Population	Click here
Ireland	None		3	0%	None	6.4/100,000	ILI / Population	Click here
Italy	None	Low				41.1/100,000	ILI / Population	Click here
Lithuania	None	Low	0	0%	None	1.6/100,000	ILI / Population	Click here
Netherlands			0	0%	None		ILI / Population	Click here
Northern Ireland	None	Low				38.8/100,000	ILI / Population	Click here
Norway	None	Low					ILI / Population	Click here
Portugal			5	0%	None		ILI / Population	Click here
Romania	None		10	0%	None	104.7/100,000	ARI / Population	Click here
Scotland	None		0	0%	None	16.6/100,000	ILI / Population	Click here
Slovakia	None	Low	19	0%	None	740.9/100,000	ILI / Population	Click here
Slovenia			6	0%	None		ILI / Population	Click here
Spain	None	Low	30	0%	None	16.3/100,000	ILI / Population	Click here
Switzerland	None	Medium	1	0%	None	13.1/100,000	ILI / Population	Click here
Wales	None	Low	0	0%	None	0.5/100,000	ILI / Population	Click here

Preliminary data

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ARI: acute respiratory infection
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Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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Influenza A and B viruses detected in Europe

European Influenza Surveillance Scheme

In week 44/2002, eighteen networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) to the European Influenza Surveillance Scheme (EISS).

Despite the low levels of influenza activity, influenza A and B viruses have been sporadically detected/isolated across Europe. From week 40/2002 to week 44/2002, twelve respiratory specimens were found to be positive for influenza. Seven specimens were from sentinel sources and were reported by Germany (three cases of influenza B), Italy (one case of influenza B), Portugal (two cases of influenza A(H3N2)) and Spain (one case of influenza B). Five specimens were from non-sentinel sources (e.g. hospitals) and were reported by England (one case of influenza A(H1N2)), France (one case of influenza A(H3N2), one case of influenza B), Portugal (one case of influenza B) and Wales (one case of influenza A).

The case of influenza A reported by England in week 43/2002 has now been characterized (by PCR) as influenza A(H1N2). The specimen was obtained from a hospitalised child (2-months old). Influenza A(H1N2) circulated widely across England throughout the 2001-2002 influenza season (click here for more information).

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 44/2002, nineteen networks reported clinical data and sixteen networks reported virological data.

Map

The map presents the geographical spread as assessed by each of the networks.

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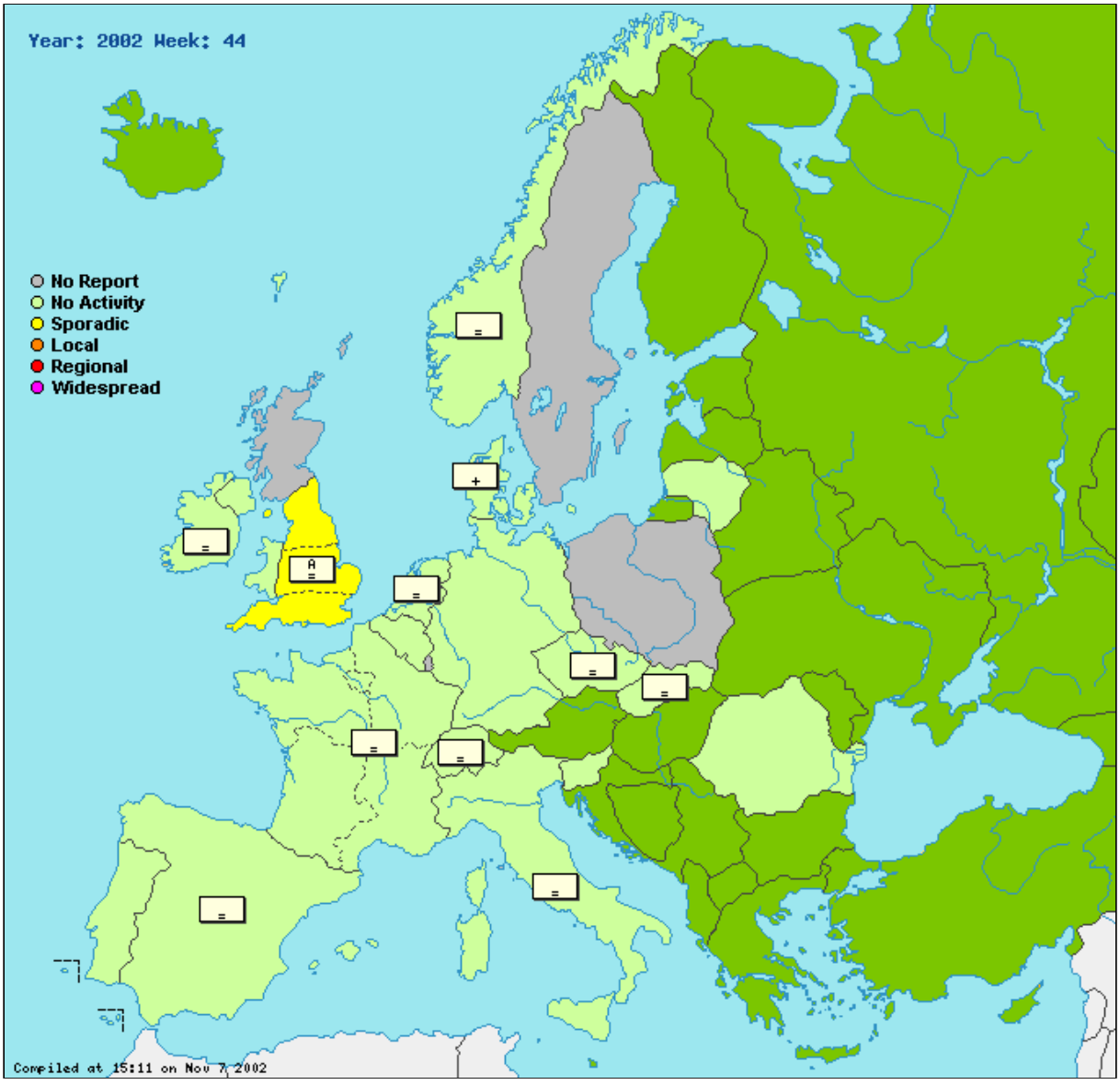

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Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Influenza activity remains low. Last weeks reported influenza A H1 N untyped has now been confirmed as H1N2 and came from a hospitalised paediatric case.
Italy
One influenza B virus were detected (by PCR) in respiratory specimen collected by sentinel physician in Milano.
Spain
Isolation of the first influenza B virus from a sentinel source.
Switzerland
Low level of influenza activity

Table and graphs (where available)

Network - region	Geographic Spread	Intensity	Sentinel swabs	Percentage positive	Dominant type	Rate	Numerator / denominator	Network graphs
Belgium	None		2	0%	None	56.0/100,000	ILI / Population	Click here
Czech Republic	None	Low	9	0%	None	1168.1/100,000	ARI / Population	Click here
Denmark	None	Low	0	0%	None	137.3/100,000	ILI / Population	Click here
England	Sporadic	Low	20	0%	Type A	11.4/100,000	ILI / Population	Click here
France	None	Low	37	0%	None	1064.5/100,000	ARI / Population	Click here
Germany	None		25	0%	None	1273.0/100,000	ARI / Population	Click here
Ireland	None		3	0%	None	5.5/100,000	ILI / Population	Click here
Italy	None	Low				39.5/100,000	ILI / Population	Click here
Lithuania	None	Low				1.8/100,000	ILI / Population	Click here
Netherlands	None	Low	1	0%	None		ILI / Population	Click here
Northern Ireland	None	Low	0	0%	None		ILI / Population	Click here
Norway	None	Low	0	0%	None		ILI / Population	Click here
Portugal	None		3	33.3%	None		ILI / Population	Click here
Romania	None		11	0%	None	95.1/100,000	ARI / Population	Click here
Scotland			0	0%	None		ILI / Population	Click here
Slovakia	None	Low	12	0%		460.8/100,000	ILI / Population	Click here
Slovenia	None		0	0%	None		ILI / Population	Click here
Spain	None	Low	33	3.0%	Type B	7.8/100,000	ILI / Population	Click here
Switzerland	None	Medium	2	0%	None	15.3/100,000	ILI / Population	Click here
Wales	None	Low					ILI / Population	Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
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Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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Influenza activity at low levels in Europe

European Influenza Surveillance Scheme

In week 45/2002, eighteen networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) to the European Influenza Surveillance Scheme (EISS).

The GROG network in France reported one case of influenza B (from a sentinel physician) in week 45/2002. The characterisation of this virus is in progress.

Thirteen influenza positive respiratory specimens have been reported to EISS this season (data up to week 45/2002). The EISS co-ordination centre has received information on the further analysis of three of these specimens (all from non-sentinel sources). Two viruses (in Norway and France) were antigenically related to the A/Panama/2007/99 (H3N2) virus and one virus (in Germany) was related to the B/Hong Kong/330/01 virus. Both of these virus strains (A/Panama/2007/99 and B/Hong Kong/330/01) are included in the 2002-2003 influenza vaccine.

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 45/2002, nineteen networks reported clinical data and nineteen networks reported virological data.

Map

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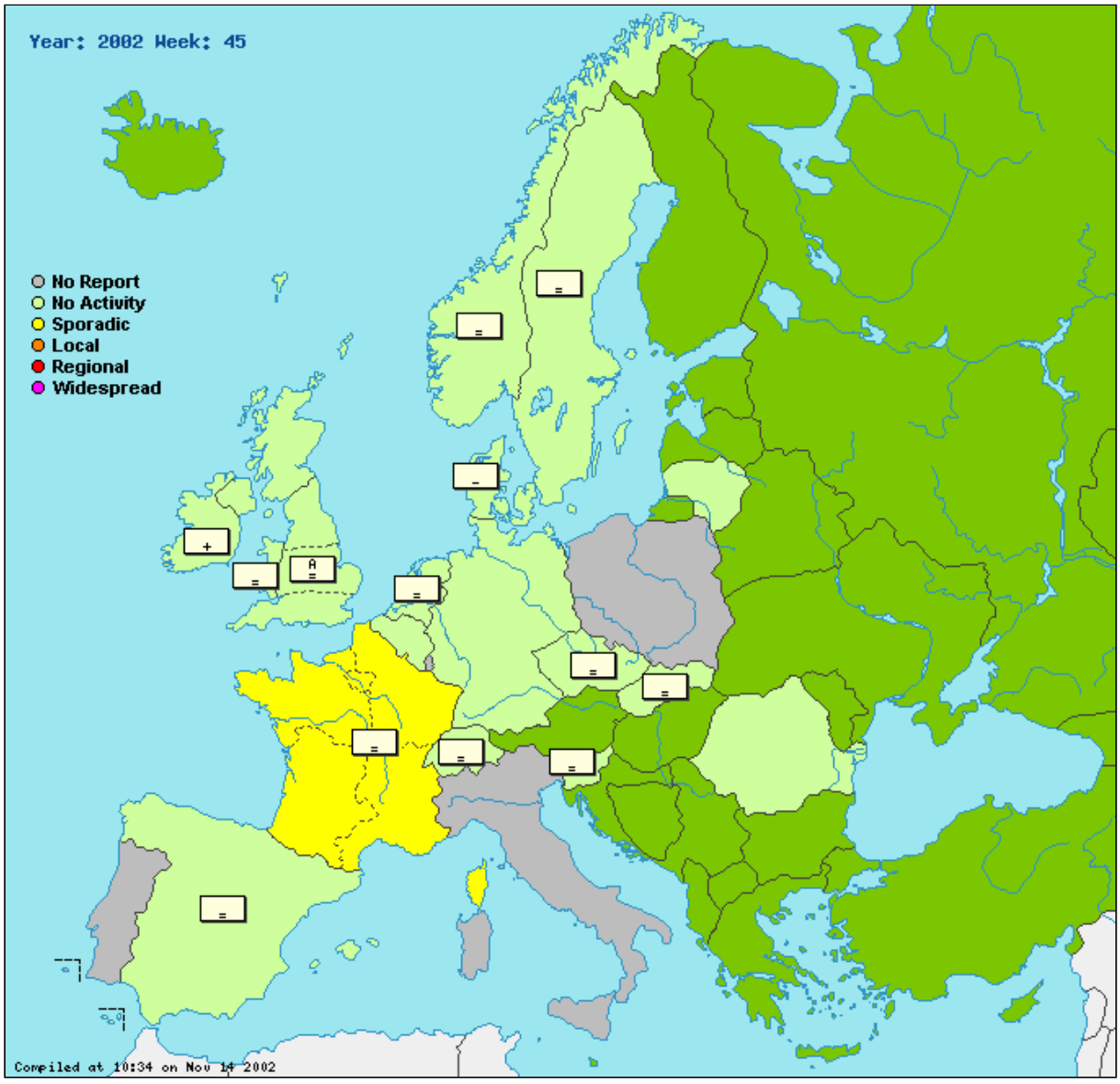

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H1N1 = Dominant virus A(H1N1)
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Very high = particularly severe levels of influenza activity

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Country comments (where available)

England
No influenza activity to report.
France
Very low rates of ARI cases in France. Only one confirmed case of influenza B.
GROG Network : First detection of influenza B from an adult (19 years old). Sporadic case. Identification in progress.
Italy
The epidemiological surveillance of influenza activity started on October 14th,2002. So far influenza activity remains at low level. Virological influenza activity carried out by the collaborating laboratories started this week. Virological monitoring through the sentinel doctors started this week, also. No virus isolation.
Spain
No Influenza activity.
Sweden
No cases of ILI were reported from the Swedish sentinel system
Switzerland
The number of samples sent by Sentinella participant increased significantly but still, no influenza viruses detected with cell culture. The first near patient test positive has been reported in Bern.

Table and graphs (where available)

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Denmark	None	Low	0	0%	None	63.4/100,000	ILI / Population	Click here
England	None	Low	5	0%	Type A	10.4/100,000	ILI / Population	Click here
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Italy			0	0%	None		ILI / Population	Click here
Lithuania	None	Low	0	0%		1.6/100,000	ILI / Population	Click here
Netherlands	None	Low	3	0%	None		ILI / Population	Click here
Northern Ireland	None	Low	0	0%	None	24.7/100,000	ILI / Population	Click here
Norway	None	Low	6	0%	None		ILI / Population	Click here
Portugal			3	0%	None		ILI / Population	Click here
Romania	None		20	0%	None	111.8/100,000	ARI / Population	Click here
Scotland	None		0	0%	None	18.5/100,000	ILI / Population	Click here
Slovakia	None	Low	13	0%	None	704.7/100,000	ILI / Population	Click here
Slovenia	None		8	0%	None		ILI / Population	Click here
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Influenza activity continues at low levels in Europe

European Influenza Surveillance Scheme

In week 46/2002, twenty-one networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) to the European Influenza Surveillance Scheme (EISS).

Clinical levels of activity remain low. A total of 265 sentinel swabs were analysed in week 46 compared with 210 swabs in week 45, 158 swabs in week 44 and 41 in week 40, therefore there has been a gradual increase in the numbers of submitted swabs since week 40. One swab from Spain was influenza A (H3N2) positive (by PCR) while swabs from the Czech Republic (ELISA) and Portugal (PCR) were positive for influenza B. No further information about antigenic characteristics of isolates is available from these countries.

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Map

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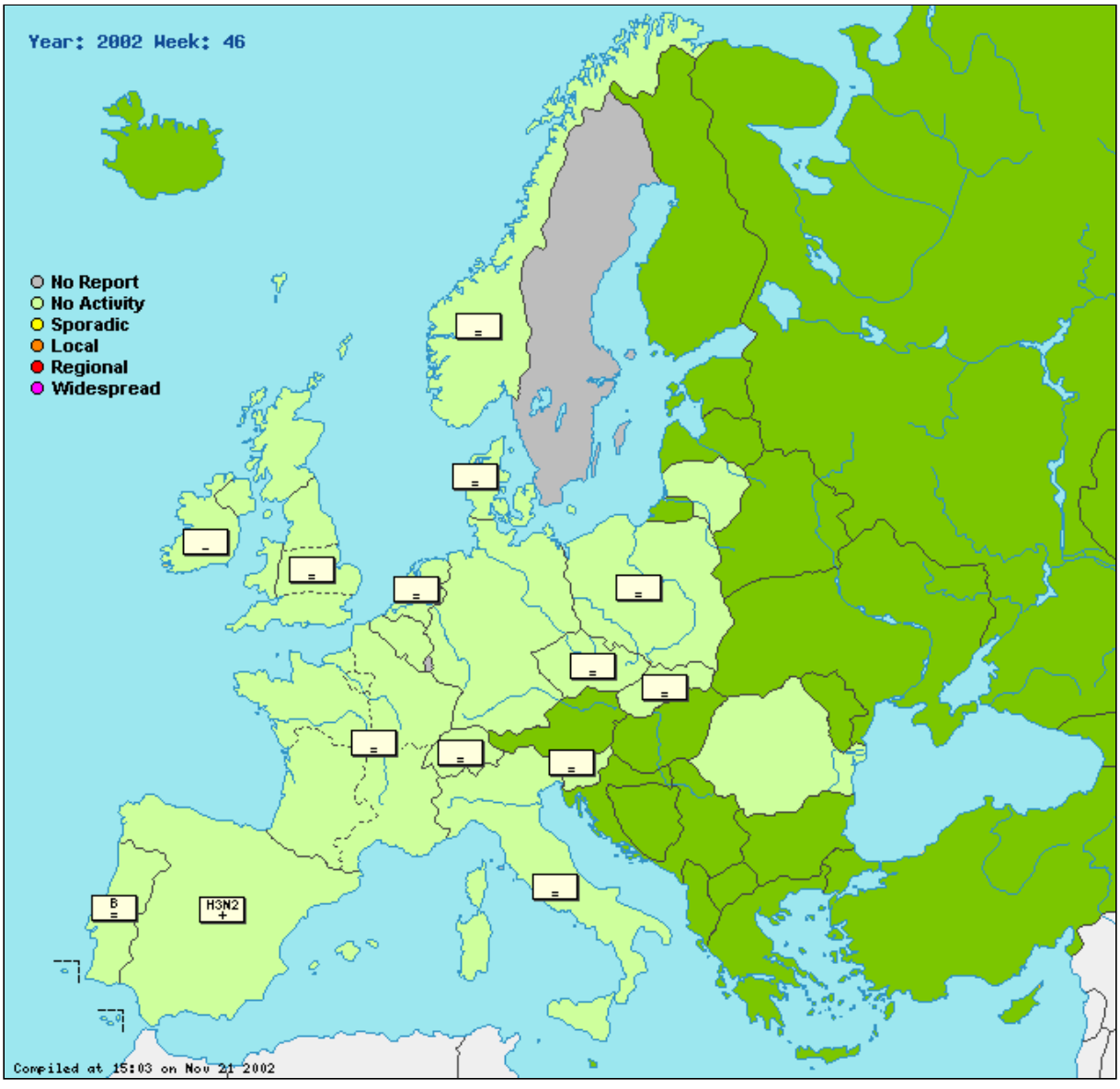

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Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
No influenza activity to report
Czech Republic
Direct detection of infl B antigen (ELISA) - in sample taken from adult hospitalised patient.No influenza virus was isolated so far.
Italy
Influenza activity remains at low levels throughout Italy. No virus isolation.
Spain
Influenza activity is at baseline level.
An influenza A(H3N2) virus was isolated from a sentinel source in the northern part of the country.

Table and graphs (where available)

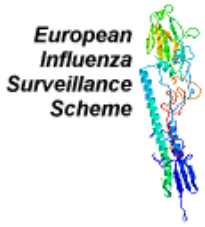
Network - region	Geographic Spread	Intensity	Sentinel swabs	Percentage positive	Dominant type	Rate	Numerator / denominator	Network graphs
Belgium	None		1	0%	None	56.0/100,000	ILI / Population	Click here
Czech Republic	None	Low	40	2.5%	None	1266.1/100,000	ARI / Population	Click here
Denmark	None	Low	3	0%	None	76.3/100,000	ILI / Population	Click here
England	None	Low	8	0%	None	9.7/100,000	ILI / Population	Click here
France	None	Low	40	0%	None	1304.6/100,000	ARI / Population	Click here
Germany	None		60	0%	None	1550.0/100,000	ARI / Population	Click here
Ireland	None		1	0%	None	1.4/100,000	ILI / Population	Click here
Italy	None	Low	0	0%	None		ILI / Population	Click here
Lithuania	None	Low	0	0%	None	1.6/100,000	ILI / Population	Click here
Netherlands	None	Low	1	0%	None		ILI / Population	Click here
Northern Ireland	None	Low	0	0%	None	26.1/100,000	ILI / Population	Click here
Norway	None	Low	0	0%	None		ILI / Population	Click here
Poland	None	Low	0	0%	None	12.0/100,000	ILI / Population	Click here
Portugal	None	Low	3	33.3%	Type B	13.3/100,000	ILI / Population	Click here
Romania	None		27	0%	None	121.0/100,000	ARI / Population	Click here
Scotland	None		0	0%	None	17.1/100,000	ILI / Population	Click here
Slovakia	None	Low	23	0%	None	723.2/100,000	ILI / Population	Click here
Slovenia	None		14	0%	None	1.4/100,000	ILI / Population	Click here
Spain	None	Low	25	4.0%	Type A, Subtype H3N2	20.0/100,000	ILI / Population	Click here
Switzerland	None	Low	19	0%	None	18.1/100,000	ILI / Population	Click here
Wales	None	Low	0	0%	None	0.5/100,000	ILI / Population	Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Influenza activity continues at low levels in Europe



In week 47/2002, nineteen networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) to the European Influenza Surveillance Scheme (EISS) and two networks (France and England) reported sporadic activity.

Clinical levels of influenza activity remained low. A total of 374 sentinel swabs were analysed in week 47/2002 compared to 41 in week 40/2002 and 158 in week 44/2002, therefore there has been a gradual increase in sentinel swabbing in recent weeks.

Sporadic cases of influenza A and B were detected in sentinel respiratory specimens collected in week 47/2002 in the Czech Republic, France, Portugal and Spain. The influenza B viruses characterized so far this season (in France, Germany and Portugal) are related to the vaccine prototype B/HongKong/330/2001.*

EISS also collects data on respiratory syncytial virus (RSV) infections. This virus is circulating in the Czech Republic, England, France, Ireland and the Netherlands. In Ireland and the Netherlands, RSV activity is higher than usual whilst in France and England the levels are normal for this time of the year.

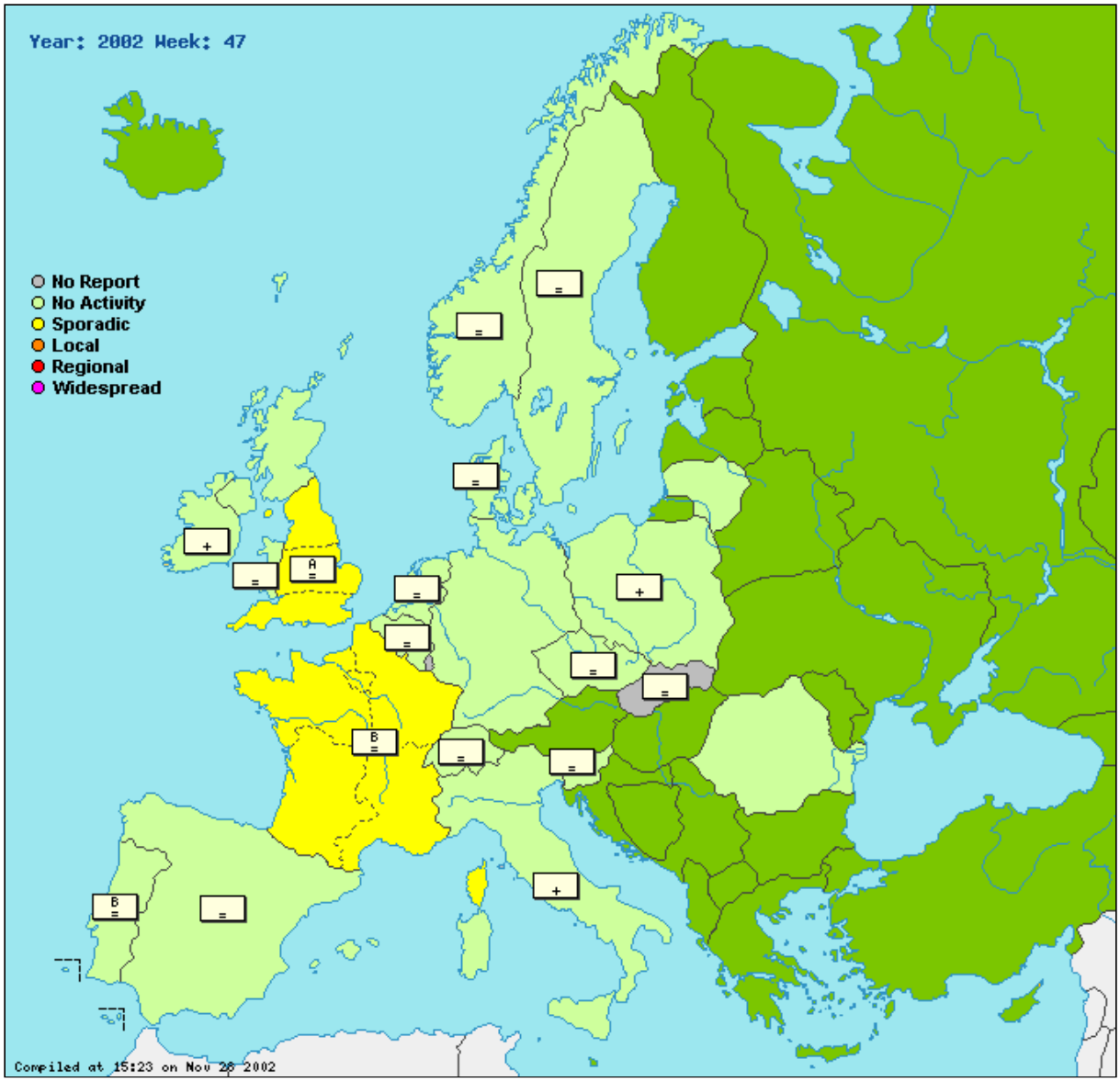
The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 47/2002, twenty-one networks reported clinical data and nineteen networks reported virological data.

* Note that B/HongKong/1434/2002 used in Portugal is a B/HongKong/330/2001 like virus.

Map

The map presents the geographical spread as assessed by each of the networks.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
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No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Infleunza activity remains at base line levels.
Czech Republic
Sporadic cases of flu A and B were detected by means of ELISA.
France
Sporadic confirmed cases of influenza B in South of France. ARI activity at baseline levels.
Second case of influenza B from the GROG Network, isolated on week 47 from a child (12 years old). Second detection of influenza B from hospitalized patient. GROG Network : The influenza B strain isolated in Languedoc-Roussillon, in week 45 is related to the vaccine prototype B/HongKong/330/2001.
Italy
Indicators of influenza continue to remain at low across the Italy.No deteciont nor isolation so far.
Portugal
Influenza activity remains at low level with the crude incidence rate below the baseline. Antigenic characterisation of the two B virus isolated so far (network of sentinel medical practitioners and other sources) shows that they are similar to B/HongKong/1434/2002
Spain
Influenza activity remains stable at a low level.
Influenza B viruses have been sporadically isolated this week in the southern part of the country.
Sweden

1 case of clinical ILI out of 6136 patient encounters reported from the Swedish Sentinel system during week 47.

Switzerland

No influenza viruses has been detected on cell culture last week. Together with the low values of clinical data, a low number of swabs is taken by the sentinel participants.

Table and graphs (where available)

Network - region	Geographic Spread	Intensity	Sentinel swabs	Percentage positive	Dominant type	Rate	Numerator / denominator	Network graphs
Belgium	None		10	0%	None	83.9/100,000	ILI / Population	Click here
Czech Republic	None		59	6.8%	None	1351.2/100,000	ARI / Population	Click here
Denmark	None	Low	1	0%	None	67.4/100,000	ILI / Population	Click here
England	Sporadic	Low	16	0%	Type A	13.7/100,000	ILI / Population	Click here
France	Sporadic	Low	130	0.8%	Type B	1735.0/100,000	ARI / Population	Click here
Germany	None		57	0%	None	1650.1/100,000	ARI / Population	Click here
Ireland	None		3	0%	None	14.1/100,000	ILI / Population	Click here
Italy	None	Low	0	0%	None	6.6/100,000	ILI / Population	Click here
Lithuania	None	Low	0	0%	None	2.8/100,000	ILI / Population	Click here
Netherlands	None	Low	1	0%	None		ILI / Population	Click here
Northern Ireland	None	Low	0	0%	None	25.4/100,000	ILI / Population	Click here
Norway	None	Low	3	0%	None		ILI / Population	Click here
Poland	None	Low	0	0%	None	22.6/100,000	ILI / Population	Click here
Portugal	None	Low	5	40.0%	Type B	19.4/100,000	ILI / Population	Click here
Romania	None		28	0%	None	119.0/100,000	ARI / Population	Click here
Scotland	None		0	0%	None	20.7/100,000	ILI / Population	Click here
Slovenia	None	Low	16	0%	None		ILI / Population	Click here
Spain	None	Low	38	7.9%	Type B	17.3/100,000	ILI / Population	Click here
Sweden	None	Low				0.9/100,000	ILI / Population	Click here
Switzerland	None	Low	7	0%		27.9/100,000	ILI / Population	Click here
Wales	None	Low	0	0%	None	1.4/100,000	ILI / Population	Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
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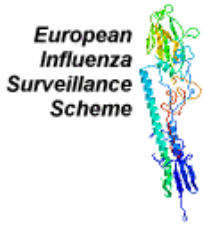
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Low levels of influenza activity in Europe



In week 48/2002, twenty networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) to the European Influenza Surveillance Scheme (EISS) and two networks (France and Spain) reported sporadic activity.

A total of 346 sentinel swabs were analysed in week 48/2002 compared to 48 in week 40/2002 and 161 in week 44/2002, confirming the gradual increase in sentinel swabbing in Europe in recent weeks. The percentage of sentinel specimens that tested positive for influenza (A or B) was 1.4% in week 48/2002.

France, Portugal and Spain reported that influenza B was the dominant virus type circulating in the population. All of the influenza B viruses characterized so far this season (in France, Germany and Portugal) are related to the vaccine prototype B/HongKong/330/2001.

EISS also collects data on respiratory syncytial virus (RSV) infections. In week 48/2002, RSV activity was increasing in France, England, Ireland and Scotland.

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 48/2002, twenty-two networks reported clinical data and twenty networks reported virological data.

Additional information on influenza B detections in Spain

Reported to EISS by Dr. Pilar Pérez-Brena, Director, National Influenza Centre, Centro Nacional de Microbiología, Instituto de Salud Carlos III (ISC III), Ministry of Health, Madrid.

“During November some influenza B viruses were detected in different regions of Spain. Until the week 48 the incidence rates remained at low level all over Spain, so the cases were considered sporadic. The laboratory from the Islas Baleares [Balearic Islands] reported 3 cases that presented with some clinical signs and symptoms that might suggest more severity than generally attributed to influenza B infections.

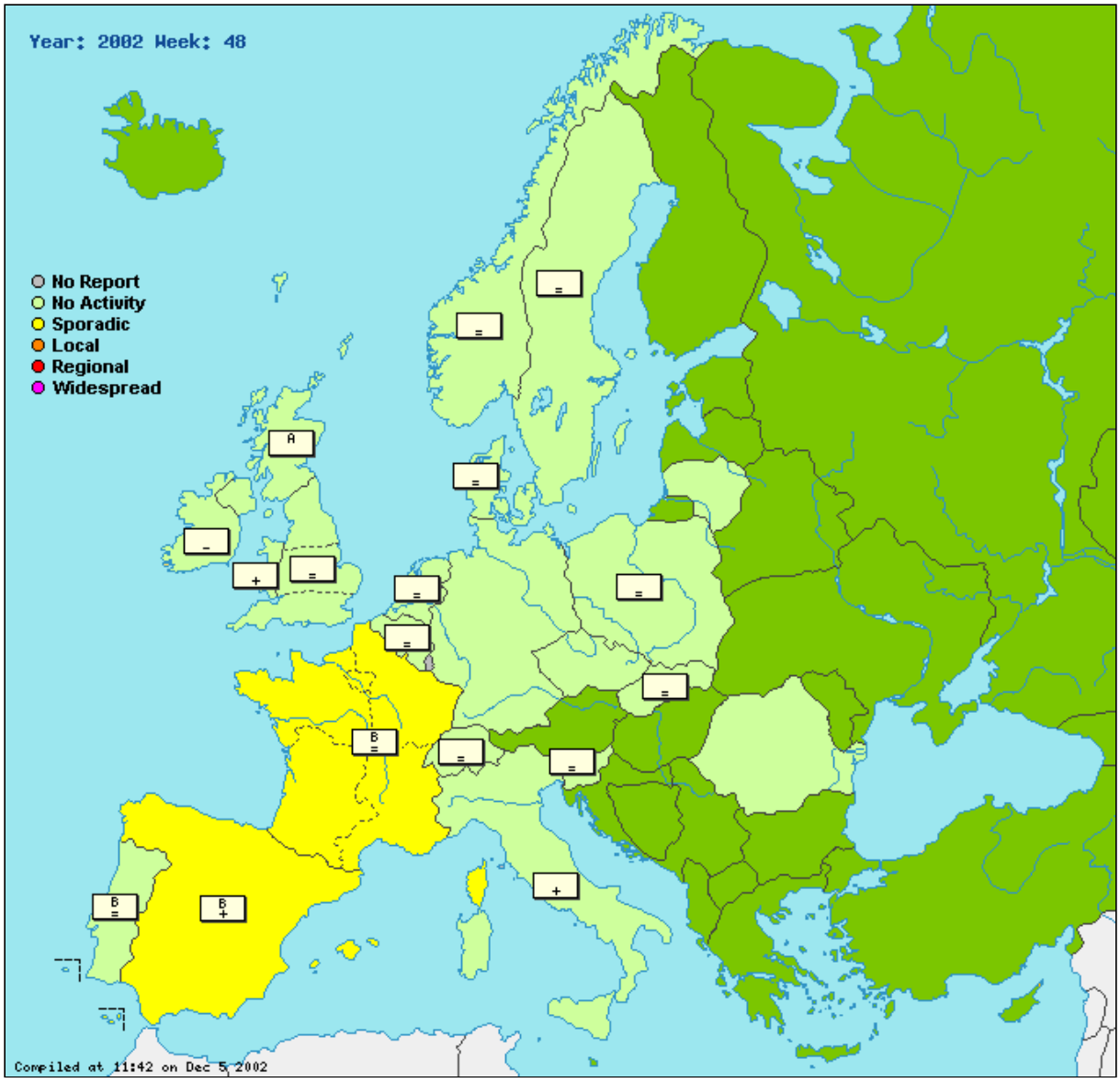
No similar clinical descriptions were found in relation to other sporadic cases of influenza B occurred in the rest of the Spanish regions. Even though, most of the isolates were also obtained from children of the same group of age (5-14 years) than those reported by the laboratory of the Islas Baleares. At the moment, the Spanish Influenza Network is considering this fact as a localised situation.
These 3 influenza B isolates were received at the Spanish Reference Laboratory (National Centre for Microbiology, ISC III) on the 3/12/2002 and their genetic analysis are currently in course. For the antigenic analysis, in comparison to B isolates from all over the world, they will be sent to the WHO Reference Laboratory in London (Dr. A. Hay) very soon.

In the current week (week 49) Andalucía and some areas of the Eastern Spain continue to report influenza B isolates from sporadic cases. The morbidity rates in the age group of 5-14 years has risen, while in the general population persist at low level, as in the previous weeks.”

Map

The map presents the geographical spread as assessed by each of the networks.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
High = higher than usual levels of influenza activity
Very high = particularly severe levels of influenza activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Influenza activity remains at baseline levels
No influenza isolations to report for week 48.

France
Sporadic cases of influenza A and B with clinical activity remaining at baseline level.
GROG network : two sporadic detections of influenza B from young outpatients (12 and 13 years) in Lorraine and Rhône-Alpes. Hospital surveillance : first detection of influenza A from hospitalized case in Normandy.

Italy
Influenza activity remains at baseline levels. No isolates of influenza virus have been reported.

Portugal
Influenza activity has increased over the last week in Portugal, resulting in a higher number of influenza B virus being detected (mainly from non-sentinel sources). All strains characterised so far are related to the vaccine prototype B/HongKong/330/2001.

Switzerland
Very low influenza activity for the season. No laboratory detection of influenza viruses occured since the beginning of the winter surveillance.

Table and graphs (where available)

Network - region	Geographic Spread	Intensity	Sentinel swabs	Percentage positive	Dominant type	Rate	Numerator / denominator	Network graphs
Belgium	None		6	0%	None	85.6/100,000	ILI / Population	Click here
Czech Republic	None		34	0%	None		ARI / Population	Click here
Denmark	None	Low	4	0%	None	44.5/100,000	ILI / Population	Click here
England	None	Low	9	0%	None	13.2/100,000	ILI / Population	Click here
France	Sporadic	Low	139	1.4%	Type B	1919.0/100,000	ARI / Population	Click here
Germany	None		42	0%	None	1703.0/100,000	ARI / Population	Click here
Ireland	None					12.5/100,000	ILI / Population	Click here
Italy	None	Low	0	0%	None	80.1/100,000	ILI / Population	Click here
Lithuania	None	Low	0	0%	None	2.7/100,000	ILI / Population	Click here
Netherlands	None	Low	1	0%	None		ILI / Population	Click here
Northern Ireland	None	Low	0	0%	None	18.3/100,000	ILI / Population	Click here
Norway	None	Low	0	0%	None		ILI / Population	Click here
Poland	None	Low	0	0%	None	18.0/100,000	ILI / Population	Click here
Portugal	None	Low	7	14.3%	Type B	22.0/100,000	ILI / Population	Click here
Romania	None		27	0%	None	120.3/100,000	ARI / Population	Click here
Scotland	None		0	0%	Type A	23.4/100,000	ILI / Population	Click here
Slovakia	None	Low	16	0%	None	739.0/100,000	ILI / Population	Click here
Slovenia	None	Low	9	0%	None	1.5/100,000	ILI / Population	Click here
Spain	Sporadic	Low	33	6.1%	Type B	25.3/100,000	ILI / Population	Click here
Sweden	None	Low					ILI / Population	Click here
Switzerland	None	Low	19	0%	None	34.0/100,000	ILI / Population	Click here
Wales	None	Low	0	0%	None	3.7/100,000	ILI / Population	Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
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Population: per 100,000 population
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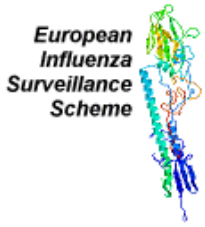
The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Low level of influenza activity in general, but gradual increase in the southwest of Europe



Seventeen networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) in week 49/2002, four networks reported sporadic activity and local activity was reported in Spain. Gradual increases in clinical morbidity rates were reported in the southwest of Europe (Spain, Portugal and France).

The number of sentinel swabs increased to 442 in week 49/2002 (346 in week 48/2002) and the percentage of specimens that tested positive for influenza (A or B) increased to 5,7% (1.4% in 48/2002). Four sentinel specimens were positive for influenza A (not yet typed), two for A(H3N2) and 19 for influenza B (nine in Spain, five in Portugal, three in France). In these three countries, influenza B was the dominant type. In England and the Czech Republic, single cases of influenza A and influenza B were detected in week 49/2002 and in Germany influenza A(H3N2) was the dominant subtype.

All influenza B viruses characterised so far this season are similar to the vaccine prototype B/Hong Kong/330/2001. Two isolates of influenza A closely related to A/Chile/6416/01(H3N2) were reported in France; this variant is related to the vaccine prototype A/Moscow/10/99(H3N2) (source: GROG).

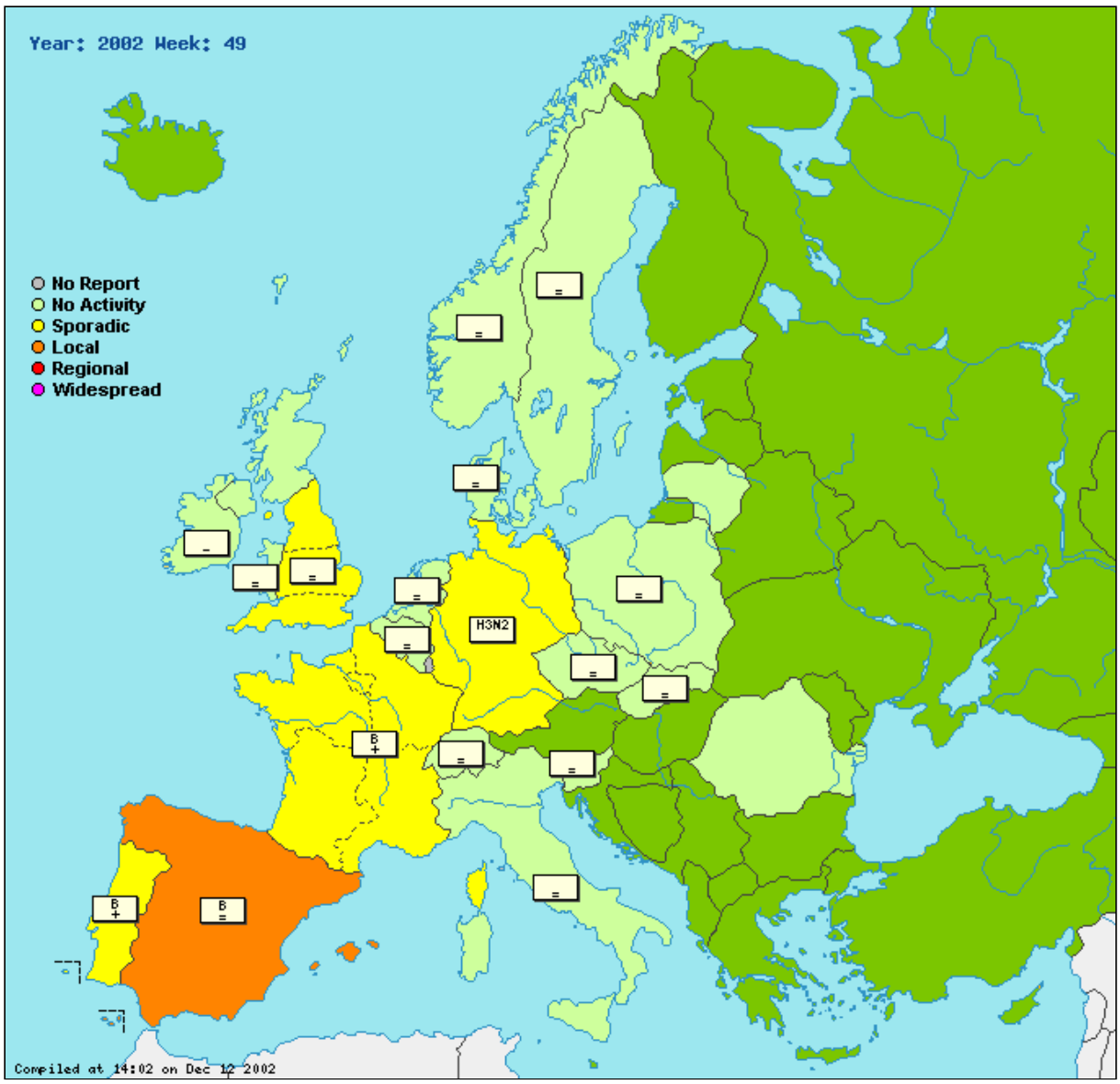
The European Influenza Surveillance Scheme (EISS) also collects data on respiratory syncytial virus (RSV) infections. The EISS data indicate increased RSV activity in England, France, Ireland and Scotland. In Belgium and Germany, the clinical morbidity rates of acute respiratory infection in the younger age groups in particular are slightly increased and increased RSV activity is indicated in other data sources.

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 49/2002, twenty-two networks reported clinical data and twenty networks reported virological data.

Map

The map presents the geographical spread as assessed by each of the networks.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

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Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Influenza activity remains at base line levels
Two positive specimens were detected by pcr from sentinel sources in week 49.

France
Moderate increase of medical contacts for ARI. Sporadic cases of influenza A and B.
Since week 48/02, three influenza A viruses have been detected from the community through the GROG network, in three different regions. Sporadic cases of influenza B are still detected/isolated.

Germany
Two influenza A/H3N2 viruses were detected by PCR as well as by virus culture. These are the first viruses which were isolated from sentinel sources this season: a child (1 year) and a young man (32 years) from Berlin.

Italy
Influenza activity remains at baseline levels in Italy. One influenza A virus, detected by RT-PCR during week 02/48, from a 18 yrs patient. The case is from Milan (northern Italy).

Portugal
Influenza activity continues to increase in Portugal, although at a relatively slow rate when compared to last year's season. The clinical activity is, however, above the baseline level. Influenza B virus continues to be the dominant type detected and all strains characterised so far are related to the vaccine prototype B/HongKong/330/2001.

Spain
Influenza activity continues to be high in the age group 5-14 years in some sentinel networks in the eastern part and the

southern part of the country.
Influenza B viruses have been isolated this week in four of the eight sentinel networks collaborating in EISS.

Sweden

Three cases of ILI out of 7223 patient encounters were reported from the swedish sentinel system during week 49.

Switzerland

No influenza virus detected during the week 49. 2 VRS were detected.

Table and graphs (where available)

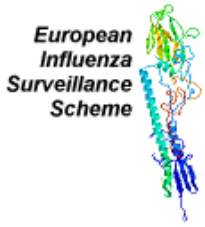
	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	None				7	0%	None	91.4 (graphs)		Click here
Czech Republic	None	Low			26	7.7%	None		1504.7 (graphs)	Click here
Denmark	None	Low			1	0%	None	59.6 (graphs)		Click here
England	Sporadic	Low			11	18.2%	Type A and B	16.5 (graphs)		Click here
France	Sporadic	Low			184	2.7%	Type B		2137.8 (graphs)	Click here
Germany	Sporadic	Low			56	3.6%	Type A, Subtype H3N2		1679.0 (graphs)	Click here
Ireland	None				3	0%	None	(graphs)		Click here
Italy	None	Low			0	0%	None	67.3 (graphs)		Click here
Lithuania	None	Low			0	0%	None	2.4 (graphs)		Click here
Netherlands	None	Low			1	0%	None	11.5 (graphs)		Click here
Northern Ireland	None	Low			0	0%	None	23.3 (graphs)		Click here
Norway	None	Low			4	0%	None	(graphs)		Click here
Poland	None	Low			0	0%	None	19.0 (graphs)		Click here
Portugal	Sporadic	Low			5	100.0%	Type B	29.8 (graphs)		Click here
Romania	None				31	0%	None		(graphs)	Click here
Scotland	None	Low						38.5 (graphs)		Click here
Slovakia	None	Low			40	0%		802.9 (graphs)		Click here
Slovenia	None	Low			7	0%	None	1.4 (graphs)		Click here
Spain	Local	Low			53	17.0%	Type B	29.8 (graphs)		Click here
Sweden	None	Low						3.2 (graphs)		Click here
Switzerland	None	Low			13	0%	None	35.6 (graphs)		Click here
Wales	None	Low			0	0%	None	1.4 (graphs)		Click here
Europe					711	4.2%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Levels of influenza activity remain generally low, but a gradual increase in the southwest of Europe



Fifteen networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) in week 50/2002, three networks reported sporadic activity, and local activity was reported in Spain. In nine countries, increasing clinical morbidity rates were reported, particularly in the younger age groups (when age specific data were available).

The number of sentinel swabs was 447 in week 50/2002 (442 in week 49/2002) and the percentage of specimens that tested positive for influenza (A or B) decreased somewhat to 3.1% (5.7% in week 49/2002). Fourteen sentinel specimens were positive for influenza B (five in Spain, three in Portugal, four in France and two in the Czech Republic) and none for influenza A.

Investigations of non-sentinel respiratory specimens resulted in two cases of influenza A(H1N1) and one case of influenza A (not yet subtyped) in France, five cases of influenza B in Spain and 21 cases of influenza B in Portugal.

The European Influenza Surveillance Scheme (EISS) also collects data on respiratory syncytial virus (RSV) infections. The EISS data indicate increased RSV activity in England, France, Ireland and Scotland in week 50/2002.

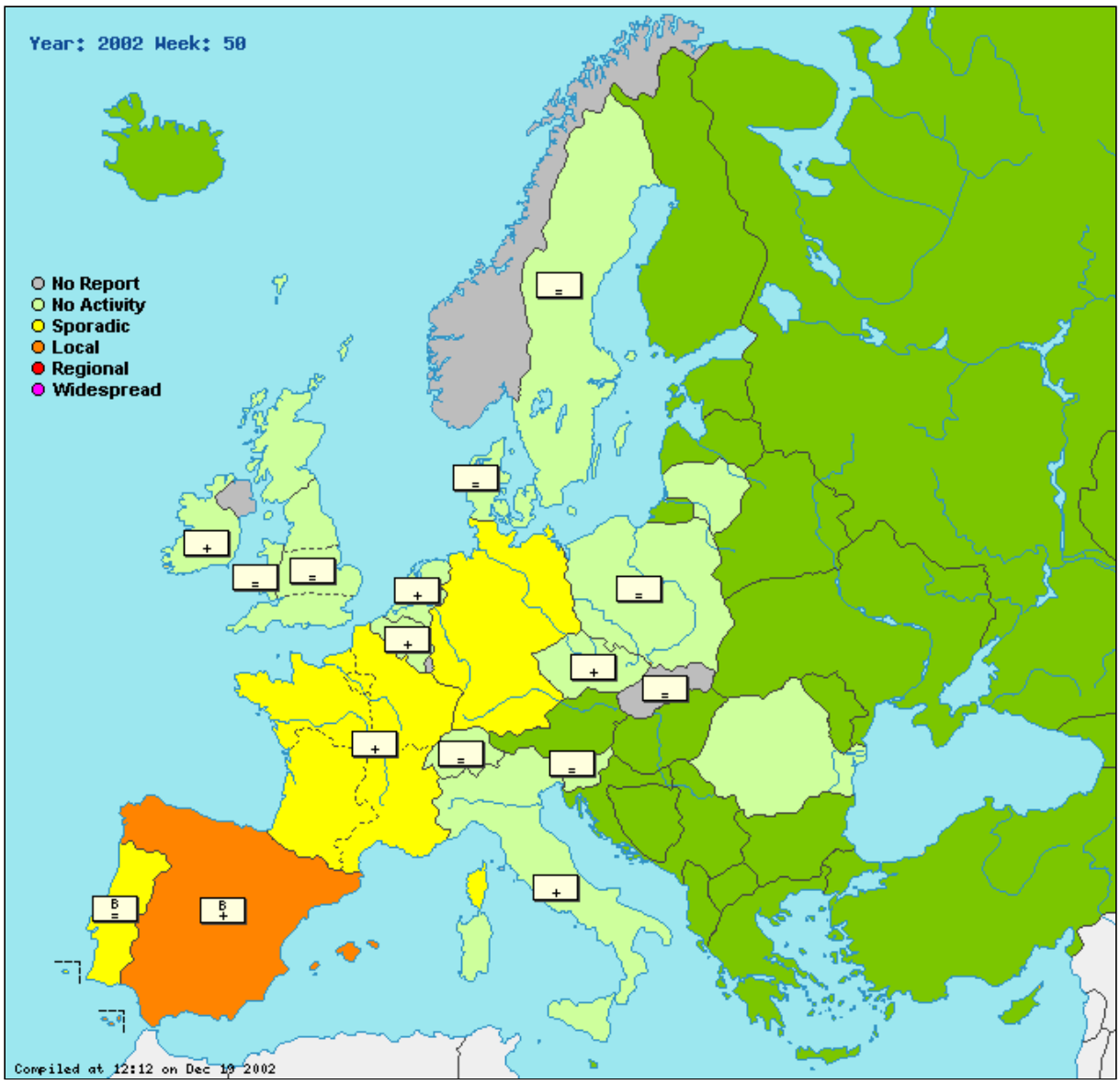
In conclusion, clinical morbidity was slightly elevated in many countries, particularly in the younger age groups. Influenza (in particular influenza B) is increasingly contributing to the clinical morbidity, particularly in the southwest of Europe. In some countries of central Europe, clinical morbidity is showing a tendency to increase as well. As the clinical morbidity is apparently focussed on the younger age groups, and the Christmas holidays are just ahead, it remains uncertain if influenza activity will pick up over the Christmas/New Year period.

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 50/2002, nineteen networks reported clinical data and twenty networks reported virological data.

Map

The map presents the geographical spread as assessed by each of the networks.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
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Low = no influenza activity or influenza at baseline levels
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No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
influenza activity remains at baseline levels
Czech Republic
only two cases of flu B were detected by means of Elisa
France
Moderate increase of clinical morbidity indicators with sporadic cases of influenza A and B in different regions.
Few detections/isolations of influenza virus A and B in different french regions.
Italy
Low levels of influenza activity. No influenza isolations to report for week 50
Romania
No influenza activity.
Sweden
9 clinical ILI cases out of 10211 patient encounters were reported from the swedish sentinel surveillance system
Switzerland
No influenza virus was detected last week with cell culture.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	None	Low			14	0%	None	(graphs)		Click here
Czech Republic	None	Medium			44	4.6%	None		1661.6 (graphs)	Click here
Denmark	None	Low			6	0%	None	63.7 (graphs)		Click here
England	None	Low			15	0%		20.9 (graphs)		Click here
France	Sporadic	Low			179	2.2%	Type A and B		2435.9 (graphs)	Click here
Germany	Sporadic	Low			50	0%	None		1855.0 (graphs)	Click here
Ireland	None				5	0%	None	10.1 (graphs)		Click here
Italy	None	Low			0	0%	None	115.2 (graphs)		Click here
Lithuania	None	Low			0	0%	None	1.8 (graphs)		Click here
Netherlands	None	Low			3	0%	None	27.1 (graphs)		Click here
Northern Ireland					0	0%	None	(graphs)		Click here
Norway					6	0%	None	(graphs)		Click here
Poland	None	Low			0	0%	None	15.3 (graphs)		Click here
Portugal	Sporadic	Low			10	30.0%	Type B	22.8 (graphs)		Click here
Romania	None								(graphs)	Click here
Scotland	None	Low			0	0%	None	21.2 (graphs)		Click here
Slovakia					53	0%	None	(graphs)		Click here
Slovenia	None	Low			9	0%	None	(graphs)		Click here
Spain	Local	Medium			36	13.9%	Type B	45.9 (graphs)		Click here
Sweden	None	Low						5.9 (graphs)		Click here
Switzerland	None	Low			17	0%	None	48.5 (graphs)		Click here
Wales	None	Low			0	0%	None	0.9 (graphs)		Click here
Europe					727	3.4%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
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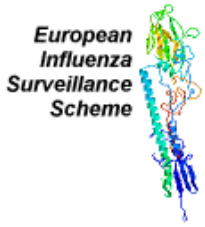
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Generally low levels of influenza activity in Europe, with more laboratory confirmed cases of influenza B than influenza A



In week 51/2002, ten networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels), three networks reported sporadic activity and one network (Spain) reported local activity to the European Influenza Surveillance Scheme (EISS). Clinical morbidity rates were generally low and stable; only Spain (particularly in the age group 5-14 years) and Wales reported increasing clinical activity.

The total number of sentinel respiratory specimens collected in week 51/2002 was 305 (compared to 447 in week 50/2002) and the percentage of specimens that tested positive for influenza (A or B) increased to 8.2% (compared to 3.1% in week 50/2002). Seventeen sentinel specimens were positive for influenza B (eight in Spain, seven in France and two in Belgium), five for influenza A(H1N1) (all in France) and three for influenza A (not yet typed) (two in France and one in Germany). Overall, 68% (17/25) of the laboratory confirmed cases of influenza in the sentinel specimens were cases of influenza B.

Investigations of non-sentinel respiratory specimens in week 51/2002 resulted in seven cases of influenza B (in France) and one case of influenza A (not yet subtyped) in France. Cases of influenza B therefore represented 87.5% (7/8) of the laboratory confirmed cases of influenza detected/isolated in the non-sentinel specimens.

Belgium and the Netherlands reported their first laboratory confirmed cases of influenza: two sentinel cases of influenza B in Belgium (week 51/2002) and one case (from a non-sentinel source) of influenza A(H3N2) in the Netherlands (sample taken in week 50/2002). The case in the Netherlands concerned a 14-month-old girl and the epidemiological investigation indicated that this was not an imported infection (e.g. acquired via travel abroad).

EISS also collects data on respiratory syncytial virus (RSV) infections. In week 51/2002, the only network that reported increasing RSV activity was England; in Belgium, France, the Netherlands, Scotland and Wales RSV activity had stabilised or was declining.

The surveillance of influenza in week 51/2002 was affected by the Christmas/New Year holidays: the clinical and virological data will not have been processed in their usual manner and this means the EISS database is less complete than usual.

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 51/2002, fourteen networks reported clinical data and eleven networks reported virological data.

The European Influenza Surveillance Scheme wishes you a Merry Christmas and a Happy New Year.

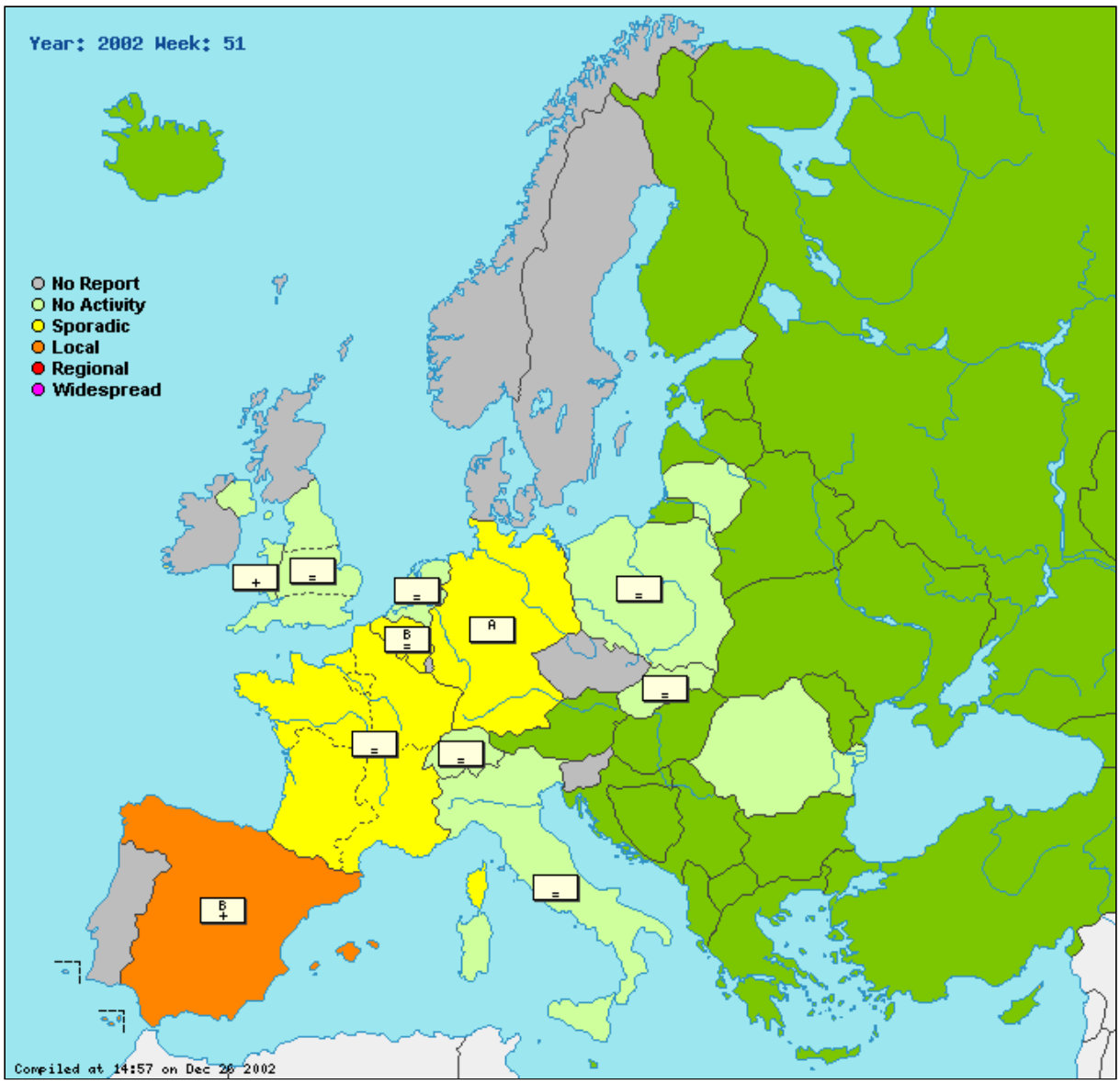
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

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No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
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Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Belgium
Two first cases of flu B were detected during week 51. Low level of clinical morbidity.
England
Influenza activity remains at base line levels
France
Sporadic cases of influenza A H1 in South West of France.
Netherlands
First isolation of influenza A/H3N2 in week 50. Non-sentinel, not imported.
Source of the RSV (non-sentinel) data: 'virologische weekstaten' (data notified by the Dutch Working Group on Clinical Virology)
Spain
Increasing clinical morbidity rates, particularly in the age group 5-14 years, associated with isolates of influenza B.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			13	15.4%	Type B	95.6 (graphs)		Click here

England	None	Low	28	0%		20.0 (graphs)		Click here
France	Sporadic	Low	189	7.4%	None		2263.8 (graphs)	Click here
Germany	Sporadic	Low	20	5.0%	Type A		1826.0 (graphs)	Click here
Italy	None	Low				86.1 (graphs)		Click here
Lithuania	None	Low	0	0%	None	2.8 (graphs)		Click here
Netherlands	None	Low	1	0%	None	(graphs)		Click here
Northern Ireland	None	Low	1	0%	None	46.0 (graphs)		Click here
Poland	None	Low	0	0%	None	12.6 (graphs)		Click here
Romania	None		0	0%	None		(graphs)	Click here
Scotland			0	0%	None	(graphs)		Click here
Slovakia	None	Low				915.4 (graphs)		Click here
Slovenia			8	0%	None	(graphs)		Click here
Spain	Local	Medium	45	17.8%	Type B	84.2 (graphs)		Click here
Switzerland	None	Low				39.1 (graphs)		Click here
Wales	None	Low				4.2 (graphs)		Click here
Europe			713	7.0%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
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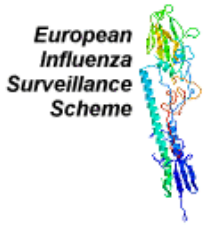
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Increasing laboratory confirmed influenza activity in Europe



In week 52/2002, eleven networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels), four networks reported sporadic activity and one network (France) reported regional activity. In France, influenza activity was the highest in the Rhône-Alpes (South East), the Midi-Pyrénées (South West) and the Normandy (North West) regions. The intensity of clinical activity was medium in Spain and low in all of the other networks.

The surveillance of influenza in week 52/2002 (23-29.12.2002) was affected by the Christmas/New Year holidays: many sentinel physicians were on holiday during this period and the clinical and virological data are processed more slowly than usual (i.e. the EISS database is not yet complete). These factors can affect the clinical morbidity rates in some countries, especially the Czech Republic, France and the Slovak Republic. The clinical data for week 52/2002 should therefore be interpreted with caution.

The total number of respiratory specimens collected by sentinel physicians in week 52/2002 was 161 (compared to 305 in week 51/2002); 100 (62%) of these were collected in France. The low numbers of specimens collected is a reflection of the holiday period. The percentage of sentinel specimens that tested positive for influenza (A or B) was 5.6%, ranging from 0% in most networks to 8% in France.

Six sentinel specimens were positive for influenza B (five in France and 1 in Spain) and three for influenza A (not yet typed) (all in France) in week 52/2002. Among the ten non-sentinel specimens that tested positive for influenza, all were cases of influenza B (five in France and five in Portugal).

Influenza B infections have been the dominant influenza type in Portugal and Spain in recent weeks. They have also been the most frequent in France, but are co-circulating with influenza A viruses. Interestingly, the dominant virus in the Rhône-Alpes region was influenza B, whereas in the Midi-Pyrénées it was influenza A(H1) (not yet fully characterized) and in Normandy influenza B was co-circulating with influenza A(H3N2).

All of the influenza viruses detected/isolated so far this season by the European Influenza Surveillance Scheme (EISS) have been closely related to the 2002-2003 influenza vaccine strains.

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of EISS. In week 52/2002, sixteen networks reported clinical data and twelve networks reported virological data.

The European Influenza Surveillance Scheme wishes you a Happy New Year.

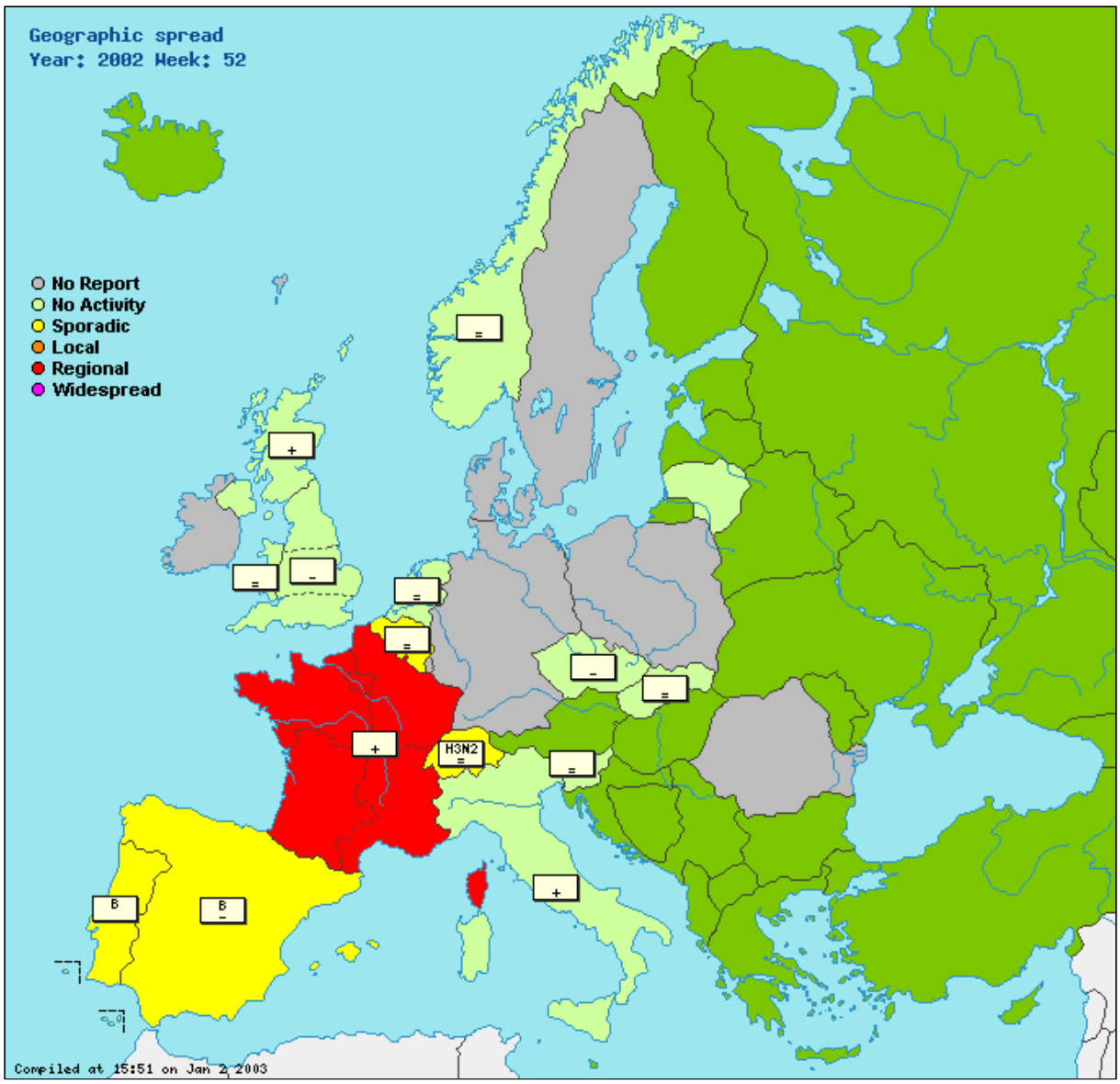
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



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H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
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Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
clinical influenza rates remain at base line levels.
No positive detections of influenza virus in week 52. Two late reported detections of A H3N2 made in week 51. No strain typing yet available.Influenza B isolation in week 50 typed as similar to the vaccine strain, B/HongKong/330/01.Influenza A H3N2 reported in week 49 now typed as an H3N2 A/Moscow/10/99-like virus.

Netherlands
Due to holidays, clinical data is only available for 4 out of the 43 sentinel practices. RSV (non-sentinel) data: laboratory notifications to the Dutch Working Group on Clinical Virology ('virologische weekstaten')

Spain
Decreasing clinical morbidity rates in Spain. The surveillance of influenza was affected by the Christmas/New Year holidays.

Switzerland
The influenza A virus detceted last week is closely related to an influenza A/Hong Kong/1550/2002 (H3N2) virus. This strain is related to the 2002/03 vaccine strain influenza/A/Moscow/10/99 (H3N2).

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			10	0%	None	108.6 (graphs)		Click here
Czech Republic	None	Low							940.2 (graphs)	Click here
England	None	Low			15	0%	None	12.0 (graphs)		Click here
France	Regional	Low			100	8.0%	None		1286.9 (graphs)	Click here
Italy	None	Low						109.3 (graphs)		Click here
Lithuania	None	Low			0	0%	None	0.9 (graphs)		Click here
Netherlands	None	Low			0	0%	None	(graphs)		Click here
Northern Ireland	None	Low			1	0%	None	21.1 (graphs)		Click here
Norway	None	Low						(graphs)		Click here
Portugal	Sporadic				0	0%	Type B	(graphs)		Click here
Scotland	None	Low			0	0%	None	33.9 (graphs)		Click here
Slovakia	None	Low			6	0%	None	258.2 (graphs)		Click here
Slovenia	None	Low			0	0%	None	9.8 (graphs)		Click here
Spain	Sporadic	Medium			21	4.8%	Type B	32.1 (graphs)		Click here
Switzerland	Sporadic	Low			8	0%	Type A, Subtype H3N2	21.4 (graphs)		Click here
Wales	None	Low			0	0%	None	2.8 (graphs)		Click here
Europe					376	9.0%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
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Influenza B is circulating in the southwest of Europe

European Influenza Surveillance Scheme

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 01/2003, twenty-one networks reported clinical data and eighteen networks reported virological data to EISS.

Thirteen networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) in week 01/2003 and five networks reported sporadic activity. The Italian network reported local activity and the French network reported regional activity for the Rhône-Alpes (south east region). An increasing trend in clinical morbidity rates was reported for the Czech Republic, England, Ireland, Italy, Poland, Scotland and Switzerland. The intensity of clinical activity was low in all networks.

The total number of respiratory specimens collected by sentinel physicians in week 01/2003 was 246 (compared to 161 in week 52/2002). The percentage of sentinel specimens that tested positive for influenza (A or B) was 3.3% (a slight decrease when compared to 5.6% in week 52/2002), and ranged from 0% in most networks to 27.3% in Spain.

Eight sentinel specimens tested positive for influenza in week 01/2003 (4 influenza A; 4 influenza B). Three cases of influenza B were reported by Spain and 1 case was reported by the Czech Republic. Of the influenza A positive specimens, two were A/H3N2 (Germany and England), one was A/H3 (England; the neuraminidase is under investigation) and one was A/H1N1 (France).

Twenty non-sentinel specimens tested positive for influenza. Sixteen were cases of influenza B (10 in Portugal, 4 in France, 1 in England and 1 in Belgium). Two were cases of influenza A untyped (France), one was A/H1N1 (France) and one was A/H3N2 (Portugal).

Influenza B viruses were detected in respiratory specimens from sentinel and non-sentinel sources, especially in the southwest of Europe (France, Portugal and Spain). Cases of influenza B have also been reported in Belgium in recent weeks, and influenza B was the dominant type in week 01/2003. Germany reported that the dominant virus was influenza A/H3N2 and England reported that both influenza A and B were dominant.

All of the influenza viruses detected/isolated so far this season by EISS have been closely related to the 2002-2003 influenza vaccine strains.

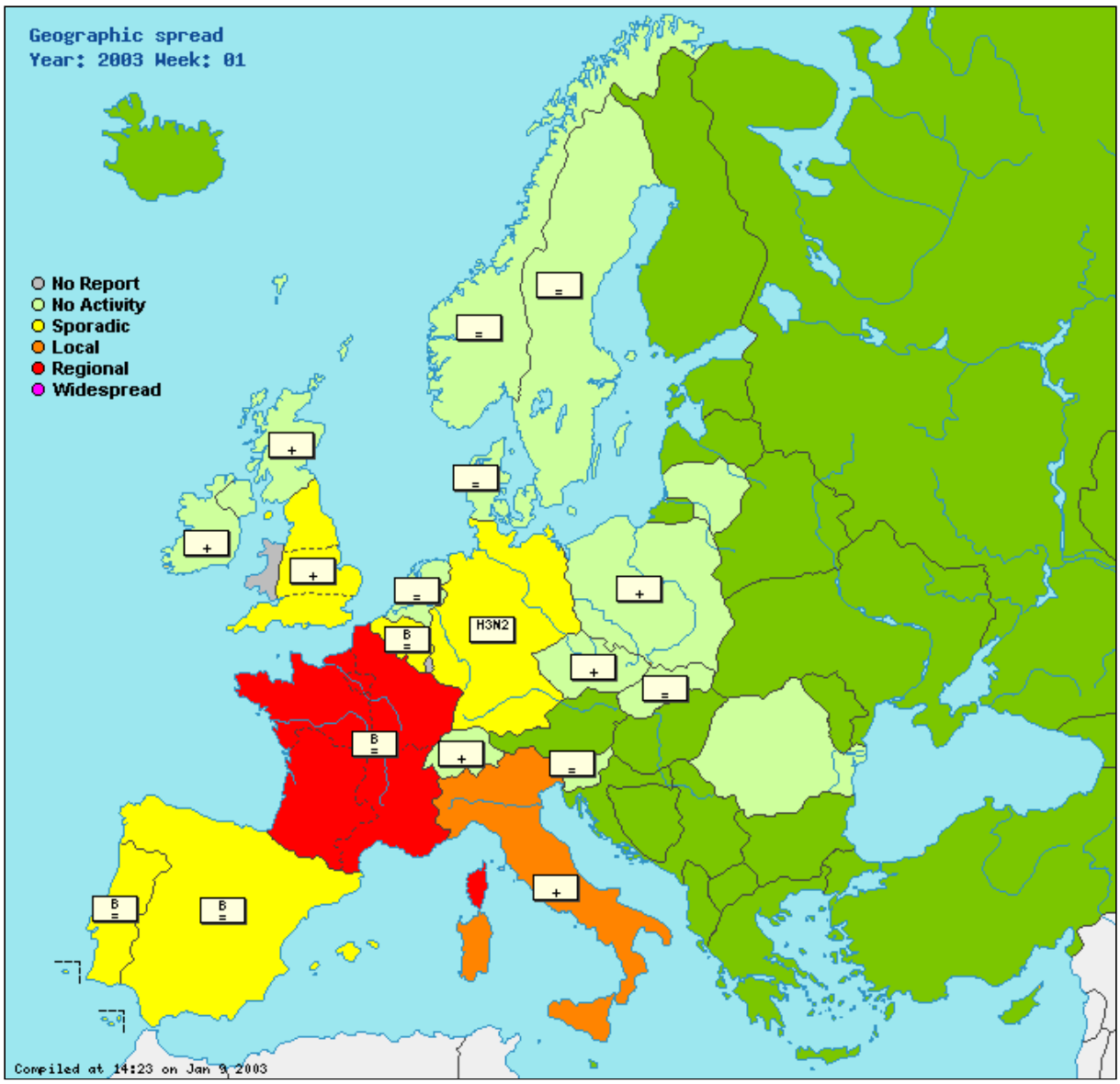
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
High = higher than usual levels of influenza activity
Very high = particularly severe levels of influenza activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Clinical indiactors of influenza like illness are increasing but remain within base line levels
four positive detections of influenza virus in week 01. Three A and one B. Three isolates characterised so far this season and all conform to the current vaccine strains.

Czech Republic
Total morbidity remains at non-epidemic level.
One detection of flu B by ELISA (adult patient,west Bohemia)

France
ARI activity is increasing in France and is now above baseline level in Rhône-Alpes region. Influenza B is the dominant virus in France but influenza A(H3N2) and A(H1) are also detected/isolated.
Moderate co-circulation of influenza A and B in France.

Italy
Indicators of influenza activity continue to remain at low levels. Overall 4 cases of virologically confirmed influenza; 3 cases of influenza A, H3 subtype,and 1 case of influenza B, from children. The isolates are from Genova and Milano (northern Italy).

Netherlands
RSV (non-sentinel) data: laboratory notifications to the Dutch Working Group on Clinical Virology ('virologische weekstaten')

Spain

Influenza activity is at baseline level. Decreasing clinical morbidity rates in the age group 5-14 years.
Only influenza B viruses are still detected.

Sweden

1 case of clinical ILI out of 5008 patient encounters was reported frokm the Sweish senitnel surveillance system

Switzerland

No influenza virus detected this week in Switzerland. Christmas holidays caused a high decrease in the number of samples taken by the practitioners.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			1	0%	Type B	86.5 (graphs)		Click here
Czech Republic	None	Low			34	2.9%	None		999.6 (graphs)	Click here
Denmark	None	Low						64.5 (graphs)		Click here
England	Sporadic	Low			42	4.8%	Type A and B	27.2 (graphs)		Click here
France	Regional	Low			82	1.2%	Type B		1470.3 (graphs)	Click here
Germany	Sporadic	Low			11	9.1%	Type A, Subtype H3N2		1202.1 (graphs)	Click here
Ireland	None				7	0%	None	11.1 (graphs)		Click here
Italy	Local	Low			37	0%	None	148.1 (graphs)		Click here
Lithuania	None	Low			0	0%	None	1.7 (graphs)		Click here
Netherlands	None	Low			0	0%	None	18.2 (graphs)		Click here
Northern Ireland	None	Low						45.2 (graphs)		Click here
Norway	None	Low			2	0%	None	(graphs)		Click here
Poland	None	Low			0	0%	None	24.8 (graphs)		Click here
Portugal	Sporadic	Low			3	0%	Type B	27.8 (graphs)		Click here
Romania	None				7	0%	None		(graphs)	Click here
Scotland	None	Low			0	0%	None	41.5 (graphs)		Click here
Slovakia	None	Low			3	0%	None	319.4 (graphs)		Click here
Slovenia	None	Low			0	0%	None	(graphs)		Click here
Spain	Sporadic	Low			11	27.3%	Type B	61.6 (graphs)		Click here
Sweden	None	Low						1.1 (graphs)		Click here
Switzerland	None	Low			6	0%	None	50.0 (graphs)		Click here
Europe					328	7.9%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Influenza B is the dominant type circulating in Europe

European Influenza Surveillance Scheme

The Weekly Electronic Bulletin presents and comments on influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 02/2003, twenty networks reported clinical data and nineteen networks reported virological data to EISS.

Ten networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) in week 02/2003 and eight networks reported sporadic activity. The Italian network reported local activity and the French network reported regional activity. The intensity of clinical activity was low in all networks, except the Czech Republic which reported moderate activity.

The total number of respiratory specimens collected by sentinel physicians in week 02/2003 was 356 (compared to 246 in week 01/2003). The percentage of sentinel specimens that tested positive for influenza (A or B) was 8.7% (an increase when compared to 3.3% in week 01/2003), and ranged from 0% in most networks to 52.8% in Spain.

Influenza B viruses were detected in respiratory specimens from sentinel and non-sentinel sources; overall influenza B was the dominant type in week 02/2003. A total of eleven networks reported no dominant type compared to twelve networks in week 01/2003. Germany and Ireland reported that both influenza A and B were co-circulating. There were two networks that reported changes in the circulating type compared to week 01/2003, England's dominant type changed from type A and B in week 01/2003 to type B in week 02/2003 while Ireland reported co-circulation of type A and B in week 01/2003 from no previous reports.

All of the influenza viruses detected/isolated so far this season by EISS have been closely related to the 2002-2003 influenza vaccine strains.

Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

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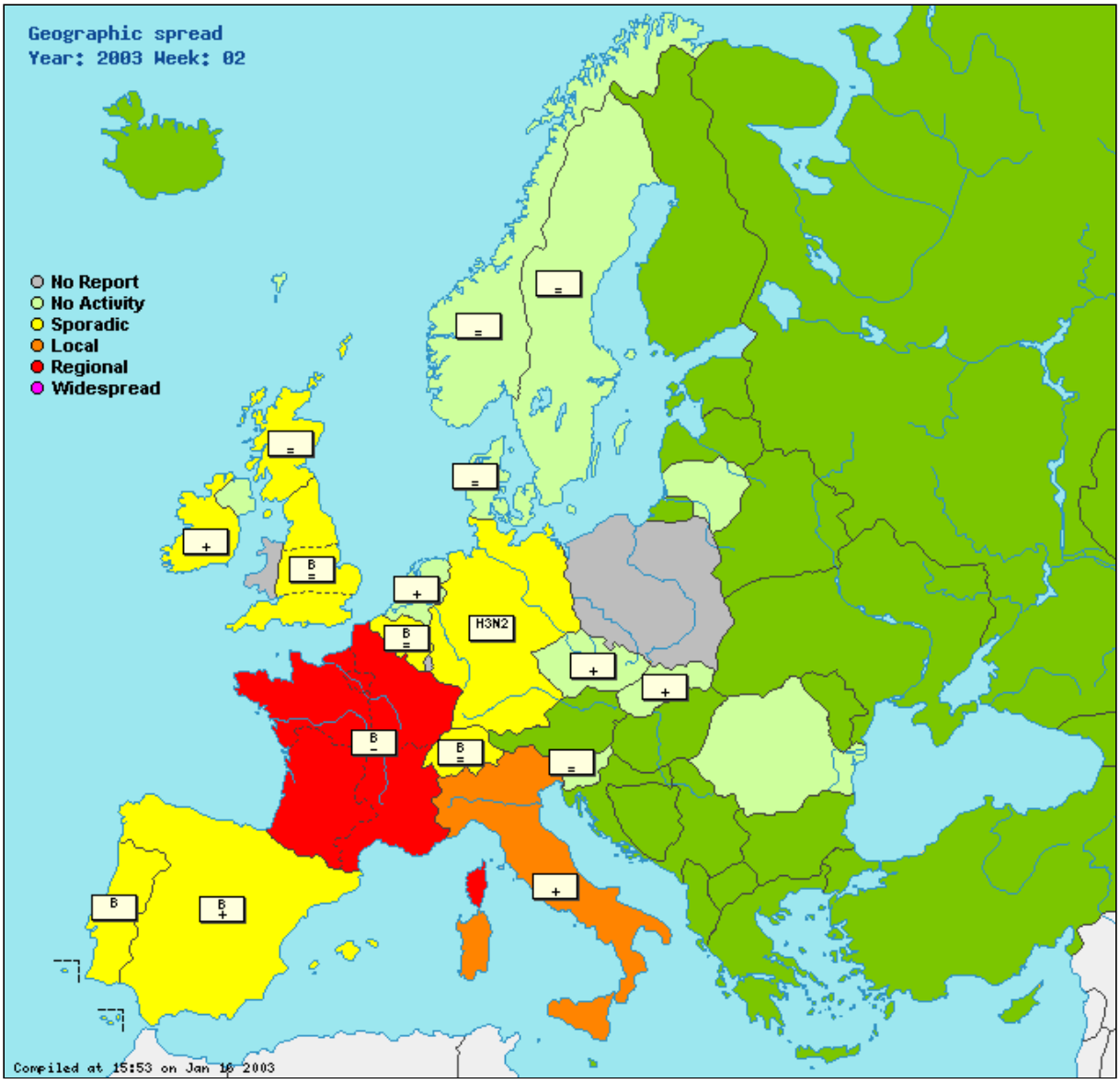
You may select the type of map : **Geographical spread** ◉ **Intensity** ○



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Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
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Country comments (where available)

France
Sub-epidemic circulation of influenza B in France. Sporadic cases of flu A.
Spain
An influenza A virus (not subtyped) was isolated from a sentinel source in the northern part of the country. Influenza B continues to be the predominant viruses.
Sweden
Five cases of clinical ILI out of 6935 patient encounters were reported from the Swedish sentinel system.
Switzerland
An influenza B virus has been detected by the Sentinella network in a 47 years old woman in Rolle (VD) earlier this week (this case does not appear in the results yet !). In addition influenza viruses were detected in three non sentinella samples this week. Two were detected in a 23 years old man (Flu A) and in a 26 years old woman (not characterized). The third case was an influenza B detected by antigen detection in a 2 years old boy admitted to the Hospital of Geneva.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			18	16.7%	Type B	87.1 (graphs)		Click here

Czech Republic	None	Medium	28	0%	None		1476.8 (graphs)	Click here
Denmark	None	Low	2	0%	None	80.5 (graphs)		Click here
England	Sporadic	Low	41	7.3%	Type B	30.6 (graphs)		Click here
France	Regional	Low	131	2.3%	Type B		1897.8 (graphs)	Click here
Germany	Sporadic	Low	45	2.2%	Type A, Subtype H3N2		1439.0 (graphs)	Click here
Ireland	Sporadic		9	22.2%	Type A and B	17.3 (graphs)		Click here
Italy	Local	Low				180.7 (graphs)		Click here
Lithuania	None	Low	0	0%	None	3.0 (graphs)		Click here
Netherlands	None	Low	3	0%	None	40.0 (graphs)		Click here
Northern Ireland	None	Low	0	0%	None	43.1 (graphs)		Click here
Norway	None	Low	3	0%	None	(graphs)		Click here
Portugal	Sporadic	Low	1	0%	Type B	10.8 (graphs)		Click here
Romania	None		12	0%	None		(graphs)	Click here
Scotland	Sporadic	Low	0	0%	None	40.1 (graphs)		Click here
Slovakia	None	Low	19	0%	None	615.2 (graphs)		Click here
Slovenia	None	Low	2	0%	None	4.2 (graphs)		Click here
Spain	Sporadic	Low	36	52.8%	Type B	54.0 (graphs)		Click here
Sweden	None	Low				(graphs)		Click here
Switzerland	Sporadic	Low	6	0%	Type B	58.6 (graphs)		Click here
Wales			0	0%	None	(graphs)		Click here
Europe			578	7.8%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
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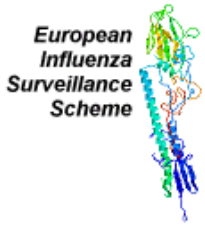
Influenza B continues to be the dominant type circulating in Europe



The Weekly Electronic Bulletin presents and comments on influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 03/2003, nineteen networks reported clinical data and eighteen networks reported virological data to EISS.

Seven networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) in week 03/2003 and nine networks reported sporadic activity. The Italian and Spanish networks reported local activity and the French network reported regional activity. The intensity of clinical activity was low in all networks.

The total number of respiratory specimens collected by sentinel physicians in week 03/2003 was 457 (an increase compared to 356 in week 02/2003). The percentage of sentinel specimens that tested positive for influenza was 10.9% (an increase when compared to 8.7% in week 02/2003), and ranged from 0% in most networks to 25% in Portugal.

Influenza B viruses were detected in respiratory specimens from sentinel and non-sentinel sources; influenza B was the dominant type in week 03/2003 especially in southwest Europe. A total of nine networks reported no dominant type compared to eleven networks in week 02/2003. Norway reported that both influenza A and B were co-circulating while Germany, Ireland and Switzerland reported that influenza A was dominant.

The clinical morbidity rate for 5-14 year olds in Spain showed a steady rise from a baseline rate in week 40/2002 to a peak rate of 331 in week 51/2002. This was followed by a notable reduction over the Christmas/New Year period to a rate of 89.7 in week 01/2003. This may be due to the Christmas school holiday period. Over the next 2 weeks the rate rose to 372 in week 03/2003, exceeding the pre-Christmas peak. At present, the holiday break does not appear to have reduced the spread of influenza B in this population group. This suggests that the major impact of the influenza B viruses noted in previous bulletins to be circulating in Spain this winter has been in school children, and may reflect the relative lack of circulation of influenza B in recent years.

All of the influenza viruses detected/isolated so far this season by EISS have been closely related to the 2002-2003 influenza vaccine strains.

Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

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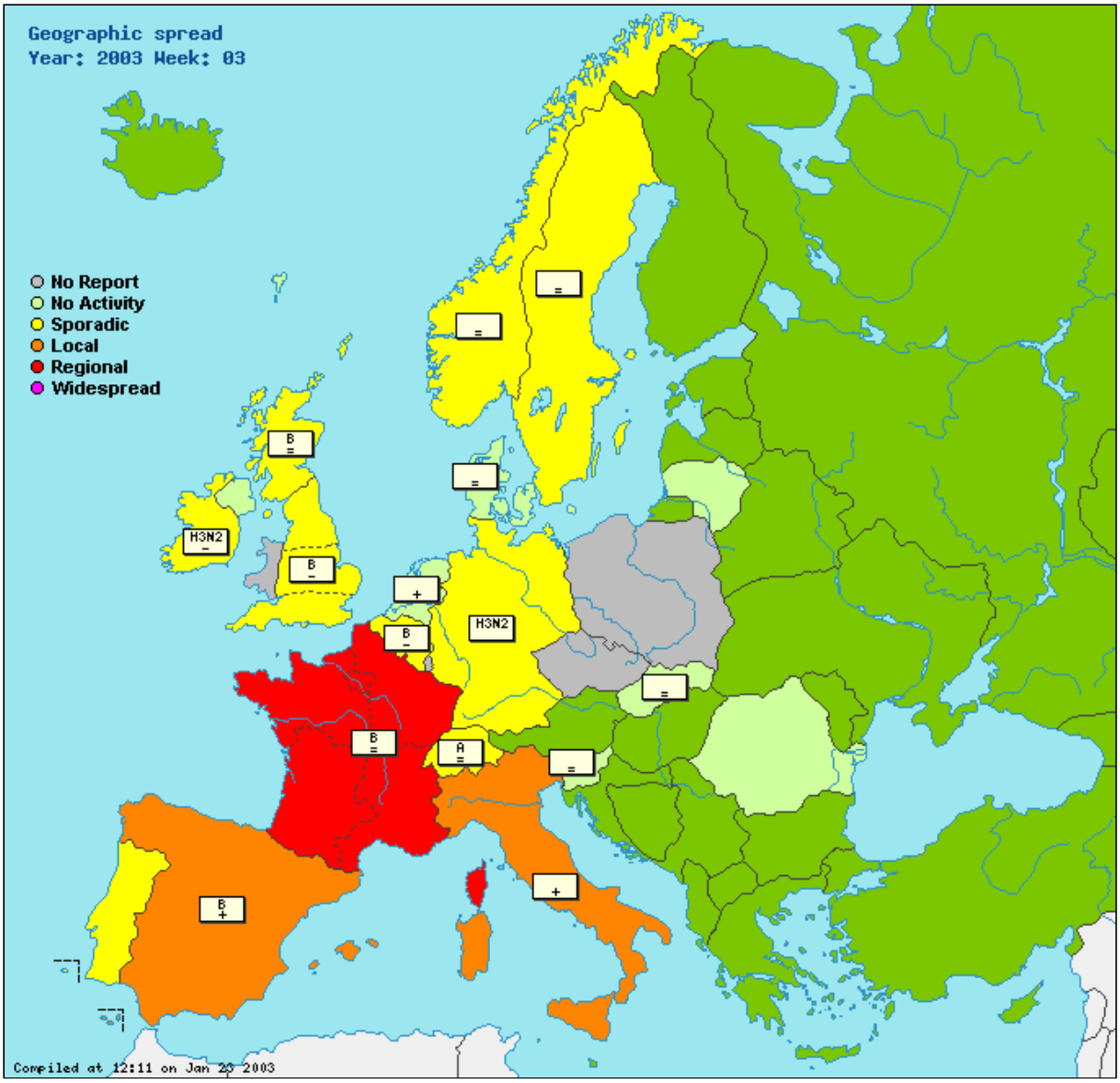
You may select the type of map : **Geographical spread** ◉ **Intensity** ○



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Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Clinical activity remains at base line levels
influenza B detections make up the majority of laboratory reports from sentinel and non sentinel sources.
Italy
Increasing but still low influenza activity. Sporadic cases associated with influenza A/H3N2 subtype; the isolated strains, from week 02/52, are from Genova (northern Italy). One influenza A virus, detected by RT-PCR from a 10 yrs patient; the case is from Bolzano (northern Italy).
Norway
First detections of circulating influenza virus in Norway this season. Influenza B isolated from hospitalised infant born 1999, influenza A from hospitalised infant born 2001 and from adult visiting GP. All patients were from Oslo.
Scotland
First reports of influenza from samples sent by sentinel GPs in week 51 and 52
Slovakia
Second RSV was isolated from eighteen year old woman by non sentinel doctor from Bratislava.
Spain
Increasing clinical morbidity rates, particularly in the age group 5-14 years, associated with isolates of influenza B. Only influenza B viruses are still detected.
Sweden
Ten cases of clinical ILI out of 9413 patient encounters were reported from the Swedish sentinel system. Ten influensa A

diagnoses and 6 influensa B diagnoses were reported from swedish laboratories.

Switzerland

One influenza A virus was detected in a 52 years old man living in the canton of Grison (region 6). Due to a low viral titer, the specimen has not been characterized yet. Two new non Sentinella samples were detected positive for influenza in the canton of Vaud. They have been collected during the week 3 in two women of 50 and 70 years old.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			13	23.1%	Type B	89.1 (graphs)		Click here
Denmark	None	Low			3	0%	None	81.8 (graphs)		Click here
England	Sporadic	Low			40	10.0%	Type B	20.9 (graphs)		Click here
France	Regional	Low			180	10.0%	Type B		1863.7 (graphs)	Click here
Germany	Sporadic	Low			73	8.2%	Type A, Subtype H3N2		1303.0 (graphs)	Click here
Ireland	Sporadic				8	12.5%	Type A, Subtype H3N2	6.1 (graphs)		Click here
Italy	Local	Low			1	0%	None	204.9 (graphs)		Click here
Lithuania	None	Low			0	0%	None	3.1 (graphs)		Click here
Netherlands	None	Low			1	0%	None	57.7 (graphs)		Click here
Northern Ireland	None	Low			0	0%	None	33.8 (graphs)		Click here
Norway	Sporadic	Low			1	0%	Type A and B	(graphs)		Click here
Portugal	Sporadic	Low			4	25.0%	None	(graphs)		Click here
Romania	None								(graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type B	41.9 (graphs)		Click here
Slovakia	None	Low			40	0%	None	757.9 (graphs)		Click here
Slovenia	None	Low			5	0%	None	3.0 (graphs)		Click here
Spain	Local	Low			73	23.3%	Type B	109.4 (graphs)		Click here
Sweden	Sporadic	Low						4.5 (graphs)		Click here
Switzerland	Sporadic	Low			15	0%	Type A	60.8 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					734	12.4%				Click here

Preliminary data

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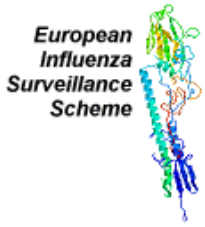
Influenza activity increasing gradually but remains at a low to moderate level in Europe



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Overall influenza activity remains low to moderate in Europe, while the number of networks detecting more than sporadic activity is slowly increasing. The greatest increase in clinical morbidity is seen in younger age groups in most countries.

Six networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) in week 04/2003 and eight networks reported sporadic activity. Three networks reported local activity and regional activity was reported in France and Spain. The intensity of clinical morbidity was low in sixteen networks and medium in France, Spain and the Czech Republic.

The total number of respiratory specimens collected by sentinel physicians in week 04/2003 was 642 (an increase compared to 457 in week 03/2003). The percentage of sentinel specimens that tested positive for influenza (A or B) increased to 16.7% (from 10.9% in week 032/2003), and ranged from 0% in many networks to 32% in Spain.

Overall influenza B was the dominant type in week 04/2003. This was clearest in the western countries (e.g. Spain, Portugal, England, France and Switzerland). Further east influenza A was more frequent and it was definitely the dominant type in Germany. No dominant type could be identified in Belgium, the Czech Republic, Denmark and Norway.

All of the influenza viruses detected/isolated so far this season by EISS have been closely related to the 2002-2003 influenza vaccine strains.

Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

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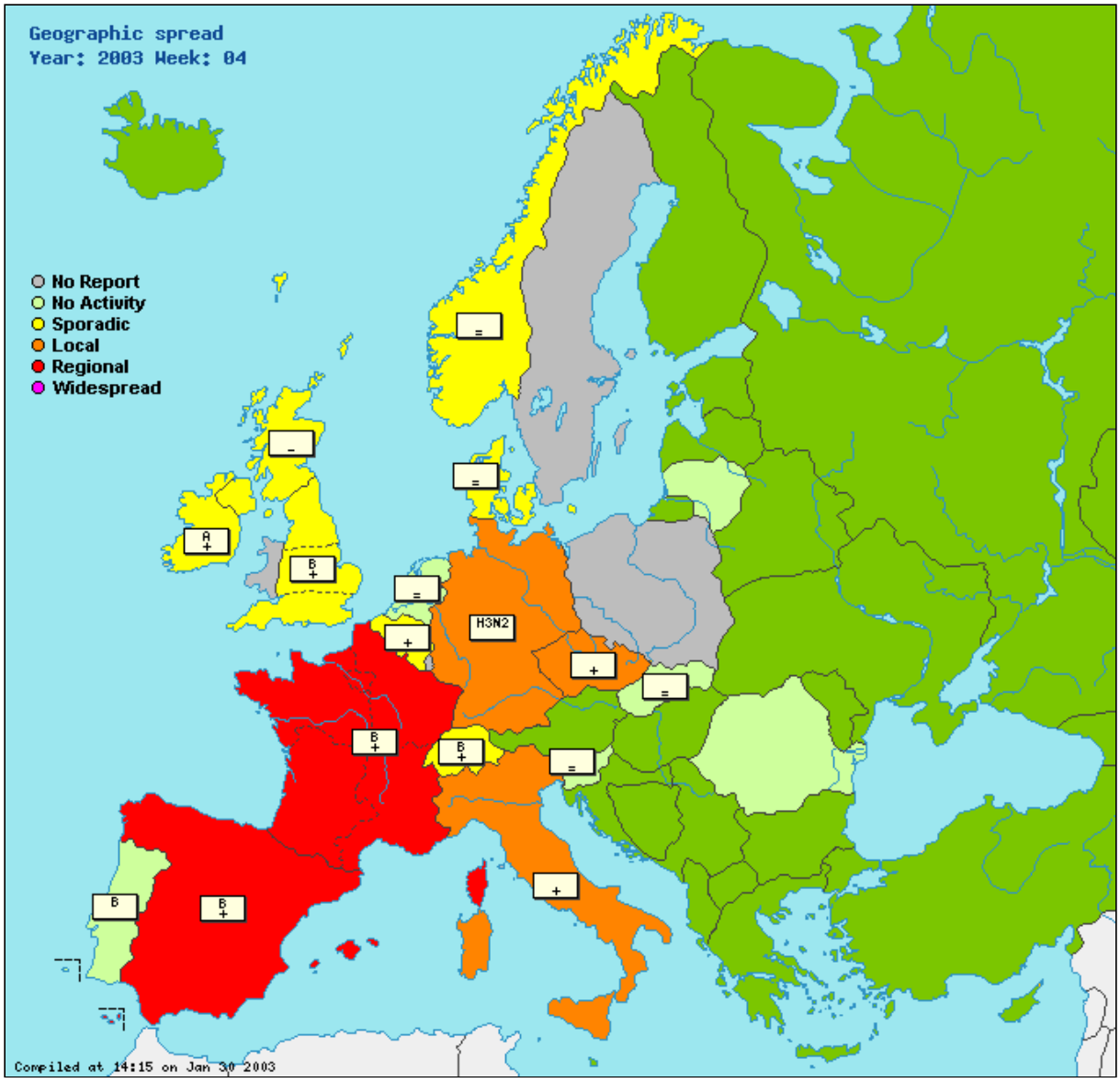
Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
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Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Belgium
Sporadic cases of Influenza B. First detection of Influenza A/H3 during week 4.
Czech Republic
The first strains were isolated in Prague region: A(H3N2) Panama 2007/99 like and B close related to B/Hong Kong 330/01.Isolates are from school children (9 and 14 years) with typical flu symptoms.
France
Influenza B virus is the dominant type in France but sporadic cases of influenza A are also detected/isolated.
Germany
The percentage of specimens tested positive for influenza increased significantly compared to last weeks. Increasing but still low influenza activity.
Northern Ireland
First influenza virus detection this season in Northern Ireland (influenza B from a child, aged 1 year)
Norway
Both influenza A isolates from week 3 have been characterised genetically as A(H3N2) viruses of the Panama lineage. Patient information for one of them suggests import from a Central Asian country.
Slovakia
The RS virus is dominant in isolations and serological evidences. Low ILI morbidity.
Third RSV was isolated from child 2002 born . The swob was taken by sentinel doctor.
Spain

Increasing clinical morbidity rates, particularly in the age group 5-14 years, associated with isolates of influenza B.

Switzerland

Two additional influenza B viruses were detected in region 1 (VD) and 2 (FR). Both virus isolates were detected in young women of the age of 16 and 19. The number of swabs taken by the sentinel practitioners is still small. Again medical contacts for influenza-like illness remained below the threshold last week.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			22	18.2%	Type A and B	135.9 (graphs)		Click here
Czech Republic	Local	Medium			41	19.5%	Type A and B		1415.8 (graphs)	Click here
Denmark	Sporadic	Low			13	23.1%	Type A and B	107.1 (graphs)		Click here
England	Sporadic	Low			17	23.5%	Type B	23.6 (graphs)		Click here
France	Regional	Medium			198	15.2%	Type B		2102.8 (graphs)	Click here
Germany	Local	Low			88	25.0%	Type A, Subtype H3N2		1338.0 (graphs)	Click here
Ireland	Sporadic				15	13.3%	Type A	10.5 (graphs)		Click here
Italy	Local	Low						308.5 (graphs)		Click here
Lithuania	None	Low			0	0%	None	4.7 (graphs)		Click here
Netherlands	None	Low			0	0%	None	25.7 (graphs)		Click here
Northern Ireland	Sporadic	Low			0	0%	Type B	39.5 (graphs)		Click here
Norway	Sporadic	Low			2	0%	Type A and B	(graphs)		Click here
Portugal	None	Low			6	0%	Type B	20.3 (graphs)		Click here
Romania	None				51	0%	None		(graphs)	Click here
Scotland	Sporadic	Low			25	0%	None	31.0 (graphs)		Click here
Slovakia	None	Low			53	0%	None	751.3 (graphs)		Click here
Slovenia	None	Low			8	0%	None	1.4 (graphs)		Click here
Spain	Regional	Medium			100	32.0%	Type B	139.4 (graphs)		Click here
Switzerland	Sporadic	Low			9	22.2%	Type B	72.6 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					932	21.0%				Click here

Preliminary data

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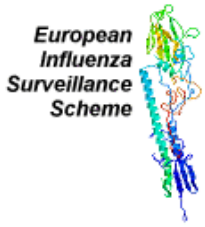
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Influenza activity remains low to moderate in Europe



The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 05/2003, twenty networks reported clinical data and twenty-one networks reported virological data to EISS.

Overall the influenza activity remains at a low to moderate level in Europe. The number of networks detecting more than sporadic activity is gradually increasing. In eleven networks increasing activity was reported. Clinical morbidity is focussed in the younger age groups in most countries.

Eight networks reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels) in week 05/2003 and six networks reported sporadic activity. Three networks reported local activity and regional activity was reported in France, Italy and Spain. The intensity of clinical morbidity was low in sixteen networks and medium (in the lower range) in France, the Czech Republic and Spain.

The total number of respiratory specimens collected by sentinel physicians in week 05/2003 was 684 (compared to 642 in week 04/2003). The percentage of sentinel specimens that tested positive for influenza increased to 22.4% (from 16.7% in week 04/2003), and ranged from 0% (in thirteen networks) to 41.3% in Spain.

Overall influenza B was the dominant type in week 05/2003. The distribution has not changed much in recent weeks and influenza B was clearly dominant in the western countries (e.g. Portugal, Spain, France, Ireland and England). Further east influenza A was more frequent and it was the dominant type in Germany. A co-circulation of both influenza A and B was reported in the Czech Republic, Denmark and Norway.

All of the influenza viruses detected/isolated so far this season by EISS have been closely related to the 2002-2003 influenza vaccine strains.

Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

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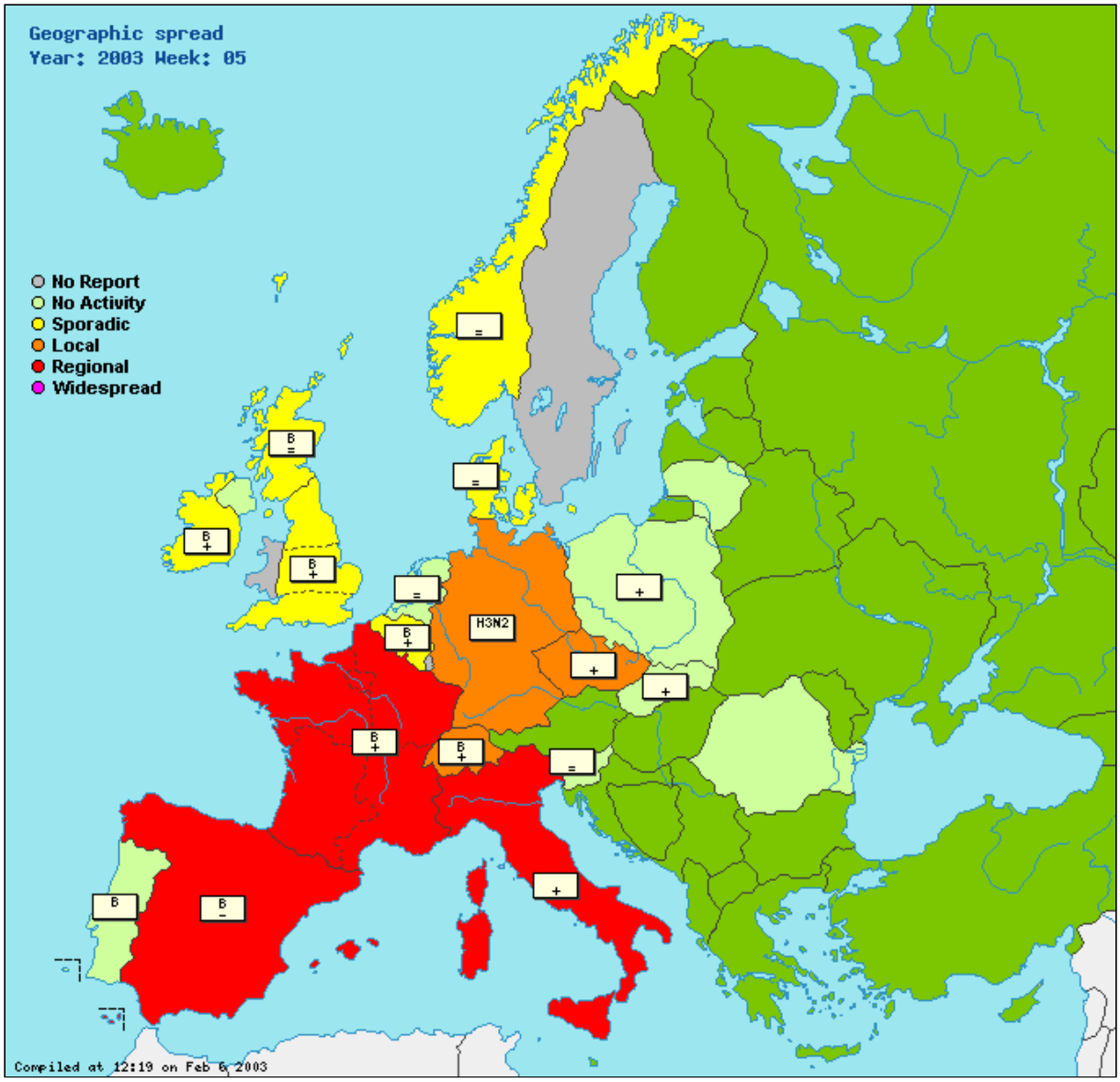
You may select the type of map : **Geographical spread** ◉ **Intensity** ○



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Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Influenza activity remains at base line levels.
A second H1N2 detection reported from week 02 from a young child. Laboratory confirmation of influenza B in a number of school outbreaks of influenza-like illness in south England in weeks 04 and 05.

Czech Republic
The total morbidity is increasing in all country and especially in south part of Moravia.Compared to previous week + 15,5%.
Six flu strains were isolated in NIC during 5th cal. week: 4x B (similar to B/Hong Kong), 1x A(H3N2) -A/Panama 2007/99 and 1x A(H1N1)- New Caledonia 20/99 like.The neuraminidase of H1 strain was observed as N1 by means of RT-PCR.

France
Moderate but increasing clinical activity of influenza B in France. ARI activity is above the epidemic threshold for the first week.

Italy
Increasing, but still low influenza activity. Two cases of influenza A/H3N2 subtyped isolated during week 05/03. The cases are from Firenze (central Italy).One influenza A detected by RT-PCR from Milano (northern Italy).

Norway
No new virus detections in week 5, but the number of serology detections have increased.

Spain
Decreasing influenza activity but clinical morbidity rates remains above baseline values in some sentinel networks.

Influenza B continues to be the predominant viruses.

Switzerland

Last week two additional influenza viruses were detected with cell culture. One influenza A virus was detected in a 59 years old patient in the canton of Tessin and an influenza B virus was detected in a 12 years old patient in the canton of Bern.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			29	10.3%	Type B	153.7 (graphs)		Click here
Czech Republic	Local	Medium			34	41.2%	Type A and B		1614.1 (graphs)	Click here
Denmark	Sporadic	Low			11	36.4%	Type A and B	146.8 (graphs)		Click here
England	Sporadic	Low			25	16.0%	Type B	24.5 (graphs)		Click here
France	Regional	Medium			240	22.1%	Type B		2213.0 (graphs)	Click here
Germany	Local	Low			106	30.2%	Type A, Subtype H3N2		1508.0 (graphs)	Click here
Ireland	Sporadic				15	33.3%	Type B	14.0 (graphs)		Click here
Italy	Regional	Low			0	0%	None	339.0 (graphs)		Click here
Lithuania	None	Low			0	0%	None	7.0 (graphs)		Click here
Netherlands	None	Low			3	0%	None	19.0 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type B	43.7 (graphs)		Click here
Norway	Sporadic	Low			3	0%	Type A and B	(graphs)		Click here
Poland	None	Low			0	0%	None	36.7 (graphs)		Click here
Portugal	None	Low			3	0%	Type B	42.5 (graphs)		Click here
Romania	None				48	0%	None		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type B	30.6 (graphs)		Click here
Slovakia	None	Low			56	0%	None	890.3 (graphs)		Click here
Slovenia	None	Low			5	0%	None	2.7 (graphs)		Click here
Spain	Regional	Medium			92	41.3%	Type B	122.2 (graphs)		Click here
Switzerland	Local	Low			14	0%	Type B	98.6 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					1094	25.9%				Click here

Preliminary data

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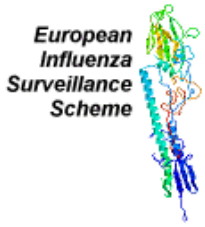
Gradual increase in influenza activity in Europe



The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 06/2003, twenty networks reported clinical data and twenty networks reported virological data to EISS.

Six networks reported regional activity (Belgium, the Czech Republic, France, Germany, Spain and Switzerland) and eight networks reported sporadic activity to EISS in week 06/2003. Only five networks in Europe (Lithuania, the Netherlands, Northern Ireland, Poland and Slovenia) reported no influenza activity (i.e. the overall level of clinical activity was at baseline levels).

The intensity of clinical morbidity was medium in four networks (the Czech Republic, France, Germany and Spain) and low in fifteen networks. Eight networks reported that clinical morbidity rates were increasing in week 06/2003.

When available, the clinical morbidity rates were usually highest among the 0-4-year-olds and the 5-14-year-olds. In Spain, the increased clinical morbidity associated with influenza B (particularly among those aged 5-14) reported in December / early January appears to have peaked in week 04/2003.

The total number of respiratory specimens collected by sentinel physicians in week 06/2003 was 997; the highest number collected so far this season (684 were collected in week 05/2003). The percentage of sentinel specimens that tested positive for influenza increased to 23.4% (from 22.4% in week 05/2003), and ranged from 0% (in twelve networks) to 46.7% (in Ireland).

Overall, influenza B was the dominant type in week 06/2003: among the positive sentinel and non-sentinel specimens collected by EISS in week 06/2003 (N=368), 59% were cases of influenza B and 41% cases of influenza A. However, the total number of cases of influenza B in Europe (sentinel and non-sentinel sources) decreased in week 06/2003 in comparison to week 05/2003, and the total number of cases of influenza A continued to increase (click here).

In week 06/2003, influenza B was more common in the west of Europe (Portugal, Spain, France, Ireland, England) and influenza A in central Europe (the Czech Republic, Germany, Italy, Switzerland). A co-circulation of both influenza A and B was reported in Denmark and Norway.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However a very small number of H3N2 viruses show reduced reactivity to A/Panama/2007/99 antiserum, and have been detected in Norway and England in recent weeks. The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

Map

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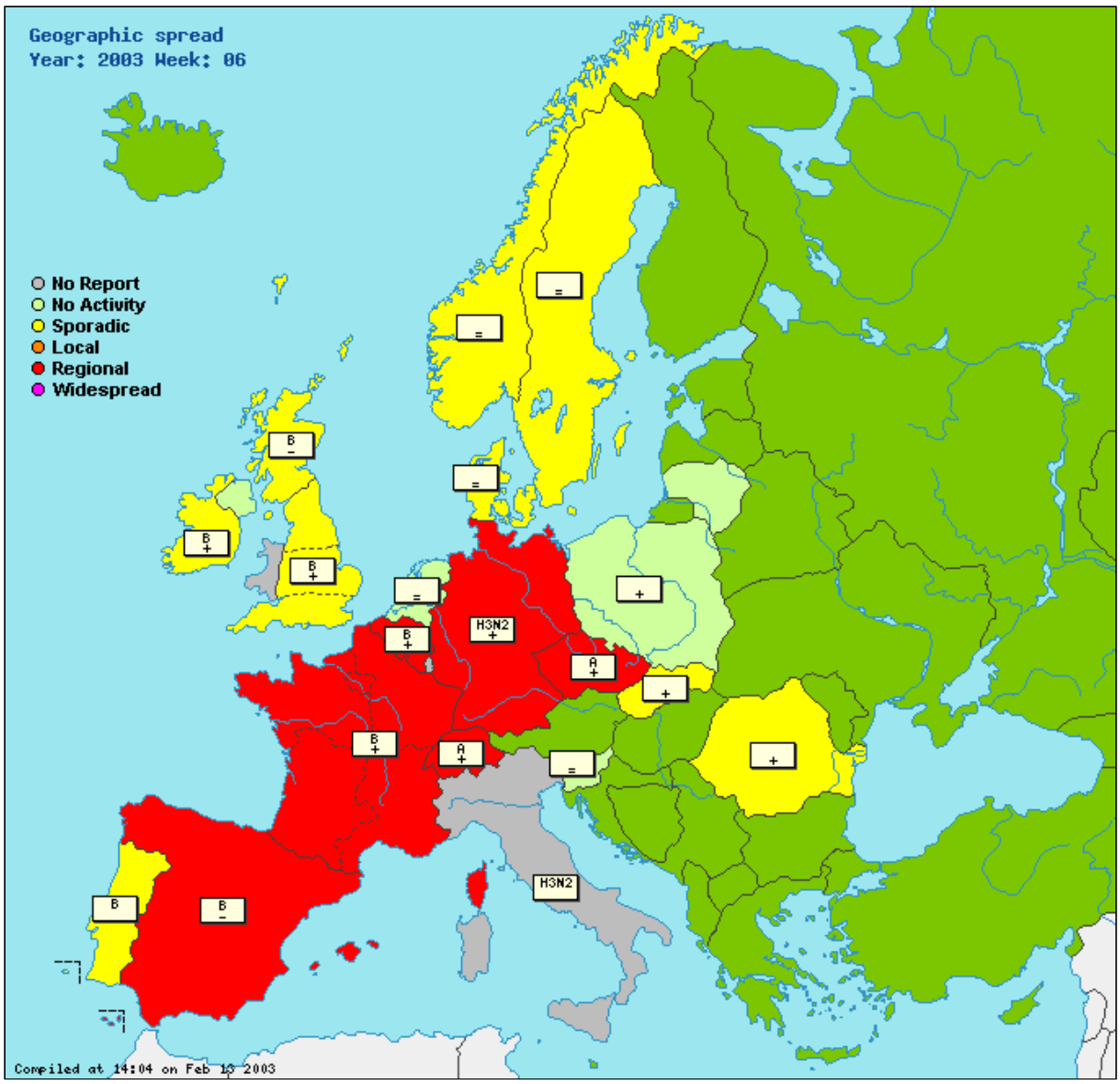
You may select the type of map : **Geographical spread** ◉ **Intensity** ○



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Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Denmark
The so far isolated Influenza B viruses have been found in children of 15 years or less.
England
Clinical activity remains within base line levels. Rates for ILI are highest among school age children.
Influenza B continues to be the major influenza virus type detected.
Czech Republic
The total morbidity in CR has reached 2086/100 000 (epid. threshold is in CR 2000/100000).
Two A(H1) strains were isolated in NIC from school children.The neuraminidase of these strains has been observed by PCR and results will be updated.
France
Influenza B is more frequent than Influenza A. Number of Type A strains is increasing.
Germany
Increasing influenza activity with regional activity in the south. The morbidity level there is still low to moderately elevated. Younger age groups are most affected but a gradual shift to higher age groups can be seen.
Italy
Overall the influenza activity remains at a low to moderate level in Italy during this week of surveillance.Increasing number of Laboratory confirmed cases of influenza A/H3N2. The isolates are from Genova, Parma and Rome (ISS). One influenza type B virus was identified in Rome (ISS). The case is from Trento, from a patient 21 years old. 4 cases of influenza A, not yet subtyped were identified in Trieste. The analyses are in progress.

Northern Ireland
No further detections of influenza virus since week 04 in NI, but rate of influenza-like illness in children aged 0-14 continues to rise.
Norway
Sporadic circulation of both A(H3N2), A(H1N2), and B viruses has now been detected, but activity remains very low. The H1N2 virus is the first of its kind seen in Norway.
Sweden
11 cases of ILI out of 4296 patient encounters were reported from the Swedish sentinel system
Switzerland
For the first time in this season influenza activity is above the epidemic threshold.
A significant increase of influenza activity was observed last week. 3 influenza A viruses and 1 influenza B virus have been detected. 2 of the influenza A viruses were influenza A (H3N2), related to the influenza A/Moscow/10/99 (H3N2) vaccine strain.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Regional	Low			39	20.5%	Type B	209.0 (graphs)		Click here
Czech Republic	Regional	Medium			100	31.0%	Type A		1766.0 (graphs)	Click here
Denmark	Sporadic	Low			19	21.1%	Type A and B	170.8 (graphs)		Click here
England	Sporadic	Low			25	24.0%	Type B	26.3 (graphs)		Click here
France	Regional	Medium			294	15.7%	Type B		2490.2 (graphs)	Click here
Germany	Regional	Medium			282	31.9%	Type A, Subtype H3N2		1715.0 (graphs)	Click here
Ireland	Sporadic				15	46.7%	Type B	23.6 (graphs)		Click here
Italy					0	0%	Type A, Subtype H3N2	(graphs)		Click here
Lithuania	None	Low			0	0%	None	25.0 (graphs)		Click here
Netherlands	None	Low			1	0%	None	9.6 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type B	49.3 (graphs)		Click here
Norway	Sporadic	Low			5	0%	Type A and B	(graphs)		Click here
Poland	None	Low			0	0%	None	73.1 (graphs)		Click here
Portugal	Sporadic	Low			2	0%	Type B	10.0 (graphs)		Click here
Romania	Sporadic	Low							(graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type B	24.5 (graphs)		Click here
Slovakia	Sporadic	Low			74	0%	None	1022.4 (graphs)		Click here
Slovenia	None	Low			16	0%	None	4.2 (graphs)		Click here
Spain	Regional	Medium			84	42.9%	Type B	107.4 (graphs)		Click here
Sweden	Sporadic	Low						(graphs)		Click here
Switzerland	Regional	Low			21	0%	Type A	142.4 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					1476	27.1%				Click here

Preliminary data

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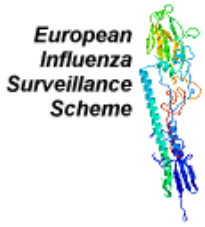
Increasing influenza activity in Europe, particularly in Central Europe



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Five networks (the Czech Republic, France, Germany, Italy and Switzerland) reported widespread influenza activity in week 07/2003. Belgium and Spain reported regional activity and Denmark reported local activity. Sporadic activity was reported in seven networks (England, Lithuania, Norway, Romania, Scotland, the Slovak Republic and Slovenia) and no activity (i.e. the overall level of clinical activity was at baseline levels) was reported in Portugal, the Netherlands, Scotland and Wales.

The intensity of clinical morbidity was medium in eight networks and low in eleven networks. Ten networks (compared to eight in week 06/2003) reported that clinical morbidity rates were increasing in week 07/2003. Relatively steep increases in clinical morbidity rates were reported in the Czech Republic, Denmark, Germany, Italy and Switzerland. When available, the clinical morbidity rates were highest among the 0-4-year-olds and the 5-14-year-olds.

The total number of respiratory specimens collected by sentinel physicians in week 07/2003 was 1192; the highest number collected so far this season (997 were collected in week 06/2003). The percentage of sentinel specimens that tested positive for influenza increased to 32.2% (from 23.4% in week 06/2003), and ranged from 0% (in ten networks) to 71.4% (in Ireland).

Until week 06/2003, influenza B was the dominant virus type in Europe during the 2002-2003 season. This changed in week 07/2003 and influenza A became the dominant virus type in Europe: among the positive sentinel and non-sentinel specimens (N=461), 54% were cases of influenza A and 46% cases of influenza B (click here).

As in previous weeks, influenza B was more common in the west of Europe (Portugal, Spain, France, Belgium, Ireland, England and Scotland) and influenza A in central Europe (Germany, Italy, Slovenia and the Czech Republic). Germany and Italy reported that influenza A(H3N2) was the dominant virus subtype and Norway and Switzerland reported a co-circulation of both influenza A and B.

The data suggests that the role of influenza B in Europe will probably decline in the coming weeks and the role of influenza A (probably influenza A(H3N2)) may increase. It is possible that some of the networks that experienced influenza B epidemics earlier in the season will go on to experience influenza A epidemics at the end of the season.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However a very small number of H3N2 viruses show reduced reactivity to A/Panama/2007/99 antiserum, and have been detected in Norway and England in recent weeks. The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

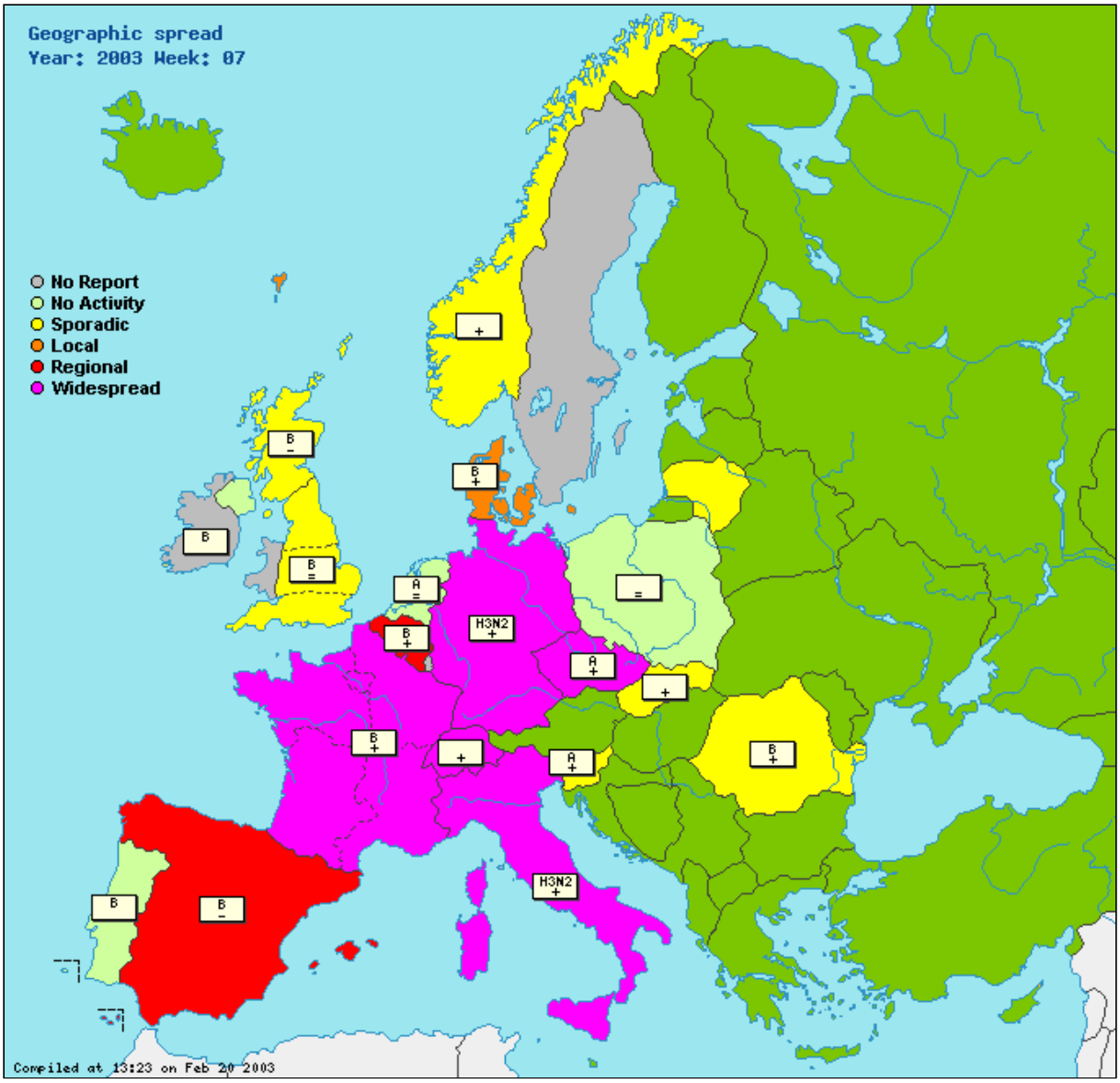
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
High = higher than usual levels of influenza activity
Very high = particularly severe levels of influenza activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Influenza activity remains at low levels. In recent weeks Central region has shown a sharp increase in both upper and lower respiratory tract infections in children of school age. Nationally this age group shows the highest rates for ILI compared to all other age groups.
Influenza B makes up the majority of detections.

Czech Republic
The highest morbidity is now in all Moravia regions. A significant increase of ARI activity was observed in almost Czech regions except Prague, because 1 week school holiday.

France
Clinical activity is above the baseline level in most of the french regions and specially in the eastern part of the country. Influenza B is the dominant type in France but increased number of influenza A cases are detected/isolated.

Italy
Influenza activity increasing during the week. Indicators report local outbreaks specially located in northern regions. Children and young people are the most affected by influenza viruses. The dominant virus strain is A/H3N2 subtype. Cases associated with influenza A/H3N2 subtype were identified and/or isolated from the Laboratories of the University in Trieste (3), Genova (9), Perugia, Bolzano (1), Florence (2) and Rome (2). In Genova an A/H1 virus was isolated. 10 viruses type A, not yet subtyped, were identified by PCR in Milano and Trieste and the analyses are in progress.

Northern Ireland
'Flu-like illness in children aged 0-14 continues to rise in Northern Ireland. Age-specific rate in this group for week 07 is

179 cases per 100 000 population (compared to age-specific rate of 89 per 100 000 population in week 06).

Norway

Increasing clinical activity past two weeks but no reported local or regional outbreaks

There has been an increase in the number of influenza B virus, which is in majority this week.

Slovakia

There was izolated first influenza virus B/Hong Kong, second influenza virus A/H3N2/Panama and four influenza viruses A/H1. One RSV was izlated from child 1987 born. All swabs were taken by sentinel doctors.

Spain

Decreasing influenza activity but clinical morbidity rates remains above baseline values in some sentinel networks. Peak was reached on week 4.

Influenza B continues to be the predominant viruses.

Switzerland

Influenza epidemic is now observed at a national level. Confirming this, influenza viruses were detected in all regions, region 4 (Luzern and around) excepted. Interetingly, influenza B viruses are exclusively detected in western part of the country (Geneva, Lausanne, Neuchâtel), near the region Rhône-Alpes (Fr), whereas only influenza A viruses are detected in the eastern part (Zürich, Lugano...). In the centre (Basel, Fribourg, Bern), A and B viruses are detected.

Table and graphs (where available)

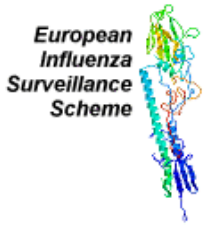
	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Regional	Low			58	32.8%	Type B	252.0 (graphs)		Click here
Czech Republic	Widespread	Medium			104	27.9%	Type A		2174.2 (graphs)	Click here
Denmark	Local	Medium			14	28.6%	Type B	212.8 (graphs)		Click here
England	Sporadic	Low			21	38.1%	Type B	26.2 (graphs)		Click here
France	Widespread	Medium			328	28.1%	Type B		2631.7 (graphs)	Click here
Germany	Widespread	Medium			361	51.3%	Type A, Subtype H3N2		2003.0 (graphs)	Click here
Ireland					14	71.4%	Type B	(graphs)		Click here
Italy	Widespread	Medium			1	0%	Type A, Subtype H3N2	666.8 (graphs)		Click here
Lithuania	Sporadic	Low			0	0%	None	53.8 (graphs)		Click here
Netherlands	None	Low			3	0%	Type A	25.8 (graphs)		Click here
Northern Ireland	None	Low			2	0%	Type B	72.4 (graphs)		Click here
Norway	Sporadic	Low			10	40.0%	Type A and B	(graphs)		Click here
Poland	None	Low			0	0%	None	61.1 (graphs)		Click here
Portugal	None	Low			3	0%	Type B	7.5 (graphs)		Click here
Romania	Sporadic	Low			46	17.4%	Type B		(graphs)	Click here
Scotland	Sporadic	Low			28	0%	Type B	12.8 (graphs)		Click here
Slovakia	Sporadic	Low			84	0%	None	1309.0 (graphs)		Click here
Slovenia	Sporadic	Medium			18	5.6%	Type A	10.4 (graphs)		Click here
Spain	Regional	Medium			76	31.6%	Type B	99.8 (graphs)		Click here
Switzerland	Widespread	Medium			21	0%	Type A and B	197.6 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					1673	37.1%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Increasing influenza activity in East and Central Europe



The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 08/2003, eighteen networks reported clinical data and twenty-one networks reported virological data to EISS.

Five networks (Belgium, the Czech Republic, France, Italy and Switzerland) reported widespread influenza activity in week 08/2003. Spain reported regional activity and Denmark, Lithuania, Slovakia and Slovenia reported local activity. Sporadic activity was reported in five networks (England, Ireland, Poland, Portugal, Romania and Scotland) and no activity (i.e. the overall level of clinical activity was at baseline levels) was reported in the Netherlands and Northern Ireland.

The intensity of clinical morbidity was medium in nine networks, low in seven networks and high in one network (the Czech Republic). A substantial increase in the clinical morbidity rate was reported in seven countries located in east and central Europe (the Czech Republic, Italy, Lithuania, Poland, Slovakia, Slovenia and Switzerland). When available, the clinical morbidity rates were highest among the 0-4-year-olds and the 5-14-year-olds.

The total number of respiratory specimens collected by sentinel physicians in week 08/2003 was 1251 and exceeded the total number of specimens collected in week 07/2003 (1192). The percentage of sentinel specimens that tested positive for influenza increased to 38.5% (32.2% in week 07/2003), and ranged from 0% (in six networks) to 61.6% (in Germany).

Influenza A has been the dominant virus type in Europe since week 07/2003. Among the positive sentinel and non-sentinel specimens (N=461) in week 07/2003, 54% were cases of influenza A and 46% were cases of influenza B. In week 08/2003 the percentage of sentinel and non-sentinel specimens (N=599) that tested positive for influenza A increased to 64% (click here).

As in previous weeks, influenza B was more common in west Europe (Portugal, Spain, France, Belgium, Ireland, England and Scotland) and influenza A in east and central Europe (Germany, Switzerland, Italy, Slovenia, the Czech Republic and Poland). Exceptions were the Netherlands and Romania, where influenza A and influenza B respectively were reported as the dominant type of virus.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However a very small number of H3N2 viruses show reduced reactivity to A/Panama/2007/99 antiserum, and have been detected in Norway and England in recent weeks. The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

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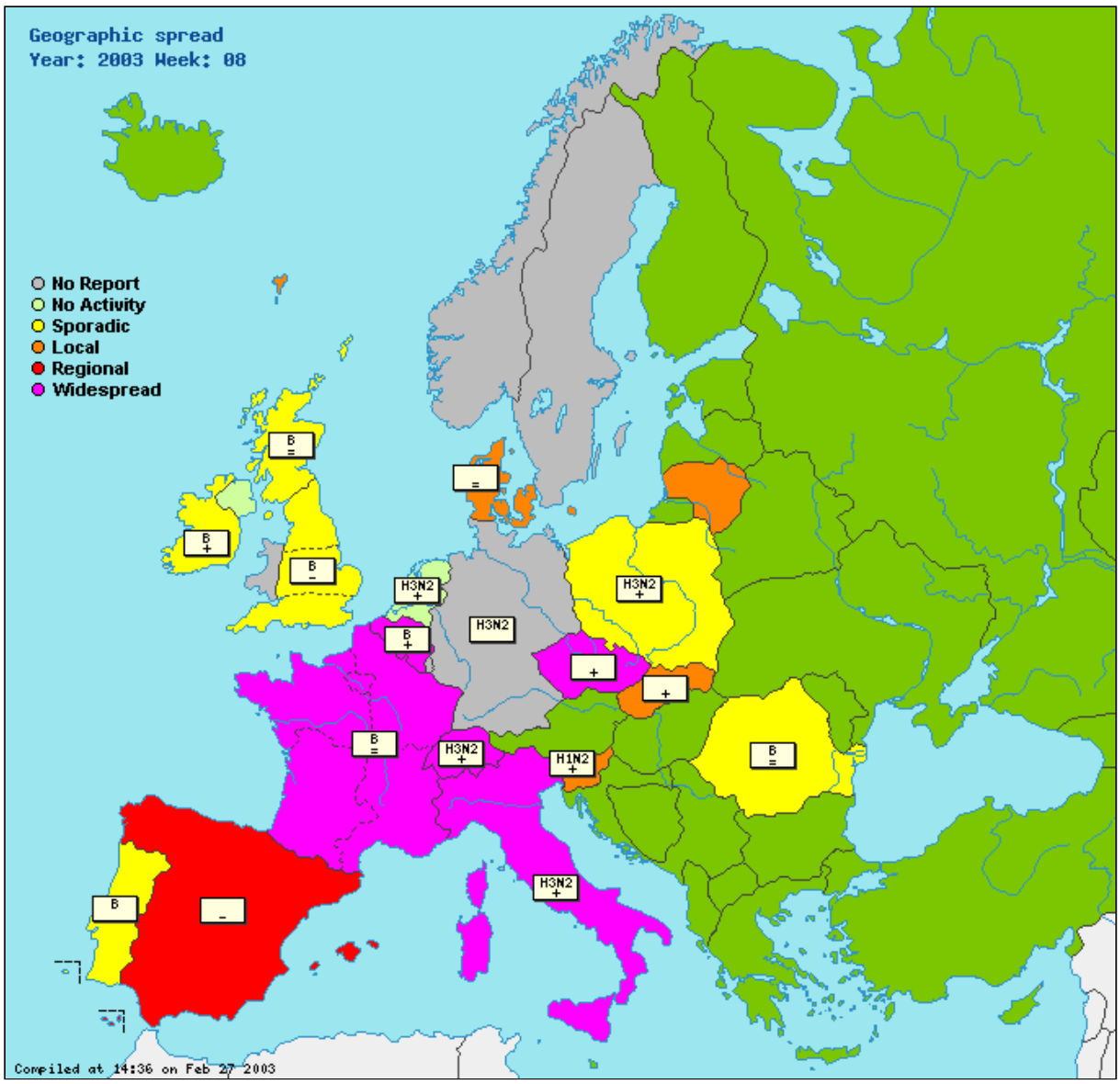
Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
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Very high = particularly severe levels of influenza activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
Influenza activity remains at baseline levels.
Influenza B remains the the major influenza type detected.

France
The clinical activity of influenza stays moderate but stable, despite holidays period in France.
Influenza B is still the dominant virus. Influenza A detections/isolations slightly increase.

Italy
Widespread influenza activity is reported. Influenza A/H3N2 continues to be the predominant circulating strain in Northern an Central Italy. Sporadic detection of B viruses; the isolates are from Rome, Parma and Perugia.

Norway
Influenza A(H3), A(H1), and B viruses continue to circulate in a sporadic fashion. The number of detections has been slightly elevated the last three weeks.

Poland
The highest influenza incidence was recorded in the southern regions of the country, i.e. in Slaskie Voivodship and Malopolskie Voivodship.
The first influenza strain in this epidemic season was isolated from 13 years old child after the second passage carried out on MDCK. HI test performed with reference antisera showed that this isolate is related to A/Panama/2007/99 (H3N2).

Portugal
First influenza AH3 detected this season. Case reports to a 55-years old female from the south of Portugal (Algarve)

presenting all the major symptoms associated with influenza infection. Specimen was collected at an emergency unit of a health center (non-sentinel).

Slovakia

There were isolated two influenza strains of type B/Hong Kong (from 1985 and 1987born patients) ,three influenza strains A H1(from 1985 ,1963,1984 born patients) and one A H3N2 (from 1987born patient .

Spain

Decreasing slowly influenza activity but clinical morbidity rates remains above baseline values in some sentinel networks. Increasing number of laboratory confirmed cases of influenza A.

Switzerland

A pronounced increase of samples positive for influenza was observed last week. The number of influenza B viruses circulating in the population was stable. However, influenza A (H3N2) virus started to be predominant since the 6th week. All the viruses characterised until now were antigenically related to the 2002/03 vaccine strains.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Widespread	Low			59	28.8%	Type B	346.8 (graphs)		Click here
Czech Republic	Widespread	High			109	29.4%	Type A and B		2817.2 (graphs)	Click here
Denmark	Local	Medium			17	23.5%	Type A and B	236.6 (graphs)		Click here
England	Sporadic	Low			21	28.6%	Type B	23.4 (graphs)		Click here
France	Widespread	Medium			298	29.5%	Type B		2371.6 (graphs)	Click here
Germany					476	61.6%	Type A, Subtype H3N2		(graphs)	Click here
Ireland	Sporadic				20	45.0%	Type B	49.6 (graphs)		Click here
Italy	Widespread	Medium			1	0%	Type A, Subtype H3N2	1018.0 (graphs)		Click here
Lithuania	Local	Medium			21	0%	None	178.1 (graphs)		Click here
Netherlands	None	Low			3	0%	Type A, Subtype H3N2	48.2 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type B	42.5 (graphs)		Click here
Norway					9	22.2%	Type A and B	(graphs)		Click here
Poland	Sporadic	Medium			0	0%	Type A, Subtype H3N2	144.9 (graphs)		Click here
Portugal	Sporadic	Low			6	16.7%	Type B	(graphs)		Click here
Romania	Sporadic	Low			53	15.1%	Type B		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type B	18.8 (graphs)		Click here
Slovakia	Local	Medium			48	0%	None	1999.0 (graphs)		Click here
Slovenia	Local	Medium			29	0%	Type A, Subtype H1N2	38.1 (graphs)		Click here
Spain	Regional	Medium			57	36.8%	Type A and B	91.6 (graphs)		Click here
Switzerland	Widespread	Medium			24	0%	Type A, Subtype H3N2	275.5 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					1668	44.0%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
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Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Influenza A now the dominant virus in Europe and increasing influenza activity in central and eastern Europe

European Influenza Surveillance Scheme

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 09/2003, twenty networks reported clinical data and twenty networks reported virological data to EISS.

Widespread influenza activity was reported in Belgium, France, Germany, Italy, the Slovak Republic, Slovenia and Switzerland in week 09/2003. None of the networks reported regional activity and five networks reported local activity (Denmark, Lithuania, Poland, Romania and Spain). Sporadic activity was reported in the north of Europe (Norway and Sweden), the Netherlands, Portugal, Ireland and the United Kingdom (England, Northern Ireland and Scotland).

The intensity of clinical morbidity (compared to historical data i.e. the previous 10-20 influenza seasons) was high in Germany, medium in ten networks and low in eight networks. Nine networks – all located in central and eastern Europe – reported increasing clinical morbidity rates in week 09/2003, in particular Germany, Poland, the Slovak Republic, Slovenia and Switzerland (all networks that reported that the dominant virus type was influenza A).

In week 09/2003, the clinical morbidity rates of seven networks exceeded the peak rates observed during the 2001-2002 season (Denmark, Germany, Ireland, Italy, Poland, the Slovak Republic and Slovenia). In the networks with morbidity rates available by age, the clinical morbidity rates were highest among the 0-4-year-olds and the 5-14-year-olds.

The total number of respiratory specimens collected by sentinel physicians in week 09/2003 was 1238; this was slightly fewer than in week 08/2003 (1251). The percentage of sentinel specimens that tested positive for influenza increased to 43.2% (38.5% in week 08/2003), and ranged from 0% (in six networks) to 100% (in the Netherlands).

Influenza A was clearly the dominant virus circulating in Europe in week 09/2003: 71% of the positive sentinel and non-sentinel respiratory specimens (N=690) were cases of influenza A (click here). Four networks in central Europe (Germany, Italy, the Netherlands and Switzerland) reported that influenza A(H3N2) was the dominant virus subtype.

As in previous weeks, influenza B was more common in the west of Europe (Portugal, Belgium, Ireland, England and Scotland) and influenza A in central (e.g. Germany, Italy and Switzerland) and eastern Europe (Poland, Slovenia and the Slovak Republic). Some networks reported a co-circulation of both influenza A and B (Denmark and Norway), and the dominant virus type in Romania was influenza B.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However, a very small number of H3N2 viruses show reduced reactivity to A/Panama/2007/99 antiserum, and have been detected in Norway and England in recent weeks. The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

Note: Please note that a new feature has been added to the Weekly Electronic Bulletin. Some of the sentinel surveillance systems in EISS collect clinical morbidity data on influenza-like illness (ILI) and acute respiratory infections (ARI). As of week 09/2003, networks that collect and report this information to EISS will appear in the Weekly Electronic Bulletin (see the table and graphs below). Four networks reported ILI and ARI morbidity data in week 09/2003: Belgium, England, Lithuania and Slovenia. Please note that this is the first time that this data is made public and some of the weeks may be missing or incomplete.

Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

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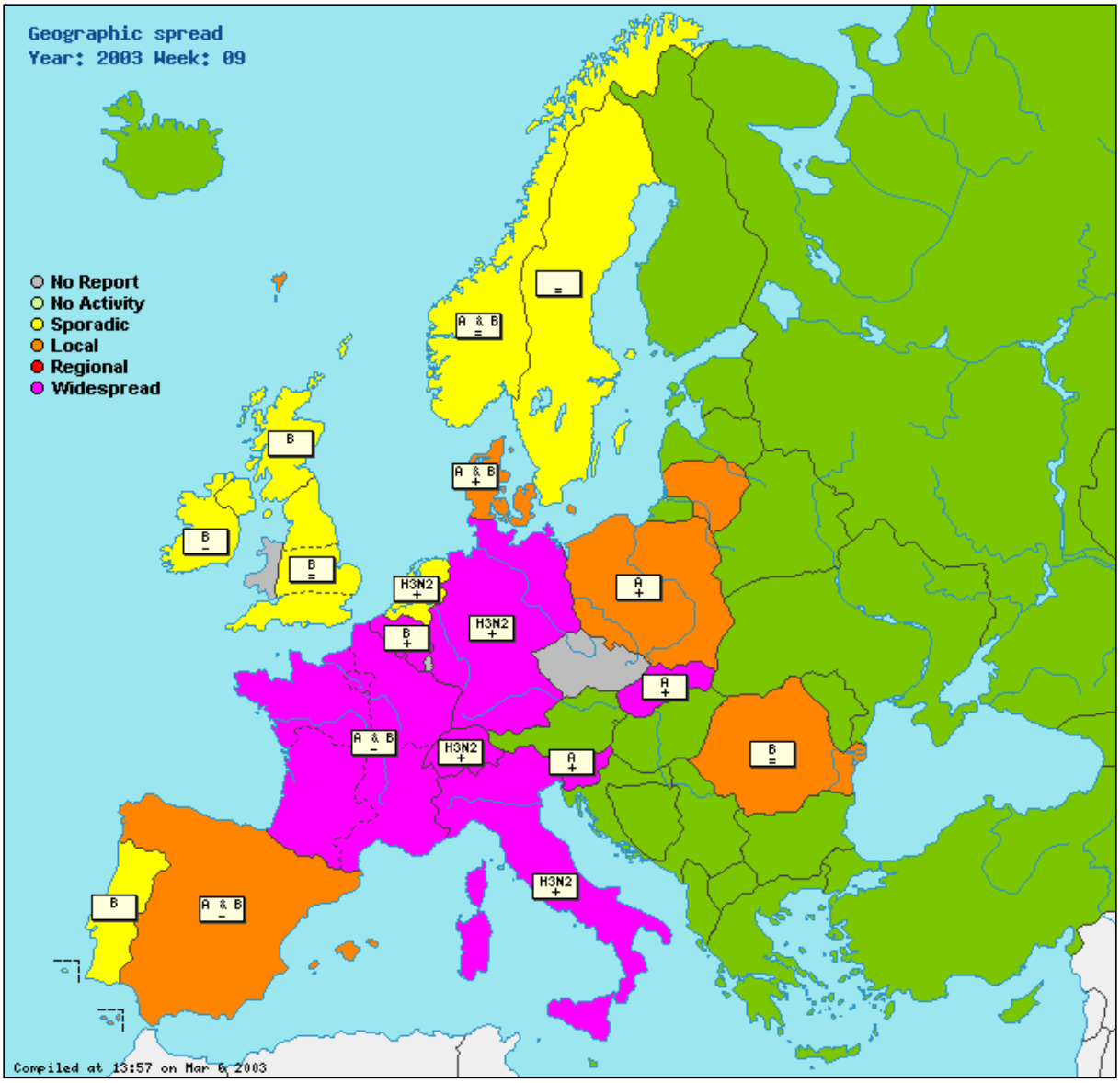
Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



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H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
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Very high = particularly severe levels of influenza activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England
influenza activity remains at baseline levels
Influenza B remains the major type in circulation.
France
Decreasing activity of influenza B epidemic in France. Influenza A circulation.
Italy
Increasing influenza activity. The dominant virus subtype is A/H3N2. Sporadic cases of B virus type also reported.
Netherlands
Next to 3 ILI patients with a positive PCR for flu A (culture still going), there was a girl, 16 years, with an acute respiratory infection (sore throat) with a positive PCR for flu A. The three ILI patients had all the classical symptoms: fever, cough, malaise, muscle ache, rhinorroe, sore throat, acute begin of the illness. Boy 12 years old, woman 19 years and a man of 44 years old.
Norway
The level of clinical ILI activity has been well above the base line level for the past three weeks but has still not reached the outbreak level. No local or regional outbreak has been reported.
A high proportion (60%) of sentinel specimens sampled in week nine tested positive for influenza viruses. A(H3), A(H1), and B viruses are cocirculating with none of them gaining a clear and consistent predominance over several weeks.
Slovakia
There were isolated two influenza strains of AH1/from 14 and 17 year old patient/, 1 influenza strain type AH3N2/Panama

2007/99 from 17 year old patient and four influenza strains of type B/Hong Kong /330/01 from 10,2 x 15, 16, 17 year old patients.

Spain

Decreasing influenza activity at national level.
Slight increasing of the number of influenza A isolates.

Switzerland

A large number of influenza viruses have been detected. Influenza A virus is still the predominant type. However, influenza B is also circulating on parallel. Influenza viruses, which have been antigenically characterised, were all related to the 2002-03 vaccine strains : A/Panama/2007/99 (H3N2) and B/Hong Kong/330/01.

Table and graphs (where available)

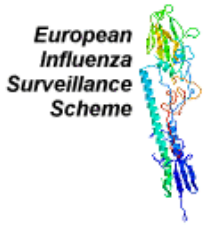
	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Widespread	Medium			63	36.5%	Type B	457.2 (graphs)	1826.0 (graphs)	Click here
Denmark	Local	Medium			19	31.6%	Type A and B	289.7 (graphs)		Click here
England	Sporadic	Low			22	22.7%	Type B	23.1 (graphs)	710.1 (graphs)	Click here
France	Widespread	Medium			181	29.3%	Type A and B		1736.5 (graphs)	Click here
Germany	Widespread	High			557	68.6%	Type A, Subtype H3N2		2980.0 (graphs)	Click here
Ireland	Sporadic				10	70.0%	Type B	35.2 (graphs)		Click here
Italy	Widespread	Medium			5	20.0%	Type A, Subtype H3N2	1082.2 (graphs)		Click here
Lithuania	Local	Medium			21	28.6%	Type A	202.1 (graphs)	725.7 (graphs)	Click here
Netherlands	Sporadic	Low			3	100.0%	Type A, Subtype H3N2	59.6 (graphs)		Click here
Northern Ireland	Sporadic	Low			1	0%	Type B	44.7 (graphs)		Click here
Norway	Sporadic	Low			5	60.0%	Type A and B	(graphs)		Click here
Poland	Local	Medium			0	0%	Type A	333.6 (graphs)		Click here
Portugal	Sporadic	Low			2	50.0%	Type B	5.8 (graphs)		Click here
Romania	Local	Low			111	18.9%	Type B		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type B	(graphs)		Click here
Slovakia	Widespread	Medium			120	0%	None	2425.5 (graphs)		Click here
Slovenia	Widespread	Medium			37	29.7%	Type A	163.7 (graphs)	1410.0 (graphs)	Click here
Spain	Local	Medium			57	22.8%	Type A and B	58.8 (graphs)		Click here
Sweden	Sporadic							(graphs)		Click here
Switzerland	Widespread	Medium			24	0%	Type A, Subtype H3N2	375.0 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					1821	44.4%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Influenza A now the dominant virus in Europe



The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 10/2003, twenty networks reported clinical data and twenty networks reported virological data to EISS.

Widespread influenza activity was reported in the Czech Republic, Denmark, Germany, Italy, the Slovak Republic, Slovenia and Switzerland in week 10/2003. Belgium and Poland reported regional activity and five networks reported local activity (France, Lithuania, Netherlands, Romania and Spain). Sporadic activity was reported in Ireland, Norway, Scotland and Sweden.

The intensity of clinical morbidity (compared to historical data i.e. the previous 10-20 influenza seasons) was high in the Czech Republic, Denmark, Germany and Poland, medium in eight networks and low in eight networks. Of the twenty networks that reported a dominant type, nine were dominant for Type A, five were dominant for Type B, four reported co-circulation and two networks reported no dominant type in week 10/2003. As in previous weeks, influenza B was more common in the west of Europe (Portugal, Belgium, Ireland, Northern Ireland) and influenza A in central (e.g. Germany, Italy and Switzerland) and eastern Europe (Poland, Slovenia and the Slovak Republic). The networks that reported co-circulation of both influenza A and B were Czech Republic, Denmark, France and Norway.

The total number of respiratory specimens collected by sentinel physicians in week 10/2003 was 1353; this was higher than in week 09/2003 (1238). The percentage of sentinel specimens that tested positive for influenza decreased to 38.7% (43.2% in week 09/2003), and ranged from 0% (in eight networks) to 77.8% (in Ireland).

Influenza A was clearly the dominant virus circulating in Europe in week 10/2003 (click here). Of the positive sentinel respiratory specimens, 80.9% (N=524) were cases of influenza A and 19.1% were influenza B. Of the positive non-sentinel respiratory specimens, 60.4% (N=164) were influenza A and 39.6% were influenza B.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However, a very small number of H3N2 viruses show reduced reactivity to A/Panama/2007/99 antiserum, and have been detected in Norway and England in recent weeks. The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

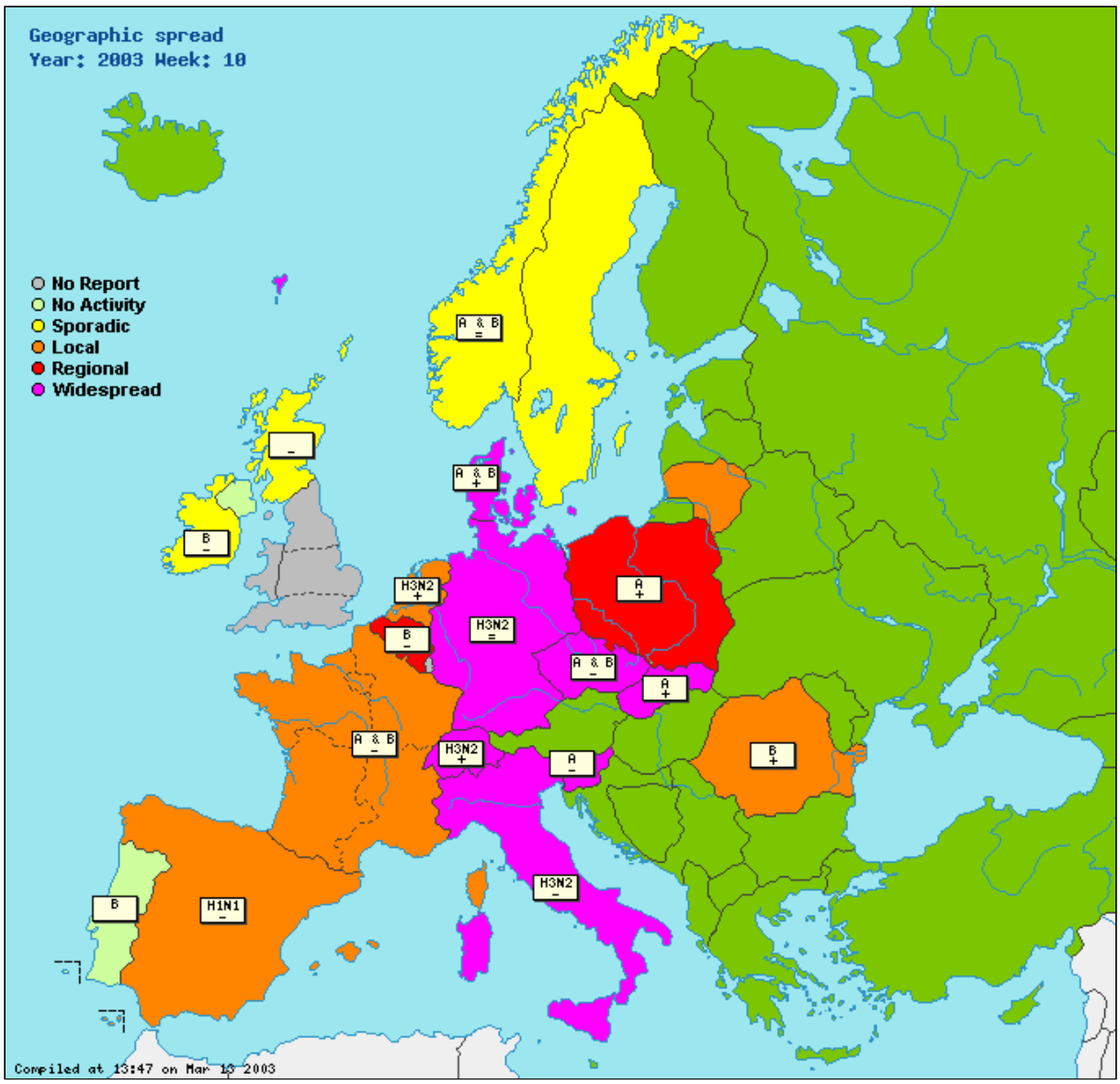
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
High = higher than usual levels of influenza activity
Very high = particularly severe levels of influenza activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Italy
Widespread influenza activity is reported. The virus subtype A/H3N2 remains dominant.
Norway
The level of clinical ILI activity has been well above the base line level for the past four weeks but has still not reached the outbreak level. No local or regional outbreak has been reported.
A(H1), A(H3), and B viruses continue to cocirculate, with B viruses being the major species this week. The N subtype of the A(H1) and (H3) viruses detected this week have not been confirmed yet.
Slovakia
Morbidity has reached the epidemic threshold, but only medium intensity. The highest incidence rate is in the group of 6-14 years old children.
New 14 A H3N2/Panama/2007/99-like (9 from sentinel doctors), 8 B Honk-Kong/330/01-like (6 from sentinel doctors) and 2 A H1 (1 from sentinel) has been isolated from samples of nasopharyngeal swabs. Total 47 (11 AH1N1, 20 AH3N2, 16 B) influenza strains were isolated in this season in Slovakia. All are closely related to the 2002-2003 vaccine strains.
Spain
Decreasing influenza activity at national level.
Slight increasing of the number of influenza AH1N1 isolates.
Switzerland
Influenza activity continued to increase in the country last week. However, 3 regions on 6 showed a stable or a decreasing activity. A and B influenza viruses have been detected last week, with a majoriy of the type A virus.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Regional	Low			28	17.9%	Type B	283.6 (graphs)	1541.2 (graphs)	Click here
Czech Republic	Widespread	High			162	14.2%	Type A and B		3029.7 (graphs)	Click here
Denmark	Widespread	High			19	15.8%	Type A and B	447.7 (graphs)		Click here
England					6	16.7%		21.2 (graphs)	660.1 (graphs)	Click here
France	Local	Low			189	14.3%	Type A and B		1442.5 (graphs)	Click here
Germany	Widespread	High			630	60.3%	Type A, Subtype H3N2		2883.0 (graphs)	Click here
Ireland	Sporadic				9	77.8%	Type B	19.9 (graphs)		Click here
Italy	Widespread	Medium			5	20.0%	Type A, Subtype H3N2	1230.4 (graphs)		Click here
Lithuania	Local	Medium			28	7.1%	Type A	266.6 (graphs)	918.0 (graphs)	Click here
Netherlands	Local	Low			2	0%	Type A, Subtype H3N2	64.5 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type B	39.7 (graphs)		Click here
Norway	Sporadic	Low			11	27.3%	Type A and B	(graphs)		Click here
Poland	Regional	High			0	0%	Type A	671.8 (graphs)		Click here
Portugal	None	Low			4	0%	Type B	8.1 (graphs)		Click here
Romania	Local	Medium			88	35.2%	Type B		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	None	12.5 (graphs)		Click here
Slovakia	Widespread	Medium			16	0%	Type A, Subtype H3N2	2551.8 (graphs)		Click here
Slovenia	Widespread	Medium			65	38.5%	Type A	107.1 (graphs)	1581.2 (graphs)	Click here
Spain	Local	Medium			65	23.1%	Type A, Subtype H1N1	56.1 (graphs)		Click here
Sweden	Sporadic	Medium						(graphs)		Click here
Switzerland	Widespread	Medium			26	0%	Type A, Subtype H3N2	411.1 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					1685	39.5%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
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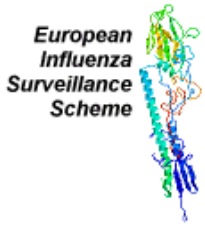
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Influenza A remains the dominant virus in Europe



The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 11/2003, twenty networks reported clinical data and nineteen networks reported virological data to EISS.

Widespread influenza activity was reported in the Denmark, Germany, Italy, the Slovak Republic, Slovenia and Switzerland in week 11/2003. Poland reported regional activity and five networks reported local activity (Belgium, France, Lithuania, Netherlands, Romania). Sporadic activity was reported in England, Ireland, Northern Ireland, Norway, Portugal, Scotland and Spain, Sweden.

The intensity of clinical morbidity (compared to historical data i.e. the previous 10-20 influenza seasons) was high in Poland, medium in eight networks and low in ten networks. Compared to week 10/2003, clinical morbidity rates declined in eight networks and remained stable in six. Only two networks, both in Eastern Europe, reported increasing clinical morbidity rates in week 11/2003: Romania and the Slovak Republic.

Of the nineteen networks that reported a dominant type, nine were dominant for Type A, five were dominant for Type B, three reported co-circulation and two networks reported no dominant type in week 11/2003. As in previous weeks, influenza B was more common in the west of Europe (Portugal, Ireland, Northern Ireland and Scotland) and influenza A in central (e.g. Germany, Italy and Switzerland) and eastern Europe (Poland, Slovenia and the Slovak Republic). The networks that reported co-circulation of both influenza A and B were Denmark, France and Norway.

The total number of respiratory specimens collected by sentinel physicians in week 11/2003 was 937; this was lower than in week 10/2003 (1353). The percentage of sentinel specimens that tested positive for influenza increased to 43.6% (38.7% in week 10/2003).

Influenza A was clearly the dominant virus circulating in Europe in week 11/2003. Of the positive sentinel respiratory specimens, 73.4% (N=409) were cases of influenza A and 26.6% were influenza B. Of the positive non-sentinel respiratory specimens, 80.7% (N=114) were influenza A and 19.3% were influenza B.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However, a very small number of H3N2 viruses show reduced reactivity to A/Panama/2007/99 antiserum, and have been detected in England, Norway and Switzerland in recent weeks. The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

The data from clinical and virological sources indicates declining activity and sampling, consistent with the reduction in circulation of influenza.

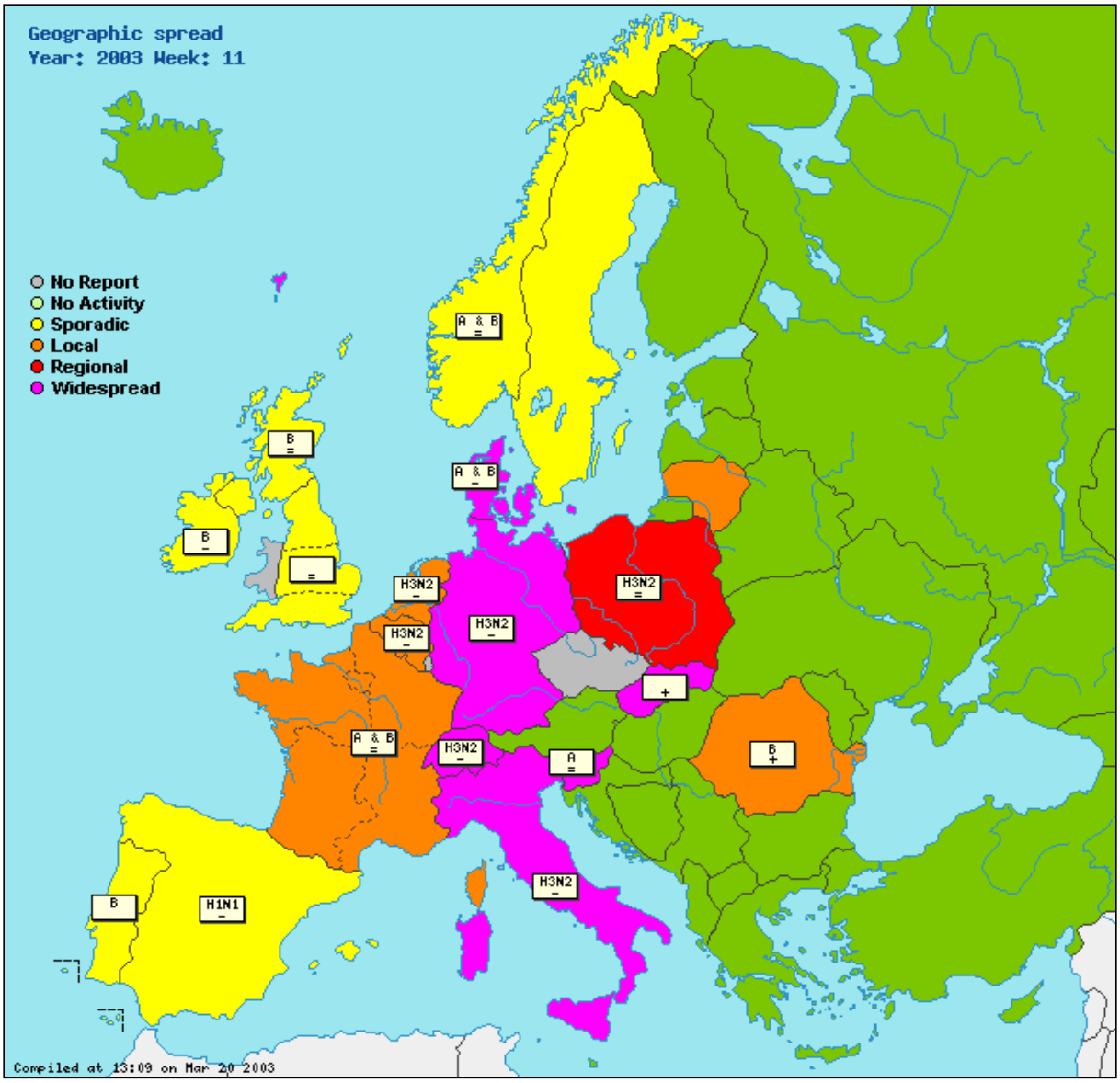
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
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Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

France
The influenza A virus is now dominant in France.
Italy
Widespread influenza activity is reported. Detection/isolations of A/H3N2 viruses have increased during last weeks; this subtype continues to be the predominant circulating strain in Northern and Central Italy. Sporadic cases associated with A/H1N1 and B influenza viruses are also reported.
Slovakia
New 3 A/H3N2/Panama/2007/99-like (2 fom sentinel doctors), 6 B/Hong Kong/330/01-like (2 from sentinel doctors) and 3 A/H1 (1 from sentinel doctor) have been izolated from samples of nasopharyngeal swabs. Total 59 (14 A/H1, 23 A/H3N2 and 22 B) influenza strains were izolated in this season in Slovakia.
Spain
Decreasing influenza activity at national level.
Influenza AH1N1 continues to be the predominant viruses in the last weeks.
Switzerland
Activity of influenza-like illness is decreasing since week 10.
The decrease of the number of influenza viruses detected per week by cell culture started during week 9. One week later (week 10) the decrease of the medical contacts for influenza-like illness confirmed the tendency. The characterised influenza viruses were antigenically related to the 2002-03 vaccine strains. One influenza A (H1N2) virus was detected in week 6

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Local	Low			34	17.7%	Type A, Subtype H3N2	232.9 (graphs)	1305.4 (graphs)	Click here
Denmark	Widespread	Medium			36	13.9%	Type A and B	404.0 (graphs)		Click here
England	Sporadic	Low			7	14.3%		19.6 (graphs)	652.5 (graphs)	Click here
France	Local	Low			76	23.7%	Type A and B		1512.9 (graphs)	Click here
Germany	Widespread	Medium			556	54.3%	Type A, Subtype H3N2		2387.0 (graphs)	Click here
Ireland	Sporadic				7	42.9%	Type B	18.8 (graphs)		Click here
Italy	Widespread	Medium			2	0%	Type A, Subtype H3N2	587.4 (graphs)		Click here
Lithuania	Local	Medium			4	0%	None	353.5 (graphs)	989.7 (graphs)	Click here
Netherlands	Local	Low			8	0%	Type A, Subtype H3N2	57.6 (graphs)		Click here
Northern Ireland	Sporadic	Low			1	100.0%	Type B	32.2 (graphs)		Click here
Norway	Sporadic	Low			4	50.0%	Type A and B	(graphs)		Click here
Poland	Regional	High			0	0%	Type A, Subtype H3N2	721.7 (graphs)		Click here
Portugal	Sporadic	Low			4	50.0%	Type B	2.6 (graphs)		Click here
Romania	Local	Medium			63	73.0%	Type B		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type B	13.9 (graphs)		Click here
Slovakia	Widespread	Medium			31	9.7%	Type A, Subtype H3N2	2508.1 (graphs)		Click here
Slovenia	Widespread	Medium			31	25.8%	Type A	140.8 (graphs)	1811.9 (graphs)	Click here
Spain	Sporadic	Low			43	27.9%	Type A, Subtype H1N1	37.5 (graphs)		Click here
Sweden	Sporadic							(graphs)		Click here
Switzerland	Widespread	Medium			30	0%	Type A, Subtype H3N2	345.6 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					1354	39.9%				Click here

Preliminary data

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Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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Influenza activity generally declining in Europe

European Influenza Surveillance Scheme

The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 12/2003, twenty networks reported clinical data and twenty networks reported virological data to EISS.

Widespread influenza activity was reported in the Denmark, Italy, the Slovak Republic, Slovenia and Switzerland in week 12/2003. Poland and Germany reported regional activity and the Czech Republic, France, Lithuania, Netherlands and Romania reported local activity. Sporadic activity was reported in Belgium, England, Ireland, Norway, Scotland and Spain. In Portugal and Northern Ireland no activity was recorded.

The intensity of clinical morbidity (compared to historical data i.e. the previous 10-20 influenza seasons) was high in Denmark, medium in seven networks and low in twelve networks. Compared to week 11/2003, clinical morbidity rates declined in eleven networks and remained stable in five. Only Lithuania - in Eastern Europe - reported increasing clinical morbidity rates.

Of the sixteen networks that reported a dominant type, eleven were dominant for Type A, two were dominant for Type B, three reported co-circulation, and three networks reported no dominant type in week 12/2003.

The total number of respiratory specimens collected by sentinel physicians in week 12/2003 was 870; this was lower than in week 11/2003 (937). The decline in specimen collection is a reflection that influenza circulation has past its peak in most countries. The percentage of sentinel specimens that tested positive for influenza decreased to 28.5% (43.6% in week 11/2003), and ranged from 0% (in ten networks) to 49% (in Romania).

Influenza A was clearly the dominant virus circulating in Europe in week 12/2003. Of the positive sentinel respiratory specimens, 63% (N=171) were cases of influenza A and 37% were influenza B.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However, a very small number of H3N2 viruses show reduced reactivity to A/Panama/2007/99 antiserum (detected in England and Norway in recent weeks). The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

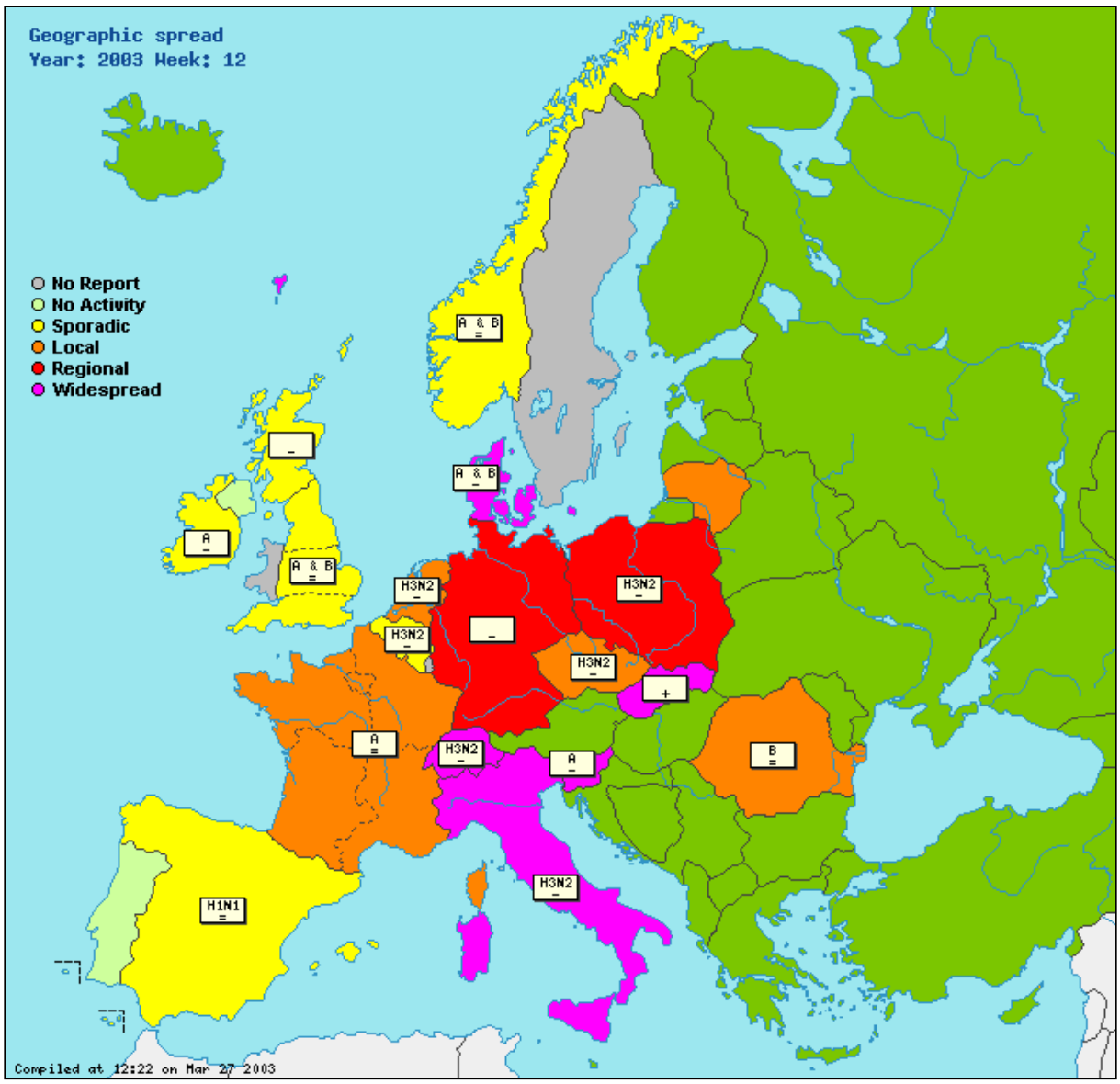
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
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Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Italy
Widespread influenza activity is reported.Viruses A/H3N2 subtype continues to be the predominant circulating strain. Cases associated with A/H1N1 and B influenza viruses are also reported.

Slovakia
New 4 A/H3N2/Panama/2007/99-like (3 from sentinel doctors), 2 B/Hong Kong/330/01-like (1 from sentinel doctor) and 3 A/H1 (1 from sentinel doctor) have been izolated from samples of nasopharyngeal swabs. Total 69 (17 A/H1, 27 A/H3N2, 24 B and 1 A not sub-typed) influenza strains were izolated in this season in Slovakia.

Spain
Sporadic influenza activity.
Influenza AH1N1 continues to be the predominant viruses in the last weeks.

Switzerland
A decrease of the influenza activity is now observed in all the 6 regions. Medical contacts for influenza like illness as well as the number of influenza viruses detected confirm this tendency. But influenza viruses continue to circulate in all the 6 regions. All influenza viruses characterised were closely related to the 2002-03 vaccine strains.

Table and graphs (where available)

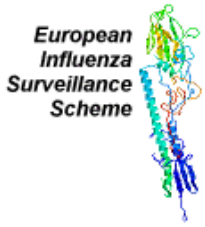
	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			24	25.0%	Type A, Subtype H3N2	117.8 (graphs)	1127.8 (graphs)	Click here
Czech Republic	Local	Low			89	14.6%	Type A, Subtype H3N2		1902.6 (graphs)	Click here
Denmark	Widespread	High			13	0%	Type A and B	333.5 (graphs)		Click here
England	Sporadic	Low			14	28.6%	Type A and B	19.0 (graphs)	653.9 (graphs)	Click here
France	Local	Low			145	12.4%	Type A		1557.2 (graphs)	Click here
Germany	Regional	Medium			336	40.2%	None		1792.6 (graphs)	Click here
Ireland	Sporadic				7	42.9%	Type A	18.3 (graphs)		Click here
Italy	Widespread	Medium			0	0%	Type A, Subtype H3N2	492.7 (graphs)		Click here
Lithuania	Local	Medium			2	0%	None	471.6 (graphs)	1168.6 (graphs)	Click here
Netherlands	Local	Low			4	0%	Type A, Subtype H3N2	48.5 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type B	25.8 (graphs)		Click here
Norway	Sporadic	Low			6	33.3%	Type A and B	(graphs)		Click here
Poland	Regional	Medium			0	0%	Type A, Subtype H3N2	485.8 (graphs)		Click here
Portugal	None	Low			7	0%	None	9.9 (graphs)		Click here
Romania	Local	Medium			49	49.0%	Type B		(graphs)	Click here
Scotland	Sporadic	Low						6.8 (graphs)		Click here
Slovakia	Widespread	Low			62	0%	Type A, Subtype H3N2	2147.3 (graphs)		Click here
Slovenia	Widespread	Medium			57	42.1%	Type A	120.5 (graphs)	1728.4 (graphs)	Click here
Spain	Sporadic	Low			48	39.6%	Type A, Subtype H1N1	37.8 (graphs)		Click here
Switzerland	Widespread	Medium			7	0%	Type A, Subtype H3N2	227.3 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					1066	28.9%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Further decline of influenza activity in Europe



The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 13/2003, twenty-one networks reported clinical data and eighteen networks reported virological data to EISS.

Poland, Germany Italy and Switzerland reported regional activity and Belgium, the Czech Republic, Denmark, France, Lithuania, the Netherlands, Romania, Slovakia and Slovenia reported local activity in week 13/2003. Sporadic activity was reported in England, Ireland, Norway, Scotland, Spain and Sweden. No influenza activity (i.e. the overall level of clinical activity was at baseline levels) was reported In Portugal and Northern Ireland.

The intensity of clinical morbidity (compared to historical data i.e. the previous 10-20 influenza seasons) was medium in eight networks and low in twelve networks. Compared to week 12/2003, clinical morbidity rates declined in eleven networks and remained stable in five. Only Belgium and Ireland reported increasing clinical morbidity rates (but at relatively low clinical morbidity levels).

Of the seventeen networks that reported a dominant type, nine were dominant for Type A, three were dominant for Type B, four reported co-circulation and one network reported no dominant type in week 13/2003. Germany, the Netherlands and Poland reported that the dominant influenza A subtype was H3N2 and Spain reported that it was H1N1.

The total number of respiratory specimens collected by sentinel physicians in week 13/2003 was 474; this was lower than in week 12/2003 (870). The percentage of sentinel specimens that tested positive for influenza was 30.6% (28,5% in week 12/2003), and ranged from 0% (in ten networks) to 50% (in Ireland).

Influenza A was clearly the most frequent influenza type in Europe in week 13/2003. Of the 152 positive sentinel respiratory specimens, 70% (N=107) were cases of influenza A and 30% were influenza B.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However, a very small number of H3N2 viruses have shown reduced reactivity to A/Panama/2007/99 antiserum (detected in England and Norway). The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

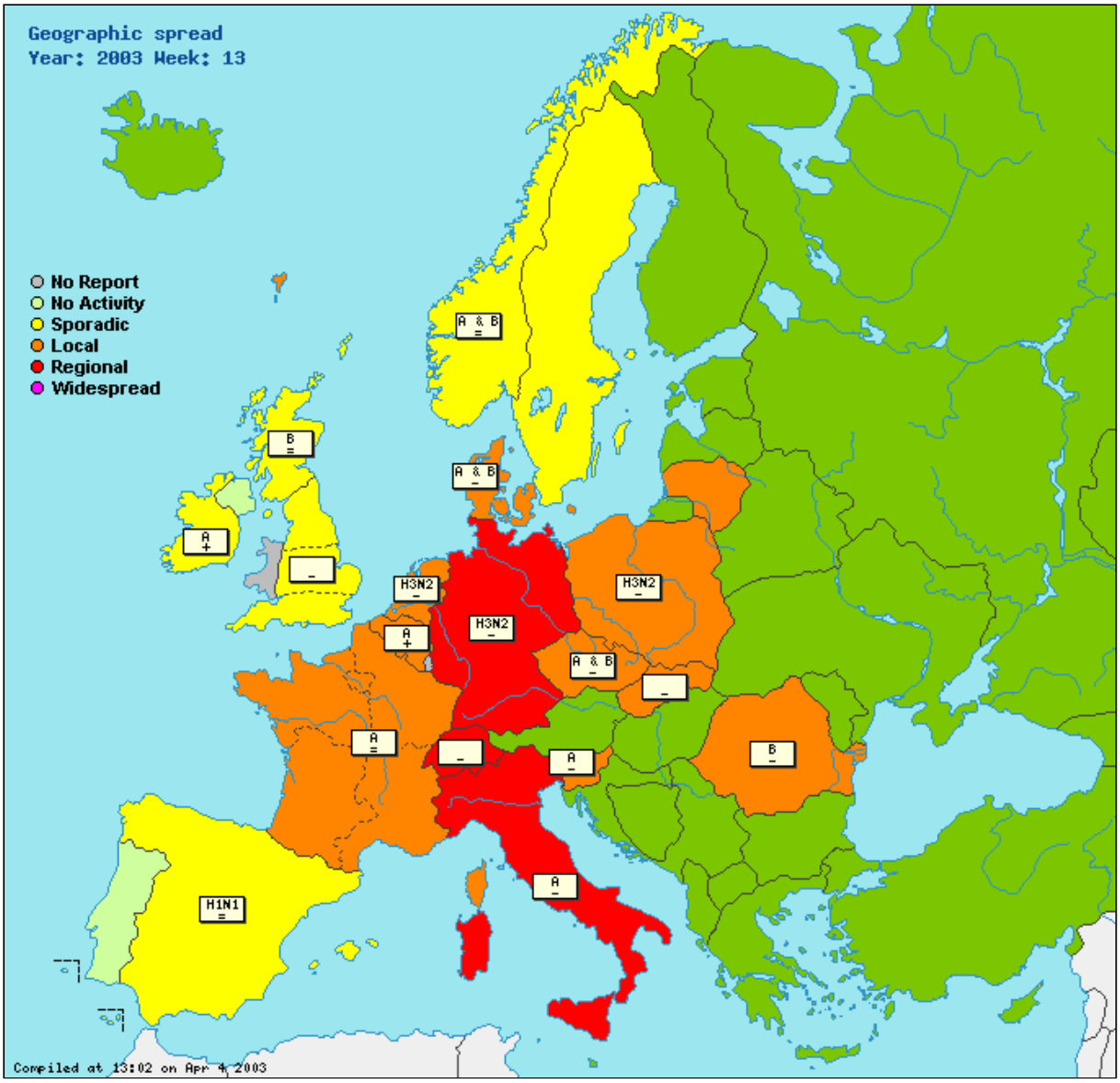
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
High = higher than usual levels of influenza activity
Very high = particularly severe levels of influenza activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Italy
Regional influenza activity is reported.A/H3N2 subtype is the dominant influenza strain. Few cases associated with A/H1N1 and B influenza viruses are reported

Norway
The overall number of virus detections has increased in week 13. The number of samples collected in the sentinel network was, however lower than in previous weeks.

Slovakia
New 11 A/H3N2/Panama/2007/99-like (9 from sentinel doctors), 14 B/Hong Kong/330/01-like (8 from sentinel doctor) and 8 A/H1 (2 from sentinel doctor) have been izolated from samples of nasopharyngeal swabs. Total 103 (25 A/H1, 38 A/H3N2, 37 B and 4 A not sub-typed) influenza strains were izolated in this season in Slovakia.

Spain
Sporadic influenza activity.

Switzerland
Influenza-like illness activity is decreasing in all six regions. In three regions activity is still above the epidemic threshold.

Table and graphs (where available)

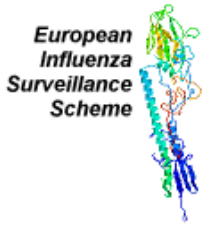
	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Local	Low			15	26.7%	Type A	245.9 (graphs)	1307.5 (graphs)	Click here
Czech Republic	Local	Low			60	25.0%	Type A and B		1546.5 (graphs)	Click here
Denmark	Local	Low			4	25.0%	Type A and B	247.5 (graphs)		Click here
England	Sporadic	Low			15	0%		22.2 (graphs)	607.2 (graphs)	Click here
France	Local	Low			63	34.9%	Type A		1657.5 (graphs)	Click here
Germany	Regional	Medium			138	45.7%	Type A, Subtype H3N2		1350.0 (graphs)	Click here
Ireland	Sporadic				10	50.0%	Type A	22.5 (graphs)		Click here
Italy	Regional	Medium			0	0%	Type A	341.1 (graphs)		Click here
Lithuania	Local	Medium			0	0%	None	436.8 (graphs)	1018.9 (graphs)	Click here
Netherlands	Local	Low			3	0%	Type A, Subtype H3N2	47.9 (graphs)		Click here
Northern Ireland	None	Low			1	0%	Type B	26.3 (graphs)		Click here
Norway	Sporadic	Low			4	0%	Type A and B	(graphs)		Click here
Poland	Local	Medium			0	0%	Type A, Subtype H3N2	232.5 (graphs)		Click here
Portugal	None	Low						4.5 (graphs)		Click here
Romania	Local	Medium			40	42.5%	Type B		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type B	(graphs)		Click here
Slovakia	Local	Medium			70	0%	Type A and B	1703.6 (graphs)		Click here
Slovenia	Local	Medium			36	38.9%	Type A	79.1 (graphs)	1682.3 (graphs)	Click here
Spain	Sporadic	Low			35	28.6%	Type A, Subtype H1N1	47.1 (graphs)		Click here
Sweden	Sporadic							(graphs)		Click here
Switzerland	Regional	Medium						132.7 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					657	37.1%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by Aad Bartelds (NIVEL, the Netherlands), John Paget (EISS co-ordination centre, the Netherlands), Helmut Uphoff (AGI, Germany) and Maria Zambon (Central Public Health Laboratory, United Kingdom) on behalf of the EISS Working Group.

Declining influenza activity in Europe



The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 14/2003, nineteen networks reported clinical data and seventeen networks reported virological data to EISS.

Influenza activity in week 14/2003 was regional in Italy and local in France, Germany, Lithuania, Poland, Romania, the Slovak Republic, Slovenia and Switzerland. Nine networks reported sporadic influenza activity and Portugal reported no activity i.e. the overall level of clinical activity was at baseline levels.

The intensity of clinical morbidity (compared to historical data i.e. the previous 10-20 influenza seasons) was medium in six networks and low in thirteen networks. Compared to week 13/2003, clinical morbidity rates declined in thirteen networks and remained stable in two (France and Slovenia).

Influenza A was the dominant virus type in ten networks in week 14/2003 and influenza B was dominant in two networks (Northern Ireland and Romania). The Czech Republic and Slovak Republic reported the co-circulation of influenza A and B. The influenza A subtype H3N2 was dominant in Germany, Poland and Switzerland, and the H1N1 subtype was dominant in Spain.

The total number of respiratory specimens collected by sentinel physicians in week 14/2003 was 369; this was lower than in week 13/2003 (494) and week 12/2003 (870). The percentage of sentinel specimens that tested positive for influenza was 24.4% (30.6% in week 13/2003), and it ranged from 0% (in Slovakia) to 50% (in Slovenia) in the networks that tested five or more sentinel swabs in week 14/2003. Of the positive sentinel respiratory specimens (N=90), 72.2% were cases of influenza A and 27.8% cases of influenza B.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However, a very small number of H3N2 viruses have shown reduced reactivity to A/Panama/2007/99 antiserum (detected in England, Norway and Switzerland). The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

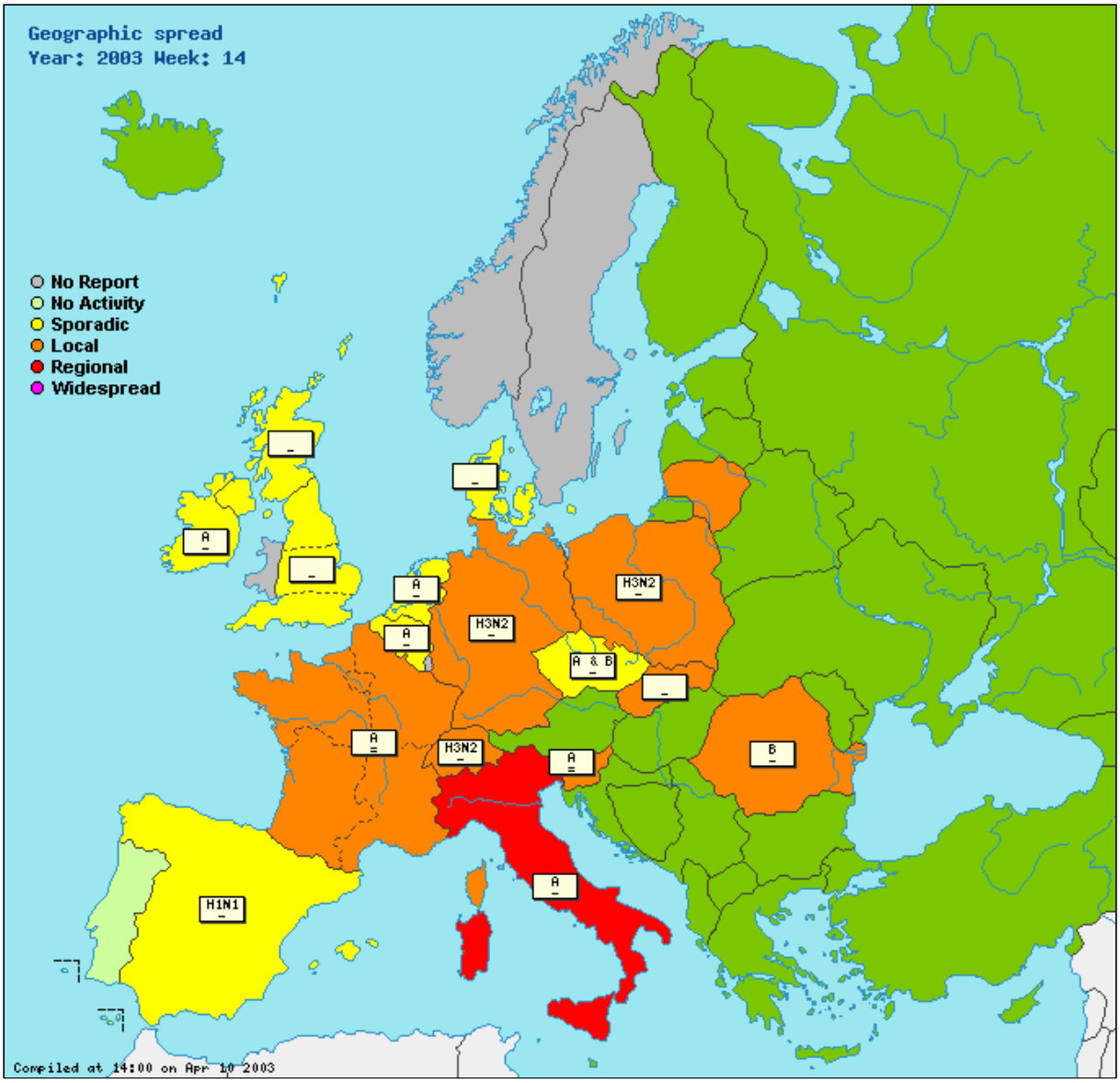
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
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Very high = particularly severe levels of influenza activity

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
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Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Italy
Decreasing influenza activity is reported. Decreasing number of isolates. Sporadic detection associated with A/H3N2 and A/H1 influenza viruses are reported.

Slovakia
1 new A/H3N2/Panama/2007/99-like (from sentinel doctor), 9 B/Hong Kong/330/01-like (6 from sentinel doctors) and 1 A/H1 (from non-sentinel doctor) have been izolated from samples of nasopharyngeal swabs. Total 115 (26 A/H1, 39 A/H3N2, 46 B and 5 A not sub-typed) influenza strains were izolated in this season in Slovakia.

Spain
Sporadic influenza activity.
Influenza AH1N1 continues to be the predominant viruses in the last weeks.

Switzerland
On the national level influenza-like illness activity is now below the epidemic threshold.
The number of influenza viruses detected last week was two time lower than the week before. The majority of influenza viruses characterised were related to the vaccine strain A/Panama/2007/99 (H3N2) and B/Hong Kong/330/01. One influenza virus showed a lower titre with the A/Panama/2007/99 (H3N2). Further analysis showed that it was more related to the more recent influenza A/Fujian/411/02 (H3N2).

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			18	22.2%	Type A	116.0 (graphs)	1179.2 (graphs)	Click here
Czech Republic	Sporadic	Low			39	20.5%	Type A and B		(graphs)	Click here
Denmark	Sporadic	Low			3	0%	None	136.9 (graphs)		Click here
England	Sporadic	Low						16.5 (graphs)	631.3 (graphs)	Click here
France	Local	Low			65	29.2%	Type A		1648.4 (graphs)	Click here
Germany	Local	Low			78	41.0%	Type A, Subtype H3N2		1202.0 (graphs)	Click here
Ireland	Sporadic				10	40.0%	Type A	16.2 (graphs)		Click here
Italy	Regional	Medium			0	0%	Type A	180.8 (graphs)		Click here
Lithuania	Local	Medium			0	0%	None	242.5 (graphs)	744.0 (graphs)	Click here
Netherlands	Sporadic	Low			2	0%	Type A	(graphs)		Click here
Northern Ireland	Sporadic	Low			1	100.0%	Type B	27.2 (graphs)		Click here
Poland	Local	Medium			0	0%	Type A, Subtype H3N2	89.7 (graphs)		Click here
Portugal	None	Low						7.2 (graphs)		Click here
Romania	Local	Medium			45	11.1%	Type B		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	None	4.3 (graphs)		Click here
Slovakia	Local	Low			27	0%	Type A and B	1317.6 (graphs)		Click here
Slovenia	Local	Medium			12	50.0%	Type A	81.3 (graphs)	1199.0 (graphs)	Click here
Spain	Sporadic	Low			39	28.2%	Type A, Subtype H1N1	34.3 (graphs)		Click here
Switzerland	Local	Medium			30	0%	Type A, Subtype H3N2	72.3 (graphs)		Click here
Europe					491	28.1%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
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Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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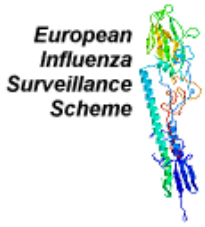
Declining influenza activity in Europe



The Weekly Electronic Bulletin presents and comments influenza activity in the 19 European countries (22 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 15/2003, eighteen networks reported clinical data and sixteen networks reported virological data to EISS.

Influenza activity in week 15/2003 was local in France, Lithuania, Romania and the Slovak Republic and sporadic in twelve networks. No influenza activity (i.e. the overall level of clinical activity was at baseline levels) was reported in Poland and Portugal*.

The intensity of clinical morbidity (compared to historical data i.e. the previous 10-20 influenza seasons) was medium in two networks and low in sixteen networks. Compared to week 14/2003, clinical morbidity rates declined in twelve networks and remained stable in one (France).

Influenza A was the dominant virus type in eight networks in week 14/2003 and influenza B was dominant in two networks (Northern Ireland and Romania). A co-circulation of influenza A and B was reported in the Slovak Republic. The influenza A subtype H3N2 was dominant in Germany and Switzerland, and the H1N1 subtype was dominant in Spain.

The total number of respiratory specimens collected by sentinel physicians in week 14/2003 was 315; this was lower than in week 14/2003 (369) and week 13/2003 (494). The percentage of sentinel specimens that tested positive for influenza was 23.5% (24.4% in week 14/2003), and it ranged from 16.3% (in Spain) to 83.3% (in Ireland) in the networks that tested five or more sentinel swabs in week 15/2003. Of the positive sentinel respiratory specimens (N=74), 70.3% were cases of influenza A and 29.7% cases of influenza B.

More than 99% of the viruses detected through the EISS network so far this season are closely related to the 2002-2003 vaccine strains. However, a very small number of H3N2 viruses have shown reduced reactivity to A/Panama/2007/99 antiserum (detected in England, Norway and Switzerland). The epidemiological and virological significance of these viruses is unclear at present, but they do not seem to be associated with any unusually severe disease.

* *Erratum:* In the map and table, the geographical spread of influenza in the Netherlands should be ‘Sporadic’ and not 'No activity' / ‘None’

This is the last Weekly Electronic Bulletin of the 2002-2003 influenza season. Many surveillance networks participating in EISS are no longer actively monitoring influenza activity or will shortly stop doing so as the influenza season is considered to be over. Countries will often continue to monitor influenza activity (e.g. laboratory reports of influenza viruses) and this surveillance data can be viewed on the national websites which are listed under “Links” (click here). The EISS Weekly Electronic Bulletin will resume publication in October 2003 for the 2003-2004 influenza season.

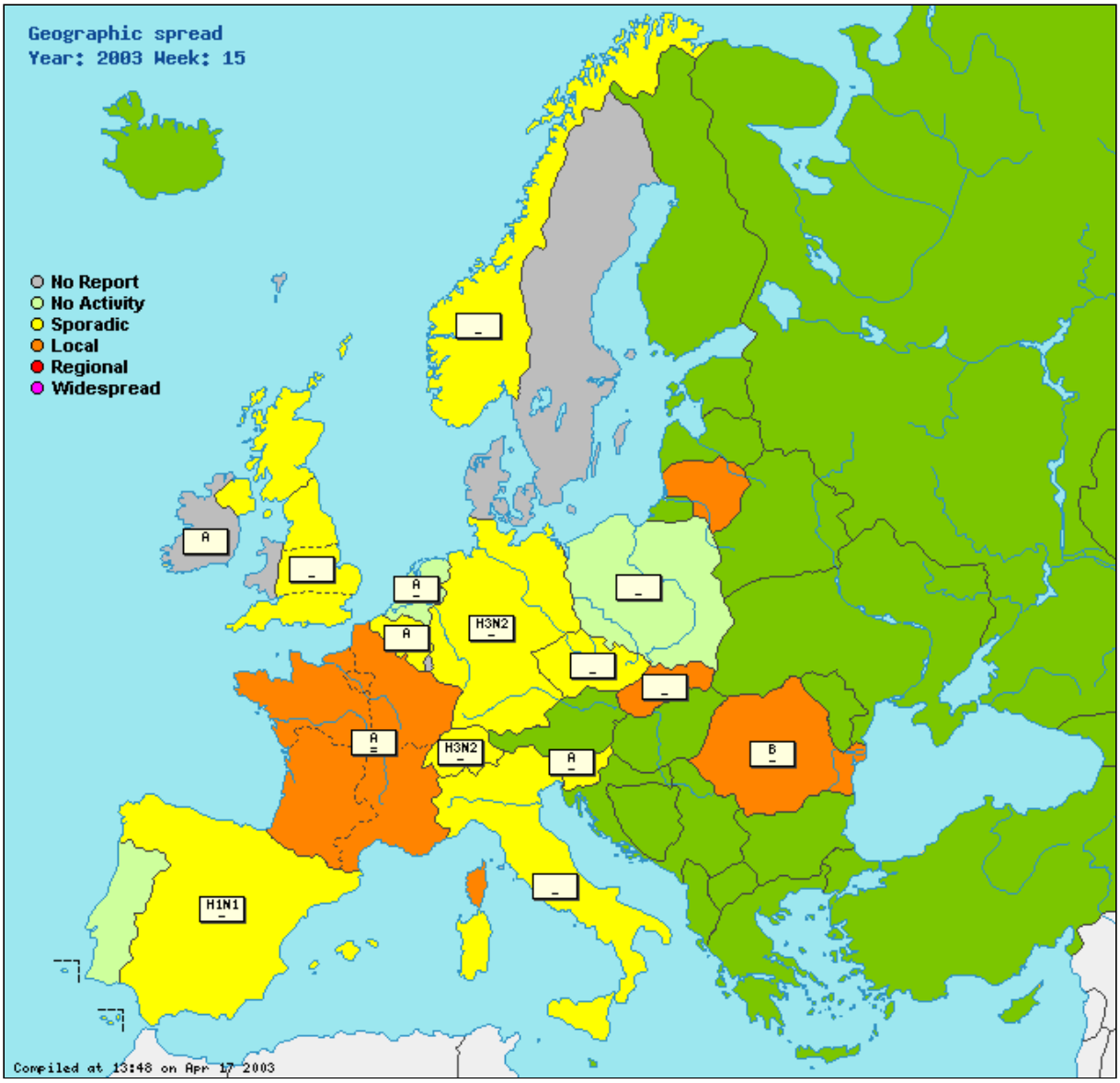
Map

The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

Clicking on the map will, if available, take you through to the national web site. If 'regional' activity is reported, a pop-up text box will appear which describes the activity in greater detail.

Clicking on France, Russian Federation, Turkey and United Kingdom (England) will provide you with regional data.

You may select the type of map : **Geographical spread** ◉ **Intensity** ○



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B

= : stable clinical activity
+ : increasing clinical activity
- : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
Medium = usual levels of influenza activity
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No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.
Regional activity = influenza activity above baseline levels in one or more regions with a population comprising less than 50% of the country's total population. Laboratory confirmed.
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Italy
Decreasing influenza activity is reported. No detection influenza viruses are reported.
Slovakia
New 7 A/H3N2/Panama/2007/99-like (6 from sentinel doctor) and 5 B/Hong Kong/330/01-like (3 from sentinel doctors) have been izolated from samples of nasopharyngeal swabs. Total 127 (26 A/H1, 46 A/H3N2, 51 B and 5 A not sub-typed) influenza strains were izolated in this season in Slovakia.
Switzerland
The number of influenza viruses detected is decreasing dramatically now. Both type of influenza A and B viruses are detected. Finally, 3 influenza A (H1N2) were detected.

Table and graphs (where available)

	Geographic Spread	Intensity	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Sporadic	Low			17	29.4%	Type A	174.7 (graphs)	1278.8 (graphs)	Click here
Czech Republic	Sporadic	Low			18	33.3%	None		1342.4 (graphs)	Click here
England	Sporadic	Low						15.6 (graphs)	652.6 (graphs)	Click here
France	Local	Low			65	26.2%	Type A		1535.5 (graphs)	Click here

Germany	Sporadic	Low	73	28.8%	Type A, Subtype H3N2		1154.0	(graphs)	Click here
Ireland			6	83.3%	Type A	(graphs)			Click here
Italy	Sporadic	Low	0	0%	None	134.0 (graphs)			Click here
Lithuania	Local	Medium	0	0%	None	158.6 (graphs)	644.8	(graphs)	Click here
Netherlands	None	Low	2	0%	Type A	(graphs)			Click here
Northern Ireland	Sporadic	Low	1	100.0%	Type B	20.5 (graphs)			Click here
Norway	Sporadic	Low				(graphs)			Click here
Poland	None	Low	0	0%	None	42.0 (graphs)			Click here
Portugal	None	Low				(graphs)			Click here
Romania	Local	Medium	47	25.5%	Type B			(graphs)	Click here
Scotland	Sporadic	Low				3.8 (graphs)			Click here
Slovakia	Local	Low	37	0%	Type A and B	19.3 (graphs)			Click here
Slovenia	Sporadic	Low	2	0%	Type A	40.3 (graphs)	960.1	(graphs)	Click here
Spain	Sporadic	Low	43	16.3%	Type A, Subtype H1N1	26.4 (graphs)			Click here
Sweden		Medium				(graphs)			Click here
Switzerland	Sporadic	Low	4	0%	Type A, Subtype H3N2	43.3 (graphs)			Click here
Wales			0	0%	None	(graphs)			Click here
Europe			413	26.6%					Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.
Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).
Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.
Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.
Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B
Dominant type: this assessment is based on data from sentinel and non-sentinel sources
ARI: acute respiratory infection
ILI: influenza-like illness
Sentinel SARI: severe acute respiratory illness
Population: per 100,000 population
***:** the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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