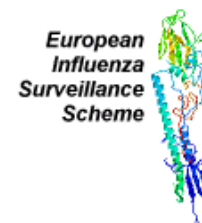


Low levels of influenza activity in Europe with sporadic cases of influenza A(H3N2) reported in Portugal, Spain, Ireland and Northern Ireland



This is the first Weekly Electronic Bulletin of the 2003-2004 influenza season. The 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 41/2003, thirteen networks reported clinical data and eleven networks reported virological data to EISS.

Sporadic influenza activity was reported in Ireland, Northern Ireland, Portugal and Spain in week 41/2003. In the nine other networks no influenza activity (i.e. the overall level of clinical activity was at baseline levels) was reported. Maps outlining influenza activity in weeks 38/2003, 39/2003 and 40/2003 can be viewed by clicking [here](#).

Thirteen of the 155 respiratory specimens (8.4%) collected by sentinel physicians in Europe during week 41/2003 were positive for influenza (12 cases of influenza A(H3N2) and one case of influenza A (unsubtyped)). Six networks reported that there was no dominant virus circulating in their country and Ireland, Northern Ireland, Spain and Portugal reported that influenza A(H3N2) was dominant.

Ireland's 2003-2004 influenza season began with an outbreak in week 37/2003 at a secondary school in Dublin. The outbreak affected 81 pupils and one staff member. Influenza A(H3N2) was detected in four of the nine throat swabs collected at the school. An investigation revealed that the infection had most likely been acquired locally and was not imported from abroad. For more information, click [here](#).

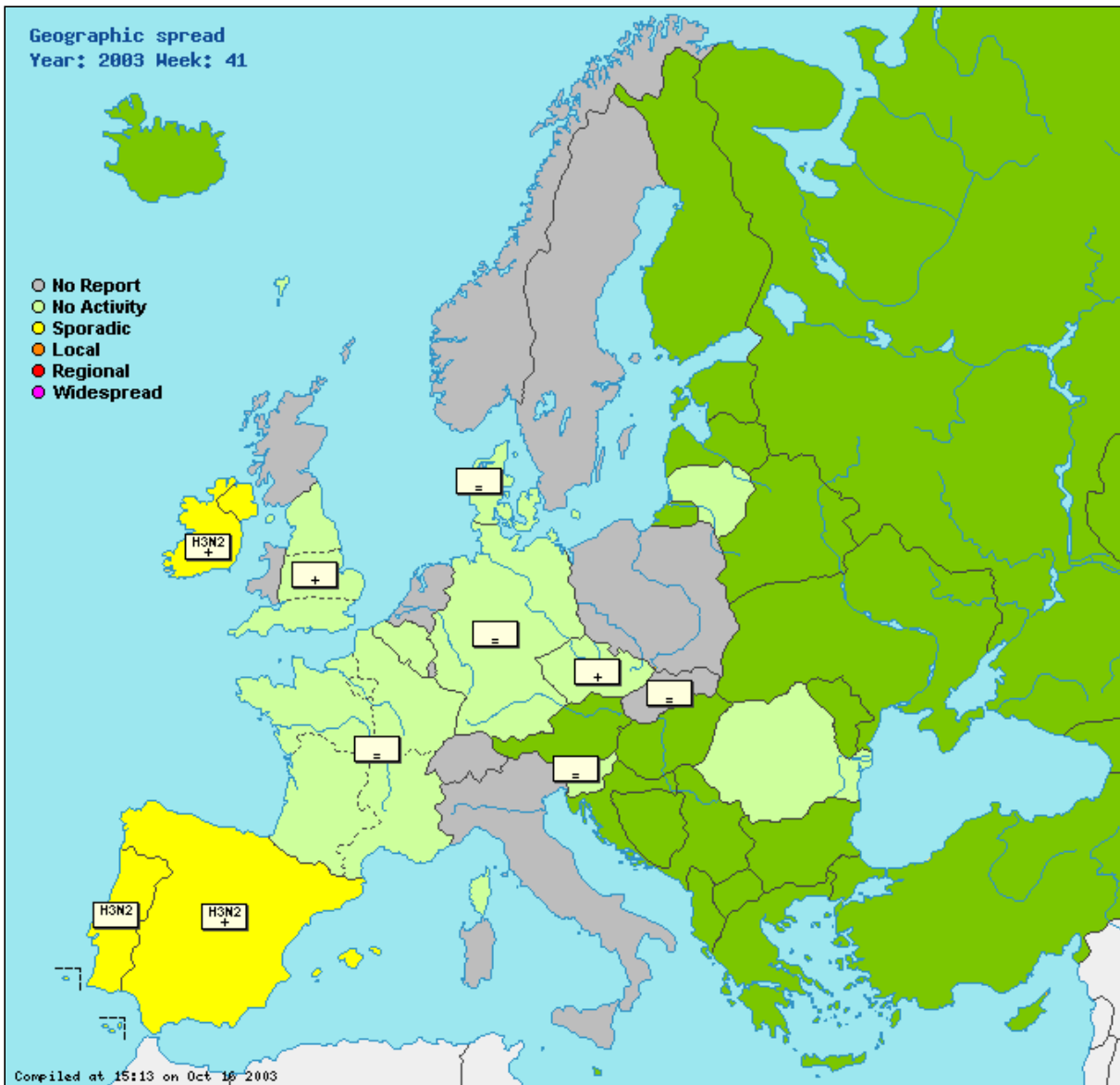
Map

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)

Czech Republic

By means of direct antigen detection (ELISA), one positive case of influenza A is reported from east Bohemia (women born 1951).

Northern Ireland

First Detections of influenza A H3 in Northern Ireland during Week 41. One in a hospitalised child and the other in a middle-aged adult. Virus from one sample has been sequenced and a match is awaited.

Spain

Influenza activity is at baseline level.

Influenza A(H3N2) viruses have been sporadically isolated within the sentinel system.

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							28.9 (graphs)	1165.2 (graphs)	Click here
Czech Republic	None	Low			5	20.0%	None		1251.3 (graphs)	Click here
Denmark	None	Low			0	0%	None	37.4 (graphs)		Click here
England	None	Low			32	0%		13.9 (graphs)	606.9 (graphs)	Click here

France	None	Low	56	0%	None		1892.4 (graphs)	Click here
Germany	None	Low					(graphs)	Click here
Ireland	Sporadic	Medium	12	33.3%	Type A, Subtype H3N2	35.5 (graphs)		Click here
Lithuania	None	Low	0	0%	None	0.1 (graphs)	380.5 (graphs)	Click here
Northern Ireland	Sporadic	Low	2	50.0%	Type A, Subtype H3N2	40.4 (graphs)		Click here
Portugal	Sporadic	Low	6	0%	Type A, Subtype H3N2	18.5 (graphs)		Click here
Romania	None		17	0%	None		(graphs)	Click here
Slovakia			0	0%	None		(graphs)	Click here
Slovenia	None	Low				3.8 (graphs)	1119.4 (graphs)	Click here
Spain	Sporadic	Low	25	28.0%	Type A, Subtype H3N2	36.1 (graphs)		Click here
Europe			363	7.4%				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

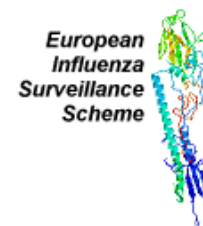
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunnhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Sporadic influenza activity reported in a number of European countries in week 42/2003



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 42/2003, 18 networks reported clinical data and 18 networks reported virological data to EISS.

Sporadic influenza activity was reported in England, France, Ireland, Northern Ireland, Portugal, Scotland and Spain in week 42/2003. In the 11 other networks no influenza activity (i.e. the overall level of clinical activity was at baseline levels) was reported.

The intensity of influenza activity (the clinical incidence rate compared to historical data) was medium in Northern Ireland and low in 15 networks. The number of ILI consultations per 100,000 population in Ireland, Northern Ireland and Spain was above the levels usually seen at this time of the year. Increasing incidence rates (compared to week 41/2003) were reported in the Czech Republic, England and Spain.

The total number of respiratory specimens collected by sentinel physicians in Europe during week 42/2003 was 244. The percentage of specimens that tested positive for influenza was 14.3%, ranging from 0% (in 12 networks) to 50% in Ireland. Among the 35 positive specimens, 22 were cases of influenza A(H3N2) and 13 were cases of influenza A (unsubtyped). Northern Ireland, Portugal and Spain reported that influenza A(H3N2) was the predominant virus circulating in their country. France, Ireland and Norway reported that it was influenza A and 12 countries reported that there was no predominant virus.

In week 37/2003 an outbreak of influenza A(H3N2) was reported at a secondary school in Dublin that affected 81 pupils and one staff member. The influenza strain in this outbreak has now been subtyped as A(H3N2)/Fujian/411/2002 (click [here](#)).

Seven strain characterisations of influenza virus isolates (sentinel and non-sentinel respiratory specimens) collected during the 2003-2004 season were reported to EISS in week 42/2003. All of the strain characterisations were influenza A(H3N2)/Fujian/411/2002-like viruses: three in England, three in Ireland and one in Northern Ireland.

The influenza A(H3N2)/Fujian/411/2002-like virus was the predominant virus circulating in Australia and New Zealand during the recent (southern hemisphere) influenza season, and activity during this season was relatively high in both countries. The A/Fujian-like viruses are related to the A/Panama-like strain included in the 2003-2004 season vaccine and this vaccine has been demonstrated to induce antibodies to the A/Fujian-like strains, but generally at a reduced level. The spread of influenza virus strains and their epidemiological impact in Europe will be carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

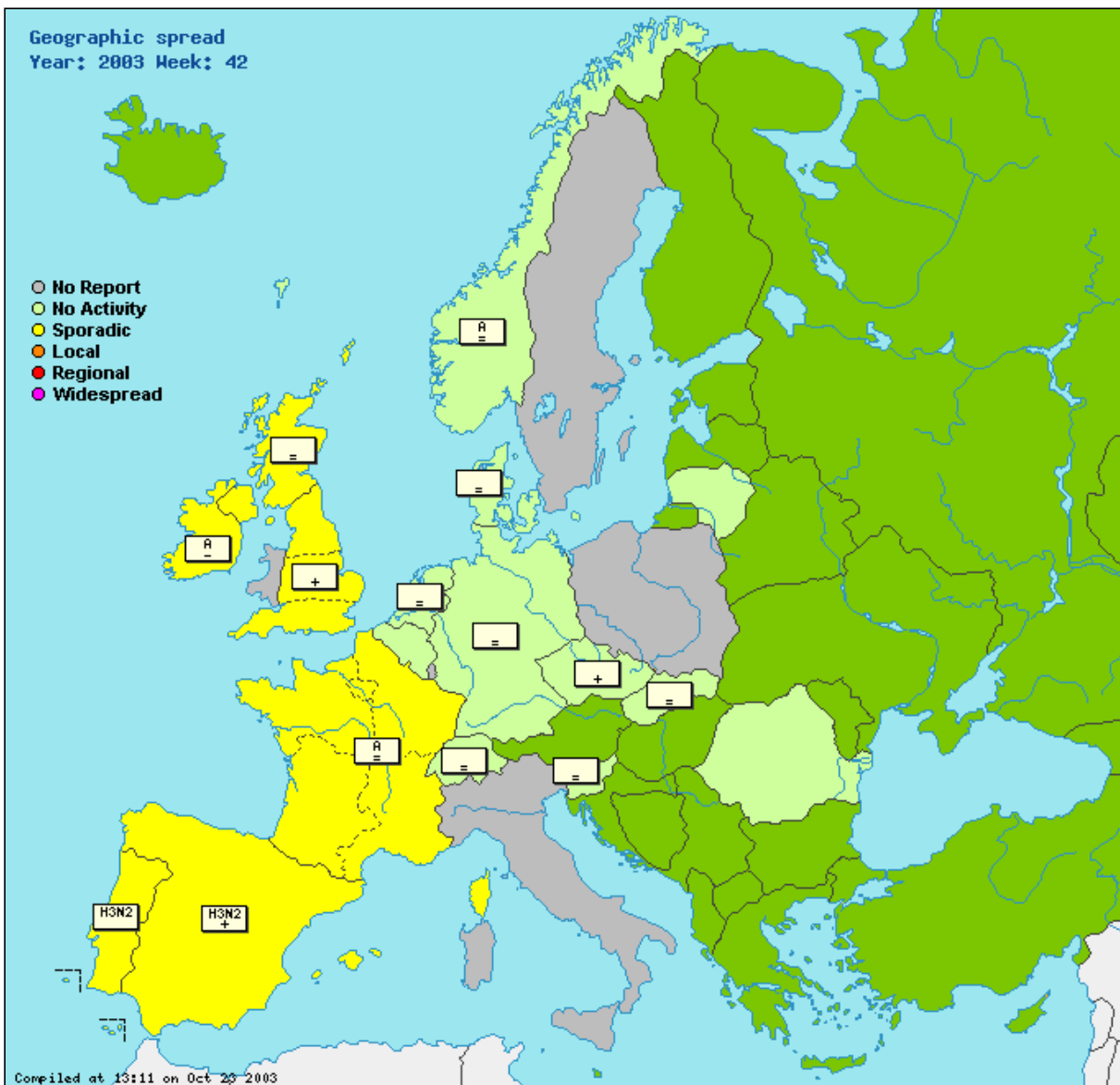
Map

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



Country comments (where available)

England

Clinical rates remain within base line levels but are increasing. Sporadic detections of influenza A viruses are being reported.

Czech Republic

Total morbidity is at seasonal level - 1463 cases of ARO per 100 000 inhab. One case of influenza A has been detected in south Moravia (man born 1948).

Norway

One influenza A virus was isolated from a two-year old infant in Mid-Norway.

Scotland

A further outbreak of confirmed influenza A has been reported in a hospital for the elderly in the Grampian area during week 42. Seven staff and six of 25 patients became ill with a combination of diarrhoea vomiting and/or respiratory symptoms. Influenza A has been isolated from both staff and patients and samples have been sent to ERNVL for further characterisation

Spain

Influenza activity is at baseline level.

Influenza A(H3N2) viruses have been sporadically isolated within the sentinel system.

Switzerland

No influenza activity detected in Switzerland. MC-ILI remained at a low level these last weeks.

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				3	0%	None	46.8 (graphs)	1120.8 (graphs)	Click here
Czech Republic	None	Low			11	9.1%	None		1287.4 (graphs)	Click here
Denmark	None	Low			0	0%	None	23.0 (graphs)		Click here
England	Sporadic	Low			21	0%	None	15.7 (graphs)	595.3 (graphs)	Click here
France	Sporadic	Low			65	1.5%	Type A		1957.4 (graphs)	Click here
Germany	None	Low			32	0%	None		1418.0 (graphs)	Click here
Ireland	Sporadic	Low			14	50.0%	Type A	24.1 (graphs)		Click here
Lithuania	None	Low			0	0%	None	0.8 (graphs)	371.2 (graphs)	Click here
Netherlands	None	Low			1	0%	None	(graphs)		Click here
Northern Ireland	Sporadic	Medium			7	57.1%	Type A, Subtype H3N2	65.8 (graphs)		Click here
Norway	None	Low			0	0%	Type A	(graphs)		Click here
Portugal	Sporadic	Low			6	16.7%	Type A, Subtype H3N2	8.6 (graphs)		Click here
Romania	None				14	0%	None		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	None	22.2 (graphs)		Click here
Slovakia	None	Low			0	0%	None	666.1 (graphs)		Click here
Slovenia	None	Low			0	0%	None	1.3 (graphs)	1086.9 (graphs)	Click here
Spain	Sporadic	Low			61	34.4%	Type A, Subtype H3N2	47.6 (graphs)		Click here
Switzerland	None	Low			9	0%	None	12.2 (graphs)		Click here
Europe					476	10.3%				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

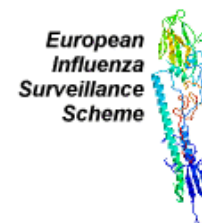
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Low but increasing levels 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 43/2003, 17 networks reported clinical data and 14 networks reported virological data to EISS.

Local influenza activity was reported in Scotland in week 43/2003. This indicates that increased influenza-like illness activity was reported in local areas (e.g. a city) within a region of Scotland, or outbreaks were reported in two or more institutions within a region, with laboratory confirmed cases of influenza activity. Sporadic but increasing influenza activity was reported in England, Ireland and Spain, though usual winter baseline incidence levels were not exceeded. Sporadic activity with stable or decreasing clinical incidence rates were reported in France and Portugal, and no influenza activity (i.e. the overall level of clinical activity was at baseline levels) was reported in 11 networks.

The intensity of influenza activity was low in 16 networks, including Scotland, indicating that there was no influenza activity or influenza activity was at baseline levels. Increasing incidence rates (compared to week 42/2003) were reported in the Czech Republic, England, Ireland, Scotland and Spain and eight networks reported that incidence rates were stable.

The total number of respiratory specimens collected by sentinel physicians in Europe during week 42/2003 was 287. The percentage of specimens that tested positive for influenza was 12.9%, ranging from 0% (in 10 networks) to 40% in Ireland. Among the 37 positive specimens, 26 were cases of influenza A(H3N2) and 11 were cases of influenza A (unsubtyped). So far this season, the influenza B virus has not been detected in sentinel or non-sentinel respiratory specimens reported to EISS.

Influenza A(H3N2) was the predominant virus circulating in France, Portugal and Spain, and influenza A was predominant in England and Ireland. Nine networks reported that there was no predominant virus circulating in the population.

EISS collects data on the cumulated number of sentinel and non-sentinel virus isolates that have been characterised during the 2003-2004 season (click [here](#)). In week 43/2003, seven strain characterisations were reported to EISS and all seven were the new drift variant A(H3N2)/Fujian/411/2002: four in England and three in Ireland. Considering Northern Ireland reported one case in week 42/2003, eight cases of this new drift variant have been reported to EISS so far this season and all were from the United Kingdom or Ireland.

The new drift variant A(H3N2)/Fujian/411/2002 was the predominant virus circulating in Australia and New Zealand during the recent (southern hemisphere) influenza season, and activity during this season was relatively high in both countries. The A/Fujian-like viruses are related to the A/Panama-like strain included in the 2003-2004 season vaccine and this vaccine has been demonstrated to induce antibodies to the A/Fujian-like strains, but generally at a reduced level. The spread of influenza virus strains and their epidemiological impact in Europe will be carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

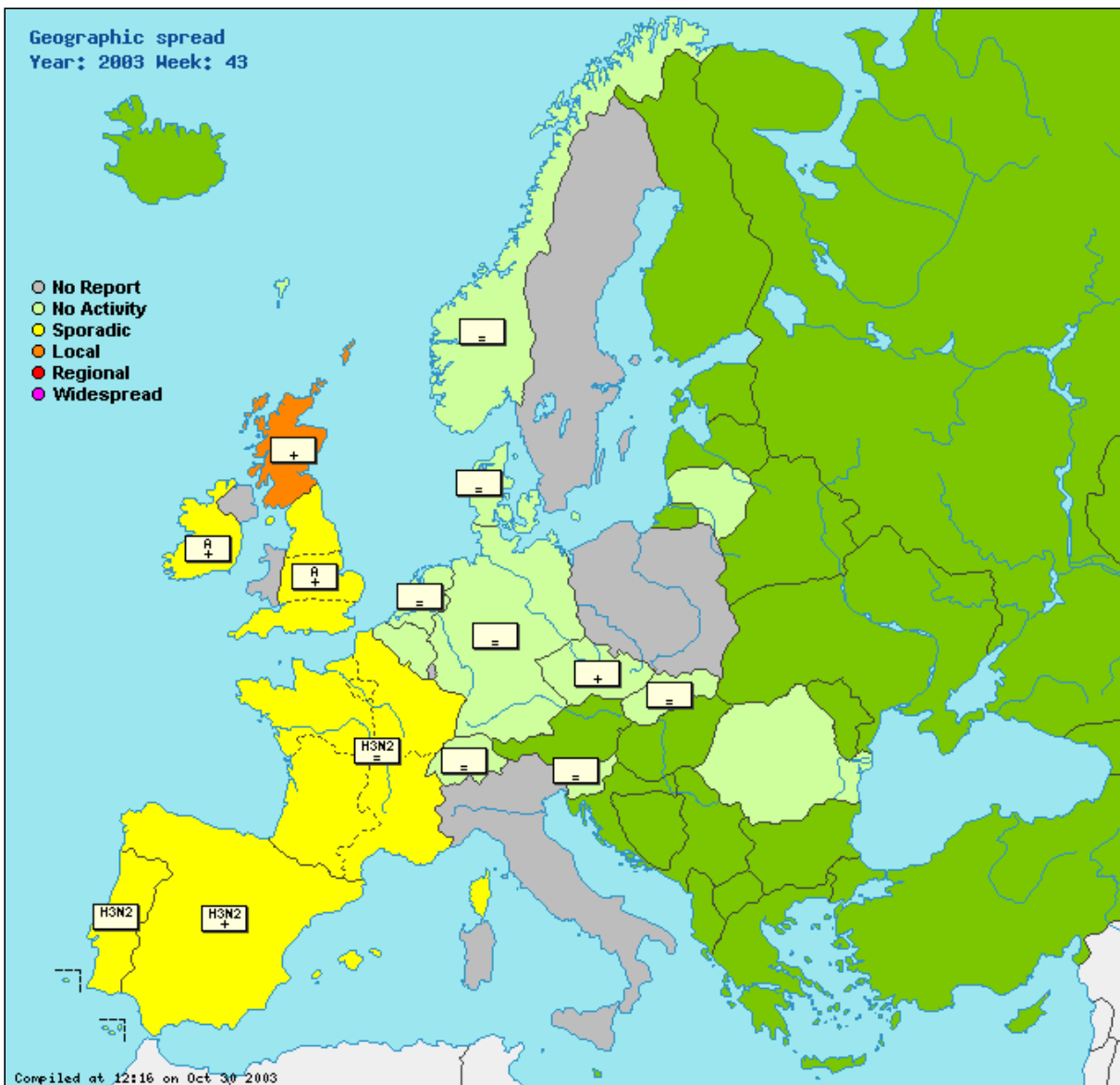
Map

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 rates for influenza-like illness show a consistent rise over the last few weeks but overall levels are still within the base line threshold.

Influenza A detections increasing across the country from both hospital and community sources.

France

Increasing detections/isolations of influenza A(H3N2) in France.

Spain

Increasing influenza activity but remains at base line levels.

Influenza A(H3N2) continues to be the predominant viruses.

Switzerland

Influenza activity is low in Switzerland. No influenza virus 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	Low			11	0%	None	45.5 (graphs)	1172.1 (graphs)	Click here
Czech Republic	None	Low			0	0%	None	1344.9 (graphs)	graphs	Click here

Denmark	None	Low				63.6 (graphs)		Click here
England	Sporadic	Low	38	26.3%	Type A	24.6 (graphs)	663.9 (graphs)	Click here
France	Sporadic	Low	84	6.0%	Type A, Subtype H3N2		1834.7 (graphs)	Click here
Germany	None	Low	27	0%	None		1418.0 (graphs)	Click here
Ireland	Sporadic	Low	10	40.0%	Type A	29.5 (graphs)		Click here
Lithuania	None	Low	0	0%	None	0.3 (graphs)	439.2 (graphs)	Click here
Netherlands	None	Low	1	0%	None	(graphs)		Click here
Norway	None	Low				(graphs)		Click here
Portugal	Sporadic	Low	5	0%	Type A, Subtype H3N2	(graphs)		Click here
Romania	None		16	0%	None		(graphs)	Click here
Scotland	Local	Low				28.7 (graphs)		Click here
Slovakia	None	Low	0	0%	None	692.8 (graphs)		Click here
Slovenia	None	Low	2	0%	None	3.7 (graphs)	1199.9 (graphs)	Click here
Spain	Sporadic	Low	87	20.7%	Type A, Subtype H3N2	76.9 (graphs)		Click here
Switzerland	None	Low	6	0%	None	19.6 (graphs)		Click here
Europe			583	16.0%				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).

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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Increasing influenza activity in Europe, particularly in Ireland, Spain, and the United Kingdom



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 44/2003, 20 networks reported clinical data and 19 networks reported virological data to EISS.

Ireland reported widespread influenza activity, indicating that influenza activity was above the baseline level in all regions in week 44/2003. Scotland and Spain reported regional activity, indicating that influenza activity was above baseline levels in one or more regions. Norway reported local activity and sporadic activity was reported in six networks (Belgium, England, France, Northern Ireland, Portugal, and Switzerland). No activity (i.e. the overall level of clinical activity was at baseline levels) was reported in 10 networks.

The intensity of influenza activity was low in 15 networks and medium in four networks. Rising incidence rates were reported by seven networks including Ireland, Scotland, and Spain, which reported incidence rates exceeding baseline levels nationally or in some regions. Ireland, Northern Ireland, Scotland, and Spain reported medium influenza activity, indicating influenza activity in those countries was at usual levels compared to historical data. Eight networks reported stable incidence levels and one network (Czech Republic) reported a declining incidence. Based on the networks reporting age specific data, incidence rates were highest among the youngest age group (age 0-4).

The total number of respiratory specimens collected by sentinel physicians in week 44/2003 was 315. The percentage of total sentinel specimens collected in Europe that tested positive for influenza virus increased from 12.9% in week 43/2003 to 21% in week 44/2003. The total number of non-sentinel specimens collected in week 44/2003 was 452 of which 75 (17%) were positive for influenza virus. The vast majority of sentinel and non-sentinel isolates (n=158) were influenza A (157); 1 sentinel isolate from the Czech Republic was typed influenza B. All 68 influenza A isolates that were subtyped were H3N2. The H3N2 virus was predominant in five countries (France, Norway, Portugal, Spain, and Switzerland), and in four countries (England, Ireland, Scotland, and The Netherlands) influenza A (unsubtyped) was predominant.

So far this season, a total of 20 isolates were compared to the three reference virus strains included in the vaccine for the 2003-2004 season (A/New Caledonia/20/99 (H1N1)-like virus, A/Moscow/10/99 (H3N2)-like virus [widely used is A/Panama/2007/99], and B/Hong Kong/330/2001-like virus) and to an influenza A/Fujian/411/2002 (H3N2)-like reference strain. Of the 20 isolates 17 were A/Fujian/411/2002 (H3N2)-like and three were A/Moscow/10/99 (H3N2)-like (click [here](#)). England reported 6 A/Fujian/411/2002 (H3N2)-like isolates and 3 A/Moscow/10/99 (H3N2)-like isolates, indicating that the new H3N2 drift variant is currently co-circulating with the old H3N2 variant in England. The other A/Fujian/411/2002 (H3N2)-like isolates were from Denmark (1), Ireland (3), Northern Ireland (1), Norway (2), Portugal (3), and Switzerland (1), indicating A/Fujian/411/2002 (H3N2)-like viruses are currently circulating in Europe.

The new drift variant A/Fujian/411/2002 (H3N2) was the predominant virus circulating in Australia and New Zealand during the recent (southern hemisphere) influenza season, and activity during this season was relatively high in both countries. The A/Fujian/411/2002-like viruses are related to the A/Panama/2007/99 (H3N2) strain included in the current 2003-2004 vaccine and antibodies induced against this vaccine strain cross react with A/Fujian/411/2002-like strains, but generally to a reduced level. On the evidence available so far, it is to be expected that the vaccine will also offer some cross protective immunity to the H3N2 drift variant A/Fujian/411/2002-like viruses.

Influenza vaccination remains the most important intervention to limit influenza infection. Since the vaccine is composed of A(H1), A(H3) and B strains, it also offers protection against A(H1) and B viruses that might co-circulate with the A(H3) viruses or become dominant. The spread of influenza virus strains and their epidemiological impact in Europe will be carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

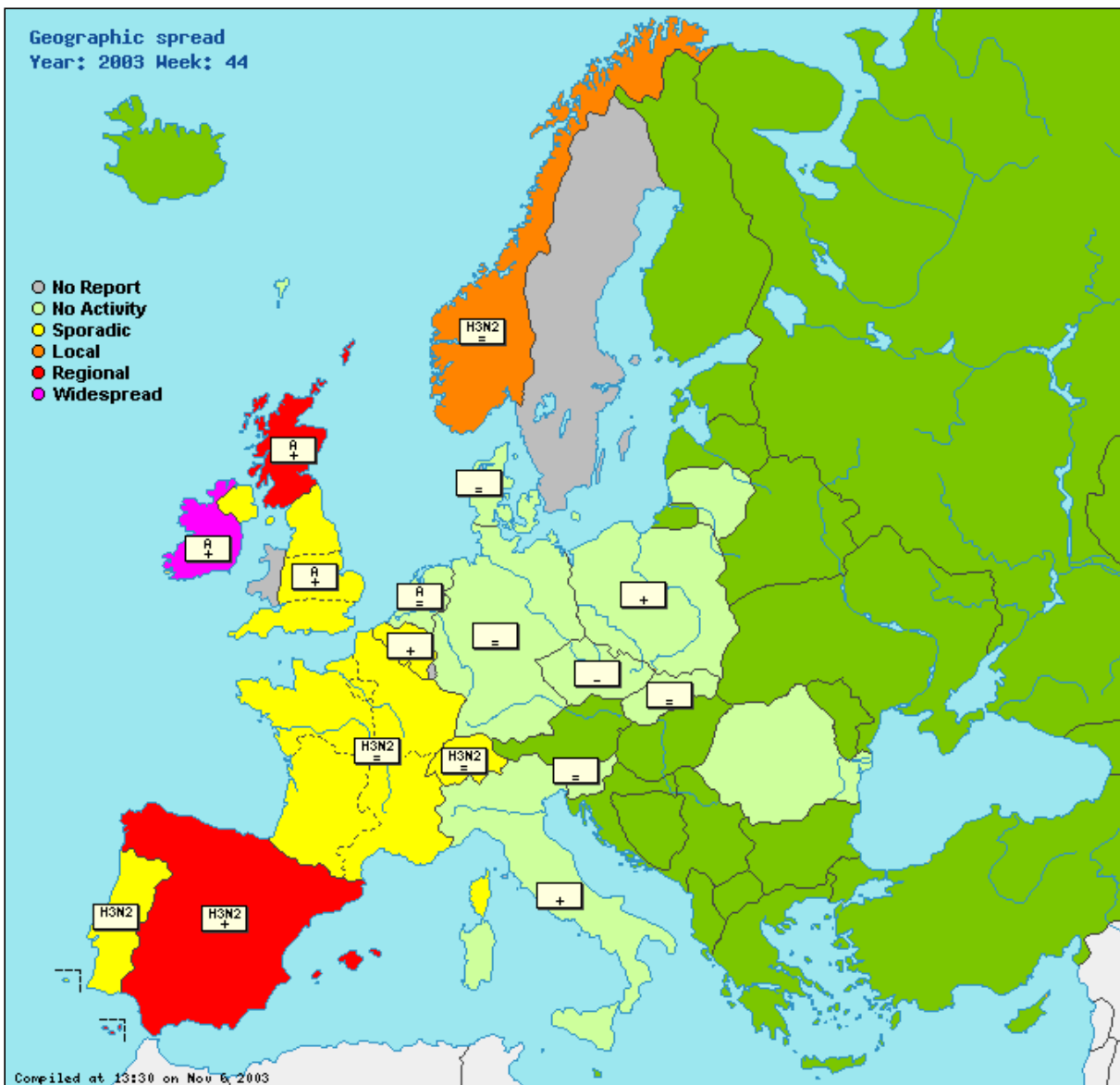
Map

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



Country comments (where available)

England

The clinical rate for influenza-like illness continues to rise but remains within base line levels. The highest rates are in the 0-4 year age group. Influenza A detections are being from all regions in England.

Norway

Most cases focused in the town of Trondheim, Mid-Norway where local A(H3N2) activity is suspected. Most patients are in 0-15 age group.

Portugal

During week 44/2003, 49.2% of the specimens analysed (sentinel and non-sentinel) were positive for influenza virus A(H3N2). The genetic characterisation of 3 of all influenza virus isolated in our country shows that they are A/Fujian/411/2002 (H3N2)-like virus.

Scotland

National baseline threshold now exceeded. Although this is slightly earlier than expected it is not outwith the limits of an average influenza season. Threshold limits are also exceeded in seven of the fifteen health board areas and laboratory confirmed reports have been received from all of these regions.

Spain

Influenza activity above baseline levels in some regions.

Switzerland

One influenza A (H3N2) has been detected by a sentinel physician from the canton of Fribourg. The patient was a 20 years old man. The detected strain has been characterized and is related to 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			14	21.4%	None	114.7 (graphs)	1434.3 (graphs)	Click here
Czech Republic	None	Low			14	7.1%	None		1155.0 (graphs)	Click here
Denmark	None	Low			0	0%	None	64.9 (graphs)		Click here
England	Sporadic	Low			7	14.3%	Type A	36.7 (graphs)	691.9 (graphs)	Click here
France	Sporadic	Low			79	3.8%	Type A, Subtype H3N2		1492.0 (graphs)	Click here
Germany	None	Low			27	0%	None		1298.0 (graphs)	Click here
Ireland	Widespread	Medium			35	62.9%	Type A	67.9 (graphs)		Click here
Italy	None	Low						66.1 (graphs)		Click here
Lithuania	None	Low			0	0%	None	0.8 (graphs)	365.9 (graphs)	Click here
Netherlands	None	Low			2	0%	Type A	7.9 (graphs)		Click here
Northern Ireland	Sporadic	Medium			7	71.4%	Type A, Subtype H3N2	83.0 (graphs)		Click here
Norway	Local	Low			1	100.0%	Type A, Subtype H3N2	(graphs)		Click here
Poland	None	Low			0	0%	None	15.4 (graphs)		Click here
Portugal	Sporadic	Low			8	62.5%	Type A, Subtype H3N2	16.3 (graphs)		Click here
Romania	None				13	0%	None		(graphs)	Click here
Scotland	Regional	Medium			0	0%	Type A	56.2 (graphs)		Click here
Slovakia	None	Low			0	0%	None	661.8 (graphs)		Click here
Slovenia	None	Low			5	0%	None	(graphs)	878.1 (graphs)	Click here
Spain	Regional	Medium			92	27.2%	Type A, Subtype H3N2	121.2 (graphs)		Click here
Switzerland	Sporadic	Low			11	0%	Type A, Subtype H3N2	18.3 (graphs)		Click here
Europe					636	19.8%				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.

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

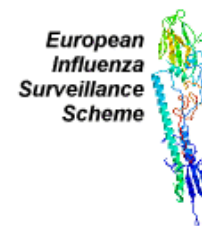
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Widespread influenza activity reported in Scotland and Spain



Background: The Weekly Electronic Bulletin presents and comments on influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). Latvia, Luxembourg and Malta have joined EISS this season, and virological and clinical data are now presented for these three countries. In week 45/2003, 19 networks reported clinical data and 19 networks reported virological data to EISS.

Epidemiological and virological situation: Scotland and Spain reported widespread influenza activity in week 45/2003, indicating that influenza activity was above the baseline level in all regions. Northern Ireland and Norway reported local activity and sporadic activity was reported in Belgium, England, France and Portugal. No activity (i.e. the overall level of clinical activity was at baseline levels) was reported in eleven networks. Scotland and Spain are the second and third networks in EISS to report widespread activity this season; Ireland reported widespread activity in week 44/2003.

The intensity of clinical influenza activity was medium in Northern Ireland, Scotland and Spain, indicating that the intensity was at usual levels when influenza virus is circulating in the country (based on historical data). 14 networks reported low levels of clinical influenza activity. Rising clinical incidence rates were reported in a number of networks, especially in England, Northern Ireland, Portugal, Scotland and Spain. Based on networks reporting age specific data, the incidence rates were highest among the younger age groups (ages 0-4 and 5-14).

The total number of respiratory specimens collected by sentinel physicians in Europe in week 44/2003 was 524. The percentage of sentinel specimens that tested positive for influenza increased from 21% in week 44/2003 to 26% in week 45/2003. Among the sentinel isolates (N=138), 134 were typed influenza A (97%) and 4 (3%) were typed influenza B (2 in the Czech Republic and 2 in Ireland). Among the influenza A isolates that were subtyped, 41 were H3N2 and 1 was H1N1 (Norway). The H3N2 virus was predominant in six countries (France, Northern Ireland, Norway, Portugal, Spain, and Switzerland), and in three countries (Belgium, Ireland and Scotland) influenza A (unsubtyped) was predominant.

So far this season, a total of 53 isolates were compared to the three reference virus strains included in the vaccine for the 2003-2004 season and to the influenza A/Fujian/411/2002 (H3N2)-like reference strain (click [here](#)). Of the 53 isolates, 41 were A/Fujian/411/2002 (H3N2)-like and 12 were A/Moscow/10/99 (H3N2)-like. England reported six A/Fujian/411/2002 (H3N2)-like isolates and three A/Moscow/10/99 (H3N2)-like isolates, indicating that the new H3N2 drift variant is currently co-circulating with the old H3N2 variant in England. The old H3N2 variant is also circulating in France, where nine A/Moscow/10/99 (H3N2)-like isolates have been reported so far this season. The other A/Fujian/411/2002 (H3N2)-like isolates were from Denmark (4), Ireland (8), Northern Ireland (1), Norway (5), Portugal (3), Spain (13) and Switzerland (1).

Comment: The new drift variant A/Fujian/411/2002 (H3N2) was the predominant virus circulating in Australia and New Zealand during the recent (southern hemisphere) influenza season, and activity during this season was relatively high in both countries. The A/Fujian/411/2002-like viruses are related to the A/Panama/2007/99 (H3N2) strain included in the current 2003-2004 vaccine and antibodies induced against this vaccine strain cross react with A/Fujian/411/2002-like strains, but generally to a reduced level. On the evidence available so far, it is to be expected that the vaccine will also offer some cross protective immunity to the H3N2 drift variant A/Fujian/411/2002-like viruses. Influenza vaccination remains the most important intervention to limit influenza infection. Since the vaccine is composed of A(H1), A(H3) and B strains, it also offers protection against A(H1) and B viruses that might co-circulate with the A(H3) viruses or become dominant. The spread of influenza virus strains and their epidemiological impact in Europe will be carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

Erratum: In the table below the intensity of clinical activity in Latvia should be 'Low', the number of cases of ILI per 100,000 should be 0.5 and the number of cases of ARI per 100,000 should be 871.2.

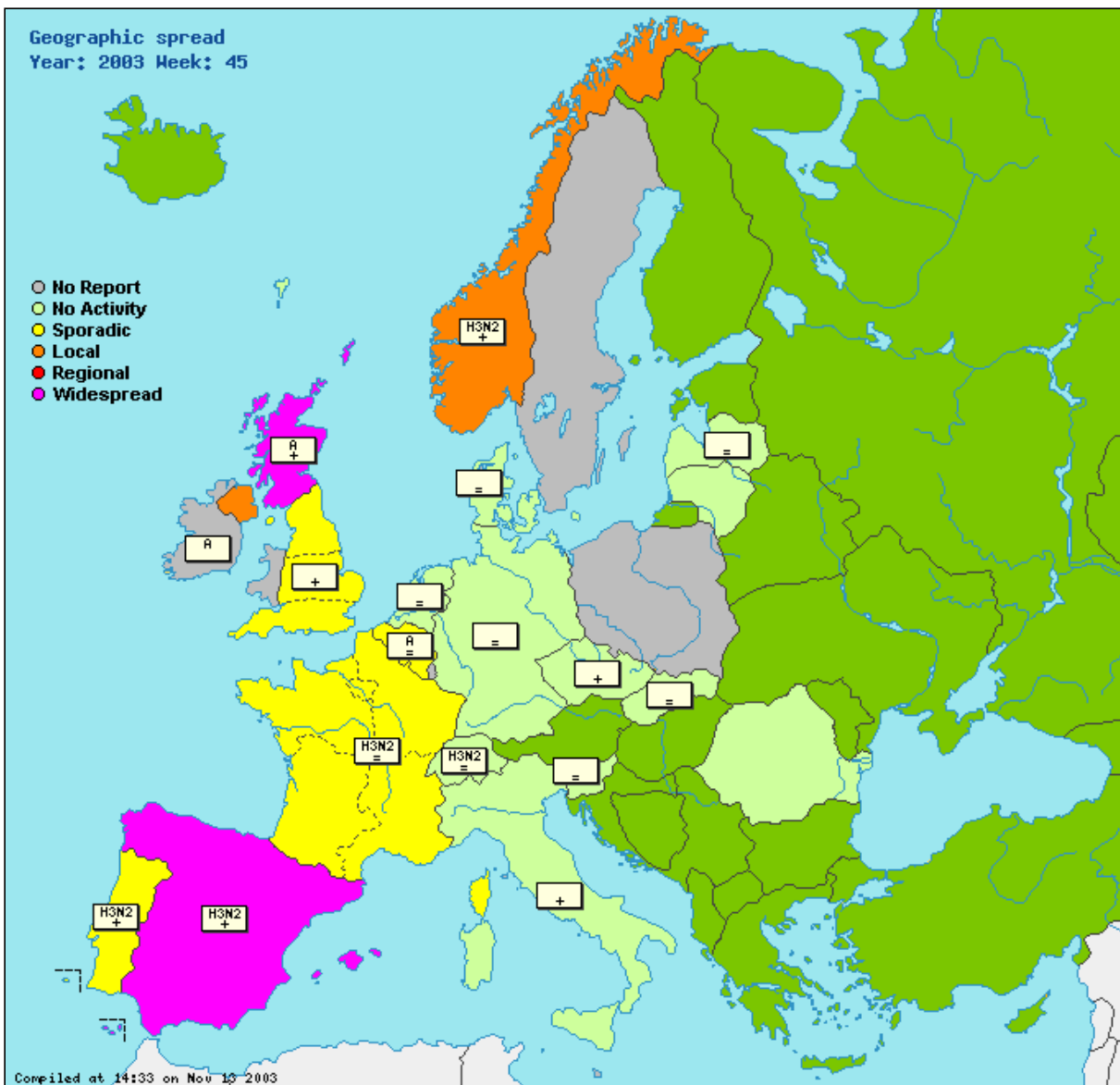
Map

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 rate for ILI in England is still within baseline activity levels but continues to rise.

Czech Republic

In direct detection, two cases of influenza B were caught in west Bohemia (child 2 years old and adult 45 years old).

France

Sporadic cases and family clusters of influenza A in most of the french regions, especially in north of France. Clinical indicators are still at baseline level.

Latvia

No detection nor isolation so far.

Northern Ireland

The rate of 'flu-like illness in Northern Ireland in Week 45 is higher than that recorded for any week since influenza surveillance commenced (October 2000). Children aged 0-4 years have the highest age-specific rate of illness at present.

Norway

A comparably high number of virus isolations is being made in Mid-Norway where a local outbreak caused by A(H3N2) viruses is suspected. Sporadic cases of A(H3), A(H1) and B virus infection detected in southeastern Norway.

Spain

Widespread influenza activity in Spain.

Influenza A(H3N2) continues to be the predominant viruses.

Switzerland

No additional influenza virus has been detected in Switzerland within the sentinel system.

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			14	7.1%	Type A	110.7 (graphs)	1264.4 (graphs)	Click here
Czech Republic	None	Low			23	8.7%	None		1227.7 (graphs)	Click here
Denmark	None	Low			5	0%	None	57.2 (graphs)		Click here
England	Sporadic	Low			78	26.9%	None	47.8 (graphs)	822.8 (graphs)	Click here
France	Sporadic	Low			84	15.5%	Type A, Subtype H3N2		1568.4 (graphs)	Click here
Germany	None	Low			40	0%	None		1365.0 (graphs)	Click here
Ireland					48	52.1%	Type A	(graphs)		Click here
Italy	None	Low						61.8 (graphs)		Click here
Latvia	None	Medium			0	0%	None	0.5 (graphs)	871.2 (graphs)	Click here
Lithuania	None	Low			0	0%	None	1.6 (graphs)	344.8 (graphs)	Click here
Netherlands	None	Low			2	0%	None	(graphs)		Click here
Northern Ireland	Local	Medium			0	0%	Type A, Subtype H3N2	125.9 (graphs)		Click here
Norway	Local	Low			5	40.0%	Type A, Subtype H3N2	(graphs)		Click here
Portugal	Sporadic	Low			13	84.6%	Type A, Subtype H3N2	33.1 (graphs)		Click here
Romania	None				9	0%	None		(graphs)	Click here
Scotland	Widespread	Medium			36	41.7%	Type A	98.7 (graphs)		Click here
Slovakia	None	Low			5	0%	None	655.3 (graphs)		Click here
Slovenia	None	Low			2	0%	None	1.3 (graphs)	900.2 (graphs)	Click here
Spain	Widespread	Medium			153	26.8%	Type A, Subtype H3N2	188.2 (graphs)		Click here
Switzerland	None	Low			7	0%	Type A, Subtype H3N2	17.8 (graphs)		Click here
Europe					524	26.3%				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

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Sentinel SARI: severe acute respiratory illness

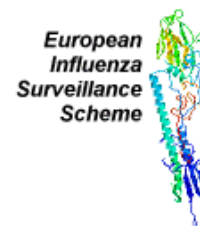
Population: per 100,000 population

*: 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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Widespread influenza activity in western Europe and low or no activity in central Europe



Summary: Influenza activity continued to rise in Europe, especially in the western part where widespread activity was reported. The H3N2 virus remained the predominant influenza virus circulating in Europe. Eighty-six percent of the virus isolates characterised so far were H3N2 A/Fujian/411/2002-like.

Epidemiological and virological situation: In addition to Ireland, Scotland, and Spain, England and Portugal are the fourth and fifth networks reporting widespread influenza activity this season, indicating that influenza activity was above the baseline level in all regions. The other networks reported local (France, Northern Ireland, and Norway), sporadic (Belgium, Czech Republic, and Switzerland), or no activity (the remaining nine networks).

The intensity of influenza activity was high in Portugal indicating that the intensity is higher than usual compared to historical data. Five networks reported medium intensity indicating that influenza activity is as usually seen based on historical data. Twelve networks reported low intensity indicating no influenza activity or influenza activity at baseline level. Nine networks reported rising incidence rates. Six networks reported stable incidence levels and two networks (Czech Republic and Ireland) reported a declining incidence. Based on the networks reporting age specific data, incidence rates were highest among the younger age groups (age 0-4 and 5-14), especially the youngest aged 0-4.

The total number of respiratory specimens collected by sentinel physicians in week 46/2003 was 674. The percentage of sentinel specimens that tested positive for influenza virus was stable at 23% (157) in week 46 compared to 26% in week 45. The total number of non-sentinel specimens positive for influenza virus in week 46/2003 was 287. Of the 444 influenza virus isolates in week 46, 443 were typed influenza A (320 untyped, 2 H1N2, and 121 H3N2) and 1 non-sentinel isolate from England was typed influenza B. The H3N2 virus was predominant in six networks (Czech Republic, Northern Ireland, Norway, Portugal, Spain, and Switzerland), and in three networks (Belgium, Ireland, and Scotland) influenza A (untyped) was predominant.

So far this season, a total of 91 isolates* were compared to the three reference virus strains included in the vaccine for the 2003-2004 season and to the influenza A/Fujian/411/2002 (H3N2)-like reference strain (click [here](#); 4 isolates from Scotland were reported in the network comment only). Seventy-eight isolates were A/Fujian/411/2002 (H3N2)-like, twelve were A/Moscow/10/99 (H3N2)-like*, and the hemagglutinin of one A(H1N2) isolate was A/New Caledonia/20/99 (H1N1)-like. The A/Fujian/411/2002 (H3N2)-like isolates were from Denmark (4), England (14), Ireland (8), The Netherlands (8), Northern Ireland (1), Norway (11), Portugal (9), Scotland (4), Spain (16), and Switzerland (3). Based on these data A/Fujian/411/2002 (H3N2) is the predominant influenza virus currently circulating in the western part of Europe.

Comment: The new drift variant A/Fujian/411/2002 (H3N2) is likely to become the predominant virus circulating in Europe. During the first part of this season continuously increasing numbers of H3N2 isolations and A/Fujian/411/2002 (H3N2)-like characterisations have been observed, while only sporadically other influenza A or influenza B viruses have been detected. Several networks report highest incidence rates in the younger age groups. This may reflect the low intensity of influenza activity in preceding seasons making these age groups, especially the aged 0-4, vulnerable. However, so far, networks have not reported unusual high mortality or more severe morbidity as is normally seen during an influenza epidemic.

Influenza vaccination remains the most important intervention to limit influenza infection with either influenza A(H1), A(H3) or B strains that are currently circulating in the northern hemisphere. The A/Fujian/411/2002 (H3N2)-like viruses are related to the A/Panama/2007/99 (H3N2) strain included in the 2003-2004 vaccine. On the evidence available, antibodies induced against this vaccine strain are expected to provide valuable protection against infection with A/Fujian/411/2002 (H3N2)-like viruses.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 46/2003, 20 networks reported clinical data and 21 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

* In week 45/2003 France reported 9 influenza A H3N2 isolates that were characterised A/Moscow/10/99 (H3N2)-like but these were erroneously not included in the seasonal cumulative pie chart for France in week 46/2003.

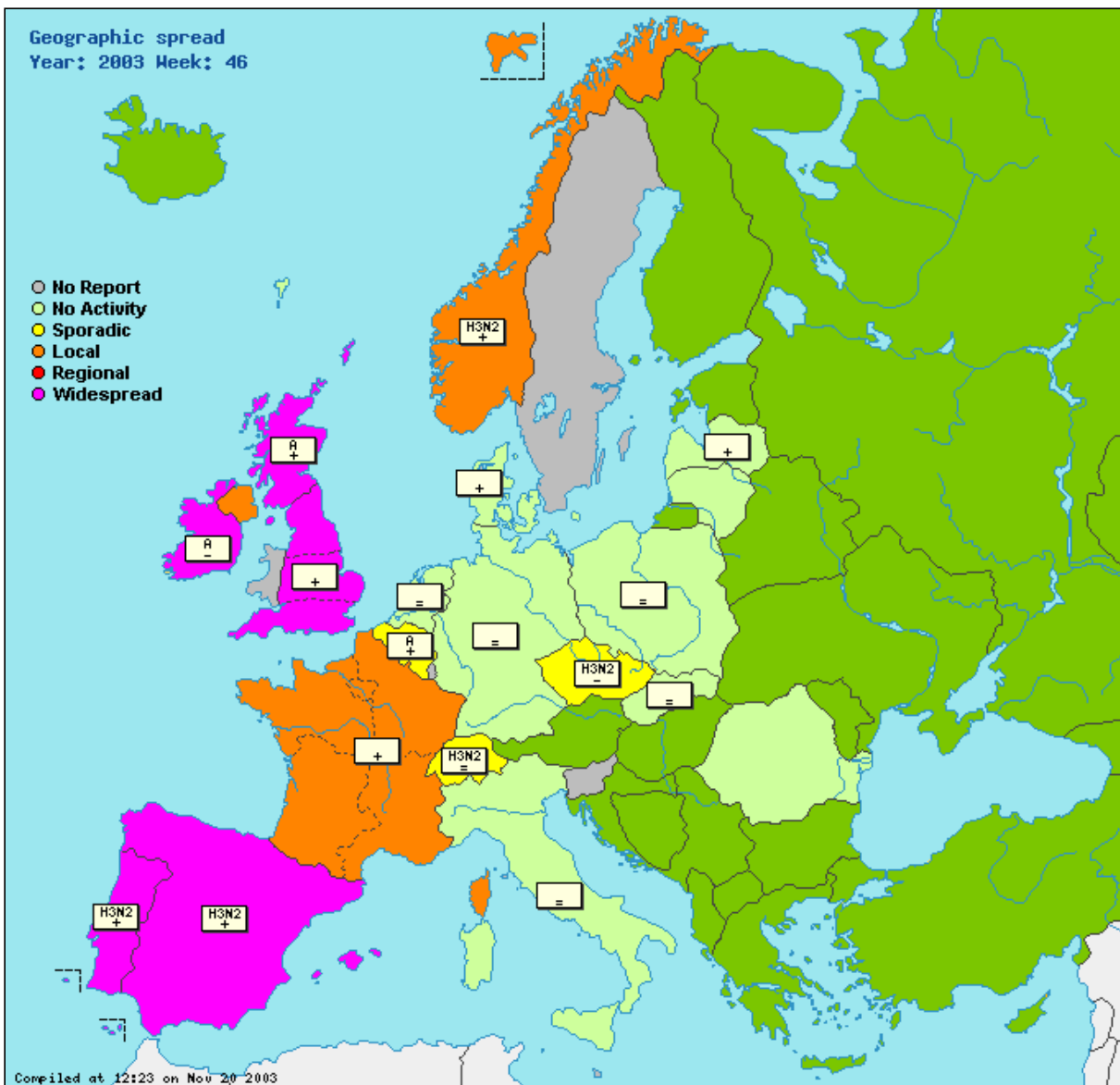
Map

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



Country comments (where available)

Denmark

Still under baseline.

England

The rate for England is now above the base line and within the range considered as normal seasonal activity.

Czech Republic

The first case of influenza A(H3N2) was caught in Prague (reported by mail last week). Subtyping was performed by PCR. isolation and further antigenic characteristic is in progress.

France

Increasing clinical activity and positive swabs for influenza A(H3N2) in France, especially in north and west french regions.

Italy

no detection nor isolation so far.

Netherlands

In the current season The Netherlands reports a total of 8 influenza isolates. All isolates were subtyped as influenza A/H3N2 and antigenetically characterised as A/Fujian/411/02-like.

Northern Ireland

The overall GP consultation rate has increased only slightly during Week 46. However, the proportion of patient consultations with a clinical diagnosis of influenza has been increasing steadily since Week 43.

Norway

There had been a comparably high number of laboratory confirmed influenza cases during week 46. A high proportion of sentinel samples (six out of ten) and samples from hospitalised children (three out of three) submitted to the National Influenza Centre contained influenza viruses. All eleven A(H3N2) viruses that has been characterised genetically this far, belong to the A/Fujian/411/2002 lineage.

Portugal

During this week, the influenza activity in Portugal has greatly increased. Several outbreaks were registered in schools, in the northern and central regions of the country, affecting children aged <15 years. All influenza viruses detected were A(H3) and the genetic characterisation of 9 isolates shows that they are A/Fugian/411/2002.(H3N2)-like virus.

Scotland

So far 4 influenza A samples referred to ERNVL for sequencing have been identified as the Fujian/411/2002-like strain. This includes 3 from the childhood fatalities previously reported.

Switzerland

Two cases of influenza A were detected in the canton of Neuchatel. The patients were 12 respectively 22 months old girls. The sentinel practitioner reported that the mothers of the two patients, and also the twin sister of the first patient presented the same symptoms. Interestingly, the cases were declared by the same sentinel practitioner who detected the influenza A/H3N2 in August. The number of samples sent by sentinel participants increased significantly during the 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			27	22.2%	Type A	208.6 (graphs)	1463.4 (graphs)	Click here
Czech Republic	Sporadic				17	11.8%	Type A, Subtype H3N2		1190.6 (graphs)	Click here
Denmark	None	Low			6	0%	None	81.9 (graphs)		Click here
England	Widespread	Medium			119	22.7%		62.2 (graphs)	758.3 (graphs)	Click here
France	Local	Low			127	19.7%			1840.6 (graphs)	Click here
Germany	None	Low			35	0%	None		1365.0 (graphs)	Click here
Ireland	Widespread	Medium			37	43.2%	Type A	64.6 (graphs)		Click here
Italy	None	Low			80	0%	None	61.6 (graphs)		Click here
Latvia	None	Low			0	0%	None	1.6 (graphs)	984.2 (graphs)	Click here
Lithuania	None	Low			0	0%	None	2.5 (graphs)	355.0 (graphs)	Click here
Netherlands	None	Low			3	0%	None	(graphs)		Click here
Northern Ireland	Local	Medium			0	0%	Type A, Subtype H3N2	134.2 (graphs)		Click here
Norway	Local	Low			10	50.0%	Type A, Subtype H3N2	(graphs)		Click here
Poland	None	Low			0	0%	None	11.6 (graphs)		Click here
Portugal	Widespread	High			28	82.1%	Type A, Subtype H3N2	87.6 (graphs)		Click here
Romania	None				33	0%	None		(graphs)	Click here
Scotland	Widespread	Medium			22	27.3%	Type A	138.2 (graphs)		Click here
Slovakia	None	Low			11	0%	None	624.7 (graphs)		Click here
Slovenia					6	0%	None	(graphs)		Click here
Spain	Widespread	Medium			107	43.0%	Type A, Subtype H3N2	218.7 (graphs)		Click here
Switzerland	Sporadic	Low			6	0%	Type A, Subtype H3N2	20.2 (graphs)		Click here
Europe					674	23.2%				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

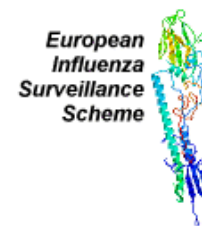
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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The early activity of influenza in the west of Europe is slowing down



Summary: The early influenza activity in the west of Europe, predominantly caused by A/Fujian/411/2002 (H3N2)-like viruses, is slowing down. In the east of Europe the seasonal influenza activity has not yet taken off, as networks report sporadic or no activity as well as sporadic influenza virus detections.

Epidemiological and virological situation: Widespread activity was reported in the west of Europe in Ireland, England, Norway, Portugal, Scotland, and Spain, indicating that influenza activity was above the baseline level in all regions. France reported regional activity (i.e. activity above baseline in one or more regions), and Belgium and Northern Ireland reported local outbreaks. Countries located to the east of these countries reported sporadic or no activity.

In the west of Europe, high (Portugal) or medium (seven networks) intensity of influenza activity was reported, whereas to the east of these countries low intensity was reported. Interestingly, many of the networks reporting widespread activity (Ireland, England, Scotland, and Spain) reported declining incidence rates for the first time. Declining incidence rates were also reported in Northern Ireland. In France, Norway and Portugal, the incidence rates continued to rise. Of the twelve networks reporting sporadic or no activity, incidence rates were increasing in five networks, stable in five, and declining in two. Influenza-like-illness or acute respiratory infection was most common in the youngest age groups (0-14), even in networks reporting few or no influenza virus detections.

The total number of respiratory specimens collected by sentinel physicians in week 47/2003 was 820. The percentage of sentinel specimens that tested positive for influenza virus increased from 23% in week 46 to 31% in week 47. All 642 influenza virus isolates (sentinel and non-sentinel data) in week 47 were typed influenza A (457 unsubtype, 3 H1N1, 2 H1N2, and 180 H3N2). The H3N2 virus was predominant in seven countries and influenza A unsubtype in five countries.

Based on the strain characterisation data available up to week 47/2003, 75 isolates were A/Fujian/411/2002 (H3N2)-like, three were A/Moscow/10/99 (H3N2)-like, and the hemagglutinin of one A/(H1N2) isolate was A/New Caledonia/20/99 (H1N1)-like (click [here](#)). France is the eleventh network in Europe to report the detection of A/Fujian/411/2002 (H3N2)-like viruses (see 'Network comments')*.

Comment: Incidence rates in countries reporting widespread or regional activity ceased to increase or even showed the beginning of a decline. In several of these countries, this was accompanied with lower influenza virus detections compared to week 46/2003. The early start of influenza activity in the west of Europe, predominantly caused by A/Fujian/411/2002 (H3N2) -like viruses, may be approaching its peak and the results for the next week will be watched with particular interest. In contrast, the seasonal influenza activity in countries to the east of networks reporting widespread activity has not yet taken off. Whether these countries will be hit as hard as the countries in the west of Europe by A/Fujian/411/2002 (H3N2)-like viruses remains to be seen.

Influenza vaccination remains the most important intervention to limit influenza infection with either influenza A(H1), A(H3) or B strains that are currently circulating in the northern hemisphere. The A/Fujian/411/2002 (H3N2)-like viruses are related to the A/Panama/2007/99 (H3N2) strain included in the 2003-2004 vaccine. Based on the evidence available so far, antibodies induced against this vaccine strain are expected to provide valuable protection against infection with A/Fujian/411/2002 (H3N2)-like viruses.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 47/2003, 22 networks reported clinical data and 20 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

* Due to a technical problem, strain characterisation data for France were not included in the seasonal cumulative pie chart.

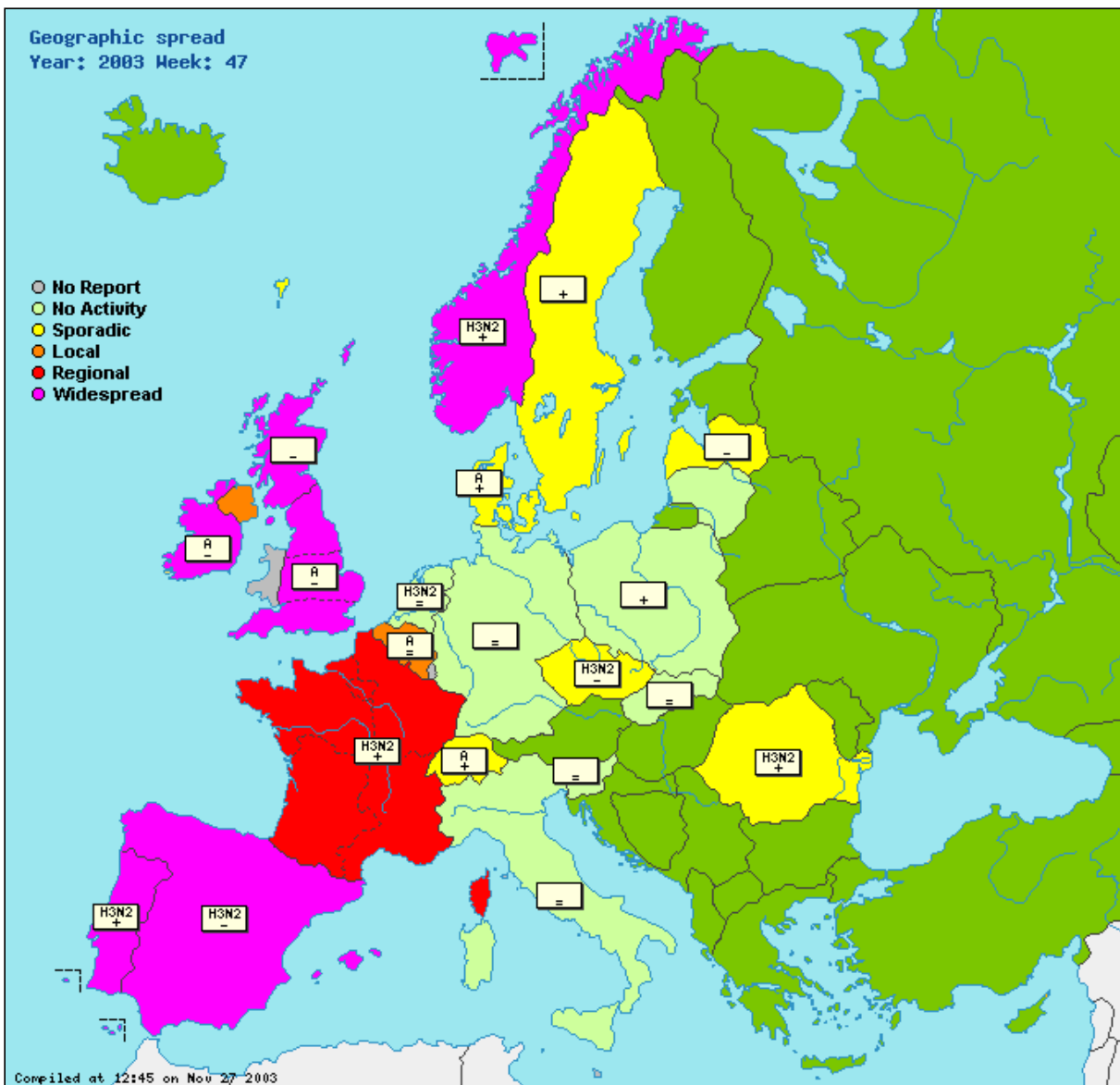
Map

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



Country comments (where available)

England

The overall incidence for influenza-like illness has fallen from last week but it is too early to say if the peak has already been reached.

Czech Republic

No significant increase of morbidity has been detected so far. Total morbidity is at seasonal level (- 2,6% compared to previous week). Sporadic cases of flu A have been caught especially in Prague and in west Bohemia. To date, two cases of flu A(H3N2) were isolated. Further characteristics are in progress.

France

First characterisations of A/Fujian/411/2002 isolates in France.

Italy

Influenza activity remains at baseline levels in Italy in terms of both epidemiological and virological reports. The first case of influenza virus isolation has been reported by Genova (Northern Italy). The virus, isolated from a 3 yrs old patient, was subtyped by PCR as an A/H1. NA characterization is still in progress.

Northern Ireland

GP consultation rates (and Out-of-Hours call rates) beginning to fall. First RSV detections of the season in Week 47.

Norway

Outbreak in all five health regions.

There was a substantial increase in the number of virus detections during week 47. While A(H3) viruses are seen in all regions, the A(H1) viruses appear to be confined to Akershus county and Oslo, SE Norway. Most detections were made in

Mid- and SE Norway.

Spain

Decreasing influenza activity in Spain but still at an epidemic level. The morbidity rate has declined this week for the first time.

Influenza A(H3N2) continues to be the predominant viruses.

Sweden

Increasing influenza activity is reported in Sweden. Cases were reported either clinically or laboratory confirmed influenza A from 10 of 21 counties. The majority (about half of them) were reported from one county (Västra Götaland). In total 38 cases were laboratory confirmed influenza A. 13 of them were small children 0-6 years of age and only four of them were elderly 64-89 years. An outbreak of influenza is reported among conscripts in a camp in the North of Sweden.

Switzerland

In Switzerland 7 non-sentinel influenza A isolations were reported in week 47.

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			57	35.1%	Type A	225.9 (graphs)	1611.3 (graphs)	Click here
Czech Republic	Sporadic				15	6.7%	Type A, Subtype H3N2		1156.0 (graphs)	Click here
Denmark	Sporadic	Low			12	25.0%	Type A	135.0 (graphs)		Click here
England	Widespread	Medium			53	39.6%	Type A	54.5 (graphs)	774.7 (graphs)	Click here
France	Regional	Medium			310	31.3%	Type A, Subtype H3N2		2550.2 (graphs)	Click here
Germany	None	Low			38	2.6%	None		1365.0 (graphs)	Click here
Ireland	Widespread	Medium			34	52.9%	Type A	62.9 (graphs)		Click here
Italy	None	Low			82	1.2%	None	67.5 (graphs)		Click here
Latvia	Sporadic	Low			0	0%	None	0.5 (graphs)	798.7 (graphs)	Click here
Lithuania	None	Low			0	0%	None	1.3 (graphs)	378.7 (graphs)	Click here
Netherlands	None	Low			2	0%	Type A, Subtype H3N2	graphs		Click here
Northern Ireland	Local	Medium			0	0%	Type A, Subtype H3N2	125.4 (graphs)		Click here
Norway	Widespread	Medium			46	21.7%	Type A, Subtype H3N2	graphs		Click here
Poland	None	Low			0	0%	None	16.2 (graphs)		Click here
Portugal	Widespread	High			38	81.6%	Type A, Subtype H3N2	104.7 (graphs)		Click here
Romania	Sporadic	Low			31	22.6%	Type A, Subtype H3N2		graphs	Click here
Scotland	Widespread	Medium						116.2 (graphs)		Click here
Slovakia	None	Low			12	0%	None	605.0 (graphs)		Click here
Slovenia	None	Low			2	0%	None	graphs	1054.8 (graphs)	Click here
Spain	Widespread	Medium			88	48.9%	Type A, Subtype H3N2	193.2 (graphs)		Click here
Sweden	Sporadic	Low						graphs		Click here
Switzerland	Sporadic	Low			0	0%	Type A	40.2 (graphs)		Click here
Europe					820	30.9%				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

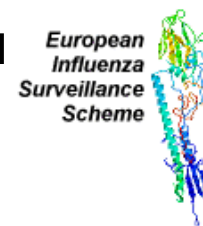
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Influenza activity in Europe: low levels of activity, but trend in laboratory confirmed cases is steadily increasing



Summary: The number of countries reporting sporadic cases of influenza activity has increased slightly in week 48/2004, although the level of influenza activity in Europe remains low (at baseline levels). Since the start of this season, there has been a steady increase in the total number of laboratory confirmed cases of influenza, which are mainly influenza A. The incidence of RSV (a viral infection with clinical symptoms that are similar to influenza-like illness) detections continues to increase.

Epidemiological and virological situation: Twenty-four networks reported low intensity of influenza activity, meaning that there was no influenza activity or influenza activity is at baseline levels. Compared to week 47/2004 the incidence of influenza-like illness decreased in Denmark, Luxembourg, Portugal, and Spain. An increased incidence was reported by Northern Ireland, Poland, Scotland, Slovakia, and Switzerland.

Geographically, sporadic activity (i.e. isolated cases of laboratory confirmed influenza virus infection) was reported by seven countries (Belgium, England, France, Ireland, Norway, Slovenia, and Spain). In the rest of Europe there was no activity.

The total number of respiratory specimens collected by sentinel physicians in week 48/2004 was 341, of which ten (2.9%) were influenza virus positive. Of 1057 non-sentinel specimens, six (0.6%) were positive. One of the 16 specimens one was influenza B (Norway), all others were influenza A. Eleven of those were not subtyped [from Belgium (1), Czech Republic (1), Ireland (4), Norway (1), Slovenia (1), and Sweden (3)]. Four were subtyped, two H1 (England), one H3 (Spain) and one H3N2 (Germany).

Based on the (sub)typing data of all influenza virus detections up to week 48/2004 (N=64; sentinel and non-sentinel data), 28 were A (not subtyped), 11 were A(H1) [seven of these were A(H1N1)], 14 were A(H3), [six of these were A(H3N2)], and 11 were B.

No new information on antigenic and/or genetic characterisations has been reported this week. Of the 64 detections reported up to week 48/2004, seven have been antigenically and/or genetically characterised. Four were A/Wellington/1/2004 (H3N2)-like (from England, France, Norway and Sweden), one was A/Fujian/411/2002 (H3N2)-like (from Germany) and two were A/New Caledonia/20/99 (H1N1)-like (from England and Ireland).

Laboratory confirmed cases of influenza in Europe have steadily increased since the start of the season (click [here](#) [second graph]), but the number of detections remains low (only 16 in week 48/2004). Across Europe, the incidence of RSV (a viral infection with clinical symptoms that are similar to influenza-like illness) detections shows an increase. The number of RSV detections increased in seven countries (England, France, Ireland, Italy, Latvia, the Netherlands, and Scotland) and decreased slightly in four.

Comment: The number of countries reporting sporadic cases of influenza activity has increased slightly, although the level of influenza activity in Europe remains low (at baseline levels). The total number of laboratory-confirmed cases of influenza was stable compared to week 47/2004, but the general trend since the start of this season is steadily increasing. The incidence of RSV detections continues to increase.

As in previous weeks, there were more detections of influenza A than of influenza B. So far this season, the number of detected viruses is 53 for influenza A versus 11 for influenza B. It still remains too early to predict which will be the dominant subtype during the 2004-2005 season, since the influenza A subtypes detected so far show both influenza A(H1) and influenza A(H3) viruses.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 48/2004, 24 networks reported clinical data and 23 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#).

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 : Intensity Geographical spread



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. RSV activity continues to increase, especially amongst children aged 0-4 years.

France

Increasing number of RSV detection/isolation in France, especially in Ile-de-France region.

Germany

The first influenza virus was detected within the sentinel network. An influenza A subtype H3N2 virus was detected in a swab taken from a 40 years old woman. Further characterisation is going on.

Italy

Low influenza activity is reported. The first 3 cases of influenza virus isolations have been reported by Genova (Northern Italy). The viruses, isolated during the previous week from children, were subtyped as A/H3N2. One detection of RSV from a sentinel specimen was made during this period. The case is from Milano (Northern Italy) from a 8 yrs patient. Further analyses are in progress.

Norway

Whereas no information about a possible foreign source has been given for the single influenza B case detected in week 48, the patient infected by an influenza A virus had recently visited China.

Spain

Influenza activity remains stable at a low level in Spain
One isolate of influenza virus AH3 were detected within the sentinell system.

Switzerland

No influenza virus detected in Switzerland this week.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria	Low	None			45	0%	None	1201.2 (graphs)		Click here
Belgium	Low	Sporadic			12	8.3%	Type A	26.7 (graphs)	623.2 (graphs)	Click here
Czech Republic		None			30	3.3%	None		1215.0 (graphs)	Click here
Denmark	Low	None						44.2 (graphs)		Click here
England	Low	Sporadic			18	11.1%	None	14.8 (graphs)	608.0 (graphs)	Click here
France	Low	Sporadic			77	0%	None		1689.6 (graphs)	Click here
Germany	Low	None			23	4.4%	None		1233.0 (graphs)	Click here
Ireland	Low	Sporadic			10	30.0%	Type A	11.7 (graphs)		Click here
Italy	Low	None			26	0%	None	63.4 (graphs)		Click here
Latvia	Low	None			2	0%	None	(graphs)	1166.6 (graphs)	Click here
Lithuania	Low	None						3.0 (graphs)	488.0 (graphs)	Click here
Luxembourg	Low	None			5	0%	None	6.9 (graphs)		Click here
Netherlands	Low	None			1	0%	None	15.9 (graphs)	110.1 (graphs)	Click here
Northern Ireland	Low	None			2	0%	None	35.2 (graphs)		Click here
Norway	Low	Sporadic			4	0%	None	(graphs)		Click here
Poland	Low	None			5	0%	None	42.9 (graphs)		Click here
Portugal	Low	None			5	0%	None	3.1 (graphs)		Click here
Romania	Low	None			19	0%	None	1085.8 (graphs)	1.5 (graphs)	Click here
Scotland	Low	None			0	0%	None	21.4 (graphs)		Click here
Slovakia	Low	None			1	0%	None	580.6 (graphs)		Click here
Slovenia	Low	Sporadic			14	7.1%	Type A	1.3 (graphs)	1249.5 (graphs)	Click here
Spain	Low	Sporadic			27	3.7%	Type A, Subtype H3	21.0 (graphs)		Click here
Sweden	Low	None			0	0%	None	(graphs)		Click here
Switzerland	Low	None			15	0%	None	34.8 (graphs)		Click here
Wales	Low	None						(graphs)		Click here
Europe					341	2.9%				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

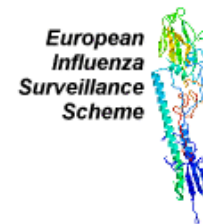
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The bulletin text was written by the EISS Co-ordination Centre (Caroline Brown, Tamara Meerhoff, Adam Meijer and John Paget). It was reviewed by Nichola Goddard (Health Protection Agency, United Kingdom) [until 9 January 2005], Jonathan Nguyen-Van-Tam (Health Protection Agency, United Kingdom) [as of 10 January 2005], Maja Socan (Institute of Public Health, Slovenia) and Yves Thomas (Hôpital Cantonal Universitaire de Genève, Geneva) on behalf of the EISS Working Group.

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Increasing influenza activity in most European countries



Summary: The early influenza activity in Spain, Portugal, the United Kingdom and Ireland, predominantly caused by A/Fujian/411/2002 (H3N2)-like viruses, is slowing down and even declining in some of these countries. Influenza activity is currently increasing in most other countries in Europe, in particular in Belgium, France, the Netherlands, Norway and Switzerland. In a number of countries (mostly in the eastern part of Europe), the seasonal activity has not yet taken off, as networks report sporadic or no influenza activity.

Epidemiological and virological situation: Widespread influenza activity was reported in Belgium, England, France, Norway, Portugal, Scotland and Spain in week 49/2003, indicating that influenza activity was above the baseline level in all regions. Regional activity was reported in Switzerland and local outbreaks were reported in Denmark, Ireland, Luxembourg, the Netherlands, Northern Ireland, Romania and Sweden. In the rest of Europe, sporadic or no influenza activity was reported.

The intensity of clinical incidence was high in Norway, medium in eight networks and low in 13 networks. Compared to week 48/2003, increasing incidences were reported in 14 of the 19 networks that reported this data to EISS. Strong increases in incidence were observed in Belgium, France, the Netherlands and Switzerland.

Among the networks that reported widespread influenza activity earlier this season, Ireland, Portugal, Scotland and Spain have reported declining incidences in recent weeks. In England and Northern Ireland, the clinical incidences also declined (and then stabilised in England) but an increase in incidences was reported in week 49/2003. Influenza-like-illness or acute respiratory infection was most common in the youngest age groups (0-14), even in networks reporting few or no influenza virus detections.

The total number of respiratory specimens collected by sentinel physicians in week 48/2003 was 1169. The percentage of sentinel specimens that tested positive for influenza virus was 23%; a lower percentage compared to week 48/2008 (31%) and 47/2003 (31%). Of the sentinel and non-sentinel influenza virus isolates tested in week 49/2003, 650 were typed influenza A (650 untyped and 171 H3N2) and 11 were typed influenza B. The H3N2 virus was predominant in 11 countries, influenza A untyped in four countries and influenza B in one country (Slovenia).

Based on the strain characterisation data available up to week 49/2003, 128 isolates were A/Fujian/411/2002 (H3N2)-like, nine were A/Moscow/10/99 (H3N2)-like, the hemagglutinin of five A/(H1N2) isolates was A/New Caledonia/20/99 (H1N1)-like, two were B/Hong Kong/330/2001-like and one was B/Sichuan/379/99-like (click [here](#)). The B/Sichuan/379/99-like virus was isolated in Germany.

Some countries report data on the respiratory syncytial virus (RSV) to EISS, a virus that has similar clinical symptoms to influenza-like illness. In most of these countries, laboratory reports of RSV are currently increasing (England, Ireland, Scotland and Latvia). These reports were decreasing in France in week 49/2003.

Comment: The seasonal influenza activity is gradually moving across Europe: it first began in Ireland, the United Kingdom, Spain and Portugal, then in Norway, France and Belgium, and is now moving to other countries in Europe like the Netherlands and Switzerland. The co-circulation of influenza and RSV in some countries will probably lead to increased influenza-like illness incidences, in particular in the youngest age groups. In all countries where the seasonal activity has peaked, the peak incidences were higher than during the 2002-2003 season. The predominant virus during the current season is the new drift variant A/Fujian/411/2002 (H3N2) and the highest clinical incidences are observed in the youngest age groups (0-14).

The first isolation of a B/Sichuan/379/99-like virus in Europe was reported in Germany in week 49/2003. This virus strain is not included in the current influenza vaccine, however, it is a sporadic case and represents less than 0.7% of all strain characterisations reported to EISS this season. The EISS group will carefully monitor B/Sichuan-like isolates in Europe.

Influenza vaccination remains the most important intervention to limit influenza infection with either influenza A(H1), A(H3) or B strains that are currently circulating in the northern hemisphere. The A/Fujian/411/2002 (H3N2)-like viruses are related to the A/Panama/2007/99 (H3N2) strain included in the 2003-2004 vaccine. Based on the evidence available so far, antibodies induced against this vaccine strain are expected to provide valuable protection against infection with A/Fujian/411/2002 (H3N2)-like viruses.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 49/2003, 23 networks reported clinical data and 22 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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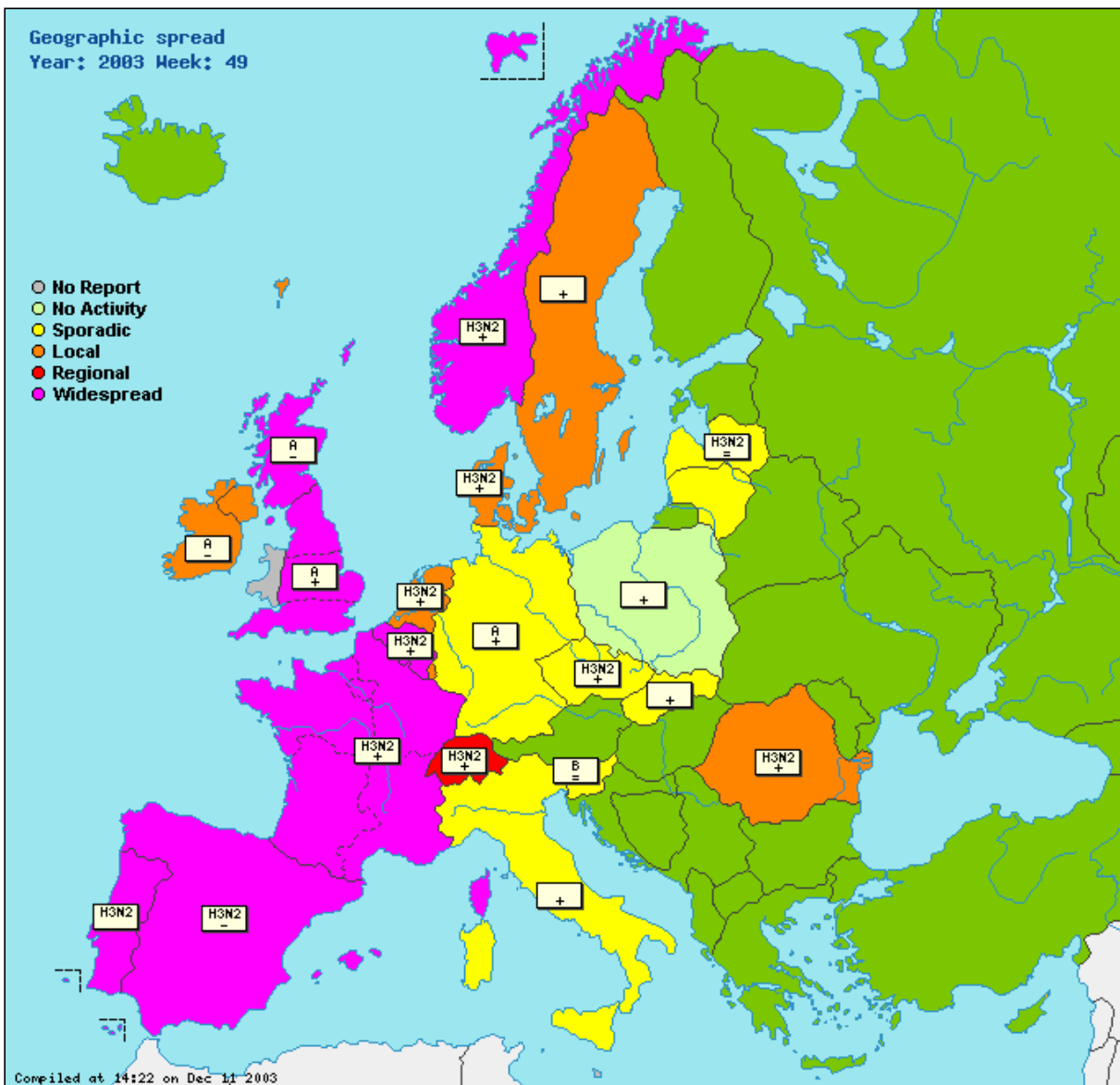
Map

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



Country comments (where available)

Italy

Increasing, but still low influenza activity. One influenza A/H3N2 has been detected by RT-PCR in the Centre of Milano, in northern Italy. Other cases associated with influenza A/H3N2 subtype were identified and/or isolated from the Laboratory of the University in Genova, where the first B virus has been also detected during this week. So far all the positive samples were collected from the youngest age groups (0-10).

Latvia

Increasing activity RSV and adenoviruses. Outbreak in military camp due to adenoviruses.

Northern Ireland

After falling for several weeks, GP consultation rates for 'flu and 'flu-like illness have begun to rise again in Week 49. Whether or not this rise is temporary, or signals the beginning of another period of increasing respiratory illness, remains unknown at present.

Norway

Slight decrease in activity in 2 out of 5 health regions but still increase in the country as a whole

Portugal

The incidence of the influenza-like illness has decreased over the past week. 80.8% of the specimens analysed (sentinel and non-sentinel) were positive for influenza virus A(H3N2). The genetic characterisation of the majority influenza virus isolated in our country shows that they are A/Fugian/411/2002 (H3N2)-like virus.

Slovakia

The incidence of ILI 681,6 per 100 000 inhab. is still below seasonal level. Compare to the previous week, it was 3,4%

increase.

Spain

Decreasing influenza activity in Spain. Peak was reached on week 47.

Sweden

Laboratory confirmed influenza A have been reported from 18 of 21 counties in Sweden. The weekly numbers of cases are increasing continuously. During week 49 there were 90 confirmed cases of influenza A. Age distribution: 0-4 years 16 (18%) 5-14 yrs 18, 15-64 yrs 44 and 65+ 12 (13%). This season in total 222 cases of influenza A were identified, 21 of them were subtyped and six belong to the Fujian like strain. From 76 sentinel units in 16 counties a total of 37 patients with influenzalike illness are reported, five of them under 5 years of age. The proportion of patients with influenzalike illness remains at a low level (0.3%).

Switzerland

A high number of influenza viruses have been detected last week : 15 influenza A and 1 influenza B viruses were detected. 8 of these viruses were detected in the cantons of Vaud and Valais (Region 1, west of the country), 4 in the canton of Fribourg and Bern (region 2). 9 viruses taken during the week 47 and 48 were related to the variant A/Fujian/411/02 (H3N2) 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	Widespread	Medium			217	40.1%	Type A, Subtype H3N2	854.8 (graphs)	2276.2 (graphs)	Click here
Czech Republic	Sporadic	Low			46	15.2%	Type A, Subtype H3N2		1262.2 (graphs)	Click here
Denmark	Local	Low			10	60.0%	Type A, Subtype H3N2	194.1 (graphs)		Click here
England	Widespread	Medium			84	10.7%	Type A	54.7 (graphs)	884.2 (graphs)	Click here
France	Widespread	Medium			219	28.8%	Type A, Subtype H3N2		3757.1 (graphs)	Click here
Germany	Sporadic	Low			76	1.3%	Type A		1365.0 (graphs)	Click here
Ireland	Local	Medium			20	35.0%	Type A	34.1 (graphs)		Click here
Italy	Sporadic	Low			96	1.0%	None	67.2 (graphs)		Click here
Latvia	Sporadic	Low			4	0%	Type A, Subtype H3N2	1.6 (graphs)	1026.9 (graphs)	Click here
Lithuania	Sporadic	Low			0	0%	None	16.6 (graphs)	453.0 (graphs)	Click here
Luxembourg	Local				39	5.1%	None	189.4 (graphs)	2220.8 (graphs)	Click here
Netherlands	Local	Low			12	0%	Type A, Subtype H3N2	55.8 (graphs)	167.3 (graphs)	Click here
Northern Ireland	Local	Medium			1	100.0%	Type A, Subtype H3N2	118.0 (graphs)		Click here
Norway	Widespread	High			26	65.4%	Type A, Subtype H3N2	graphs		Click here
Poland	None	Low			0	0%	None	15.2 (graphs)		Click here
Portugal	Widespread	Medium			17	94.1%	Type A, Subtype H3N2	95.6 (graphs)		Click here
Romania	Local	Medium			120	8.3%	Type A, Subtype H3N2		graphs	Click here
Scotland	Widespread	Low			37	10.8%	Type A	67.1 (graphs)		Click here
Slovakia	Sporadic	Low			8	0%	None	677.2 (graphs)		Click here
Slovenia	Sporadic	Low			12	8.3%	Type B	1.3 (graphs)	1075.1 (graphs)	Click here
Spain	Widespread	Medium			92	37.0%	Type A, Subtype H3N2	140.7 (graphs)		Click here
Sweden	Local	Low						graphs		Click here
Switzerland	Regional	Low			33	0%	Type A, Subtype H3N2	123.5 (graphs)		Click here
Europe					1169	22.8%				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.

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

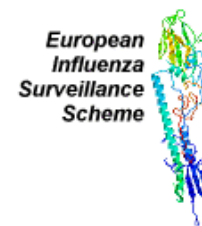
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Wide diversity in geographic spread and intensity of activity of influenza in Europe



Summary: The early seasonal influenza activity that occurred in England, Northern Ireland, Portugal, Scotland and Spain is further decreasing. In Ireland clinical activity has declined but stabilised at a medium intensity level. In France and Belgium the clinical activity has levelled off. In most other European countries influenza activity has increased. The predominant virus circulating is still A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread activity, i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population, was reported in Belgium, France, Norway and Switzerland. Regional activity was reported in The Netherlands, Portugal, Spain and Sweden indicating activity above baseline levels in one or more regions comprising less than 50% of the country's population. The rest of Europe reported local outbreaks or sporadic activity, except for Poland which reported no activity.

Norway and Romania reported high intensity of activity, 12 networks a medium intensity and eight networks a low intensity. Networks where influenza activity had already peaked reported further reductions in clinical incidence (England, Northern Ireland, Portugal, Scotland and Spain) or evidence of stabilisation following an initial decline (Ireland). In France and Belgium, which reported medium intensity, the clinical incidence had levelled off indicating peak activity has probably reached. Most of the other networks reported increasing incidences, except for Latvia and Slovenia which reported stable and low incidences.

A strong increase in clinical incidence was reported by Lithuania, Luxembourg, The Netherlands, Romania and Switzerland. The Netherlands and Romania reported incidences above baseline for the first time this season. In countries reporting an increased clinical incidence, increases were most prominent in children.

The total number of respiratory specimens collected by sentinel physicians in week 50/2003 was 1147. The percentage of sentinel specimens that tested positive for influenza virus declined further from 23% in week 49 to 21% in week 50. Of the 782 influenza virus isolates (sentinel and non-sentinel data) in week 50, 781 were influenza A and one was influenza B. Of the 781 influenza A virus isolates 553 were untyped, two were H1N2, and 226 were H3N2. The H3N2 virus was predominant in eleven networks and influenza A untyped in seven networks.

Based on the strain characterisation data available up to week 50/2003, 178 isolates were A/Fujian/411/2002 (H3N2)-like, 12 were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of five A(H1N2) isolates were A/New Caledonia/20/99 (H1N1)-like, two were B/HongKong/330/2001-like and two were B/Sichuan/379/99-like (from Germany and Switzerland) (click [here](#)).

The levels of respiratory syncytial virus (RSV) isolations showed a similar pattern to clinical incidences of influenza-like illness (ILI) and/or acute respiratory infection (ARI) in the 11 networks reporting RSV data (e.g. in networks where clinical incidences of ILI/ARI were increasing, RSV was also increasing).

Comment: The seasonal influenza activity is moving further into Europe and has taken off in most countries now. From the data of the networks where influenza peaked in previous weeks and further declined in week 50, the estimated average period in which peak activity was reached was 4 to 5 weeks, which is typical for influenza outbreaks. Although influenza A/Fujian/411/2002 (H3N2)-like viruses were predominant, others have been detected, both influenza A(H1N1) and A(H1N2) and influenza B (B/HongKong/330/2001-like and B/Sichuan/379/99-like). The possibility of a second wave of influenza activity caused by one of the other influenza viruses will be watched with particular interest.

Influenza vaccination remains the most important intervention to limit influenza infection with either influenza A(H1), A(H3) or B strains that are currently circulating in the northern hemisphere. The A/Fujian/411/2002 (H3N2)-like viruses are related to the A/Panama/2007/99 (H3N2) strain included in the 2003-2004 vaccine. Based on the evidence available so far, antibodies induced against this vaccine strain are expected to provide valuable protection against infection with A/Fujian/411/2002 (H3N2)-like viruses.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 50/2003, 23 networks reported clinical data and 22 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#).

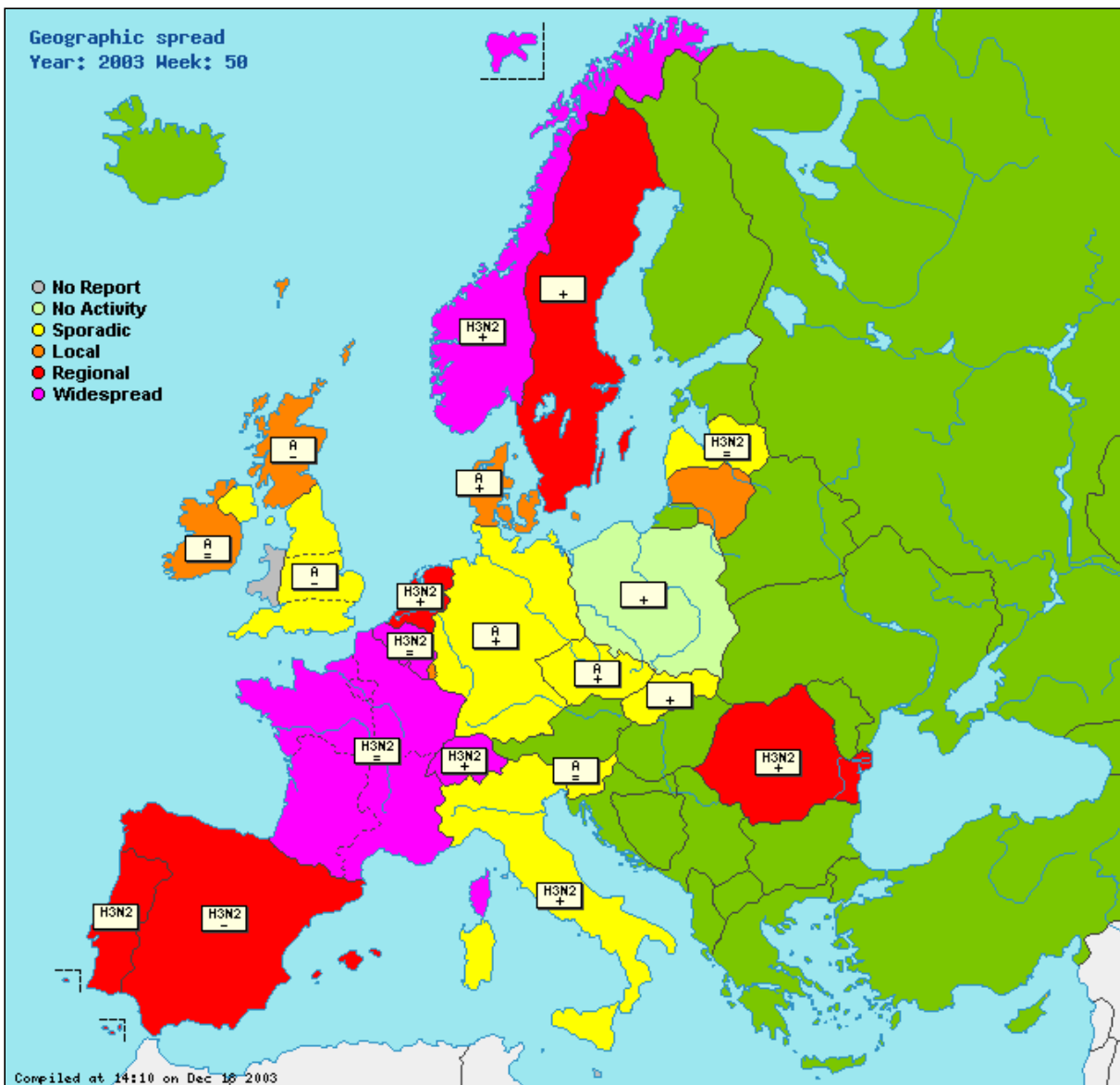
Map

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

The clinical influenza activity rate for ILI has fallen from a level within the range of normal seasonal activity to a level within the range for baseline activity in England. This decrease has occurred in all three regions of England. The current data strongly suggests that the recent influenza outbreak is coming to an end.

France

Influenza A(H3N2) is actually epidemic in all the french regions. At national level, the epidemic has peaked during the first weeks of december.

Italy

Influenza activity increasing this week, but still remains at low to moderate level in Italy. Sporadic cases associated with A/H3N2 viruses subtype are reported from central Italy (Perugia and Siena) and Trieste, Northern Italy. Antigenic characterizations are in progress.

Latvia

Low intensity ,sporadic influenza activity due to A (H3N2).The main cocirculated virus is RSV.

Netherlands

Of the 5 non-sentinel A not subtyped, one is an ARI derived from sentinel

Norway

2 of 5 health regions has decreasing activity but still increasing in the country as a whole and well above threshold in all regions. Increasing proportion of children 0-4 years with clinical influenza.

After several weeks of increase, the number of virus detections appear to have stabilised, or even decreased, this week.

Slovakia

The first influenza A virus was isolated from NPS of 34 years old man. The virus was multiplied on MDCK cells to high HA titer. Directigen Influenza A,B was A pozit. The antigenic characterisation of the isolate will be completed.

Sweden

In Sweden the number of laboratoryconfirmed caases of influenza A continue to increase. During week 50 in total 164 cases were reported from 15 of 21 counties. Age distribution show 21% children under 5 years of age and 23 older than 64 years. During the period from Oct 20 to Dec 14 in total 411 cases of influenza A were reported. Among 21 subtyped isolates hitherto 6 cases Fujian like strain. This week there is an increase also of the proportion of patients with influenzalike illness. From 92 sentinelunits 86 patients with influensalike illness among a total of 9 955 patients (0.9%). The proportion varies between 0% in 4 counties up to 3.8% in one county. Nine percent of the 86 patients were children under 5 years of age and 5% were elderly, older than 64 years of age.

Switzerland

The number of influenza virus detected last week was again increasing. In the majority of the cases Influenza A (H3N2) viruses were detected. These viruses were related to the variant A/Fujian/411/02 (H3N2). The influenza B virus detected in the canton of Bern during week 49 was related to the strain influenza B/Sichuan/379/99. As observed in Germany, it was the only strain detected in Switzerland and since this detection, no further influenza B strain was isolated.

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			194	35.1%	Type A, Subtype H3N2	441.5 (graphs)	1200.5 (graphs)	Click here
Czech Republic	Sporadic	Low			47	2.1%	Type A		1427.9 (graphs)	Click here
Denmark	Local	Medium			23	30.4%	Type A	250.0 (graphs)		Click here
England	Sporadic	Low			14	78.6%	Type A	37.5 (graphs)	804.3 (graphs)	Click here
France	Widespread	Medium			217	30.4%	Type A, Subtype H3N2		3691.3 (graphs)	Click here
Germany	Sporadic	Low			111	1.8%	Type A		1365.0 (graphs)	Click here
Ireland	Local	Medium			16	25.0%	Type A	33.1 (graphs)		Click here
Italy	Sporadic	Medium			94	4.3%	Type A, Subtype H3N2	97.8 (graphs)		Click here
Latvia	Sporadic	Low			2	0%	Type A, Subtype H3N2	1.0 (graphs)	1007.7 (graphs)	Click here
Lithuania	Local	Medium			0	0%	None	120.4 (graphs)	658.9 (graphs)	Click here
Luxembourg	Local				56	14.3%	None	328.4 (graphs)	2389.2 (graphs)	Click here
Netherlands	Regional	Low			12	0%	Type A, Subtype H3N2	123.1 (graphs)	204.2 (graphs)	Click here
Northern Ireland	Sporadic	Medium			0	0%	Type A, Subtype H3N2	84.7 (graphs)		Click here
Norway	Widespread	High			23	17.4%	Type A, Subtype H3N2	(graphs)		Click here
Poland	None	Low			0	0%	None	18.6 (graphs)		Click here
Portugal	Regional	Medium			8	75.0%	Type A, Subtype H3N2	50.8 (graphs)		Click here
Romania	Regional	High			221	20.4%	Type A, Subtype H3N2		(graphs)	Click here
Scotland	Local	Medium			1	0%	Type A	59.4 (graphs)		Click here
Slovakia	Sporadic	Low			30	0%	None	754.2 (graphs)		Click here
Slovenia	Sporadic	Low			3	0%	Type A	2.7 (graphs)	1199.2 (graphs)	Click here
Spain	Regional	Medium			31	25.8%	Type A, Subtype H3N2	104.9 (graphs)		Click here
Sweden	Regional	Medium						(graphs)		Click here
Switzerland	Widespread	Medium			44	18.2%	Type A, Subtype H3N2	232.3 (graphs)		Click here
Europe					1147	21.1%				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

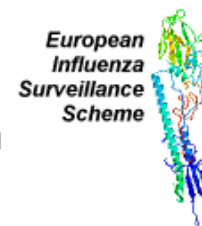
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Influenza wave moves further across Europe



Summary: The incidence of influenza like illness and/or acute respiratory illness is now decreasing in Belgium, France and Luxembourg and following the pattern seen in England, Ireland, Northern Ireland, Portugal, Scotland and Spain. In other countries in Central Europe influenza activity increased, particularly in Lithuania, the Netherlands, Romania and Switzerland. The predominant virus circulating is still A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread activity, (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population), was reported in Belgium, France, the Netherlands, Norway, Romania and Switzerland. Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Spain. In the rest of Europe there was only local or sporadic activity, except for Poland where there was no activity.

Norway reported high intensity like in the previous two weeks, but clinical activity is now levelling off. Romania reported high intensity and increasing clinical activity. Twelve networks reported medium intensity and five low intensity. Networks where influenza activity had already peaked reported further reductions in clinical incidence (Ireland, Northern Ireland, Scotland and Spain) and evidence of peaking was reported in Belgium, France and Luxembourg. England reported similar incidence to that in the previous week but the peak was passed. Most other networks reported increasing incidence, except for Latvia and Poland. Increases were most prominent in Lithuania, the Netherlands, Romania and Switzerland.

The total number of respiratory specimens collected by sentinel physicians in week 51/2003 was 877. The percentage positive for influenza virus increased from 21% in week 50 to 34% in week 51. Of the 978 detected influenza viruses (295 sentinel and 683 non-sentinel) in week 51, 974 were influenza A and four were influenza B. Of the 974 detected influenza A viruses 713 were untyped, five were H1, and 256 were H3 of which 227 were H3N2. The predominant virus was influenza A/(H3) in four networks, A/(H3N2) in seven networks and influenza A untyped in three networks.

Based on the strain characterisation data available up to week 51/2003, 267 isolates were A/Fujian/411/2002 (H3N2)-like; 13 were A/Moscow/10/99 (H3N2)-like; the hemagglutinins of five A/(H1N2) isolates and one A/(H1N1) isolate were A/New Caledonia/20/99 (H1N1)-like; two were B/HongKong/330/2001-like and one was B/Sichuan/379/99-like (click [here](#)).

Comment: With minor exceptions, seasonal influenza activity is declining in Western Europe and increasing in most of Central and Eastern Europe. In those countries where it has now peaked, activity has been most prominent in the younger age groups (0-14). It will be interesting to see if networks currently experiencing increasing activity will benefit from the Christmas break minimising the spread of infection in day-nurseries, kindergarten and schools. In addition, since in general consulting a doctor drops during Christmas holidays, available data will need to be interpreted with caution.

Influenza vaccination and the use of antivirals are important interventions to limit influenza activity in the population. The A/Fujian/411/2002 (H3N2)-like viruses, which are currently the predominant viruses circulating in Europe, are related to the A/Panama/2007/99 (H3N2) strain included in the 2003-2004 vaccine. Based on the evidence available so far, antibodies induced against this vaccine strain are expected to provide valuable protection against infection with A/Fujian/411/2002 (H3N2)-like viruses.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 51/2003, 20 networks reported clinical data and 17 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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The European Influenza Surveillance Scheme wishes you a Merry Christmas.

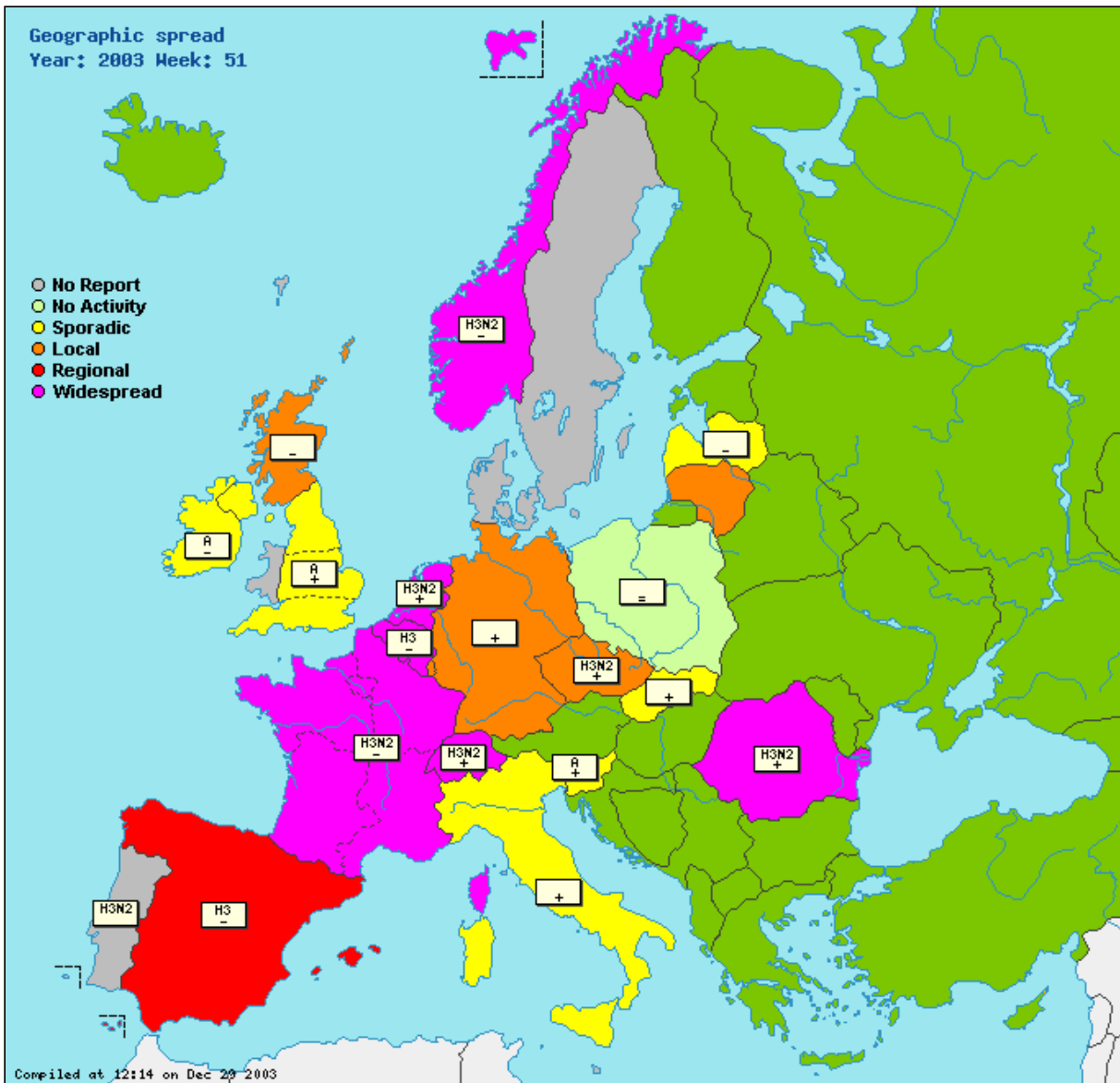
Map

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
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

The incidence of influenza-like illness is similar to last weeks level and remains within the base line range of activity.

France

Progressive decrease of influenza incidence everywhere except in Alsace, where peak is not yet reached.

A(H3N2) viruses are strongly dominant.

Slovakia

Eight isolates of influenza were isolated in the Slovak Republic. In the identification test were all eighth isolates as type A, (H3) confirmed.

Switzerland

Influenza activity continued to increase in Switzerland. The amount of samples received last week was doubled in comparison with the previous week. Only influenza A/Fujian/411/02 (H3N2) related strains were detected 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	Widespread	Medium			123	38.2%	Type A, Subtype H3	448.5 (graphs)	1131.6 (graphs)	Click here
Czech Republic	Local	Medium			51	17.7%	Type A, Subtype H3N2		1673.5 (graphs)	Click here

Denmark						434.8	(graphs)	Click here
England	Sporadic	Low	4	100.0%	Type A	42.3	(graphs)	922.9 (graphs) Click here
France	Widespread	Medium	195	37.4%	Type A, Subtype H3N2			3114.2 (graphs) Click here
Germany	Local	Low						1365.0 (graphs) Click here
Ireland	Sporadic	Medium	12	58.3%	Type A	22.0	(graphs)	Click here
Italy	Sporadic	Medium				130.9	(graphs)	Click here
Latvia	Sporadic	Low				1.0	(graphs)	893.0 (graphs) Click here
Lithuania	Local	Medium	0	0%	None	183.9	(graphs)	764.9 (graphs) Click here
Luxembourg	Local		57	19.3%	None	327.1	(graphs)	2467.7 (graphs) Click here
Netherlands	Widespread	Medium	10	70.0%	Type A, Subtype H3N2	167.3	(graphs)	Click here
Northern Ireland	Sporadic	Low	5	20.0%	Type A, Subtype H3	63.5	(graphs)	Click here
Norway	Widespread	High	25	64.0%	Type A, Subtype H3N2		(graphs)	Click here
Poland	None	Low	0	0%	None	14.9	(graphs)	Click here
Portugal			11	100.0%	Type A, Subtype H3N2		(graphs)	Click here
Romania	Widespread	High	212	42.5%	Type A, Subtype H3N2			(graphs) Click here
Scotland	Local	Medium				47.5	(graphs)	Click here
Slovakia	Sporadic	Medium	21	14.3%	Type A, Subtype H3	833.7	(graphs)	Click here
Slovenia	Sporadic	Medium	12	16.7%	Type A	12.6	(graphs)	1192.6 (graphs) Click here
Spain	Regional	Medium	58	24.1%	Type A, Subtype H3	85.3	(graphs)	Click here
Switzerland	Widespread	Medium	81	0%	Type A, Subtype H3N2	294.3	(graphs)	Click here
Europe			877	33.6%				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

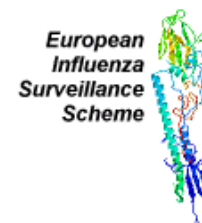
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Influenza wave is expected to move eastwards across Europe



Summary: The incidence of influenza-like illness and/or acute respiratory illness is now decreasing in Belgium and France, following the pattern seen in England, Ireland, Northern Ireland, Portugal, Scotland and Spain. Some other countries reported declining incidences in week 52/2003 (e.g. Denmark and Romania) but this data needs to be interpreted with caution due to the Christmas/New Year holidays. The predominant virus circulating in Europe is A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: The surveillance of influenza in week 52/2003 (22-28.12.2002) was affected by the Christmas/New Year holidays because of restricted access to primary care physicians and laboratory facilities, and additionally because aggregation of data into the EISS database is delayed. For these reasons caution is needed in the interpretation of the epidemiological and virological data presented in this report.

Widespread activity (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population) was reported in Belgium, Denmark, France, the Netherlands and Switzerland. In the rest of Europe, local or sporadic activity was reported.

Denmark reported a high intensity, seven networks reported a medium intensity and three networks a low intensity in week 52/2003. Networks where seasonal influenza activity had already peaked, reported further reductions in clinical incidences: Belgium, England, France, Ireland, Northern Ireland, Portugal, Scotland and Spain. The clinical influenza activity in many of these networks has returned to baseline levels (e.g. in England and Spain). A number of other countries reported declining incidences in week 52/2003 (Denmark, Lithuania, Switzerland and Romania), but these trends need to be confirmed with data from week 01/2004.

In total, 378 respiratory specimens were collected by sentinel physicians in week 52/2003, 28% were positive for influenza (compared to 34% in week 51/2003). All of the 507 detected influenza viruses (107 sentinel and 400 non-sentinel) in week 52/2003 were influenza A; 413 were not subtyped, two were H1N1 and 92 were H3 (90 H3N2). The predominant virus was influenza A(H3N2) in eight networks, A(H3) in three networks and influenza A not subtyped in three networks.

Based on the strain characterisation data available up to week 52/2003, 352 isolates were A/Fujian/411/2002 (H3N2)-like; 26 were A/Moscow/10/99 (H3N2)-like; the hemagglutinins of five A(H1N2) isolates and one A(H1N1) isolate were A/New Caledonia/20/99 (H1N1)-like; two were B/HongKong/330/2001-like and two were B/Sichuan/379/99-like (click [here](#)).

Comment: Influenza activity due to the influenza A(H3N2) Fujian-like virus has past in most of Western Europe (Belgium, France, Spain, Portugal, Ireland and the United Kingdom). Generally, the clinical influenza activity in these countries has been higher than during the 2002-2003 season, especially in children. The wave is likely to affect the remaining countries in Central and Eastern Europe (probably starting off in Germany and Italy), though indications from the countries of Western Europe suggest that relative to recent winters the activity has been of a comparatively modest intensity.

Influenza vaccination and the use of antivirals are important interventions to limit influenza activity in the population. The A/Fujian/411/2002 (H3N2)-like viruses, which are currently the predominant viruses circulating in Europe, are related to the A/Panama/2007/99 (H3N2) strain included in the 2003-2004 vaccine. Based on the evidence available so far, antibodies induced against this vaccine strain are expected to provide valuable protection against infection with A/Fujian/411/2002 (H3N2)-like viruses.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 52/2003, 14 networks reported clinical data and 17 networks reported virological data to EISS.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#).

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

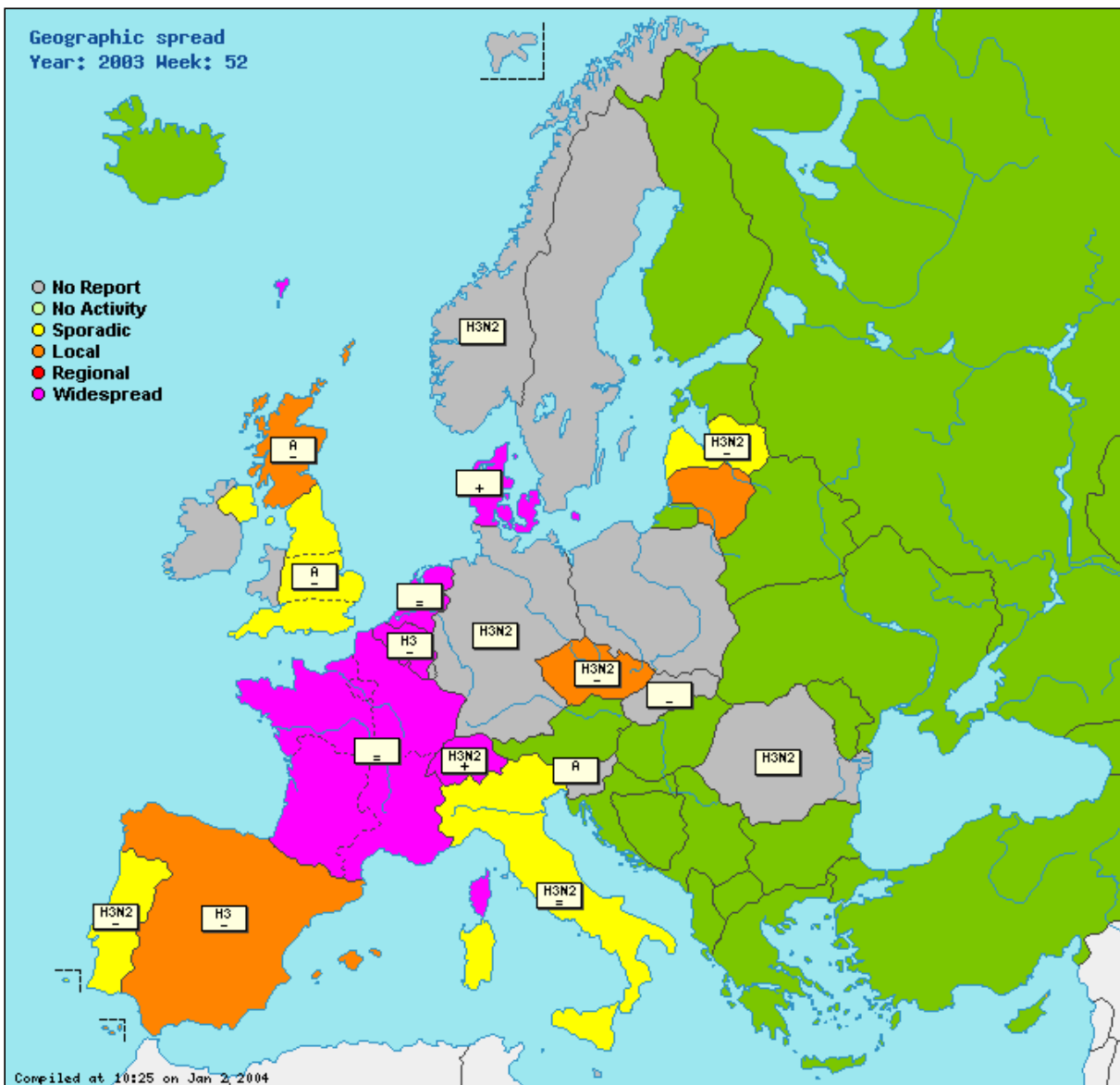
Map

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



Country comments (where available)

England

The rate for ILI continues to fall although the low level reported for this week is likely to be a result of the festive period when visits to GPs tend to reduce.

France

Flu epidemic reached a peak on week 50/2003 but epidemic activity is still going on in all the french regions.

Italy

Increasing but still medium influenza activity. Further identification of A/H3N2 viruses subtype are reported from Northern and Central Italy. The genetic characterisation of some influenza viruses isolated shows that they are A/Fujian/411/02 (H3N2)- like virus.

Latvia

Increasing influenza activity due to A/H3N2 circulation.

Spain

Influenza activity is decreasing all around Spain. The morbidity rate is below the epidemic level. Local detection of influenza A(H3) viruses.

Switzerland

The number of samples received and influenza viruses detected decreased for the first time last week. However, Christmas Holidays are probably at the origin of this reduction. The majority of influenza viruses detected were related to 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	Widespread				70	42.9%	Type A, Subtype H3	273.2 (graphs)	996.0 (graphs)	Click here
Czech Republic	Local				25	24.0%	Type A, Subtype H3N2		1108.2 (graphs)	Click here
Denmark	Widespread	High						304.2 (graphs)		Click here
England	Sporadic				0	0%	Type A	21.0 (graphs)	606.7 (graphs)	Click here
France	Widespread	Medium			56	26.8%			1541.6 (graphs)	Click here
Germany					22	22.7%	Type A, Subtype H3N2		graphs	Click here
Italy	Sporadic	Medium			19	21.1%	Type A, Subtype H3N2	113.8 (graphs)		Click here
Latvia	Sporadic	Low			0	0%	Type A, Subtype H3N2	2.6 (graphs)	560.6 (graphs)	Click here
Lithuania	Local	Medium			0	0%	None	125.6 (graphs)	451.2 (graphs)	Click here
Netherlands	Widespread	Medium			7	0%	None	194.3 (graphs)		Click here
Northern Ireland	Sporadic	Low			1	100.0%	Type A, Subtype H3	60.9 (graphs)		Click here
Norway					0	0%	Type A, Subtype H3N2	graphs		Click here
Portugal	Sporadic	Low			3	0%	Type A, Subtype H3N2	47.9 (graphs)		Click here
Romania					119	28.6%	Type A, Subtype H3N2		graphs	Click here
Scotland	Local	Medium			0	0%	Type A	44.9 (graphs)		Click here
Slovenia					4	25.0%	Type A	graphs		Click here
Spain	Local	Medium			19	21.1%	Type A, Subtype H3	28.3 (graphs)		Click here
Switzerland	Widespread	Medium			33	0%	Type A, Subtype H3N2	205.9 (graphs)		Click here
Europe					378	28.3%				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

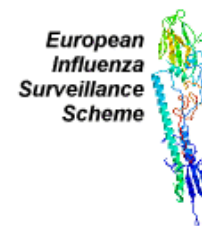
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Low levels of influenza activity in European countries not yet experiencing Fujian flu



Summary: In networks where influenza activity has already peaked, the incidence has stabilised at a low level or further decreased. Clinical activity increased significantly in Switzerland and slightly in Germany, Italy and Slovenia. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread activity, (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population), was reported in Denmark, France, Norway and Switzerland. Regional activity, (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population), was reported in Belgium and Germany. Local or sporadic activity was reported in the rest of Europe.

The intensity of activity was high in Denmark and Switzerland, medium in seven and low in the other nine national networks. In most networks where influenza activity has already peaked incidence levels were now below baseline or further decreased. In Switzerland, the clinical activity increased considerably after a slight decrease in week 52/2003. In Germany, Italy and Slovenia, the clinical activity was slightly greater than that in week 52/2003.

The total number of respiratory specimens collected by sentinel physicians in week 01/2004 was 215. The percentage of sentinel specimens that tested positive for influenza virus was 23%. Of the 243 detected influenza viruses (49 sentinel and 194 non-sentinel), 240 were influenza A and three were influenza B. Of the 240 detected influenza A viruses, 216 were not subtyped and 24 were H3 (20 of these were H3N2). Influenza A(H3) was predominant in six networks, influenza A(H3N2) in six networks and influenza A untyped in six networks.

Based on the strain characterisation data available up to week 01/2004, 418 isolates were A/Fujian/411/2002 (H3N2)-like, 17 were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of five A/(H1N2) isolates were A/New Caledonia/20/99 (H1N1)-like, two were B/HongKong/330/2001-like and two were B/Sichuan/379/99-like (click [here](#)). The predominant virus in most networks was A/Fujian/411/2002 (H3N2)-like, excepting Latvia where it was A/Moscow/10/99 (H3N2)-like.

Comment: Influenza activity associated with the Fujian strain is past its peak in many networks in Europe and has returned to normal seasonal levels. Switzerland was the only country where influenza activity increased considerably over the previous weeks. The Christmas and New Year holiday periods disrupt consultation and laboratory routines and need to be noted when interpreting the findings of surveillance data. In some networks holidays were associated with fewer reporting doctors and in most the collection and transport arrangements for specimens were restricted. Altogether, 877 respiratory specimens were submitted in week 51/2003 compared with 259 in week 52/2003 and 215 in week 01/2004. Whether the decreasing trend in influenza activity will persist when persons return to work and school will be carefully monitored. The unfolding situation in Germany, Italy and Slovenia, where slight increases in clinical activity were reported over the holiday period, will be watched.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 01/2004, 19 networks reported clinical data and 21 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#).

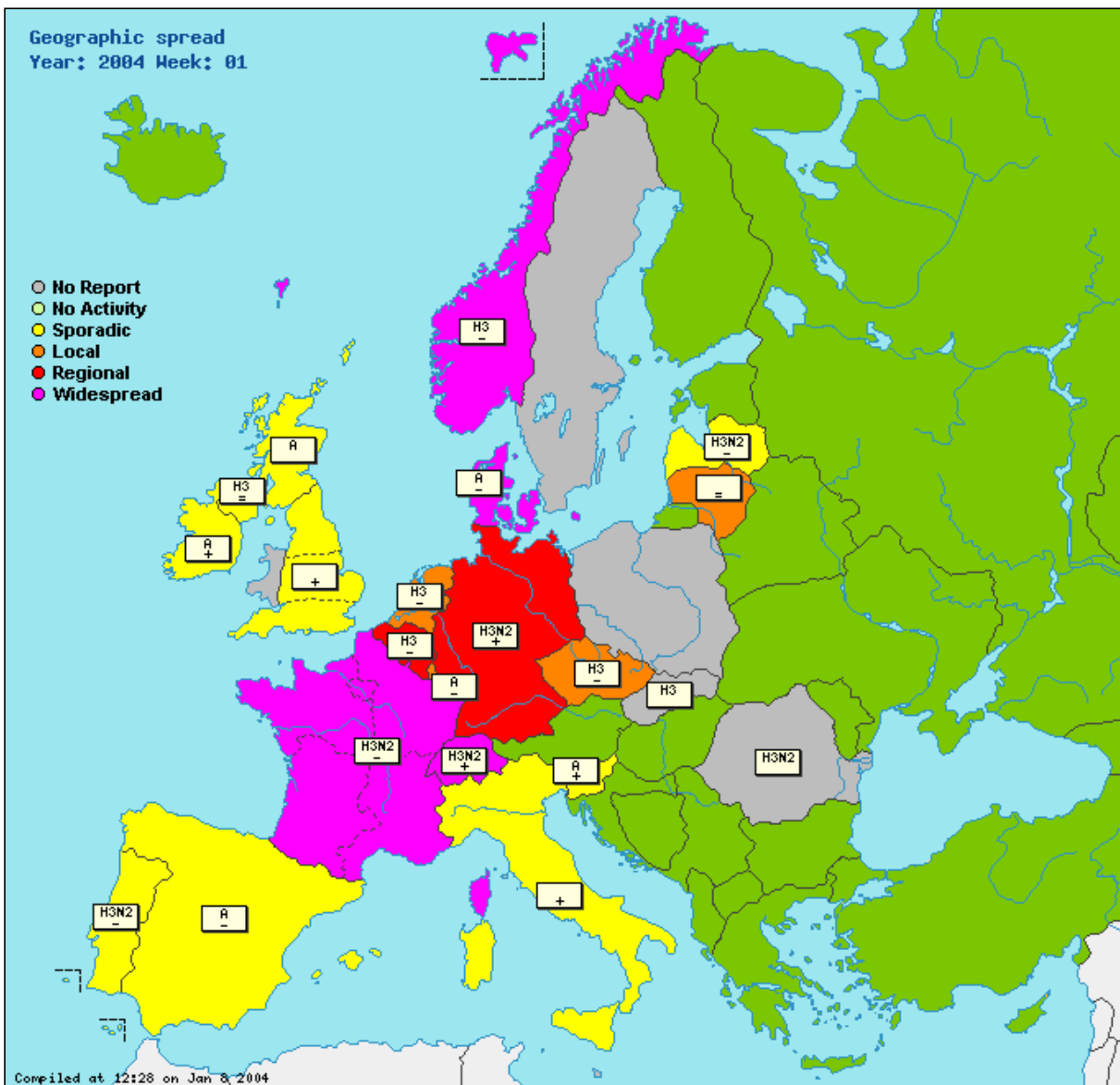
Map

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**



Country comments (where available)

England

GP consultation rates for influenza have increased slightly for flu and more substantially for acute bronchitis, but this may be partly due to the disruption in GP services over Christmas and New Year. We await next weeks data to make a more accurate assessment. Flu rates remain within the range 'baseline' activity.

Italy

Influenza activity remains at low levels throughout Italy. No further influenza virus isolation is reported, but this data needs to be interpreted with caution due to the Christmas/New Year holidays.

Latvia

Increasing influenza activity due to A/H3N2

Slovakia

The isolation of influenza A virus from 2 years old girl with typical influenza symptoms from east-south part of Slovakia was successful.

Spain

Sporadic detection of influenza A viruses.

Switzerland

Last week medical consultations for influenza-like illness increased again in all the 6 regions of the country. However, these numbers have to be interpreted with caution because the number of practitioners who made declarations was smaller because of the Christmas holidays. For the same reason, the number of samples obtained and the number of

virus detected was smaller during that period. The majority of influenza virus detected was antigenically related to the influenza A/Fujian/411/02 (H3N2) 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	Medium			29	37.9%	Type A, Subtype H3	168.4 (graphs)	905.6 (graphs)	Click here
Czech Republic	Local	Low			20	40.0%	Type A, Subtype H3		1059.1 (graphs)	Click here
Denmark	Widespread	High			10	30.0%	Type A	258.3 (graphs)		Click here
England	Sporadic	Low			10	0%		28.5 (graphs)	840.1 (graphs)	Click here
France	Widespread	Medium			10	50.0%	Type A, Subtype H3N2		1539.2 (graphs)	Click here
Germany	Regional	Medium			35	22.9%	Type A, Subtype H3N2		1235.1 (graphs)	Click here
Ireland	Sporadic	Low			2	50.0%	Type A	21.6 (graphs)		Click here
Italy	Sporadic	Medium			14	0%	None	161.0 (graphs)		Click here
Latvia	Sporadic	Low			0	0%	Type A, Subtype H3N2	2.6 (graphs)	463.7 (graphs)	Click here
Lithuania	Local	Medium			0	0%	None	109.7 (graphs)	462.0 (graphs)	Click here
Luxembourg	Local				10	10.0%	Type A	62.0 (graphs)	1501.3 (graphs)	Click here
Netherlands	Local	Low			8	0%	Type A, Subtype H3	88.3 (graphs)		Click here
Northern Ireland	Sporadic	Low			0	0%	Type A, Subtype H3	52.9 (graphs)		Click here
Norway	Widespread	Medium			0	0%	Type A, Subtype H3	graphs		Click here
Portugal	Sporadic	Low			4	25.0%	Type A, Subtype H3N2	16.9 (graphs)		Click here
Romania					17	52.9%	Type A, Subtype H3N2		graphs	Click here
Scotland	Sporadic	Low			0	0%	Type A	34.7 (graphs)		Click here
Slovakia					10	10.0%	Type A, Subtype H3	graphs		Click here
Slovenia	Sporadic	Low			4	0%	Type A	15.8 (graphs)	1204.1 (graphs)	Click here
Spain	Sporadic	Medium			15	6.7%	Type A	28.9 (graphs)		Click here
Switzerland	Widespread	High			17	0%	Type A, Subtype H3N2	520.6 (graphs)		Click here
Europe					215	22.8%				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.

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

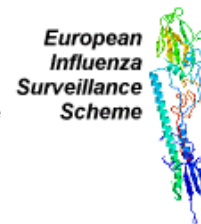
Population: per 100,000 population

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Further reductions of influenza activity in most of Europe



Summary: Influenza activity has continued to decline and is at typical winter baseline levels in those networks where it had already peaked. It is also now declining in Switzerland. Only two networks reported significant increases in the clinical incidence in week 02/2004: Slovenia and Latvia. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread activity (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population) was reported in Norway and Switzerland. Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in France and Romania. Local or sporadic activity was reported in the rest of Europe.

The intensity of activity was medium in ten networks and low in eleven networks. In most networks where influenza activity has already peaked, incidence levels were below the baseline level or generally declining. A number of networks reported slight increases in clinical activity in week 02/2004 (e.g. Ireland, the Netherlands and Northern Ireland). In Switzerland, the clinical incidence declined and only two networks reported significant increases in clinical activity: Slovenia and Latvia.

The total number of respiratory specimens collected by sentinel physicians in week 02/2004 was 739: 10% tested positive for influenza virus. Of the 295 detected influenza viruses (75 sentinel and 220 non-sentinel), 292 were influenza A: 213 were not subtyped and 79 were H3 (72 of these were H3N2). There were also three cases of influenza B. Influenza A (not subtyped) was predominant in eight networks, influenza A(H3) in six networks and influenza A(H3N2) in five networks.

Based on the strain characterisation data available up to week 02/2004, 653 isolates were A/Fujian/411/2002 (H3N2)-like, 33 were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of one A(H1N1) isolate and six A/(H1N2) isolates were A/New Caledonia/20/99 (H1N1)-like, two were B/HongKong/330/2001-like and two were B/Sichuan/379/99-like (click [here](#)). In all networks reporting strain characterisation data, the predominant virus was A/Fujian/411/2002 (H3N2)-like.

Comment: Influenza activity associated with the A/Fujian strain is past its peak and has returned to normal seasonal levels in most of Europe. The percentage of sentinel specimens positive for influenza is declining (10% in week 02/2004, 23% in week 01/2004 and 28% in week 52/2003) and the total number of positive specimens also fell (click [here](#)), confirming the general downward trend. Only two out of the 25 networks in EISS reported significant increases in clinical incidences in week 02/2004 (Slovenia and Latvia). The Czech Republic, Germany, Italy and the Slovak Republic have not yet been affected to any appreciable extent by the A/Fujian-like virus.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 02/2004, 22 networks reported clinical data and 21 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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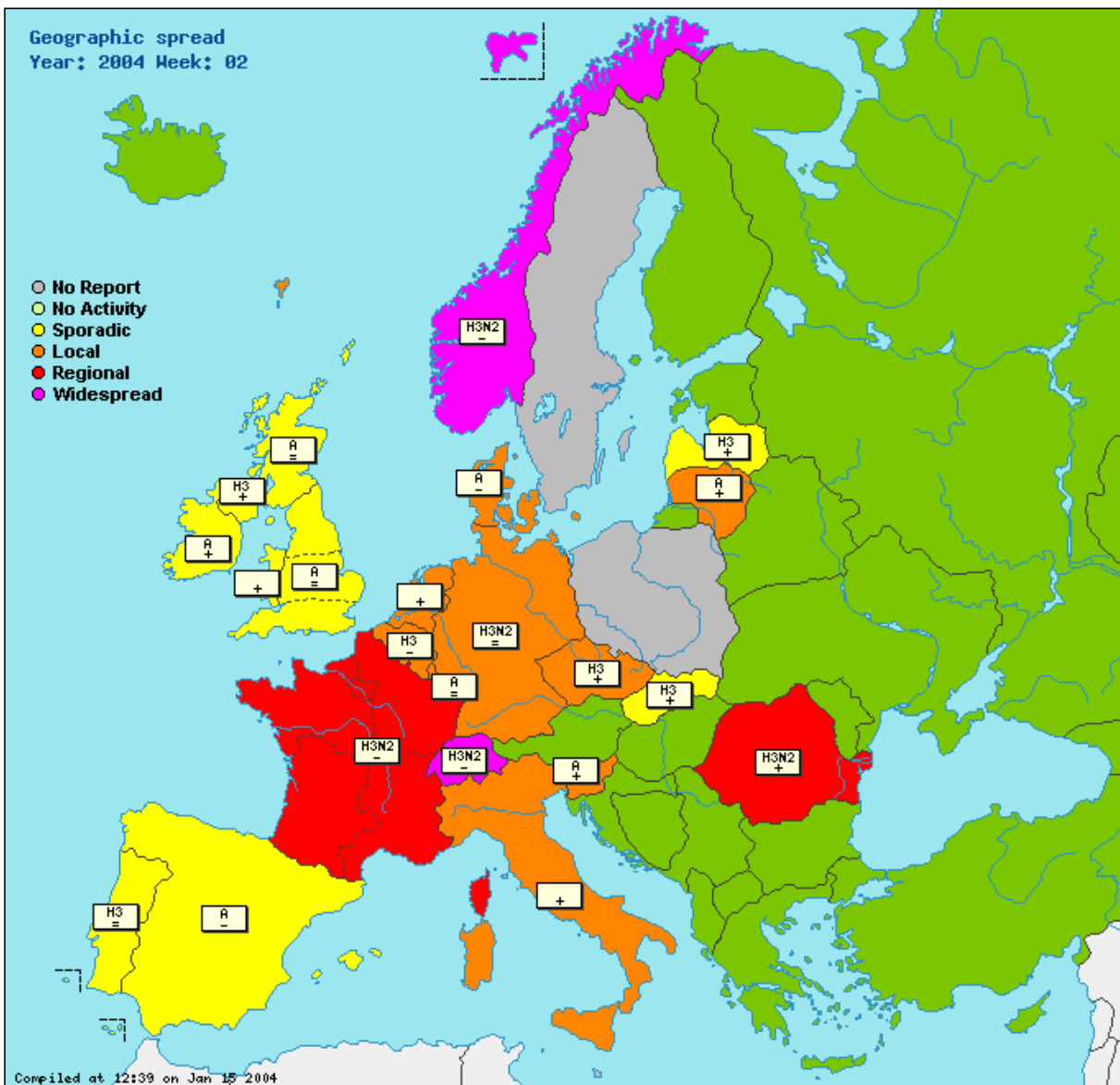
Map

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

Levels of influenza activity remain little changed during week 02/2004. GP consultation rates for acute bronchitis have increased slightly, and remain highest amongst the older age groups (65+ years), which may reflect the late increase in RSV activity that is being observed.

France

Influenza activity decreased in all the french regions. Activity levels are at baseline values.

Italy

Increasing but still medium influenza activity. One further identification of an A type virus is reported from Central Italy. The characterization analyses of some influenza viruses isolated during the previous weeks show that A/H3N2 viruses continue to be the predominant subtype.

Latvia

Increasing number of laboratory -confirmed influenza. A/H3 circulation confirmed in the central and east regions of country. Among this week isolates dominated A/Fujian/411/03 (H3N2)-like viruses.

Norway

Decreasing clinical activity in all regions but still above outbreak threshold in all but one region

Switzerland

The number of virus detection decreased for the first time since the beginning of the epidemic phase. This decrease was observed since the week 51. A smaller number of Sentinel practitioners participated in the surveillance during that period.

This could explain the decrease observed in the numbers. However, also in neighbouring countries a decrease is observed like in Belgium and France. This observation suggests that the decrease from this week could continue.

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	Medium			22	18.2%	Type A, Subtype H3	68.6 (graphs)	652.6 (graphs)	Click here
Czech Republic	Local	Medium			65	4.6%	Type A, Subtype H3		1452.9 (graphs)	Click here
Denmark	Local	Medium			18	16.7%	Type A	288.9 (graphs)		Click here
England	Sporadic	Low			23	4.4%	Type A	33.1 (graphs)	900.8 (graphs)	Click here
France	Regional	Low			55	9.1%	Type A, Subtype H3N2		1902.3 (graphs)	Click here
Germany	Local	Low			121	14.9%	Type A, Subtype H3N2		1365.0 (graphs)	Click here
Ireland	Sporadic	Medium			13	23.1%	Type A	43.2 (graphs)		Click here
Italy	Local	Medium			167	0%	None	212.3 (graphs)		Click here
Latvia	Sporadic	Medium			8	100.0%	Type A, Subtype H3	15.1 (graphs)	1157.7 (graphs)	Click here
Lithuania	Local	Medium			15	20.0%	Type A	141.4 (graphs)	644.1 (graphs)	Click here
Luxembourg	Local				12	8.3%	Type A	68.9 (graphs)	2011.8 (graphs)	Click here
Netherlands	Local	Low			4	0%	None	95.1 (graphs)		Click here
Northern Ireland	Sporadic	Low			1	0%	Type A, Subtype H3	68.0 (graphs)		Click here
Norway	Widespread	Low			7	28.6%	Type A, Subtype H3N2	graphs		Click here
Portugal	Sporadic	Low			7	28.6%	Type A, Subtype H3	23.2 (graphs)		Click here
Romania	Regional	Medium			25	16.0%	Type A, Subtype H3N2		graphs	Click here
Scotland	Sporadic	Low			15	0%	Type A	40.9 (graphs)		Click here
Slovakia	Sporadic	Low			22	0%	Type A, Subtype H3	627.4 (graphs)		Click here
Slovenia	Local	Medium			50	34.0%	Type A	73.2 (graphs)	2254.8 (graphs)	Click here
Spain	Sporadic	Low			24	4.2%	Type A	46.1 (graphs)		Click here
Switzerland	Widespread	Medium			65	0%	Type A, Subtype H3N2	375.9 (graphs)		Click here
Wales	Sporadic	Low						9.7 (graphs)		Click here
Europe					739	10.2%				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

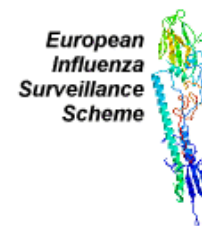
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunnhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Influenza activity on the rise in the east of Europe



Summary: Influenza activity has increased in the east of Europe (Lithuania, Slovakia, Slovenia and Latvia) and Italy. Particularly strong increases were reported in Latvia and Italy. In the networks where influenza activity has already peaked, the incidence levels were below the baseline or generally declining. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread activity (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population) was reported in Slovenia and Switzerland. Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Italy, Norway and Romania. Local or sporadic activity was reported in the rest of Europe, except for Luxembourg, Northern Ireland and Portugal, which reported no activity.

The intensity of activity was high in Latvia and Slovenia, medium in six networks and low in 14. Clinical activity has increased considerably in Italy, Latvia, Lithuania, Slovakia and Slovenia compared to week 02/2004. In most networks where influenza activity has already peaked, incidence levels were below the baseline or generally declining.

The total number of respiratory specimens collected by sentinel physicians in week 03/2004 was 672. The percentage of sentinel specimens that tested positive for influenza virus was 17%. All 331 detected influenza viruses (113 sentinel and 218 non-sentinel) were influenza A, of which 215 were not subtyped and 116 were A(H3) [106 of these were A(H3N2)]. Influenza A(H3) was predominant in five networks, influenza A(H3N2) in five networks and influenza A untyped in six networks. Three networks reported no dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections up to week 03/2004 (N=10,163; sentinel and non-sentinel data), 7,400 were A untyped, 2,686 were A(H3) [1,791 of these were A(H3N2)], 28 were A(H1) [12 of these were A(H1N1) and 8 A(H1N2)] and 49 were B.

Based on the characterisation data of all influenza virus detections up to week 03/2004 (N=10,163), 8.2% (835) have been characterised. Among the characterised isolates, 796 (95%) were A/Fujian/411/2002 (H3N2)-like, 33 (4%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of one A(H1N2) isolate and one A(H1N1) isolate were A/New Caledonia/20/99 (H1N1)-like, two were B/HongKong/330/2001-like and two were B/Sichuan/379/99-like (click [here](#)). The predominant virus circulating in most networks was A/Fujian/411/2002 (H3N2)-like.

Comment: The wave of Fujian flu that has gradually moved across Europe has begun to affect eastern Europe and Italy. Lithuania, Slovakia and Slovenia and, in particular, Italy and Latvia reported significant increases in clinical activity. In Latvia, Slovenia and Italy, A/Fujian/411/2002 (H3N2)-like viruses were predominant, whilst in Lithuania and Slovenia no characterisation data were available.

It is probable that most of the influenza A viruses detected so far in Europe are A/Fujian/411/2002 (H3N2)-like, as 95% of the characterised influenza A isolates this season were A/Fujian/411/2002 (H3N2)-like. However, A/Moscow/10/99 (H3N2)-like viruses, as well as A(H1) and B viruses, have also been detected. Of the 49 influenza B virus isolates (mainly detected in England, Ireland and France) only four have been characterised so far; two of these were B/Sichuan/379/99-like, a strain not included in the current vaccine. In view of the discussions concerning the vaccine composition for the 2004/2005 season (northern hemisphere) by the WHO in February, it would be particularly interesting to know more about the strain characterisations of the 45 not characterised influenza B viruses. Further developments will be monitored and presented.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 03/2004, 22 networks reported clinical data and 19 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#).

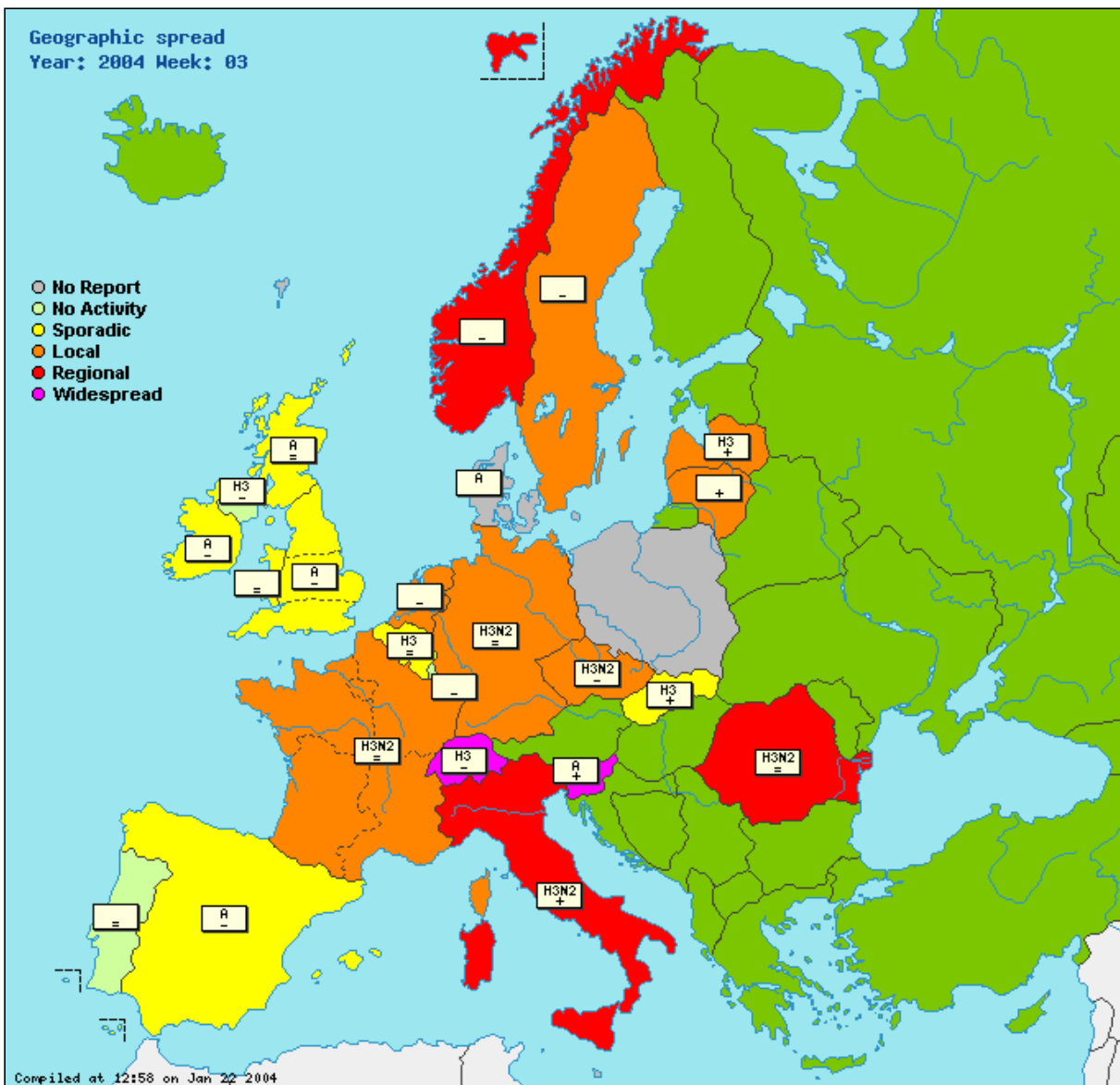
Map

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

Levels of influenza activity remain low in England

Italy

Medium influenza activity is reported. Detection and/or isolation of A/H3N2 influenza viruses have increased during the last week. This subtype continues to be predominant among the circulating strains in Northern and Central Italy.

Latvia

Epidemic threshold (100 ILI cases per 100 000 inhabitants) is overstepped several times in several big cities in East part of Latvia, as well as in all East region.

Influenza activity is above epidemic threshold in the central and eastern parts of country. A/H3N2 circulation is confirmed in the north part of the country.

Norway

Decreasing activity. Still above threshold in two regions but below in the country as a whole

Scotland

The significant rise in the numbers of laboratory reports for RSV and influenza this week is due to a backlog in reporting over the Christmas period rather than any real increase in numbers and should be interpreted with caution.

Spain

No influenza virus isolated this week within the sentinel system.

Switzerland

The result of this week confirmed the decrease of influenza activity. The number of influenza virus detected showed a

slight increase in comparison to the last two weeks. The reason of this is most probably due to the Christmas holidays. During the weeks 52 and 1, only 50 samples were received in total. In comparison, during the weeks 51 and 2, 81 respectively 65 samples were received. During the 1st week, 15/17 samples were positive. In contrast, 17/65 samples were positive during week 2. This observation confirmed that the influenza epidemic is now declining.

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			21	9.5%	Type A, Subtype H3	48.4 (graphs)	608.1 (graphs)	Click here
Czech Republic	Local	Low			35	14.3%	Type A, Subtype H3N2		1333.4 (graphs)	Click here
Denmark					9	33.3%	Type A	(graphs)		Click here
England	Sporadic	Low			10	0%	Type A	20.7 (graphs)	667.9 (graphs)	Click here
France	Local	Low			58	12.1%	Type A, Subtype H3N2		1801.2 (graphs)	Click here
Germany	Local	Low			170	21.8%	Type A, Subtype H3N2		1365.0 (graphs)	Click here
Ireland	Sporadic	Low			5	20.0%	Type A	16.0 (graphs)		Click here
Italy	Regional	Medium			109	18.4%	Type A, Subtype H3N2	277.8 (graphs)		Click here
Latvia	Local	High			14	85.7%	Type A, Subtype H3	269.3 (graphs)	1484.1 (graphs)	Click here
Lithuania	Local	Medium						204.1 (graphs)	811.5 (graphs)	Click here
Luxembourg	None	Low			7	0%	None	58.3 (graphs)	1769.4 (graphs)	Click here
Netherlands	Local	Low			6	0%	None	60.5 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type A, Subtype H3	38.2 (graphs)		Click here
Norway	Regional	Low						(graphs)		Click here
Portugal	None	Low			3	0%	None	22.6 (graphs)		Click here
Romania	Regional	Medium			45	8.9%	Type A, Subtype H3N2		(graphs)	Click here
Scotland	Sporadic	Low			11	0%	Type A	40.1 (graphs)		Click here
Slovakia	Sporadic	Medium			44	11.4%	Type A, Subtype H3	967.8 (graphs)		Click here
Slovenia	Widespread	High			57	29.8%	Type A	101.1 (graphs)	2340.7 (graphs)	Click here
Spain	Sporadic	Low			17	0%	Type A	41.6 (graphs)		Click here
Sweden	Local	Medium						(graphs)		Click here
Switzerland	Widespread	Medium			51	0%	Type A, Subtype H3	272.8 (graphs)		Click here
Wales	Sporadic	Low						10.7 (graphs)		Click here
Europe					672	16.8%				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.

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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunnhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Influenza activity continues to increase in the east of Europe and in Italy



Summary: Influenza activity continues to increase in the east of Europe and in Italy. Particularly strong increases were reported in Latvia, Poland and Slovakia. Clinical incidence was highest among younger age groups (0-14), as seen earlier when the influenza wave moved across Western Europe. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread activity (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population) was reported in Italy and Switzerland. Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Latvia. Local or sporadic activity was reported by 16 networks and no influenza activity by four networks

The intensity of activity was high in Latvia, medium in six networks and low in 16. Clinical activity increased in Italy, Latvia, Lithuania and Slovakia compared to week 03/2004. In Poland, clinical incidence increased considerably for the first time this season. Clinical incidence was highest in children (0-14) in all of the countries that reported increasing or high influenza activity.

The total number of respiratory specimens collected by sentinel physicians in week 04/2004 was 880; 111 (13% of total) were positive for influenza virus. Of the 271 detected influenza viruses (111 sentinel and 160 non-sentinel), 269 were influenza A and two were influenza B, 165 influenza A viruses were not subtyped, one was A(H1), and 103 were H3 [95 of these were A(H3N2)]. Influenza A(H3) was predominant in five networks, influenza A(H3N2) in five networks and influenza A untyped in six networks. Five networks reported no dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections up to week 04/2004 (N=10,541; sentinel and non-sentinel data), 7,574 were A untyped, 2,886 were A(H3) [1,940 of these were A(H3N2)], 29 were A(H1) [12 of these were A(H1N1) and eight A(H1N2)] and 52 were B.

Based on the characterisation data of all influenza virus detections up to week 04/2004 (N=10,541), 9.5% (998) have been characterised; 952 (95%) were A/Fujian/411/2002 (H3N2)-like, 34 (3%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of seven A(H1) isolates [one of these was A(H1N1) and two were A(H1N2)] were A/New Caledonia/20/99 (H1N1)-like, two were B/HongKong/330/2001-like and three were B/Sichuan/379/99-like (click [here](#)). The predominant virus that has been or is circulating in most countries was A/Fujian/411/2002 (H3N2)-like.

Comment: Influenza activity due to the Fujian flu has further increased in Eastern Europe and Italy. Latvia, Poland and Slovakia in particular reported significant increases in clinical activity. As seen earlier in Western Europe, incidence was higher in children than adults.

Ninety-five percent of the characterised influenza A isolates this season were A/Fujian/411/2002 (H3N2)-like. In the remaining 5%, A/Moscow/10/99 (H3N2)-like viruses and B viruses were most prominent. Of the 52 influenza B virus isolates (mainly detected in England, Ireland and France) only four have been characterised so far; three of these were B/Sichuan/379/99-like, a strain not included in the current vaccine. In view of the discussions concerning the vaccine composition for the 2004/2005 season (northern hemisphere) by the WHO in February, it would be particularly interesting to know more about the 48 influenza B virus isolates not yet characterised.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 04/2004, 23 networks reported clinical data and 21 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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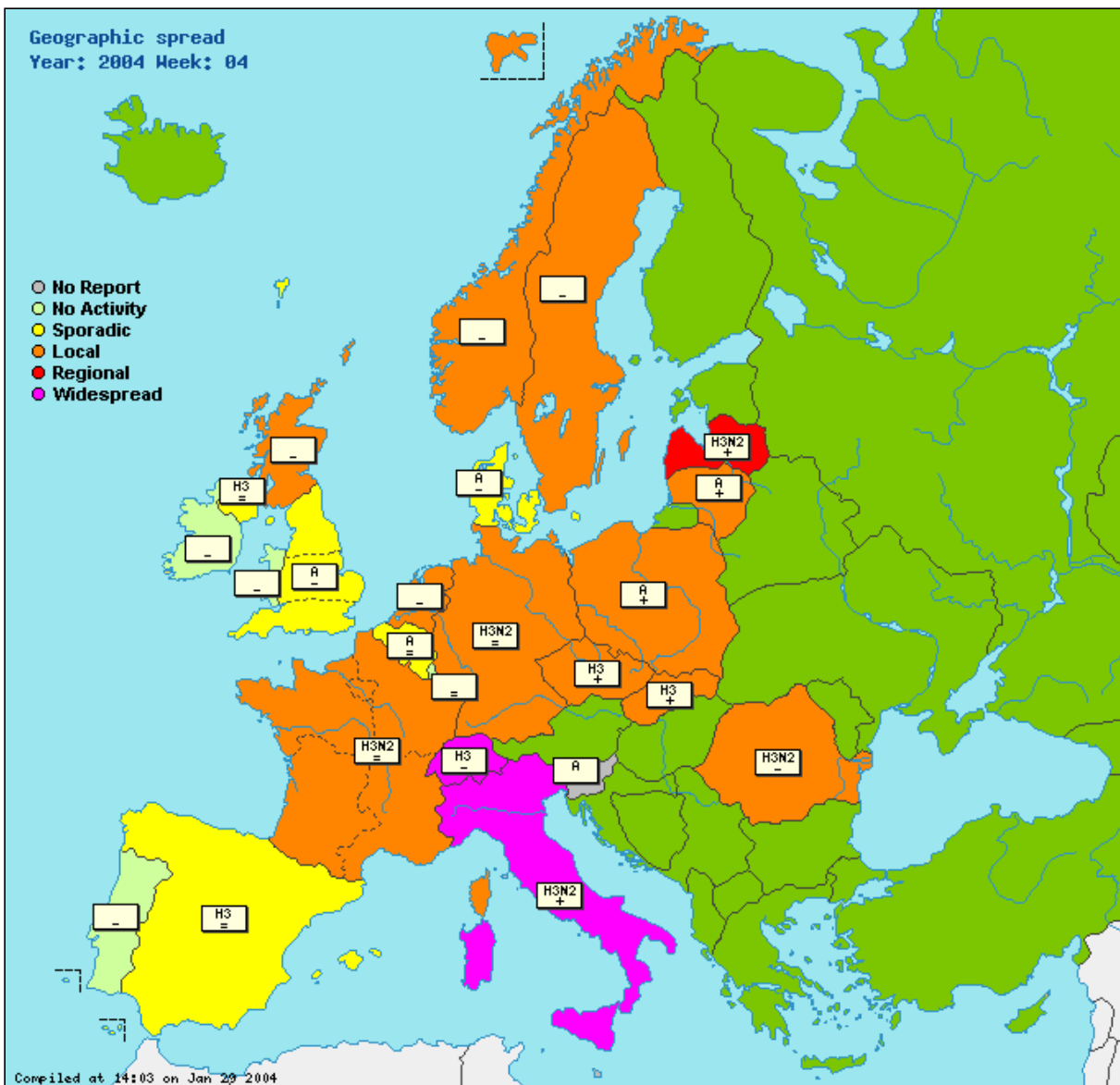
Map

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



Country comments (where available)

England

Levels of influenza activity continue to remain low.

Italy

Increasing, but still medium influenza activity is reported. Further virus isolations are detected. A/H3N2 subtype remains the dominant one.

Latvia

Increasing the number of virus detection, A(H3) virus circulation confirmed in all regions of country.

Norway

Influenza activity is below threshold in all but one region (North)

Slovakia

The morbidity has reached the epidemic threshold in the Slovak Republic. Local outbreaks were reported in 5 from 8 Regions. Compare the previous week the morbidity has increased +49%. The highest increase was observed in the age groups of school children. A/H3N2/Fujian/411/2002-like strains are dominant

Spain

Sporadic detection of influenza A(H3) viruses within the sentinel system.

Switzerland

Influenza activity continued to decrease in Switzerland. Medical contacts for influenza like illness decreased below the threshold in two regions (region 1 and 2). The number of influenza viruses detected is also decreasing. 6 influenza viruses were detected during week 3 compared to 27 detected during the previous week. Since the beginning of the year,

only influenza A viruses circulated in the population. Strains which been subtyped were all related to 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			9	0%	Type A	49.0 (graphs)	658.8 (graphs)	Click here
Czech Republic	Local	Medium			54	5.6%	Type A, Subtype H3		1426.0 (graphs)	Click here
Denmark	Sporadic	Low			8	37.5%	Type A	185.5 (graphs)		Click here
England	Sporadic	Low			13	0%	Type A	11.0 (graphs)	550.0 (graphs)	Click here
France	Local	Low			65	6.2%	Type A, Subtype H3N2		1894.0 (graphs)	Click here
Germany	Local	Low			233	21.0%	Type A, Subtype H3N2		1365.0 (graphs)	Click here
Ireland	None	Low			3	0%	None	9.1 (graphs)		Click here
Italy	Widespread	Medium			183	6.6%	Type A, Subtype H3N2	321.7 (graphs)		Click here
Latvia	Regional	High			16	50.0%	Type A, Subtype H3N2	545.7 (graphs)	1614.6 (graphs)	Click here
Lithuania	Local	Medium			16	12.5%	Type A	236.2 (graphs)	894.0 (graphs)	Click here
Luxembourg	None	Low			3	0%	None	9.8 (graphs)	1421.5 (graphs)	Click here
Netherlands	Local	Low			6	0%	None	47.3 (graphs)		Click here
Northern Ireland	Sporadic	Low			0	0%	Type A, Subtype H3	44.2 (graphs)		Click here
Norway	Local	Low			0	0%	None	(graphs)		Click here
Poland	Local	High			0	0%	Type A	55.7 (graphs)		Click here
Portugal	None	Low			5	0%	None	14.1 (graphs)		Click here
Romania	Local	Medium			41	9.8%	Type A, Subtype H3N2		(graphs)	Click here
Scotland	Local	Low						28.0 (graphs)		Click here
Slovakia	Local	Low			80	3.8%	Type A, Subtype H3	1417.3 (graphs)		Click here
Slovenia					69	30.4%	Type A	(graphs)		Click here
Spain	Sporadic	Low			32	6.3%	Type A, Subtype H3	41.2 (graphs)		Click here
Sweden	Local	Medium						(graphs)		Click here
Switzerland	Widespread	Medium			44	0%	Type A, Subtype H3	166.4 (graphs)		Click here
Wales	None	Low						0.9 (graphs)		Click here
Europe					880	12.6%				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

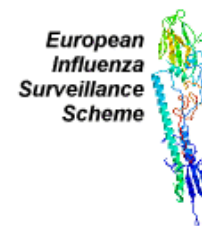
Population: per 100,000 population

*: 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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Increasing influenza activity in Central Europe, the Baltic States, Italy and Germany



Summary: Influenza activity increased in Central Europe, the Baltic States, Italy and Germany in week 05/2004. Clinical incidence was highest among younger age groups (0-14), as seen earlier this season when the influenza wave moved across Western Europe. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread activity (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population) was reported in Italy and regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in the Czech Republic, Germany, Latvia, Poland, and Switzerland. Local or sporadic activity was reported by 13 networks and no influenza activity by five networks.

The intensity of activity was high in Latvia, medium in nine networks and low in 13. Clinical activity increased in the Czech Republic, Germany, Italy, Latvia, Lithuania, Poland and Slovakia compared to week 04/2004. In countries with age specific data, the incidence was highest in children (0-14). Among networks that have already experienced seasonal influenza activity, the clinical incidence has returned to baseline levels in Belgium, England, the Netherlands, Portugal, Romania, Scotland and Spain.

The total number of respiratory specimens collected by sentinel physicians in week 05/2004 was 766; 120 (16% of total) were positive for influenza virus. Of the 248 detected influenza viruses (120 sentinel and 128 non-sentinel), 244 were influenza A and four were influenza B, 148 influenza A viruses were not subtyped and 96 were H3 [94 of these were A(H3N2)]. Influenza A(H3) was predominant in seven networks, influenza A not subtyped in five networks and influenza A(H3N2) in four networks. Four networks reported no dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections reported to EISS up to week 05/2004 (N=11,013; sentinel and non-sentinel data), 7,746 were A not subtyped, 3,183 were A(H3) [2,212 of these were A(H3N2)], 20 were A(H1) [12 of these were A(H1N1) and eight were A(H1N2)] and 55 were B.

Based on the characterisation data of all influenza virus detections up to week 05/2004 (N=11,013), 9.6% (1059) have been antigenically and/or genetically characterised; 961 (91%) were A/Fujian/411/2002 (H3N2)-like, 87 (8%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of seven A(H1) isolates [one of these was A(H1N1) and two were A(H1N2)] were A/New Caledonia/20/99 (H1N1)-like and four were B/Sichuan/379/99-like (click [here](#)). It is important to note that this data excludes one network that reported two isolates that were B/Hong Kong/330/2001-like in week 04/2004.

Comment: Influenza activity due to the A/Fujian-like virus has moved across Europe this season from the west to east. It is now affecting Central Europe, the Baltic States, Italy and Germany. In Germany, the clinical incidence of acute respiratory infections (ARI) is below the baseline level but both the incidence of ARI and the number of sentinel positive specimens have increased in recent weeks (click [here](#)). As seen earlier in Western Europe, the incidence in these countries is higher in children than adults.

Ninety-one percent of the characterised influenza isolates this season were A/Fujian/411/2002 (H3N2)-like. In the remaining 9%, A/Moscow/10/99 (H3N2)-like viruses and B viruses were most prominent. Of the 55 influenza B virus isolates (mainly detected in England, Ireland and France) only six have been characterised and four of these were B/Sichuan/379/99-like, a strain not included in the current vaccine. This information is relevant for the discussions that will be held next week at WHO concerning the vaccine composition (northern hemisphere) for the 2004/2005 season.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 05/2004, 24 networks reported clinical data and 20 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#).

Note: Please note that the strain characterisation data for Germany in week 05/2004 are incorrect.

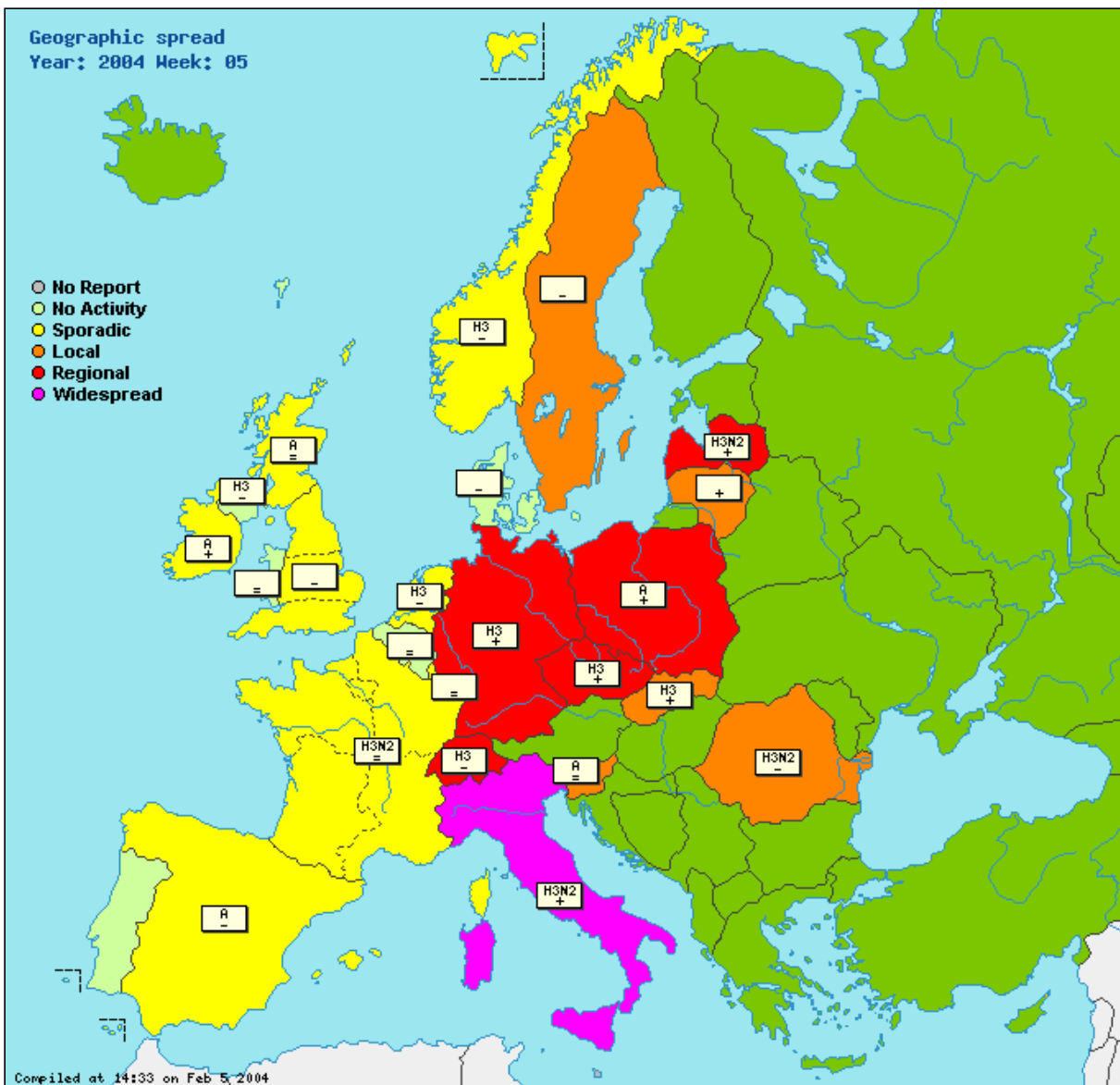
Map

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



Country comments (where available)

England

Levels of influenza activity remain low.

France

Influenza epidemic is over in all the french regions. Sporadic cases of flu A(H3N2) are still confirmed.

Germany

In the eastern regions of Germany (Sachsen and Sachsen-Anhalt) intensity is medium.

Italy

Widespread influenza activity is reported. Detection/isolations of A/H3N2 viruses have increased during the last weeks. A/H3N2 subtype continues to be the predominant circulating influenza strain. One more detection of type B virus.

Latvia

Increasing, widespread influenza activity due to A/H3N2 viruses circulation.

Poland

A significant increase of the number of ILI cases was observed in this week. When analyzing ILI incidence, the most affected voivodships of the country were Podkarpackie (southern part of the country), Warminsko-Mazurskie (north-east), Lubelskie (eastern part) and Dolnoslaskie (southern part).

The first strain of influenza virus was isolated from man aged 35 years living in Warsaw.

Slovakia

In week 5 influenza activity continued to increase throughout the country. 23 influenza A viruses were detected. Of the influenza viruses characterised so far this season, most were A/Fujian/411/2002-like.

Sweden

Continuous decrease of influenza activity in the Swedish sentinel system

Switzerland

Influenza activity decreased again last week. The number of samples received in the laboratory is lower than previous 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	None	Low			12	0%	None	36.6 (graphs)	690.3 (graphs)	Click here
Czech Republic	Regional	Medium			52	13.5%	Type A, Subtype H3		1600.7 (graphs)	Click here
Denmark	None	Low			4	0%	None	146.0 (graphs)		Click here
England	Sporadic	Low						10.9 (graphs)	603.3 (graphs)	Click here
France	Sporadic	Low			43	0%	Type A, Subtype H3N2		1835.9 (graphs)	Click here
Germany	Regional	Low			257	23.4%	Type A, Subtype H3		1459.0 (graphs)	Click here
Ireland	Sporadic	Low			5	40.0%	Type A	14.1 (graphs)		Click here
Italy	Widespread	Medium			194	9.3%	Type A, Subtype H3N2	447.7 (graphs)		Click here
Latvia	Regional	High			11	72.7%	Type A, Subtype H3N2	670.4 (graphs)	1677.2 (graphs)	Click here
Lithuania	Local	Medium						270.6 (graphs)	10506.4 (graphs)	Click here
Luxembourg	Sporadic				5	0%	None	34.4 (graphs)	1790.5 (graphs)	Click here
Netherlands	Sporadic	Low			0	0%	Type A, Subtype H3	27.2 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type A, Subtype H3	28.8 (graphs)		Click here
Norway	Sporadic	Low			0	0%	Type A, Subtype H3	(graphs)		Click here
Poland	Regional	Medium			0	0%	Type A	109.9 (graphs)		Click here
Portugal	None	Low			4	0%	None	(graphs)		Click here
Romania	Local	Medium			20	10.0%	Type A, Subtype H3N2		(graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type A	20.9 (graphs)		Click here
Slovakia	Local	Medium			68	26.5%	Type A, Subtype H3	1884.6 (graphs)		Click here
Slovenia	Local	Medium			33	15.2%	Type A	113.1 (graphs)	1983.6 (graphs)	Click here
Spain	Sporadic	Low			28	0%	Type A	32.1 (graphs)		Click here
Sweden	Local	Medium						(graphs)		Click here
Switzerland	Regional	Medium			30	0%	Type A, Subtype H3	134.7 (graphs)		Click here
Wales	None	Low						1.4 (graphs)		Click here
Europe					766	15.7%				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

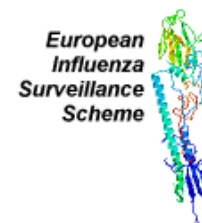
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Increasing influenza activity in the Czech Republic, Italy, Germany and Poland



Summary: Increased levels of influenza activity are currently being reported in Central Europe, the Baltic States, Italy and Germany. In the Czech Republic, Italy, Germany and Poland the activity continued to increase in week 06/2004 and in Latvia, Lithuania, the Slovak Republic and Slovenia there are indications that it is declining. Clinical incidence in these countries is highest among younger age groups (0-14), as seen earlier this season when the influenza wave moved across Western Europe. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread influenza activity (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population) was reported in Italy and regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in the Czech Republic, Germany, Latvia and Switzerland. Local or sporadic activity was reported by 14 networks and no influenza activity was reported by three networks (Belgium, Denmark and Spain).

The intensity of activity was high in Latvia, medium in seven networks and low in 12. Clinical activity increased in the Czech Republic, Germany, Italy and Poland compared to week 05/2004 and decreased in Latvia, Lithuania, the Slovak Republic and Slovenia. In countries with age specific data, the highest incidence was in children (0-14). Among networks that have experienced seasonal influenza activity, the incidence has returned to baseline levels in Belgium, England, the Netherlands, Romania, Scotland and Spain.

The total number of respiratory specimens collected by sentinel physicians in week 06/2004 was 730; 180 (25% of total) were positive for influenza virus. Of the 248 detected influenza viruses in sentinel and non-sentinel respiratory specimens, 289 were influenza A and 15 were influenza B; 182 influenza A viruses were not subtyped, 108 were H3 [63 of these were A(H3N2)] and 1 was H1. Influenza A not subtyped was predominant in seven networks, influenza A(H3) in five networks and influenza A(H3N2) in three networks. Four networks reported no dominant (sub)type.

Based on the characterisation data of all influenza virus detections up to week 06/2004 (N=11,847), 10.2% (1206) have been antigenically and/or genetically characterised; 1053 (87%) were A/Fujian/411/2002 (H3N2)-like, 142 (12%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of seven A(H1) isolates [one of these was A(H1N1) and two were A(H1N2)] were A/New Caledonia/20/99 (H1N1)-like and four were B/Sichuan/379/99-like (click [here](#)). It is important to note that this data excludes reports from one network that reported two isolates that were B/Hong Kong/330/2001-like in week 04/2004.

Comment: Influenza activity due to the A/Fujian-like virus has moved across Europe this season from west to east. It is now affecting Central Europe, the Baltic States, Italy and Germany. In the Czech Republic, Italy, Germany and Poland the activity is continuing to increase and in Latvia, Lithuania, the Slovak Republic and Slovenia there are indications that it is now declining. In Germany, the clinical incidence of acute respiratory infections (ARI) is below the baseline level but both the incidence of ARI and the number of sentinel positive specimens have increased in recent weeks ([here](#)). As seen earlier in Western Europe, the incidence in these countries is higher in children than adults.

Eighty-seven percent of the characterised influenza isolates this season were A/Fujian/411/2002 (H3N2)-like. In the remaining 13%, A/Moscow/10/99 (H3N2)-like viruses were the most prominent. There has been a recent increase in the number of A/Moscow/10/99 (H3N2)-like viruses reported to EISS (mainly by Germany) and this has led to a gradual decline in the overall percentage of characterised influenza isolates that are A/Fujian/411/2003 (H3N2)-like in Europe.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 06/2004, 22 networks reported clinical data and 19 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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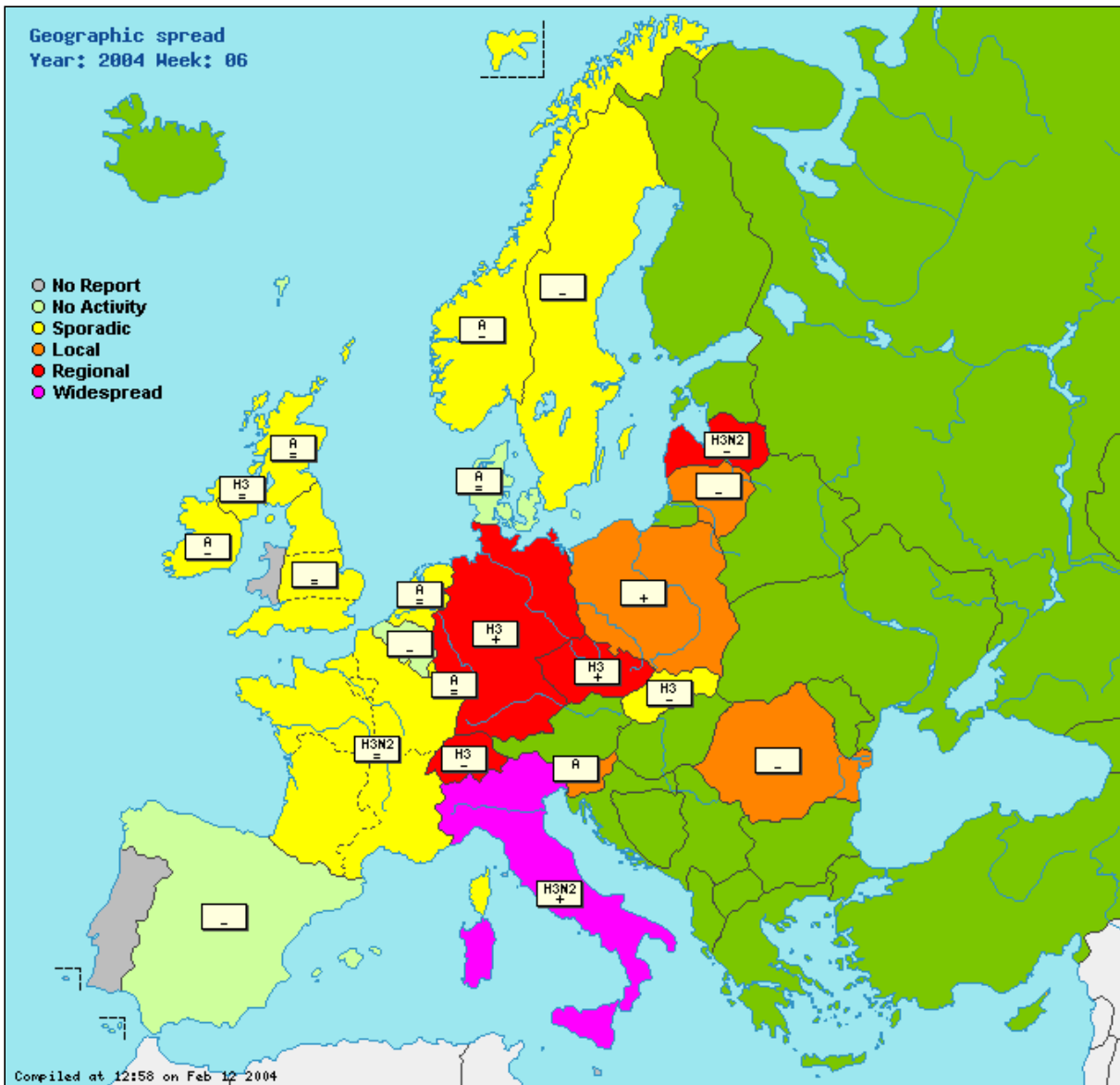
Map

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

Levels of influenza activity in England remain low.

Italy

Increasing, widespread influenza activity is reported. Children and young people are the most affected by influenza viruses. Increasing number of laboratory confirmed cases due to A/H3N2 subtype viruses.

Spain

No influenza virus detected this week.

Switzerland

The influenza epidemic went back to the level observed during the pre-epidemic phase at the beginning of the winter season. Influenza viruses are still detected but at a lower level than in previous weeks. Influenza viruses are antigenically related to 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
Austria	Widespread	High			0	0%	None	(graphs)		Click here
Belgium	None	Low			9	0%	None	37.7 (graphs)	647.7 (graphs)	Click here

Czech Republic	Regional	Medium	54	3.7%	Type A, Subtype H3		1615.0 (graphs)	Click here
Denmark	None	Low	0	0%	Type A	165.5 (graphs)		Click here
England	Sporadic	Low				15.1 (graphs)	650.4 (graphs)	Click here
France	Sporadic	Low	44	4.6%	Type A, Subtype H3N2		1773.4 (graphs)	Click here
Germany	Regional	Medium	186	28.5%	Type A, Subtype H3		1601.0 (graphs)	Click here
Ireland	Sporadic	Low	3	33.3%	Type A	7.7 (graphs)		Click here
Italy	Widespread	Medium	207	8.7%	Type A, Subtype H3N2	480.4 (graphs)		Click here
Latvia	Regional	High	21	33.3%	Type A, Subtype H3N2	504.7 (graphs)	1512.0 (graphs)	Click here
Lithuania	Local	Medium				212.7 (graphs)	851.5 (graphs)	Click here
Luxembourg	Sporadic		8	12.5%	Type A	50.5 (graphs)	1671.1 (graphs)	Click here
Netherlands	Sporadic	Low	5	0%	Type A	24.2 (graphs)		Click here
Northern Ireland	Sporadic	Low	0	0%	Type A, Subtype H3	34.3 (graphs)		Click here
Norway	Sporadic	Low	1	0%	Type A	(graphs)		Click here
Poland	Local	Medium	0	0%	None	120.5 (graphs)		Click here
Romania	Local	Medium	22	0%	None		(graphs)	Click here
Scotland	Sporadic	Low	10	0%	Type A	21.8 (graphs)		Click here
Slovakia	Sporadic	Medium	84	22.6%	Type A, Subtype H3	1634.4 (graphs)		Click here
Slovenia	Local		26	11.5%	Type A	77.8 (graphs)	1494.2 (graphs)	Click here
Spain	None	Low	28	0%	None	22.3 (graphs)		Click here
Sweden	Sporadic	Low				(graphs)		Click here
Switzerland	Regional	Low	22	0%	Type A, Subtype H3	77.7 (graphs)		Click here
Europe			730	24.7%				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

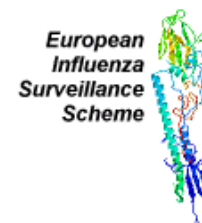
Population: per 100,000 population

*: 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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Decreasing influenza activity in the east of Europe and Italy



Summary: The influenza season seems to be ending in Europe. Influenza activity has passed its peak in most of Eastern Europe, and is peaking in Italy and Poland. Influenza B viruses comprised a small proportion (1%) of the total number of influenza virus isolates, in contrast to the previous three seasons (22-36%). The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Widespread activity (i.e. activity above seasonal baseline levels in one or more regions comprising 50% or more of the country's population) was reported in Italy. Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Germany, Latvia and Switzerland. Local or sporadic activity was reported by 14 networks and no influenza activity by five networks

The intensity of activity was high in Latvia, medium in five networks and low in 15. No increases in clinical activity were reported by any of the EISS networks. Clinical activity decreased for the first time in Italy and Poland, suggesting peak activity has been reached. In countries where influenza activity peaked in week 06/2004 (Latvia, Lithuania, the Slovak Republic and Slovenia) the clinical activity continued to decrease.

The total number of respiratory specimens collected by sentinel physicians in week 07/2004 was 672; 78 (12% of total) were positive for influenza virus. Of the 146 detected influenza viruses (78 sentinel and 68 non-sentinel), 142 were influenza A and four were influenza B, 93 influenza A viruses were not subtyped, one was A(H1N1), and 48 were H3 [22 of these were A(H3N2)]. Influenza A(H3) was predominant in six networks, influenza A not subtyped in four networks and influenza A(H3N2) in one network. Norway reported that influenza A and B were predominant. Seven networks reported no dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections up to week 07/2004 (N=12,055; sentinel and non-sentinel data), 8,096 were A untyped, 3,851 were A(H3) [2,766 of these were A(H3N2)], 33 were A(H1) [15 of these were A(H1N1) and eight A(H1N2)] and 75 were B.

Based on the characterisation data of all influenza virus detections up to week 07/2004 (N=12,055), 1,151 (9.5%) have been antigenically and/or genetically characterised; 991 (86%) were A/Fujian/411/2002 (H3N2)-like, 149 (13%) were A/Moscow/10/99 (H3N2)-like (of which 124 were from Germany), the hemagglutinins of seven A(H1) isolates [one of these was A(H1N1) and two were A(H1N2)] were A/New Caledonia/20/99 (H1N1)-like and four were B/Sichuan/379/99-like (click [here](#)). The predominant virus that has been or is circulating in most countries was A/Fujian/411/2002 (H3N2)-like, except for Germany where A/Moscow/10/99 (H3N2)-like viruses were predominant.

Comment: The influenza season in Europe is probably coming to an end. The Fujian flu has affected most countries in Europe. The clinical activity is peaking in Italy and Poland, the two countries most recently affected by the Fujian flu. Up to now, only sporadic cases of influenza B have been detected this season.

EISS started to collect virological data in 1996 and the percentage of influenza B virus isolates has varied from one season to another: 21% 1996-1997, 6% 1997-1998, 33% 1998-1999, 1% 1999-2000, 22% 2000-2001, 25% 2001-2002, 36% 2002-2003 and 1% 2003-2004. Taking Europe as a whole, influenza B co-circulated with influenza A during the 1998-1999, 2001-2002 and 2002-2003 seasons, whereas influenza B circulation started at the end of influenza A circulation during the 1996-1997, 1997-1998 and 2000-2001 seasons. Given the early predominance of influenza A during the current season, there is a possibility that influenza B activity might increase at the end of the season.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 07/2004, 23 networks reported clinical data and 19 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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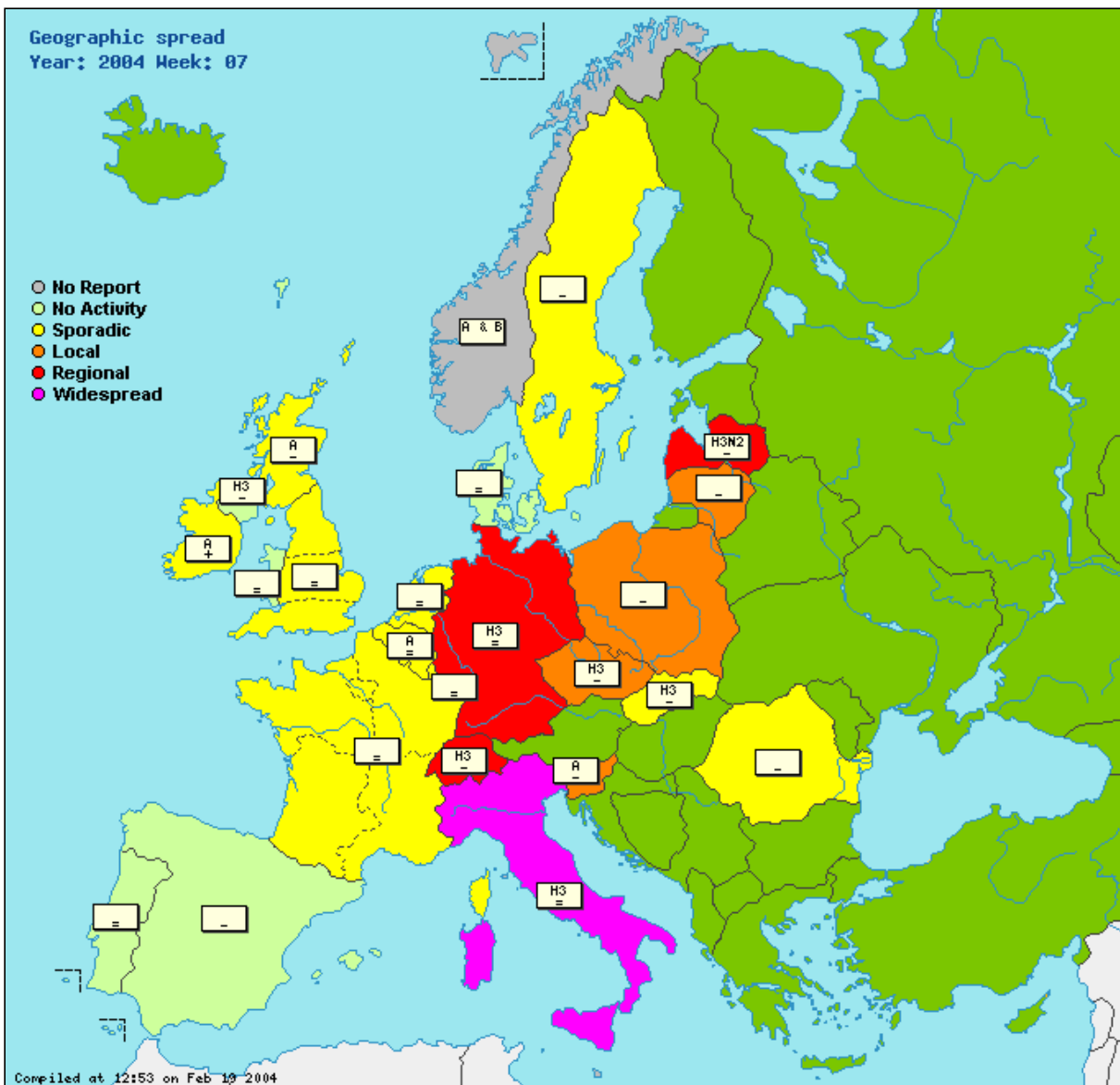
Map

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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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

Level of influenza activity in England remain low

Czech Republic

Contrary to our expectation, the morbidity is decreasing in almost regions. The total morbidity has now reached 1544/100 000 inhabitants. Only two south Moravia regions have a morbidity above the epid. threshold (2134 and 2068/100 000).

Italy

Influenza activity is still at medium levels. Children and young groups are the most affected by influenza viruses. Detection/isolations of A/H3N2 viruses have increased during last weeks; this subtype continues to be the predominant circulating strain. Cases associated with A/H1N1 and B viruses were reported.

Norway

One influenza B virus isolated in week 3 has been antigenically characterised as similar to B/Shanghai/361/2002, which has been recommended by WHO for the 2004-2005 vaccine.

Switzerland

The influenza epidemic went back to the level observed during the pre-epidemic phase at the beginning of the winter season. Influenza viruses are still detected but at a lower level than in previous weeks. Influenza viruses are antigenically related to 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				3	0%	Type A	37.8 (graphs)	615.7 (graphs)	Click here
Czech Republic	Local	Low			50	8.0%	Type A, Subtype H3		1434.3 (graphs)	Click here
Denmark	None	Low			11	0%	None	87.0 (graphs)		Click here
England	Sporadic	Low						6.3 (graphs)	543.1 (graphs)	Click here
France	Sporadic	Low			35	5.7%	None		1507.7 (graphs)	Click here
Germany	Regional	Low			217	23.5%	Type A, Subtype H3		1468.0 (graphs)	Click here
Ireland	Sporadic	Low			3	33.3%	Type A	10.4 (graphs)		Click here
Italy	Widespread	Medium			182	5.5%	Type A, Subtype H3	471.9 (graphs)		Click here
Latvia	Regional	High			20	30.0%	Type A, Subtype H3N2	271.0 (graphs)	1281.9 (graphs)	Click here
Lithuania	Local	Medium						106.7 (graphs)	632.8 (graphs)	Click here
Luxembourg	Sporadic				3	0%	None	21.2 (graphs)	1531.0 (graphs)	Click here
Netherlands	Sporadic	Low						21.4 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type A, Subtype H3	26.4 (graphs)		Click here
Norway					1	0%	Type A and B	(graphs)		Click here
Poland	Local	Medium			0	0%	None	92.8 (graphs)		Click here
Portugal	None	Low			3	0%	None	6.9 (graphs)		Click here
Romania	Sporadic	Low			24	0%	None		(graphs)	Click here
Scotland	Sporadic	Low			6	0%	Type A	14.3 (graphs)		Click here
Slovakia	Sporadic	Medium			63	4.8%	Type A, Subtype H3	1184.5 (graphs)		Click here
Slovenia	Local	Medium			7	14.3%	Type A	20.1 (graphs)	1149.6 (graphs)	Click here
Spain	None	Low			23	0%	None	24.6 (graphs)		Click here
Sweden	Sporadic	Low						(graphs)		Click here
Switzerland	Regional	Low			21	0%	Type A, Subtype H3	61.3 (graphs)		Click here
Wales	None	Low						0.9 (graphs)		Click here
Europe					672	11.6%				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

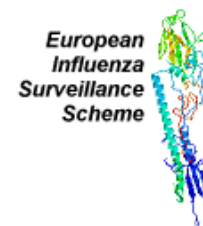
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Declining influenza activity in most countries in Europe



Summary: In most of Europe, influenza activity caused by the A/Fujian/411/2002 (H3N2)-like virus has ended. Other viruses have been reported but none are associated with substantial clinical activity.

Epidemiological and virological situation: Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Germany, Italy and Switzerland. Local activity was reported by four networks in the East of Europe (the Czech Republic, Latvia, Poland and Slovakia). Sporadic activity or no influenza activity was reported by 16 networks.

The intensity of activity was high in Latvia, medium in three networks and low in 18 networks. Activity decreased in the Baltic States and remained around baseline levels in other parts of Europe.

The total number of respiratory specimens collected by sentinel physicians in week 08/2004 was 504; 53 (10.5% of total) were positive for influenza virus. Of the 67 detected influenza viruses (53 sentinel and 14 non-sentinel), 64 were influenza A and three were influenza B. 40 influenza A viruses were not subtyped, 24 were H3 [2 of these were A(H3N2)]. Influenza A(H3) was predominant in four networks, influenza A not subtyped in five networks and influenza A(H3N2) in two networks. Norway reported that influenza A and B were predominant. Nine networks reported no dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections up to week 08/2004 (N=12,348; sentinel and non-sentinel data), 8,195 were A untyped, 4,038 were A(H3) [2,825 of these were A(H3N2)], 32 were A(H1) [14 of these were A(H1N1) and eight A(H1N2)] and 83 were B.

Based on the characterisation data of all influenza virus detections up to week 08/2004 (N=12,348), 1,638 (13%) have been antigenically and/or genetically characterised; 1428 (87%) were A/Fujian/411/2002 (H3N2)-like, 189 (12%) were A/Moscow/10/99 (H3N2)-like (of which 174 were from Germany), the hemagglutinins of 15 A(H1) isolates [one of these was A(H1N1) and two were A(H1N2)] were A/New Caledonia/20/99 (H1N1)-like, four were B/Sichuan/379/99-like and two were B/Hong Kong/330/2001-like (click [here](#)). The predominant viruses recently circulating in most countries were A/Fujian/411/2002 (H3N2)-like, except in Germany where A/Moscow/10/99 (H3N2)-like viruses were predominant.

Comment: The influenza season seems to have come to an end in several countries in Europe. Clinical activity (reports of influenza like illness) have returned to winter baseline levels in 16 networks, though a few networks continue to report sporadic activity. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 08/2004, 23 networks reported clinical data and 21 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#).

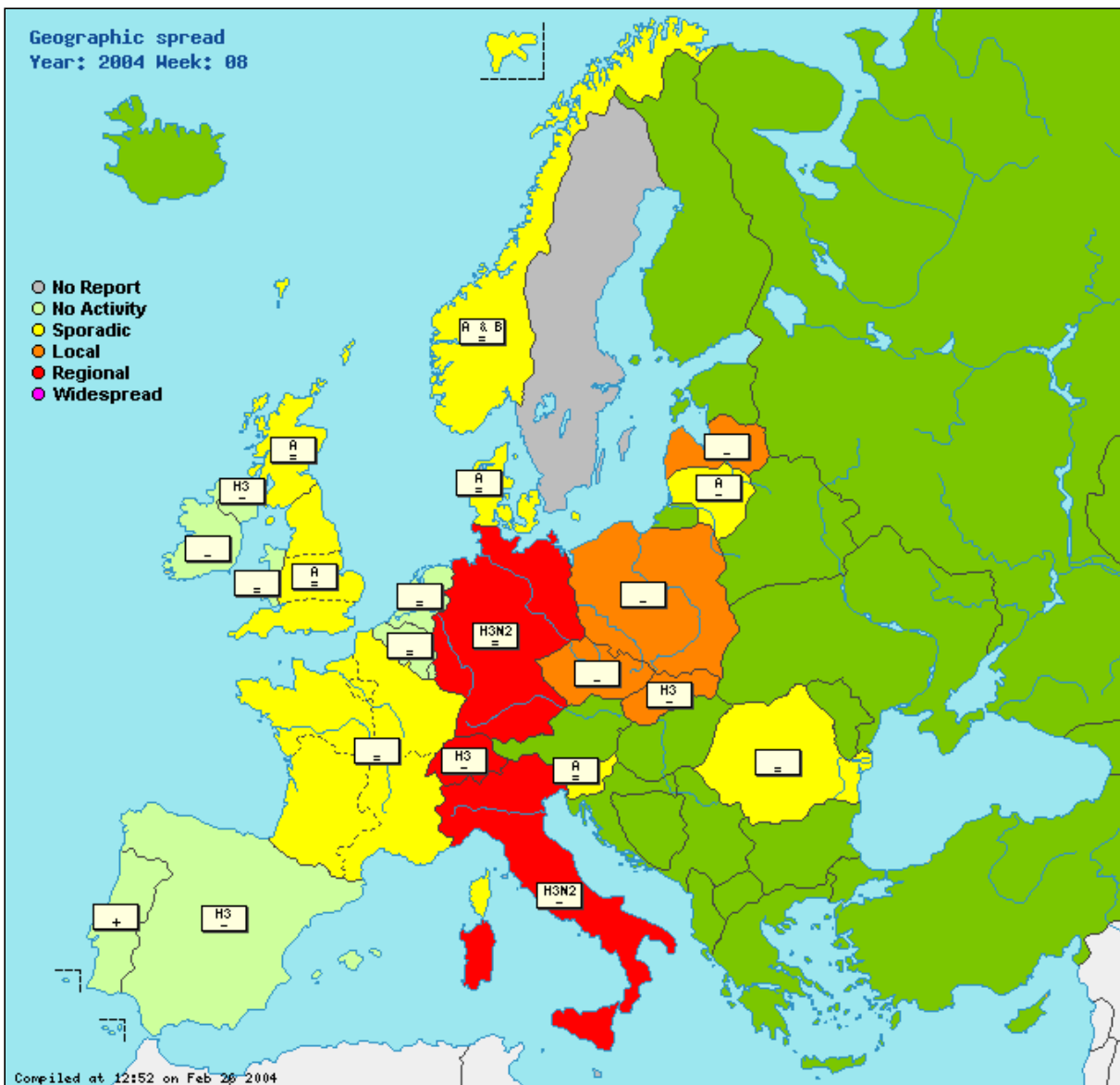
Map

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

Levels of influenza activity remain low.

France

Sporadic cases of influenza A and B in France.

Italy

Influenza activity is still at medium levels. Children and young groups are the most affected by influenza viruses. Detection/isolations of A/H3N2 viruses have increased during last weeks; this subtype continues to be the predominant circulating strain.

Spain

Sporadic detection of influenza A(H3) within the sentinel system.

Switzerland

As in other western European countries, influenza season is decreasing in Switzerland. Medical contact for influenza-like illness is below the threshold in 5/6 regions. In addition, the number of influenza viruses detected by Sentinel practitioners is highly decreasing. However, medical contacts are higher than threshold in the region 6. In addition, an influenza virus has been detected last week in the canton of TI.

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			2	0%	None	14.3 (graphs)	671.3 (graphs)	Click here
Czech Republic	Local	Low			22	9.1%	None		1276.4 (graphs)	Click here
Denmark	Sporadic	Low			22	18.2%	Type A	103.9 (graphs)		Click here
England	Sporadic	Low			1	0%	Type A	8.6 (graphs)	517.0 (graphs)	Click here
France	Sporadic	Low			32	0%	None		1399.7 (graphs)	Click here
Germany	Regional	Low			191	21.5%	Type A, Subtype H3N2		1467.0 (graphs)	Click here
Ireland	None	Low			6	0%	None	1.1 (graphs)		Click here
Italy	Regional	Medium			108	3.7%	Type A, Subtype H3N2	463.5 (graphs)		Click here
Latvia	Local	High						116.1 (graphs)	1085.6 (graphs)	Click here
Lithuania	Sporadic	Low			2	50.0%	Type A	48.5 (graphs)	488.6 (graphs)	Click here
Luxembourg	None				1	0%	None	10.6 (graphs)	1499.2 (graphs)	Click here
Netherlands	None	Low			4	0%	None	graphs)		Click here
Northern Ireland	None	Low			0	0%	Type A, Subtype H3	15.8 (graphs)		Click here
Norway	Sporadic	Low			0	0%	Type A and B	graphs)		Click here
Poland	Local	Medium			0	0%	None	78.1 (graphs)		Click here
Portugal	None	Low			2	0%	None	18.4 (graphs)		Click here
Romania	Sporadic	Low			25	0%	None		graphs)	Click here
Scotland	Sporadic	Low			0	0%	Type A	12.7 (graphs)		Click here
Slovakia	Local	Medium			37	0%	Type A, Subtype H3	877.6 (graphs)		Click here
Slovenia	Sporadic	Low			4	0%	Type A	4.7 (graphs)	225.0 (graphs)	Click here
Spain	None	Low			32	3.1%	Type A, Subtype H3	19.1 (graphs)		Click here
Switzerland	Regional	Low			13	0%	Type A, Subtype H3	47.3 (graphs)		Click here
Wales	None	Low						graphs)		Click here
Europe					504	10.5%				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).

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

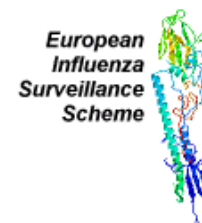
Population: per 100,000 population

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The bulletin text was written by the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunnhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Further decline in influenza activity in Europe



Summary: Influenza activity has continued to decrease in most European countries. Eighteen networks reported no or sporadic influenza activity, one network local activity and three networks regional activity. Among the sub-typed viruses, A/Fujian/411/2002 (H3N2)-like viruses remains predominant.

Epidemiological and virological situation: Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Germany, Italy and Switzerland. Local activity was reported by Latvia. Sporadic activity was reported by ten networks and no influenza activity by eight.

The intensity of activity was medium in Latvia and low in twenty networks. Activity further decreased in the East of Europe and remained around baseline levels in other parts of Europe.

The total number of respiratory specimens collected by sentinel physicians in week 09/2004 was 446; 72 (16.1% of total) were positive for influenza virus. Of the 103 detected influenza viruses (72 sentinel and 31 non-sentinel), 65 influenza A viruses were not subtyped and 38 were H3 [15 of these were A(H3N2)]. Influenza A(H3) was predominant in three networks, influenza A(H3N2) in two and influenza A not subtyped in seven. Eight networks did not report a dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections up to week 09/2004 (N=12,507; sentinel and non-sentinel data), 8,227 were A untyped, 4,163 were A(H3) [2,896 of these were A(H3N2)], 32 were A(H1) [14 of these were A(H1N1) and eight A(H1N2)] and 85 were B.

Based on the characterisation data of all influenza virus detections up to week 09/2004 (N=12,507), 2,006 (16%) have been antigenically and/or genetically characterised; 1,789 (89%) were A/Fujian/411/2002 (H3N2)-like, 203 (10%) were A/Moscow/10/99 (H3N2)-like (of which 174 were from Germany), the hemagglutinins of 10 A(H1) isolates [one of these was A(H1N1) and one was A(H1N2)] were A/New Caledonia/20/99 (H1N1)-like, two were B/Sichuan/379/99-like and two were B/Hong Kong/330/2001-like (click [here](#)). The predominant viruses recently circulating in most countries were A/Fujian/411/2002 (H3N2)-like, except in Germany where A/Moscow/10/99 (H3N2)-like viruses were predominant.

Comment: The geographical spread of influenza ranged from none to regional in the EISS networks. Most of the networks reported declined or unchanged levels of influenza activity. This indicates that the influenza season is coming to an end. However, despite low levels of clinical influenza activity in Germany, the number of influenza virus isolations remained high and increased compared to week 08/2004. A similar picture was seen for the Czech Republic. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 09/2004, 22 networks reported clinical data and 20 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#).

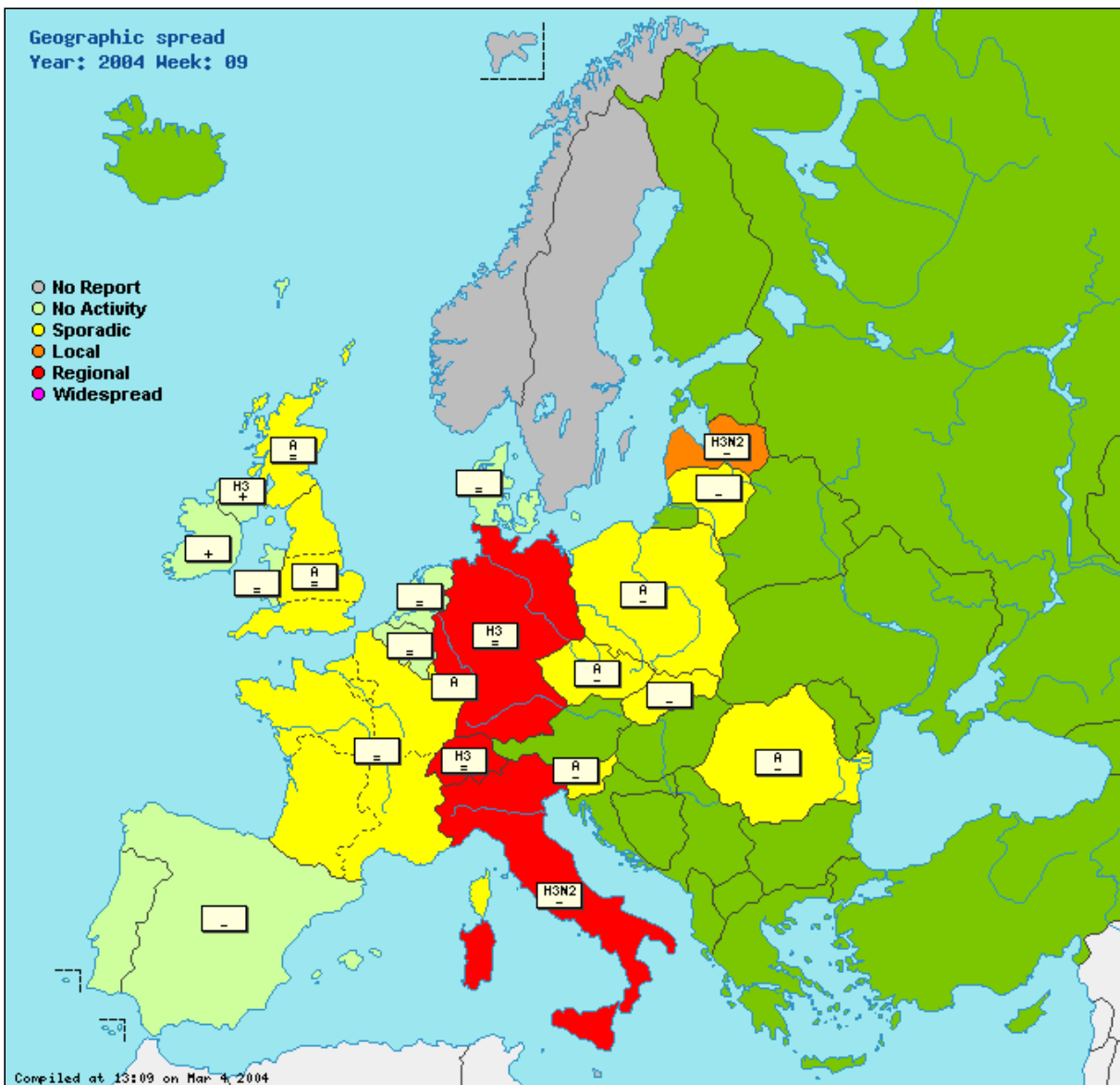
Map

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

Levels of influenza activity remain low.

Italy

Regional influenza activity is reported. Children and young groups are the most affected by influenza viruses. Detection/isolations of A/H3N2 viruses; this subtype continues to be the predominant circulating strain. A further case of influenza B has been only detected by PCR. Some A/H3N2 viruses have been antigenically characterized: they were closely related to A/Fujian/411/02 vaccine strain.

Latvia

ILI activity decreases rapidly achieving seasonal ILI morbidity baseline level. ILI activity decreases in all age groups. Influenza activity due to A/H3 circulation continued to decline in all regions of Latvia.

Switzerland

Medical contacts for influenza-like illness are below the threshold in 5/6 regions. Only sporadically influenza viruses are detected. In region 6 a regional activity is still observed. On parallel, one influenza A virus was detected last week in the canton of Ticino. This region seems to be affected by the epidemic activity observed in Italy.

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			0	0%	None	10.2 (graphs)	663.9 (graphs)	Click here
Czech Republic	Sporadic	Low			41	19.5%	Type A		1216.2 (graphs)	Click here
Denmark	None	Low			5	0%	None	98.9 (graphs)		Click here
England	Sporadic	Low			5	0%	Type A	8.3 (graphs)	534.0 (graphs)	Click here
France	Sporadic	Low			13	0%	None		1247.4 (graphs)	Click here
Germany	Regional	Low			148	36.5%	Type A, Subtype H3		1420.0 (graphs)	Click here
Ireland	None	Low			5	0%	None	5.9 (graphs)		Click here
Italy	Regional	Low			143	3.5%	Type A, Subtype H3N2	387.3 (graphs)		Click here
Latvia	Local	Medium			4	0%	Type A, Subtype H3N2	73.6 (graphs)	1052.4 (graphs)	Click here
Lithuania	Sporadic	Low			2	0%	None	20.7 (graphs)	333.7 (graphs)	Click here
Luxembourg	Sporadic				5	40.0%	Type A	20.7 (graphs)	2121.1 (graphs)	Click here
Netherlands	None	Low			4	0%	None	16.4 (graphs)		Click here
Northern Ireland	None	Low			0	0%	Type A, Subtype H3	37.7 (graphs)		Click here
Poland	Sporadic	Low			0	0%	Type A	63.2 (graphs)		Click here
Portugal	None	Low						graphs		Click here
Romania	Sporadic	Low			10	0%	Type A		graphs	Click here
Scotland	Sporadic	Low			2	0%	Type A	14.6 (graphs)		Click here
Slovakia	Sporadic	Low			34	8.8%	None	671.9 (graphs)		Click here
Slovenia	Sporadic	Low			2	0%	Type A	14.9 (graphs)	864.9 (graphs)	Click here
Spain	None	Low			16	0%	None	18.1 (graphs)		Click here
Switzerland	Regional	Low			7	0%	Type A, Subtype H3	54.0 (graphs)		Click here
Wales	None	Low						graphs		Click here
Europe					446	16.1%				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

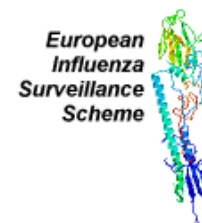
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Low levels of influenza activity in Europe and the first B/Shanghai/361/2002-like viruses detected in Norway



Summary: Influenza activity has continued to decrease throughout Europe and only two countries reported any regional activity. Ten per cent of virological specimens collected this week were positive for influenza. Two B/Shanghai/361/2002-like viruses have been isolated in Norway (these are the first reported in Europe this winter). Among the sub-typed viruses, A/Fujian/411/2002 (H3N2)-like viruses remains predominant.

Epidemiological and virological situation: Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Germany and Italy. Sporadic activity was reported by twelve networks and no influenza activity by eight. Activity further decreased in the East of Europe and remained around baseline levels in other parts of Europe.

The total number of respiratory specimens collected by sentinel physicians in week 10/2004 was 358; 35 (9,8% of total) were positive for influenza virus. Of the 49 detected influenza viruses (35 sentinel and 14 non-sentinel), 22 influenza A viruses were not subtyped and 26 were H3 [5 of these were A(H3N2)]. Influenza B was detected once. Influenza A(H3) was predominant in two networks, influenza A(H3N2) in two and influenza A not subtyped in three. Twelve networks did not report a dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections up to week 10/2004 (N=12,567; sentinel and non-sentinel data), 8,222 were A unsubtyped, 4,227 were A(H3) [2,910 of these were A(H3N2)], 32 were A(H1) [14 of these were A(H1N1) and eight A(H1N2)] and 86 were B.

Based on the characterisation data of all influenza virus detections up to week 10/2004 (N=12,567), 2,226 (18%) have been antigenically and/or genetically characterised; 1,895 (85%) were A/Fujian/411/2002 (H3N2)-like, 298 (14%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of 26 A(H1) isolates [one of these was A(H1N1) and thirteen were A(H1N2)] were A/New Caledonia/20/99 (H1N1)-like, three were B/Sichuan/379/99-like, two were B/Hong Kong/330/2001-like and two were B/Shanghai/361/2002-like (click [here](#)). The predominant viruses recently circulating in most countries were A/Fujian/411/2002 (H3N2)-like.

Comment: Levels of influenza like illness were generally low throughout Europe. Most of the networks reported declined or unchanged levels of influenza activity. The first B/Shanghai/361/2002-like viruses have been reported by Norway. This virus is recommended to be used in the influenza vaccine for the 2004-2005 season. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 10/2004, 22 networks reported clinical data and 19 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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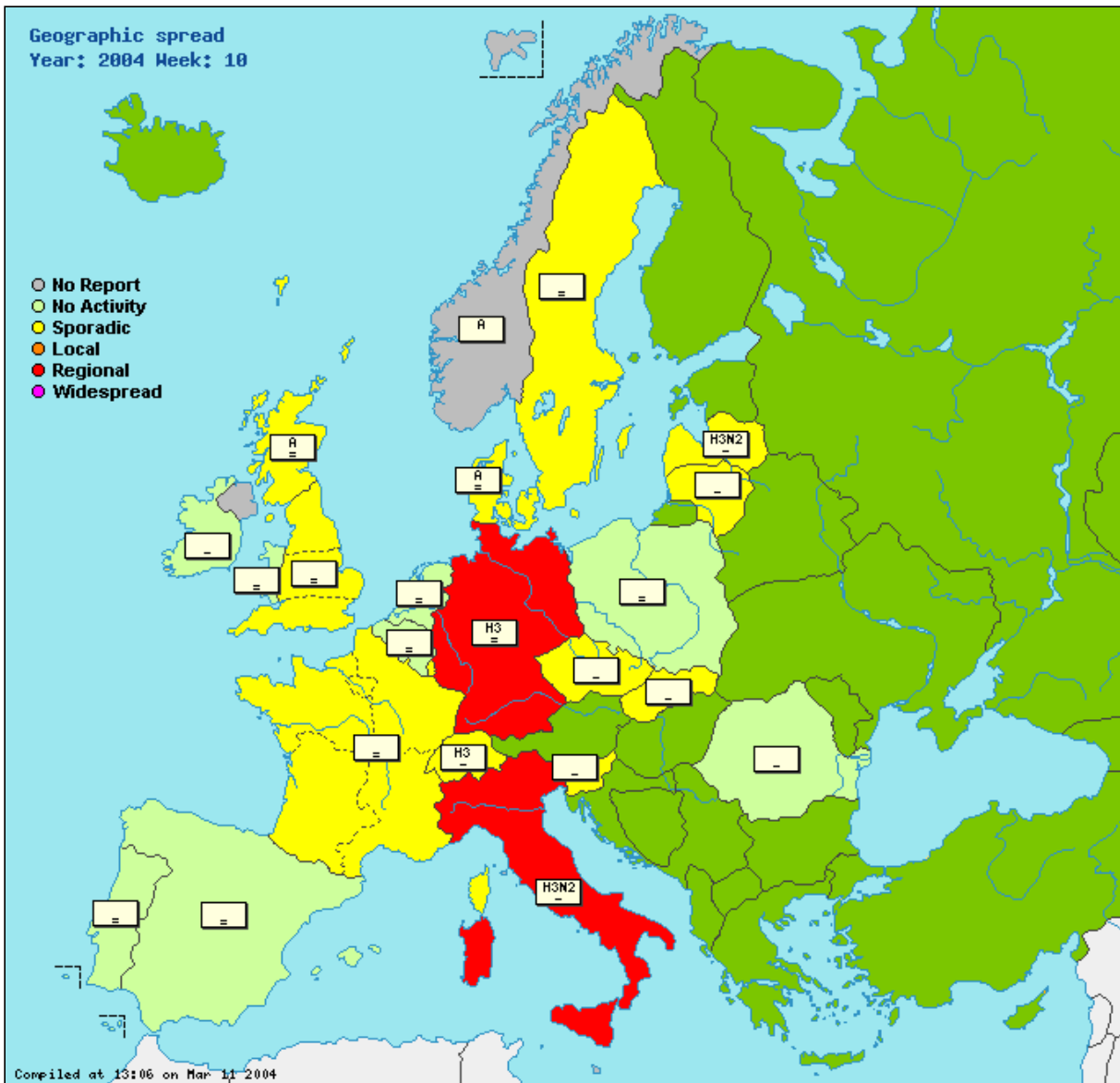
Map

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

Levels of influenza activity remain low.

Italy

Regional influenza activity is reported. Children and young adults were mainly affected. Detection/isolations of A/H3N2 viruses; this subtype continues to be the predominant circulating strain. All characterized influenza A/H3N2 strains were antigenically related to A/Fujian/411/02.

Spain

Levels of influenza activity remain low.

Switzerland

The influenza epidemic in Switzerland is slowly finishing. Medical contacts for influenza-like illness are now below the threshold in all the regions. The number of samples received in the laboratory decreased considerably. Only one influenza A virus was detected last week 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	None	Low			0	0%	None	26.1 (graphs)	536.2 (graphs)	Click here

Czech Republic	Sporadic	Low	21	14.3%	None		1124.9 (graphs)	Click here
Denmark	Sporadic	Low	13	15.4%	Type A	80.1 (graphs)		Click here
England	Sporadic	Low	5	0%		8.7 (graphs)	542.7 (graphs)	Click here
France	Sporadic	Low	30	0%	None		1185.6 (graphs)	Click here
Germany	Regional	Low	108	22.2%	Type A, Subtype H3		1577.0 (graphs)	Click here
Ireland	None	Low	1	0%	None	6.3 (graphs)		Click here
Italy	Regional	Low	115	4.4%	Type A, Subtype H3N2	178.3 (graphs)		Click here
Latvia	Sporadic	Medium	0	0%	Type A, Subtype H3N2	21.0 (graphs)	956.2 (graphs)	Click here
Lithuania	Sporadic	Low				10.6 (graphs)	446.6 (graphs)	Click here
Luxembourg	Sporadic		4	0%	None	19.7 (graphs)	1765.9 (graphs)	Click here
Netherlands	None	Low	0	0%	None	15.8 (graphs)		Click here
Norway			1	0%	Type A	(graphs)		Click here
Poland	None	Medium	0	0%	None	66.1 (graphs)		Click here
Portugal	None	Low	2	0%	None	8.6 (graphs)		Click here
Romania	None	Low	7	0%	None		(graphs)	Click here
Scotland	Sporadic	Low	0	0%	Type A	14.6 (graphs)		Click here
Slovakia	Sporadic	Low	25	4.0%	None	581.2 (graphs)		Click here
Slovenia	Sporadic		2	0%	None	8.2 (graphs)	943.5 (graphs)	Click here
Spain	None	Low	21	0%	None	18.5 (graphs)		Click here
Sweden	Sporadic	Low				(graphs)		Click here
Switzerland	Sporadic	Low	3	0%	Type A, Subtype H3	30.7 (graphs)		Click here
Wales	None	Low				0.5 (graphs)		Click here
Europe			358	9.8%				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.

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

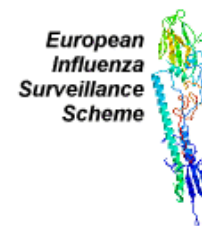
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunnhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Low intensity of influenza activity in most of Europe



Summary: Influenza clinical activity decreased further in the whole of Europe and the intensity is low in all countries except Latvia (medium intensity). Influenza virus isolations were reported sporadically. The predominant virus circulating in Europe remains influenza A/Fujian/411/2002 (H3N2)-like.

Epidemiological and virological situation: Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Germany and Italy. Sporadic activity was reported by eight networks and no influenza activity by 12 networks

The intensity of activity was medium in Latvia and low in 18 countries. All networks reported decreasing or steady levels of clinical activity.

The total number of respiratory specimens collected by sentinel physicians in week 11/2004 was 171; four (2.3% of total) were positive for influenza virus. Of the 12 detected influenza viruses (four sentinel and eight non-sentinel), 10 were influenza A and two were influenza B, six influenza A viruses were not subtyped and four were H3 [three of these were A(H3N2)]. Influenza A(H3N2) was predominant in two networks, influenza (H3) in two networks and influenza A unsubtyped in one network. Thirteen networks reported no dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections up to week 11/2004 (N=12,599; sentinel and non-sentinel data), 8,232 were A unsubtyped, 4,243 were A(H3) [2,921 of these were A(H3N2)], 33 were A(H1) [15 of these were A(H1N1) and eight A(H1N2)] and 91 were B.

Based on the characterisation data of all influenza virus detections up to week 11/2004 (N=12,599), 1,849 (14.7%) have been antigenically and/or genetically characterised; 1,810 (98%) were A/Fujian/411/2002 (H3N2)-like, 26 (1.4%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of 10 A(H1) isolates [one of these was A(H1N1) and one was A(H1N2)] were A/New Caledonia/20/99 (H1N1)-like, two were B/Hong Kong/330/2001-like and one was B/Sichuan/379/99-like (click [here](#)). The predominant virus that has been circulating in most countries was A/Fujian/411/2002 (H3N2)-like.

Comment: The influenza season for Europe has almost ended. The intensity of clinical activity is low and only a few influenza viruses were isolated in the whole of Europe.

Review of the combined European virological data for this season shows differences in the timing of peak incidence between sentinel and non-sentinel sources. These apparent differences need to be viewed with caution, since the explanation more likely concerns imbalance between the intensity of sampling from these two sources in the countries involved, than true differences in peak incidence.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 11/2004, 22 networks reported clinical data and 18 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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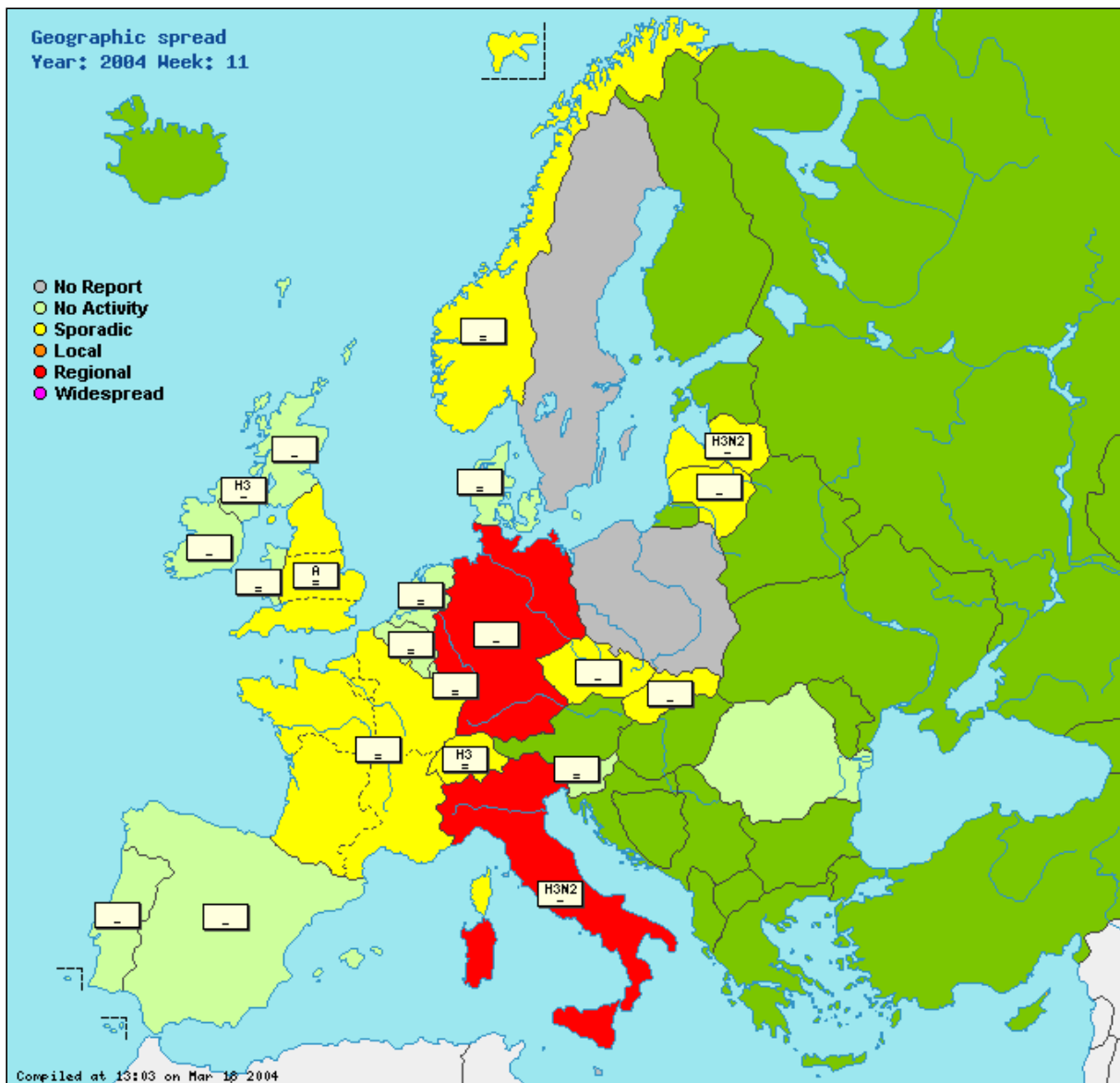
Map

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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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

Levels of influenza activity remain low.

Italy

Decreasing influenza activity is reported. Further detection/isolations of A/H3N2 and B viruses are reported; 2 subtype A/H1N1 viruses were identified by PCR in Rome and analyses are still in progress.

Spain

Levels of influenza activity remain low.

Switzerland

Two influenza A viruses have been detected in the same canton (AG) in a 36 and 37 years old patients. Influenza viruses continue to be detected in the north of the country, but at a sporadic level.

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			2	0%	None	17.4 (graphs)	546.2 (graphs)	Click here
Czech Republic	Sporadic				15	6.7%	None		1064.2 (graphs)	Click here
Denmark	None	Low			1	0%	None	53.2 (graphs)		Click here

England	Sporadic	Low	5	0%	Type A	7.8 (graphs)	555.0 (graphs)	Click here
France	Sporadic	Low	24	4.2%	None		1376.0 (graphs)	Click here
Germany	Regional	Low					1496.0 (graphs)	Click here
Ireland	None	Low	0	0%	None	5.5 (graphs)		Click here
Italy	Regional	Low	85	2.4%	Type A, Subtype H3N2	154.7 (graphs)		Click here
Latvia	Sporadic	Medium	2	0%	Type A, Subtype H3N2	6.1 (graphs)	857.5 (graphs)	Click here
Lithuania	Sporadic	Low				3.9 (graphs)	347.4 (graphs)	Click here
Luxembourg	None	Low	2	0%	None	17.2 (graphs)	1888.1 (graphs)	Click here
Netherlands	None	Low	2	0%	None	(graphs)		Click here
Northern Ireland	None	Low	0	0%	Type A, Subtype H3	22.9 (graphs)		Click here
Norway	Sporadic	Low				(graphs)		Click here
Portugal	None	Low	0	0%	None	5.4 (graphs)		Click here
Romania	None		11	0%	None		(graphs)	Click here
Scotland	None	Low	0	0%	None	8.4 (graphs)		Click here
Slovakia	Sporadic	Low	9	0%	None	483.9 (graphs)		Click here
Slovenia	None		0	0%	None	7.9 (graphs)	869.5 (graphs)	Click here
Spain	None	Low	8	0%	None	9.9 (graphs)		Click here
Switzerland	Sporadic	Low	5	0%	Type A, Subtype H3	43.6 (graphs)		Click here
Wales	None	Low				(graphs)		Click here
Europe			171	2.3%				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

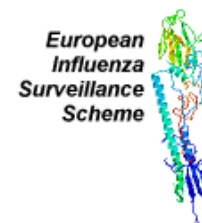
Population: per 100,000 population

*: 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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Sporadic cases of laboratory confirmed influenza in Europe



Summary: The intensity of influenza activity was low in Europe. Only sporadic cases of laboratory confirmed influenza were reported.

Epidemiological and virological situation: Local activity (i.e. increased activity in local areas within a region, or outbreaks in two or more institutions within a region) was reported in Germany and Italy. Sporadic activity was reported by six networks and no influenza activity by 15 networks. The intensity of activity was low in all reporting networks. All networks reported decreasing or steady levels of clinical activity.

The total number of respiratory specimens collected by sentinel physicians in week 12/2004 was 297; 30 (10.1% of total) were positive for influenza virus. Of the 34 detected influenza viruses (30 sentinel and four non-sentinel), 32 were influenza A and two were influenza B, 22 influenza A viruses were not subtyped and 10 were H3 [one of these was A(H3N2)]. Influenza A(H3) was predominant in Germany, influenza A in Latvia and influenza A and B in Norway. Sixteen networks reported no dominant (sub)type.

Based on the (sub)typing data of all influenza virus detections up to week 12/2004 (N=12,708; sentinel and non-sentinel data), 8,286 were A untyped, 4,295 were A(H3) [2,930 of these were A(H3N2)], 33 were A(H1) [15 of these were A(H1N1) and eight A(H1N2)] and 94 were B.

Based on the characterisation data of all influenza virus detections up to week 12/2004 (N=12,708), 1,981 (15.6%) have been antigenically and/or genetically characterised; 1,923 (97%) were A/Fujian/411/2002 (H3N2)-like, 30 (1.5%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of 21 A(H1) isolates were A/New Caledonia/20/99 (H1N1)-like [13 of these were A(H1N2)], two were B/Hong Kong/330/2001-like, three were B/Sichuan/379/99-like and two were B/Shanghai/361/2002-like (click [here](#)). The predominant virus that has been circulating in most countries was A/Fujian/411/2002 (H3N2)-like.

Comment: The influenza season for Europe has almost ended. The intensity of clinical activity is low (i.e. no influenza activity or influenza activity at baseline level) in the whole of Europe. Sporadic cases of laboratory confirmed influenza are the last signs of the 2003-2004 influenza season.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 12/2004, 23 networks reported clinical data and 19 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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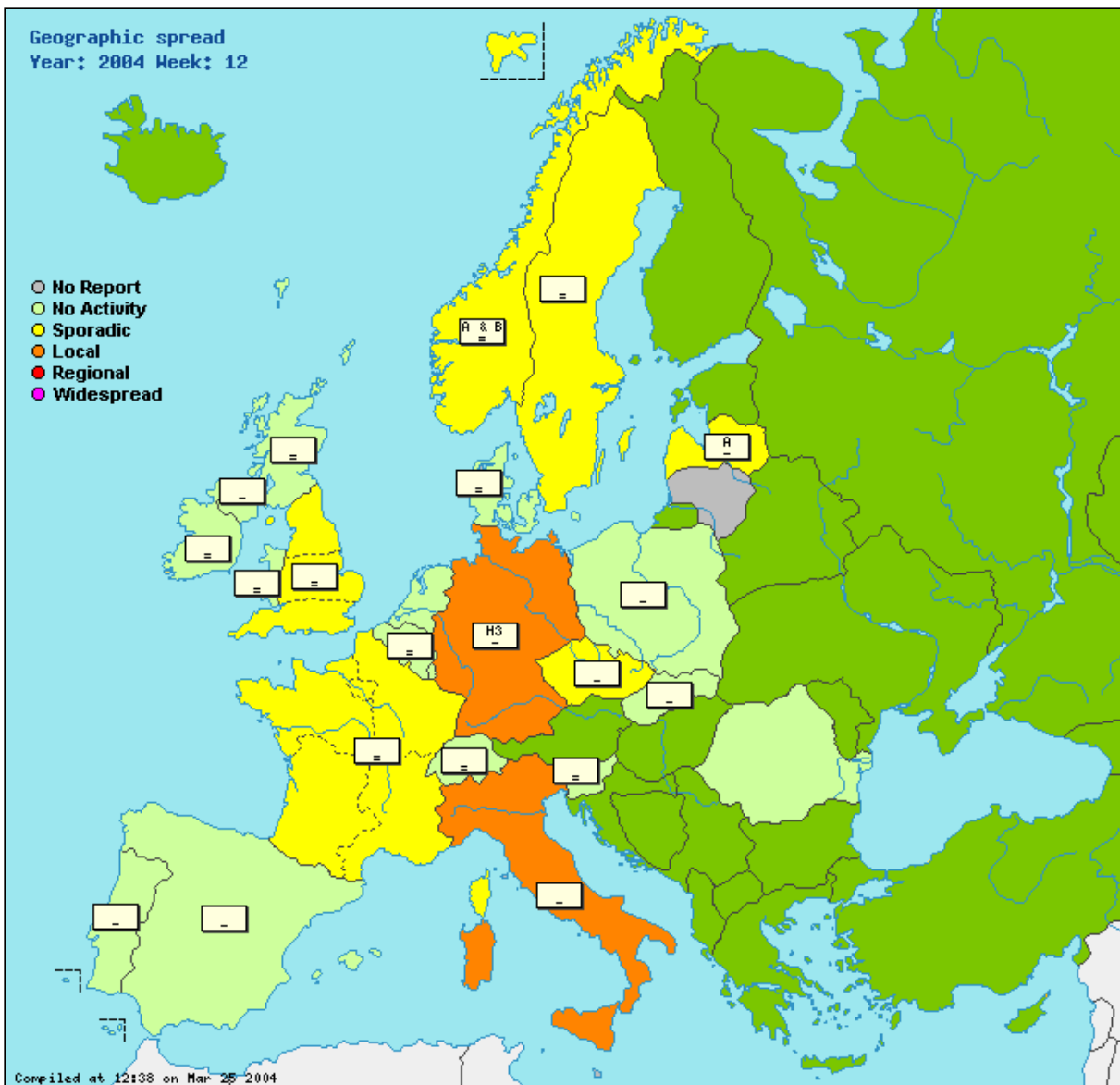
Map

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



Country comments (where available)

England

Levels of influenza activity remain low.

Italy

Decreasing influenza activity is reported. Decreasing number of isolates. Sporadic detection/isolations associated with A/H3N2 and B viruses are reported. Few cases of A viruses were identified; the analyses are still in progress. The first case of influenza A/H1N2 is reported for week 10-2004; the isolate is from Firenze (Central Italy), from a patient 49 years old.

Latvia

Sporadic influenza A activity

Spain

Levels of influenza activity remain low.

Switzerland

No influenza virus was detected during these two last weeks in Switzerland. Epidemic activity reached back the basal level observed before the beginning of the epidemic.

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			2	0%	None	24.1 (graphs)	572.6 (graphs)	Click here
Czech Republic	Sporadic	Low			28	3.6%	None		970.9 (graphs)	Click here
Denmark	None	Low			3	0%	None	47.4 (graphs)		Click here
England	Sporadic	Low			0	0%		8.2 (graphs)	576.7 (graphs)	Click here
France	Sporadic	Low			11	0%	None		1238.5 (graphs)	Click here
Germany	Local	Low			106	25.5%	Type A, Subtype H3		1311.0 (graphs)	Click here
Ireland	None	Low			3	0%	None	5.5 (graphs)		Click here
Italy	Local	Low			94	2.1%	None	131.5 (graphs)		Click here
Latvia	Sporadic	Low			0	0%	Type A		774.7 (graphs)	Click here
Luxembourg	None				3	0%	None	28.7 (graphs)	1635.6 (graphs)	Click here
Netherlands	None	Low						(graphs)		Click here
Northern Ireland	None	Low			0	0%	None	18.8 (graphs)		Click here
Norway	Sporadic	Low			0	0%	Type A and B	(graphs)		Click here
Poland	None	Low			0	0%	None	32.1 (graphs)		Click here
Portugal	None	Low			0	0%	None	(graphs)		Click here
Romania	None				6	0%	None		(graphs)	Click here
Scotland	None	Low			0	0%	None	9.3 (graphs)		Click here
Slovakia	None	Low			16	0%	None	422.8 (graphs)		Click here
Slovenia	None	Low			0	0%	None	3.5 (graphs)	880.0 (graphs)	Click here
Spain	None	Low			23	0%	None	16.9 (graphs)		Click here
Sweden	Sporadic	Low						(graphs)		Click here
Switzerland	None	Low			2	0%	None	16.5 (graphs)		Click here
Wales	None	Low						(graphs)		Click here
Europe					297	10.1%				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

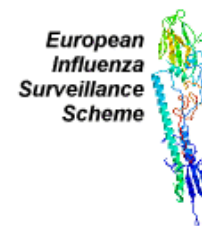
Population: per 100,000 population

*: 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

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Low intensity of influenza activity in the whole of Europe



Summary: The intensity of influenza activity was low in Europe. Only sporadic cases of laboratory confirmed influenza A and B were reported.

Epidemiological and virological situation: Local activity (i.e. increased activity in local areas within a region, or outbreaks in two or more institutions within a region) was reported in Italy. Sporadic activity was reported by seven networks and no influenza activity by 12 networks. The intensity of activity was low in all reporting networks. All networks reported decreasing or steady levels of clinical activity.

The total number of respiratory specimens collected by sentinel physicians in week 13/2004 was 179; 16 (8.9% of total) were positive for influenza virus. Of the 19 detected influenza viruses (16 sentinel and three non-sentinel), 13 were influenza A and six were influenza B, nine influenza A viruses were not subtyped and four were A(H3) [two of these were A(H3N2)]. Influenza viruses were detected in Germany [seven A not subtyped and two A(H3)], Italy [two A(H3) and five B], Norway [one B] and Spain [two A not subtyped].

Based on the (sub)typing data of all influenza virus detections up to week 13/2004 (N=12,761; sentinel and non-sentinel data), 8,307 were A not subtyped, 4,312 were A(H3) [2,942 of these were A(H3N2)], 34 were A(H1) [15 of these were A(H1N1) and nine were A(H1N2)] and 108 were B.

Based on the characterisation data of all influenza virus detections up to week 13/2004 (N=12,761), 1,703 (13.3%) have been antigenically and/or genetically characterised; 1,654 (97%) were A/Fujian/411/2002 (H3N2)-like, 14 (< 1%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of 26 A(H1) isolates were A/New Caledonia/20/99 (H1N1)-like [one of these was A(H1N1) and 13 were A(H1N2)], two were B/Hong Kong/330/2001-like, four were B/Sichuan/379/99-like and three were B/Shanghai/361/2002-like (click [here](#)). The predominant virus that has been circulating in most countries was A/Fujian/411/2002 (H3N2)-like.

Comment: The intensity of influenza activity is low (i.e. no influenza activity or influenza activity at baseline level) in the whole of Europe. Influenza viruses were isolated in only four countries and about a third (32%) of them were influenza B viruses. It is noteworthy that in Norway only influenza B viruses have been isolated during the last two weeks (although sporadically) and that in Italy the proportion of influenza B viruses is rising.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 13/2004, 20 networks reported clinical data and 16 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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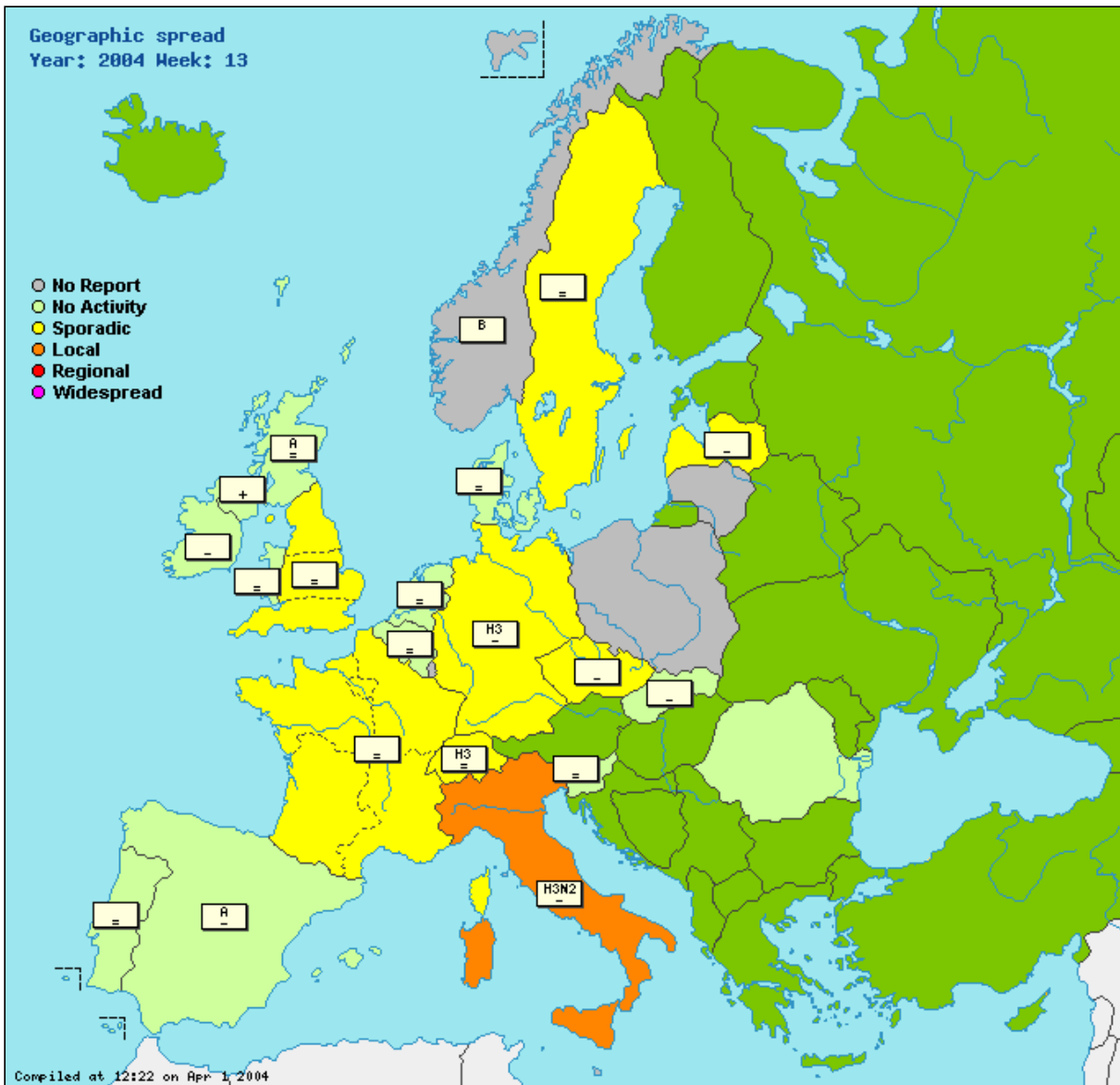
Map

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

Levels of influenza activity remain low.

Italy

Decreasing influenza activity is reported. Decreasing number of collected specimens and viruses isolated. Sporadic detection/isolations associated with A/H3N2. 7 B viruses are identified by PCR from Southern Italy.

Spain

Sporadic cases of laboratory confirmed influenza A outside the sentinel system.

Switzerland

A sporadic activity is still observed in Switzerland. An influenza B/Sichuan/379/99 has been detected in 9 years old patient from the canton of Tessin (South-East).

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			3	0%	None	29.1 (graphs)	495.3 (graphs)	Click here
Czech Republic	Sporadic	Low			20	0%	None		983.2 (graphs)	Click here
Denmark	None	Low			3	0%	None	34.3 (graphs)		Click here

England	Sporadic	Low	0	0%		8.0 (graphs)	544.2 (graphs)	Click here
France	Sporadic	Low	23	0%	None		1207.8 (graphs)	Click here
Germany	Sporadic	Low	55	16.4%	Type A, Subtype H3		1121.0 (graphs)	Click here
Ireland	None	Low	0	0%	None	1.1 (graphs)		Click here
Italy	Local	Low	38	18.4%	Type A, Subtype H3N2	105.0 (graphs)		Click here
Latvia	Sporadic	Low				2.1 (graphs)	740.9 (graphs)	Click here
Netherlands	None	Low				(graphs)		Click here
Northern Ireland	None	Low	0	0%	None	24.9 (graphs)		Click here
Norway			0	0%	Type B	(graphs)		Click here
Portugal	None	Low				3.3 (graphs)		Click here
Romania	None	Low	10	0%	None		(graphs)	Click here
Scotland	None	Low	0	0%	Type A	6.4 (graphs)		Click here
Slovakia	None	Low	16	0%	None	387.3 (graphs)		Click here
Slovenia	None	Low	0	0%	None	(graphs)	915.6 (graphs)	Click here
Spain	None	Low	11	0%	Type A	10.0 (graphs)		Click here
Sweden	Sporadic	Low				(graphs)		Click here
Switzerland	Sporadic	Low	0	0%	Type A, Subtype H3	13.3 (graphs)		Click here
Wales	None	Low				(graphs)		Click here
Europe			179	8.9%				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

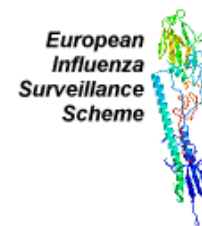
Population: per 100,000 population

*: 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 the EISS co-ordination centre (Adam Meijer and John Paget), Douglas Fleming (Royal College of General Practitioners, United Kingdom), Susanne Samuelsson (Statens Serum Institut, Denmark) and Brunhilde Schweiger (Robert Koch Institute, Germany) on behalf of the EISS Working Group.

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Sporadic cases of influenza A and B across Europe



Summary: The intensity of influenza activity remained low in Europe. Sporadic cases of laboratory confirmed influenza A and B were reported in seven countries across Europe.

Epidemiological and virological situation: Sporadic activity (i.e. isolated cases of laboratory confirmed influenza infection in a region, or a single outbreak, with clinical activity remaining at or below baseline levels) was reported in seven networks. No influenza activity was reported in 11 networks. The intensity of activity was low in all reporting networks. All networks reported decreasing or steady levels of clinical activity.

The total number of respiratory specimens collected by sentinel physicians in week 14/2004 was 150; 12 (8% of total) were positive for influenza virus. Of the 17 detected influenza viruses (12 sentinel and five non-sentinel), 15 were influenza A and two were influenza B, 12 influenza A viruses were not subtyped, one was A(H1) and two were A(H3) [one of these was A(H3N2)]. Influenza viruses were detected in Czech Republic [three A not subtyped], France [two A not subtyped], Germany [five A not subtyped and one A(H3)], Italy [one A(H1) and one A(H3N2)], the Netherlands [one B], Scotland [two A not subtyped], and Spain [one B].

Based on the (sub)typing data of all influenza virus detections up to week 14/2004 (N=12,832; sentinel and non-sentinel data), 8,306 were A not subtyped, 4,377 were A(H3) [2,968 of these were A(H3N2)], 38 were A(H1) [17 of these were A(H1N1) and nine were A(H1N2)] and 111 were B.

Based on the characterisation data of all influenza virus detections up to week 14/2004 (N=12,832), 2,165 (16.9%) have been antigenically and/or genetically characterised; 2,120 (98%) were A/Fujian/411/2002 (H3N2)-like, 27 (1.2%) were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of 14 A(H1) isolates were A/New Caledonia/20/99 (H1N1)-like [five of these were A(H1N1)], two were B/Hong Kong/330/2001-like and two were B/Sichuan/379/99-like (click [here](#)). The predominant virus that has been circulating in most countries was A/Fujian/411/2002 (H3N2)-like.

Comment: Influenza activity further decreased in Germany and Italy in week 14/2004 and this means that sporadic activity, reported by seven countries, is currently the highest level of influenza activity in Europe. The number of laboratory confirmed influenza cases remained low, with only sporadic influenza virus detections in seven countries.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 14/2004, 18 networks reported clinical data and 15 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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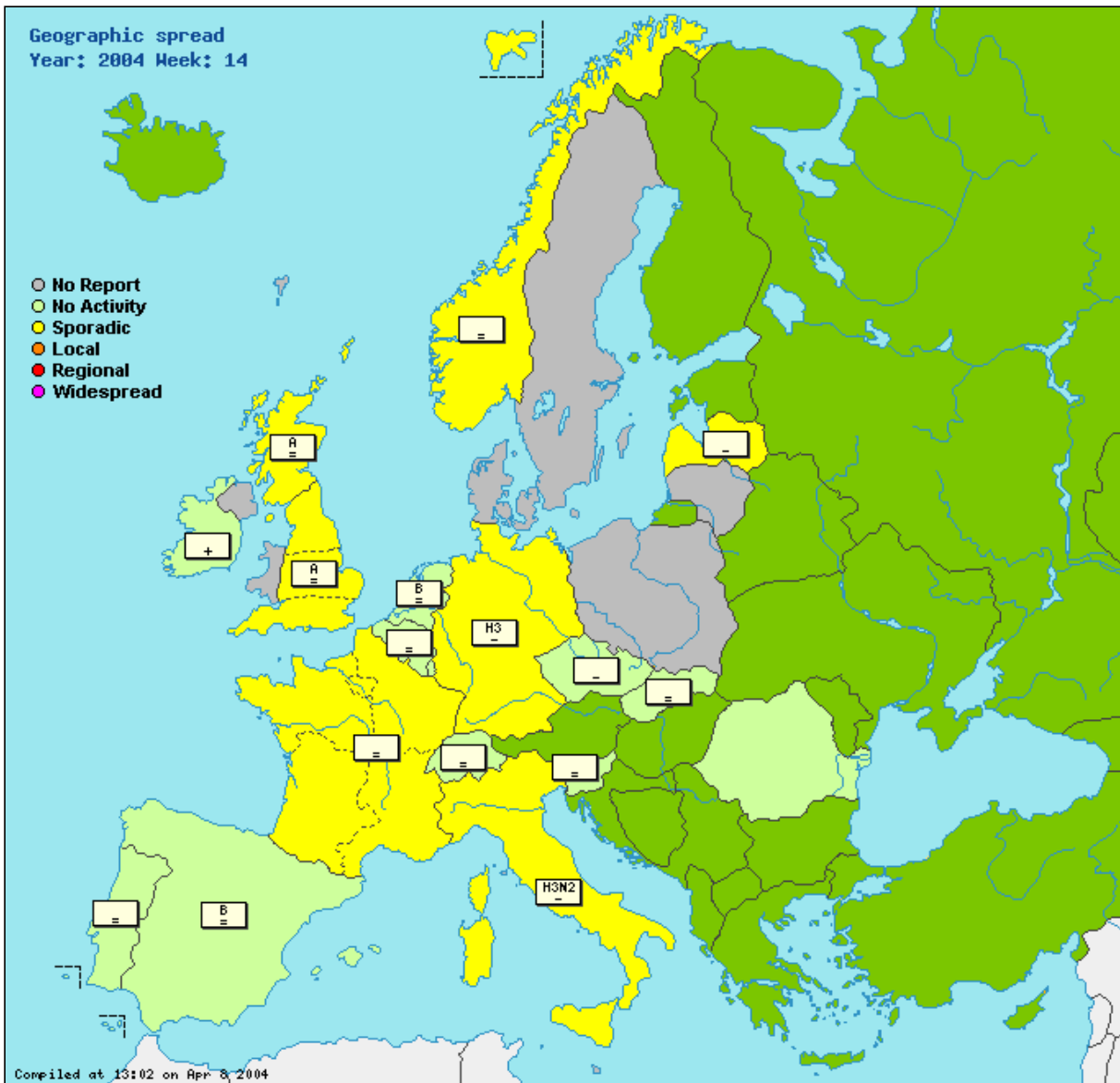
Map

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
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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

Both clinical and virological indicators suggest influenza and other respiratory viruses to be circulating at a low levels.

Czech Republic

Two influenza A strains were isolated in NIC from patients born 1953 and 1994. Identification in progress.

Italy

Influenza activity at low levels. Sporadic detection/isolations associated with A/H3N2. One B virus is isolated from Northern Italy. One A/H1 virus is identified in Milano; NA analysis are in progress.

Latvia

No influenza activity : no isolation nor Ag detection this week. Increasing number of ARI cases due to ParaFlu 3 and adenoviruses circulation.

Spain

Levels of influenza activity remain low.

One sporadic case of influenza B detected this 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
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Belgium	None	Low	3	0%	None	31.8 (graphs)	462.9 (graphs)	Click here
Czech Republic	None	Low	33	9.1%	None		913.2 (graphs)	Click here
England	Sporadic	Low	0	0%	Type A	7.9 (graphs)	585.0 (graphs)	Click here
France	Sporadic	Low	15	0%	None		1234.2 (graphs)	Click here
Germany	Sporadic	Low	35	17.1%	Type A, Subtype H3		1045.0 (graphs)	Click here
Ireland	None	Low	1	0%	None	3.5 (graphs)		Click here
Italy	Sporadic	Low	42	4.8%	Type A, Subtype H3N2	162.9 (graphs)		Click here
Latvia	Sporadic	Low	0	0%	None	1.5 (graphs)	661.2 (graphs)	Click here
Luxembourg	None		1	0%	None	(graphs)	1358.5 (graphs)	Click here
Netherlands	None	Low	0	0%	Type B	(graphs)		Click here
Norway	Sporadic	Low				(graphs)		Click here
Portugal	None	Low				(graphs)		Click here
Romania	None	Low	0	0%	None		(graphs)	Click here
Scotland	Sporadic	Low	0	0%	Type A	4.8 (graphs)		Click here
Slovakia	None	Low	7	0%	None	356.7 (graphs)		Click here
Slovenia	None	Low	0	0%	None	1.3 (graphs)	1066.5 (graphs)	Click here
Spain	None	Low	13	7.7%	Type B	16.7 (graphs)		Click here
Switzerland	None	Low				12.8 (graphs)		Click here
Europe			150	8.0%				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).

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

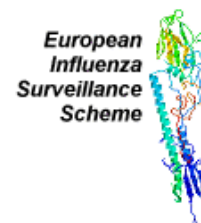
Population: per 100,000 population

*: 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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Low levels of influenza activity in Europe



Summary: The intensity of influenza activity in Europe was low in week 15/2004. Sporadic cases of laboratory confirmed influenza A and B were reported in four countries.

Epidemiological and virological situation: Sporadic activity (i.e. isolated cases of laboratory confirmed influenza infection in a region, or a single outbreak, with clinical activity remaining at or below baseline levels) was reported in six networks. No influenza activity was reported in 12 networks. The intensity of activity was low in all reporting networks. All networks reported decreasing or stable levels of clinical activity.

The total number of respiratory specimens collected by sentinel physicians in week 15/2004 was 71, three (4.2% of total) were positive for influenza virus. Of the eight detected influenza viruses (three sentinel and five non-sentinel), six were influenza A and two were influenza B; five influenza A viruses were not subtyped and one was A(H3N2). Influenza viruses were detected in France [two A not subtyped and one B], Germany [one A(H3N2)], Ireland [two A not subtyped] and Spain [one A not subtyped and one B].

Based on the (sub)typing data of all influenza virus detections up to week 15/2004 (N=12,857; sentinel and non-sentinel data), 8,316 were A not subtyped, 4,384 were A(H3) [2,975 of these were A(H3N2)], 39 were A(H1) [18 of these were A(H1N1) and nine were A(H1N2)] and 118 were B.

Based on the characterisation data of all influenza virus detections up to week 15/2004 (N=12,857), 2,034 (15.8%) have been antigenically and/or genetically characterised; 1,963 (96.5%) were A/Fujian/411/2002 (H3N2)-like, 27 were A/Moscow/10/99 (H3N2)-like, the hemagglutinins of 37 A(H1) isolates were A/New Caledonia/20/99 (H1N1)-like [20 of these were A(H1N1)], two were B/Hong Kong/330/2001-like, two were B/Sichuan/379/99-like and three were B/Shanghai /361/002-like (click [here](#)).

Comment: Most countries in Europe reported no influenza activity in week 15/2004. Six countries, all in western Europe, reported sporadic influenza activity. The number of laboratory confirmed influenza cases was low, with sporadic influenza virus detections in only four countries.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 22 European countries (25 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 15/2004, 18 networks reported clinical data and 14 networks reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being carefully monitored by EISS in collaboration with the WHO Collaborating Centre in London.

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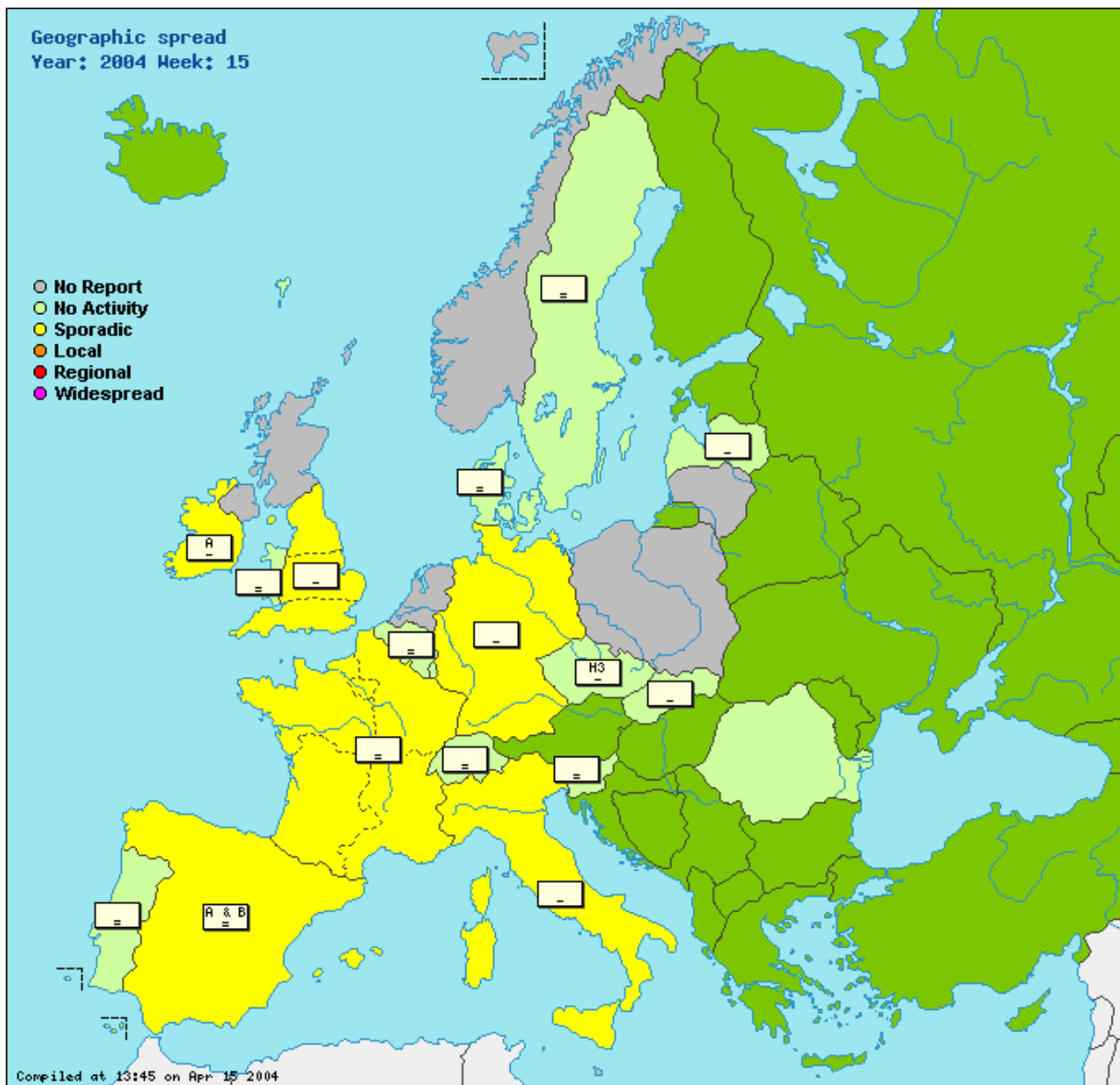
Map

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



Country comments (where available)

France

This is the last report for the 2003/2004 influenza season in France.

Italy

Influenza activity continues to decrease all over the Country. Two cases of influenza A/H3N2 subtype were identified by RT-PCR in Roma and Sassari from 12 and 28 years old patients. The analysis are in progress.

Spain

Levels of influenza activity remain low.

Sporadic cases of influenza A and B detected this 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	None	Low			0	0%	None	16.2 (graphs)	500.9 (graphs)	Click here
Czech Republic	None	Low			11	0%	Type A, Subtype H3		858.9 (graphs)	Click here
Denmark	None	Low			0	0%	None	9.2 (graphs)		Click here
England	Sporadic	Low			0	0%		6.2 (graphs)	438.8 (graphs)	Click here

France	Sporadic	Low	5	0%	None		947.7 (graphs)	Click here
Germany	Sporadic	Low	8	12.5%	None		1047.0 (graphs)	Click here
Ireland	Sporadic	Low	0	0%	Type A	1.2 (graphs)		Click here
Italy	Sporadic	Low	36	0%	None	124.2 (graphs)		Click here
Latvia	None	Low	0	0%	None	(graphs)	609.5 (graphs)	Click here
Luxembourg	None		0	0%	None	(graphs)	1825.1 (graphs)	Click here
Norway			0	0%	None	(graphs)		Click here
Portugal	None	Low				3.5 (graphs)		Click here
Romania	None	Low	0	0%	None		(graphs)	Click here
Slovakia	None	Low	5	0%	None	239.0 (graphs)		Click here
Slovenia	None	Low	0	0%	None	7.8 (graphs)	979.3 (graphs)	Click here
Spain	Sporadic	Low	6	33.3%	Type A and B	10.7 (graphs)		Click here
Sweden	None	Low				(graphs)		Click here
Switzerland	None	Low				6.0 (graphs)		Click here
Wales	None	Low				(graphs)		Click here
Europe			71	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

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