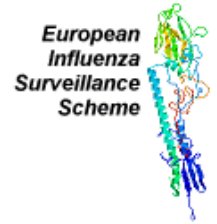


Slow start of influenza season in Europe with sporadic cases of laboratory confirmed influenza



Summary: This is the first bulletin of the 2004-2005 influenza season. The intensity of influenza activity is low in Europe. Increasing activity is reported in England, Ireland, Poland, and Slovakia, but the incidence of influenza like illness is still at baseline levels. One case of influenza A in France and one case of influenza B in the Czech Republic have been reported this week. Since week 36 (ending 05/09/2004), seven influenza A cases and one influenza B case have been reported.

Epidemiological and virological situation: Fifteen networks reported low intensity of influenza activity, meaning that there is no influenza activity or influenza activity is at baseline levels. England, Ireland, Poland, and Slovakia reported increasing activity compared to the previous week.

Geographically, sporadic activity (i.e. isolated cases of laboratory confirmed influenza virus infection) was reported in England, France and Ireland. In the rest of Europe there was no activity.

The total number of respiratory specimens collected by sentinel physicians in week 41/2004 was 155. Only one specimen, from the Czech Republic, was positive for influenza B virus. Of the 491 non-sentinel specimens analysed, one specimen, from France, was positive for influenza A virus. No information about subtype or strain characterisation is available for these viruses yet.

Comment: Based on data reported so far, the current level of influenza activity in Europe is low (at baseline levels) and there are only sporadic cases of laboratory confirmed influenza.

Among respiratory specimens from sentinel and non-sentinel sources reported to EISS between week 36 and week 41 of 2004 (N=1,277), there were seven laboratory confirmed cases of influenza A, and one of influenza B (Czech Republic; this week). The influenza A cases were detected in Norway (week 36; H3N2), England (week 39; untyped), Ireland (week 40; untyped), the Czech Republic (week 40; untyped), and France (two H3 in week 39 and one untyped this week). The cases in France appeared to be imported from China (click [here](#)).

The Norwegian isolate has been characterised, both antigenically and genetically, and was found to be an A/Wellington/1/2004(H3N2)-like virus. This strain was recently recommended for the 2005 Southern Hemisphere vaccine and is antigenically distinguishable from the A/Fujian/411/2002(H3N2)-like virus (click [here](#)). There was no indication that the patient, an adult woman presenting with fever, had recently travelled abroad.

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 41/2004, 18 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](#).

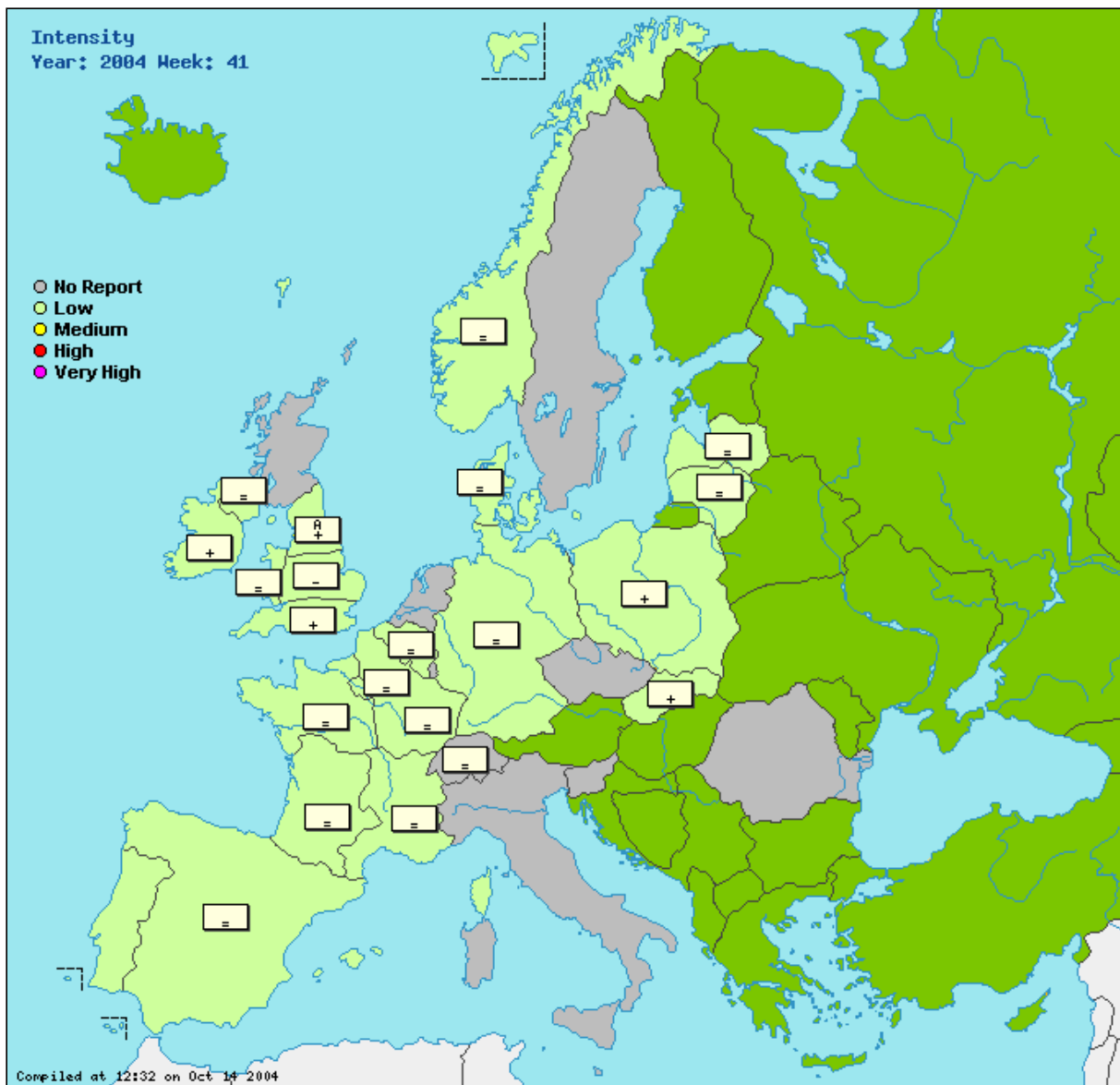
Map

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 : 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 well within baseline levels.

Spain

No influenza activity.

Switzerland

No influenza activity observed in Switzerland last 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
Belgium	Low	None			2	0%	None	48.6 (graphs)	732.9 (graphs)	Click here
Czech Republic		None			16	6.3%	None		947.0 (graphs)	Click here
Denmark	Low	None			0	0%	None	42.2 (graphs)		Click here
England	Low	Sporadic			1	0%	Type A	10.7 (graphs)	504.4 (graphs)	Click here
France	Low	Sporadic			89	0%	Type A		1523.9 (graphs)	Click here
Germany	Low	None			19	0%	None		1205.0 (graphs)	Click here
Ireland	Low	Sporadic			7	0%	None	18.6 (graphs)		Click here

Latvia	Low	None	0	0%	None	(graphs)	857.6 (graphs)	Click here
Lithuania	Low	None				0.3 (graphs)	314.1 (graphs)	Click here
Luxembourg		None	1	0%	None	(graphs)		Click here
Netherlands			1	0%	None	(graphs)		Click here
Northern Ireland	Low	None	0	0%	None	30.6 (graphs)		Click here
Norway	Low	None	0	0%	None	(graphs)		Click here
Poland	Low	None	0	0%	None	85.6 (graphs)		Click here
Portugal	Low	None	1	0%	None	(graphs)		Click here
Scotland			0	0%	None	(graphs)		Click here
Slovakia	Low	None				482.3 (graphs)		Click here
Slovenia			0	0%	None	(graphs)		Click here
Spain	Low	None	10	0%	None	14.5 (graphs)		Click here
Switzerland		None	8	0%	None	12.4 (graphs)		Click here
Wales	Low	None	0	0%	None	0.5 (graphs)		Click here
Europe			155	0.7%				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

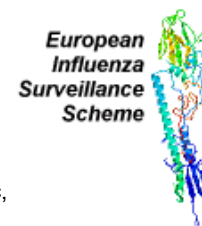
Population: per 100,000 population

*: 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 (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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Low influenza activity in Europe with sporadic laboratory confirmed influenza cases



Summary: The intensity of influenza activity is low in Europe. Increasing activity is reported in Slovakia, but the incidence of influenza like illness is still at baseline levels. Four confirmed cases of influenza A in the Czech Republic, England, France and Germany have been reported this week.

Epidemiological and virological situation: Eighteen networks reported low intensity of influenza activity, meaning that there is no influenza activity or influenza activity is at baseline levels. Slovakia reported increasing activity compared to the previous week.

Geographically, sporadic activity (i.e. isolated cases of laboratory confirmed influenza virus infection) was reported in England, France and Ireland. In the rest of Europe there was no activity.

The total number of respiratory specimens collected by sentinel physicians in week 42/2004 was 170. Two specimens were positive, one for influenza A (not subtyped) in the Czech Republic and one for influenza A(H3) in France. Two non-sentinel specimens were positive, one for influenza A (not subtyped) in England and one for influenza A(H3N2) in Germany.

Based on the (sub)typing data of all influenza virus detections up to week 42/2004 (N=13; sentinel and non-sentinel data), six were A (not subtyped), five were A(H3) [two of these were A(H3N2)] and two were B.

Based on the characterisation data of all influenza virus detections up to week 42/2004 (N=13), three have been antigenically and/or genetically characterised; two were A/Wellington/1/2004 (H3N2)-like (from Norway and Sweden) and one was A/Fujian/411/2002 (H3N2)-like (from Germany) (click [here](#)).

Comment: Based on data reported so far, the current level of influenza activity in Europe is low (at baseline levels) and there are only sporadic cases of laboratory confirmed influenza.

This week, the first isolate characterised as A/Fujian/411/2002(H3N2)-like virus has been reported. This influenza A(H3N2) virus variant circulated predominantly in Europe during the 2003-2004 season. Since week 40/2004, two A/Wellington/1/2004 (H3N2)-like viruses have been detected in Europe, the A(H3N2) variant that comprised an increasing proportion of recent A(H3N2) isolates in the world (click [here](#)). It is not yet possible to determine whether this A(H3N2) virus variant will become the predominant circulating A(H3N2) strain this season in Europe.

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 42/2004, 21 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.

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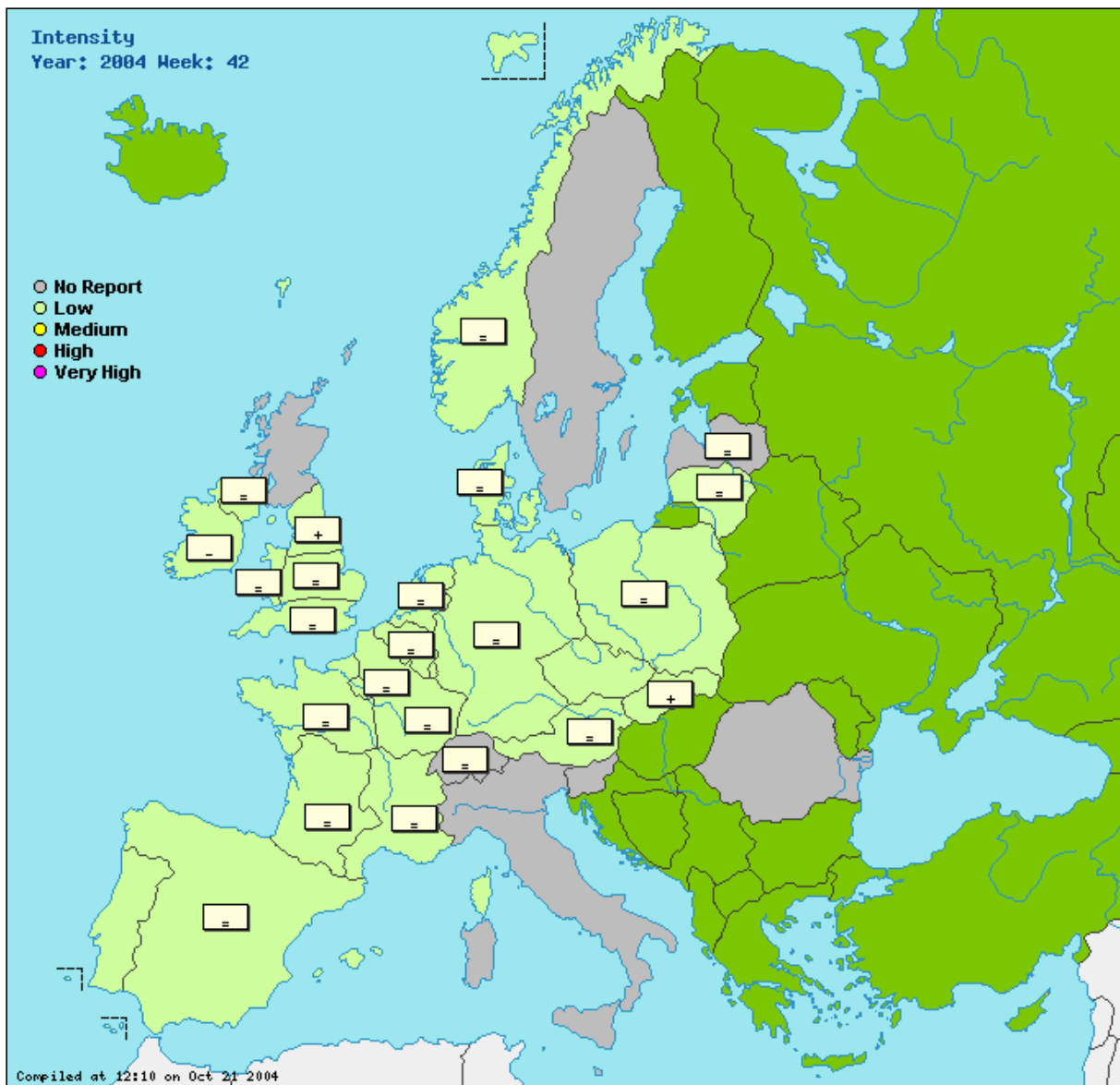
Map

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 : 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
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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 activity remain low, and within the range of baseline activity.

France

First detections of 'non imported' influenza A H3 in a few regions in France

Germany

The first influenza virus was isolated in Germany last week from a 23 year old man who came back from Spain and developed influenza like symptoms. The virus was subtyped as A/H3N2 and antigenically characterised as A/Fujian/411/02-like.

Spain

No influenza activity

Switzerland

No influenza activity detected last 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			12	0%	None	444.5 (graphs)		Click here

Belgium	Low	None	11	0%	None	31.9 (graphs)	620.9 (graphs)	Click here
Czech Republic	Low	None	11	9.1%	None		1031.4 (graphs)	Click here
Denmark	Low	None	0	0%	None	18.0 (graphs)		Click here
England	Low	Sporadic	9	0%	None	9.9 (graphs)	533.2 (graphs)	Click here
France	Low	Sporadic	85	1.2%	None		1631.6 (graphs)	Click here
Germany	Low	None	11	0%	None		1335.0 (graphs)	Click here
Ireland	Low	Sporadic	5	0%	None	12.5 (graphs)		Click here
Latvia		None	0	0%	None	(graphs)	841.6 (graphs)	Click here
Lithuania	Low	None				0.6 (graphs)	379.5 (graphs)	Click here
Luxembourg	Low	None	7	0%	None	23.0 (graphs)		Click here
Netherlands	Low	None	0	0%	None	8.2 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	28.8 (graphs)		Click here
Norway	Low	None	0	0%	None	(graphs)		Click here
Poland	Low	None	0	0%	None	58.2 (graphs)		Click here
Portugal	Low	None	1	0%	None	11.2 (graphs)		Click here
Romania		None	0	0%	None	0.2 (graphs)	295.2 (graphs)	Click here
Scotland			0	0%	None	8.1 (graphs)		Click here
Slovakia	Low	None	0	0%	None	527.1 (graphs)		Click here
Slovenia			1	0%	None	(graphs)		Click here
Spain	Low	None	6	0%	None	14.2 (graphs)		Click here
Sweden			0	0%	None	(graphs)		Click here
Switzerland		None	11	0%	None	8.0 (graphs)		Click here
Wales	Low	None	0	0%	None	(graphs)		Click here
Europe			170	1.2%				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 $\geq 50\%$ 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

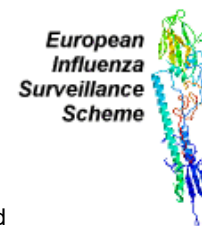
Population: per 100,000 population

*: 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 with sporadic laboratory confirmed cases of influenza



Summary: The intensity of clinical influenza activity in Europe was low in week 43/2004. Increasing clinical activity was reported in Portugal, Spain, Ireland, England North, Denmark and the Czech Republic, but the clinical incidences were low or at baseline levels. Only one laboratory confirmed case of influenza A (in Ireland) was reported in week 43/2004.

Epidemiological and virological situation: All of the reporting networks indicated that the intensity of clinical activity was low, meaning that there was no influenza activity or influenza activity was at baseline levels. Compared to week 42/2004, Portugal, Spain, Ireland, England North, Denmark and the Czech Republic reported increases in the clinical influenza activity.

In terms of the geographical spread, 20 networks reported no activity and three networks (England, France and Ireland) reported sporadic activity. The latter means that isolated cases of laboratory confirmed influenza infection were detected in a region of the country, or an outbreak in a single institution (such as a school) was detected, with clinical activity remaining at or below baseline levels.

The total number of respiratory specimens collected by sentinel physicians in week 43/2004 was 189 and none of these were positive for influenza. A further 657 specimens were collected from non-sentinel sources (e.g. from hospitals) and one was positive for influenza A (not subtyped) in Ireland.

Based on the (sub)typing data of all influenza virus detections up to week 43/2004 (N=14; sentinel and non-sentinel data), six were A (not subtyped), six were A(H3) [three of these were A(H3N2)] and two were B. Four of the virus isolates have been antigenically and/or genetically characterised: three were A/Wellington/1/2004 (H3N2)-like (from France, Norway and Sweden) and one was A/Fujian/411/2002 (H3N2)-like (from Germany) (click [here](#)).

Comment: The current level of influenza activity in Europe is low (at baseline levels) with only sporadic laboratory confirmed cases of influenza. Whilst the number of influenza isolates remains low, a number of countries (England, France and Ireland) are currently reporting an increase in the number of respiratory syncytial virus (RSV) infections (click [here](#) [second graph]).

Four virus isolates have been characterised so far this season and three of them were A/Wellington/1/2004 (H3N2)-like. Interestingly, the most recent isolate came from France, a long distance from the first isolates that came from Norway and Sweden. The other characterised isolate was an A/Fujian/411/2002(H3N2)-like virus, the influenza A(H3N2) virus variant that was predominant during the 2003-2004 season. It is too early to determine whether the A/Wellington/1/2003 (H3N2)-like virus will become the predominant A(H3N2) strain circulating in Europe during the 2004-2005 season.

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 43/2004, 23 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.

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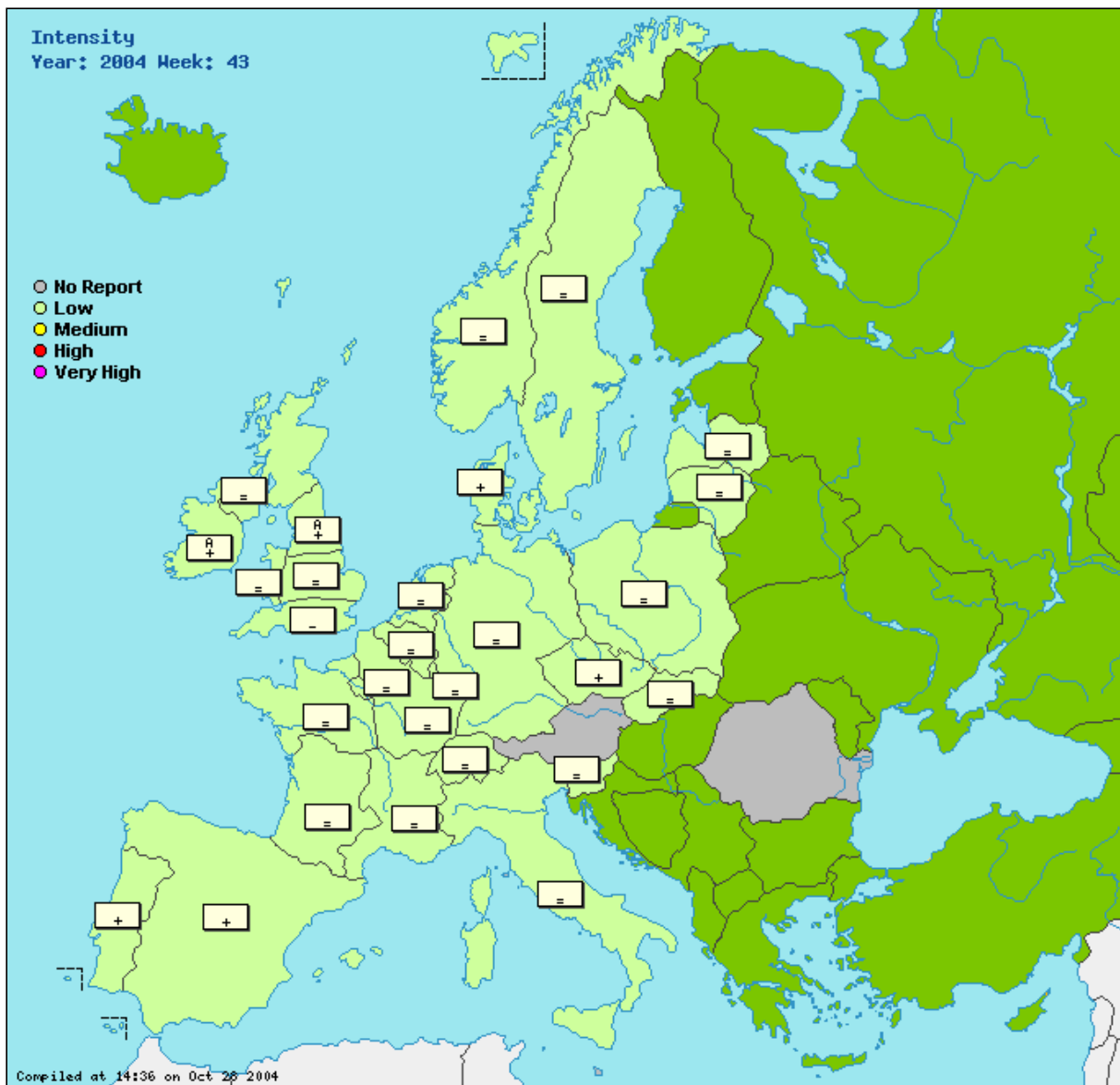
Map

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 : 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 within baseline levels.

Spain

No influenza activity

Switzerland

No influenza activity detected so far this season.

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
Belgium	Low	None			3	0%	None	27.2 (graphs)	646.8 (graphs)	Click here
Czech Republic	Low	None			25	0%	None		1054.0 (graphs)	Click here
Denmark	Low	None			0	0%	None	68.6 (graphs)		Click here
England	Low	Sporadic			23	0%	Type A	10.3 (graphs)	542.9 (graphs)	Click here
France	Low	Sporadic			82	0%	None		1418.2 (graphs)	Click here
Germany	Low	None			17	0%	None		1267.0 (graphs)	Click here
Ireland	Low	Sporadic			5	0%	Type A	12.1 (graphs)		Click here

Italy	Low	None				42.5 (graphs)		Click here
Latvia	Low	None				(graphs)	919.0 (graphs)	Click here
Lithuania	Low	None				1.2 (graphs)	394.9 (graphs)	Click here
Luxembourg	Low	None	3	0%	None	4.3 (graphs)		Click here
Netherlands	Low	None	0	0%	None	11.3 (graphs)	124.2 (graphs)	Click here
Northern Ireland	Low	None	2	0%	None	19.4 (graphs)		Click here
Norway	Low	None	0	0%	None	(graphs)		Click here
Poland	Low	None	0	0%	None	51.6 (graphs)		Click here
Portugal	Low	None	1	0%	None	23.9 (graphs)		Click here
Scotland	Low	None	4	0%	None	7.5 (graphs)		Click here
Slovakia	Low	None	0	0%	None	538.2 (graphs)		Click here
Slovenia	Low	None	1	0%	None	3.6 (graphs)	1188.6 (graphs)	Click here
Spain	Low	None	16	0%	None	21.2 (graphs)		Click here
Sweden	Low	None	0	0%	None	(graphs)		Click here
Switzerland	Low	None	7	0%	None	9.5 (graphs)		Click here
Wales	Low	None	0	0%	None	(graphs)		Click here
Europe			189	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

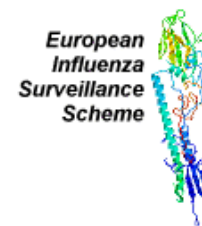
Population: per 100,000 population

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Low levels of influenza activity and a slight increase in laboratory confirmed cases of influenza B in Europe



Summary: The intensity of clinical influenza activity in Europe was low in week 44/2004. Eight laboratory confirmed cases of influenza, five of which were influenza B, were reported in week 44/2004.

Epidemiological and virological situation: All of the reporting networks indicated that the intensity of clinical activity was low, meaning that there was no influenza activity or influenza activity was at baseline levels.

In terms of the geographical spread, 16 networks reported no activity and five networks (England, France, Ireland, Scotland and Spain) reported sporadic activity. The latter means that isolated cases of laboratory confirmed influenza infection were detected in a region of the country, or an outbreak in a single institution (such as a school) was detected, with clinical activity remaining at or below baseline levels.

The total number of respiratory specimens collected by sentinel physicians in week 44/2004 was 184 and six of these were positive for influenza virus. Of these, four specimens tested positive for influenza B virus (reported by Scotland and Spain) and two tested positive for influenza A virus (reported by France and Ireland). A further 655 specimens were collected from non-sentinel sources (e.g. from hospitals); one specimen tested positive for influenza B (in Spain) and one specimen for influenza A (in Ireland).

Based on the (sub)typing data of all influenza virus detections up to week 44/2004 (N=24; sentinel and non-sentinel data), eight were A (not subtyped), nine were A(H3) [four of these were A (H3N2)] and seven were B. Four of the virus isolates have been antigenically and/or genetically characterised: three were A/Wellington/1/2004 (H3N2)-like (from England, Norway and Sweden) and one was A/Fujian/411/2002 (H3N2)-like (from Germany) (click [here](#)). In addition, an A/Wellington/1/2004 (H3N2)-like virus, that does not appear in the week 44/2004 bulletin, was reported by France earlier this season, which brings a total of four A/Wellington/1/2004 (H3N2)-like viruses reported to EISS so far this season.

Comment: The current level of influenza activity in Europe is low (at baseline levels) with only sporadic laboratory confirmed cases of influenza. However, the number of laboratory confirmed cases of influenza and respiratory syncytial virus (RSV) are increasing (click [here](#) [second graph]).

In week 44 more influenza B detections were reported than influenza A. The influenza B reports were made by Scotland and Spain. Overall, influenza A represented the majority of positive samples detected so far this season (17/24).

One new genetic characterisation has been reported from England; an A/Wellington/1/2004 (H3N2)-like virus. Reports from New Zealand indicate the detection of A/Wellington/1/2004 (H3N2)-like viruses in the Southern Hemisphere (click [here](#)). More characterisations of the early European influenza A isolates are needed to determine whether the A/Wellington/1/2003 (H3N2)-like virus has the potential to become the predominant A(H3N2) strain circulating in Europe during the 2004-2005 season.

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 44/2004, 21 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](#).

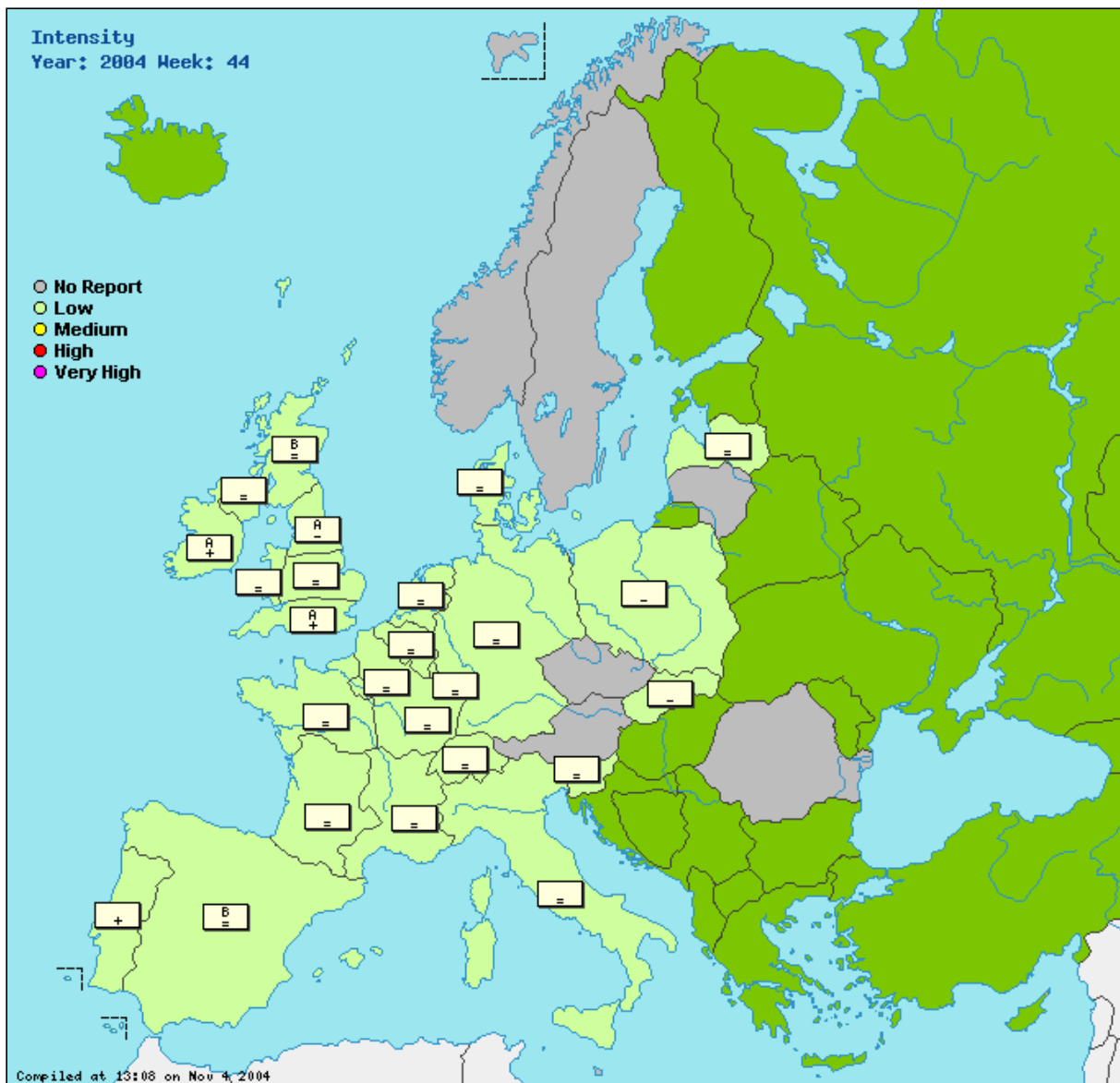
Map

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 : 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)

Latvia

No detection nor isolation of influenza ,predominated is Ad -virisus circulation.

Spain

Clinical influenza activity remains stable at a low level.

Laboratory confirmation of the first two influenza B viruses (one in sentinel sample).

Switzerland

No influenza virus was detected in the laboratory last 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
Belgium	Low	None			5	0%	None	16.3 (graphs)	528.7 (graphs)	Click here
Czech Republic		None			3	0%	None		879.6 (graphs)	Click here
Denmark	Low	None			1	0%	None	44.0 (graphs)		Click here
England	Low	Sporadic			8	0%	Type A	9.1 (graphs)	431.9 (graphs)	Click here
France	Low	Sporadic			54	1.9%	None		1048.5 (graphs)	Click here
Germany	Low	None			18	0%	None		1183.0 (graphs)	Click here

Ireland	Low	Sporadic	7	14.3%	Type A	9.9 (graphs)		Click here
Italy	Low	None				35.5 (graphs)		Click here
Latvia	Low	None	5	0%	None	(graphs)	856.1 (graphs)	Click here
Luxembourg	Low	None	1	0%	None	4.6 (graphs)		Click here
Netherlands	Low	None	3	0%	None	13.8 (graphs)	91.1 (graphs)	Click here
Northern Ireland	Low	None	2	0%	None	32.2 (graphs)		Click here
Norway			0	0%	None	(graphs)		Click here
Poland	Low	None	0	0%	None	37.8 (graphs)		Click here
Portugal	Low	None	6	0%	None	33.3 (graphs)		Click here
Romania		None	26	0%	None	2.2 (graphs)	1276.6 (graphs)	Click here
Scotland	Low	Sporadic	16	18.8%	Type B	2.6 (graphs)		Click here
Slovakia	Low	None	2	0%	None	505.6 (graphs)		Click here
Slovenia	Low	None	6	0%	None	(graphs)	962.3 (graphs)	Click here
Spain	Low	Sporadic	18	5.6%	Type B	16.8 (graphs)		Click here
Switzerland	Low	None	3	0%	None	19.4 (graphs)		Click here
Wales	Low	None	0	0%	None	0.5 (graphs)		Click here
Europe			184	3.3%				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

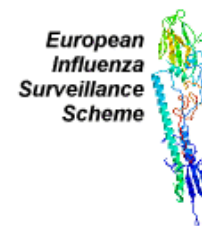
Population: per 100,000 population

*: 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 (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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Low influenza activity in Europe and first reports of influenza A(H1) cases this season



Summary: The intensity of influenza activity is low in Europe and the incidence of influenza-like-illness remains at baseline levels. For the first time this season influenza A(H1) cases have been reported from England, Ireland and Northern Ireland. Influenza A(H1N1), A(H3N2) and B have all been detected in Europe this season.

Epidemiological and virological situation: Twenty-one networks reported low intensity of influenza activity, meaning that there is no influenza activity or influenza activity is at baseline levels. The Czech Republic, England and Ireland reported increasing activity compared to the previous week, but the incidence of influenza-like-illness is still at baseline levels.

Geographically, sporadic activity (i.e. isolated cases of laboratory confirmed influenza virus infection) was reported in England, France and Northern Ireland. In the rest of Europe there was no activity.

The total number of respiratory specimens collected by sentinel physicians in week 45/2004 was 195, of which six (3.1%) were influenza virus positive. In addition, one of 748 specimens from non-sentinel sources was positive. Of the seven positive specimens, three were influenza A virus (not subtyped) and one was A(H1N1) virus (all four from Ireland), two were A(H1) virus (from England and Northern Ireland), and one was A(H3) virus (from England).

Based on the (sub)typing data of all influenza virus detections up to week 45/2004 (N=27; sentinel and non-sentinel data), nine were A (not subtyped), four were A(H1) [two of these were A(H1N1)], six were A(H3) [four of these were A(H3N2)] and eight were B.

No new characterisation data of isolates were reported this week. Based on the characterisation data of all influenza virus detections up to week 45/2004 (N=27), five have been antigenically and/or genetically characterised; four were A/Wellington/1/2004 (H3N2)-like (from England, France, Norway and Sweden) and one was A/Fujian/411/2002 (H3N2)-like (from Germany).

Comment: Based on data reported so far, the level of influenza activity in Europe remains low (at baseline levels) and there are only sporadic cases of laboratory confirmed influenza.

With the reporting of A(H1) viruses this week, three virus (sub)types [A(H1), A(H3) and B viruses] have been detected in almost similar proportions in Europe so far this season. It is not yet possible to determine which virus (sub)type will be the predominant virus circulating during the 2004-2005 season. The localisation of virus detections, mainly in the west of Europe, may suggest that, as in the previous three seasons (2003-2004, 2002-2003 and 2001-2002; click [here](#)), clinical influenza activity will start in the west and gradually move to the east. However, virological activity has not yet led to increased clinical influenza activity.

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 45/2004, 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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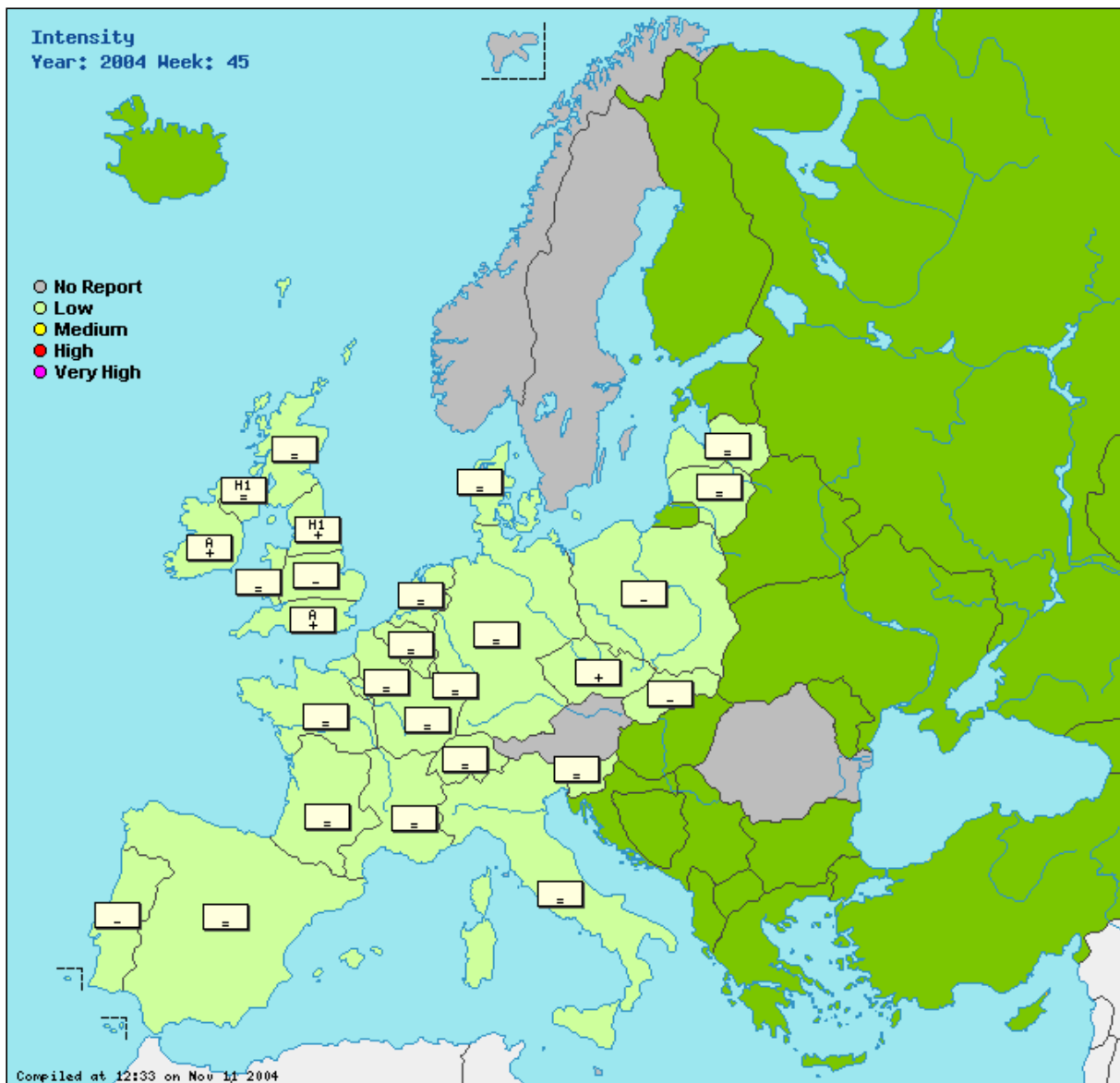
Map

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

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

Country comments (where available)

England

Influenza activity remains within baseline levels.

Northern Ireland

All four RSV detections between Week 40 and Week 45 are RSV-B

Spain

Influenza activity remains stable at a low level.

Switzerland

No influenza virus detected in Switzerland.

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
Belgium	Low	None			2	0%	None	24.9 (graphs)	538.0 (graphs)	Click here
Czech Republic	Low	None			22	0%	None		1045.9 (graphs)	Click here
Denmark	Low	None			4	0%	None	46.2 (graphs)		Click here
England	Low	Sporadic			9	22.2%	Type A	11.1 (graphs)	487.7 (graphs)	Click here
France	Low	Sporadic			67	0%	None		1115.5 (graphs)	Click here

Germany	Low	None	13	0%	None		1072.0 (graphs)	Click here
Ireland	Low	Sporadic	12	25.0%	Type A	15.3 (graphs)		Click here
Italy	Low	None				34.3 (graphs)		Click here
Latvia	Low	None	1	0%	None	graphs)	845.6 (graphs)	Click here
Lithuania	Low	None				1.2 (graphs)	299.6 (graphs)	Click here
Luxembourg	Low	None	2	0%	None	graphs)		Click here
Netherlands	Low	None	0	0%	None	5.4 (graphs)	88.9 (graphs)	Click here
Northern Ireland	Low	Sporadic	2	50.0%	Type A, Subtype H1	22.3 (graphs)		Click here
Norway			1	0%	None	graphs)		Click here
Poland	Low	None	0	0%	None	33.8 (graphs)		Click here
Portugal	Low	None	2	0%	None	7.3 (graphs)		Click here
Romania			23	0%	None	1169.0 (graphs)	16.3 (graphs)	Click here
Scotland	Low	None	6	0%	None	11.0 (graphs)		Click here
Slovakia	Low	None	1	0%	None	450.6 (graphs)		Click here
Slovenia	Low	None	10	0%	None	1.8 (graphs)	742.1 (graphs)	Click here
Spain	Low	None	10	0%	None	16.4 (graphs)		Click here
Switzerland	Low	None	8	0%	None	18.5 (graphs)		Click here
Wales	Low	None	0	0%	None	0.5 (graphs)		Click here
Europe			195	3.1%				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

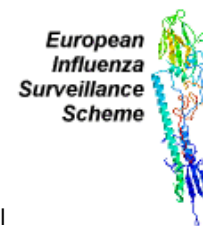
Population: per 100,000 population

*: 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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Influenza slowly gaining foothold in Europe and RSV on the rise



Summary: While the intensity of influenza activity is still low in Europe and the incidence of clinical activity remains at baseline levels, six countries reported increasing clinical activity compared to the previous week. Latvia and Sweden reported their first cases of influenza B this season. The incidence of RSV detections is increasing in several countries, mainly on the western periphery of the area covered by EISS.

Epidemiological and virological situation: Twenty-one networks reported low intensity of influenza activity, meaning that there is no influenza activity or influenza activity is at baseline levels. However, six countries (Northern Ireland, England, Slovak Republic, Czech Republic, Poland and Latvia) reported increasing activity compared to the previous week.

Geographically, sporadic activity (i.e. isolated cases of laboratory confirmed influenza virus infection) was reported in five countries (England, France, Ireland, Latvia and Scotland). In the rest of Europe there was no activity.

The total number of respiratory specimens collected by sentinel physicians in week 46/2004 was 219, of which five (2.3%) were influenza virus positive. Of 644 non-sentinel specimens, five (0.8%) were positive. Of the ten positive specimens, eight were influenza A virus, five of which were not subtyped [from Ireland (3), Scotland (1) and France (1)] and three of which were subtyped A(H3) (England). The remaining two samples were influenza B virus (Sweden and Latvia).

Based on the (sub)typing data of all influenza virus detections up to week 46/2004 (N=37; sentinel and non-sentinel data), 13 were A (not subtyped), five were A(H1) [three of these were A(H1N1)], nine were A(H3) [five of these were A(H3N2)] and 10 were B.

Based on the characterisation data of all influenza virus detections up to week 46/2004 (N=37), 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).

While the number of laboratory-confirmed cases of influenza shows only a slightly upward trend, the number of RSV cases clearly increased in six countries (Ireland, Scotland, Wales, England, France and the Netherlands).

Comment: Although the level of influenza activity in Europe remains low (at baseline levels) and there are only sporadic cases of laboratory confirmed influenza, there has been a slight increase in the number of positive cases of influenza. Apart from a single influenza B virus detection in Latvia, all nine influenza virus detections were in countries on the western periphery of the area covered by EISS (EISS area), similar to previous weeks. However, four of six countries signalling an increase in clinical influenza activity are located on the eastern periphery of the EISS area.

This week the proportion of influenza A viruses has increased with respect to B viruses (19 A to eight B). With the reporting of three more A(H3) viruses this week (England), the total number of A(H3) viruses is now nine, compared with five A(H1) viruses. It still remains too early to predict which of these influenza virus subtypes will dominate during the 2004-2005 season.

RSV activity started off and is on the rise in countries on the western periphery of the EISS area, similar to the observed influenza activity as measured by the detection of laboratory confirmed cases. Developments in RSV activity will be followed closely throughout the remainder of the season.

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 46/2004, 22 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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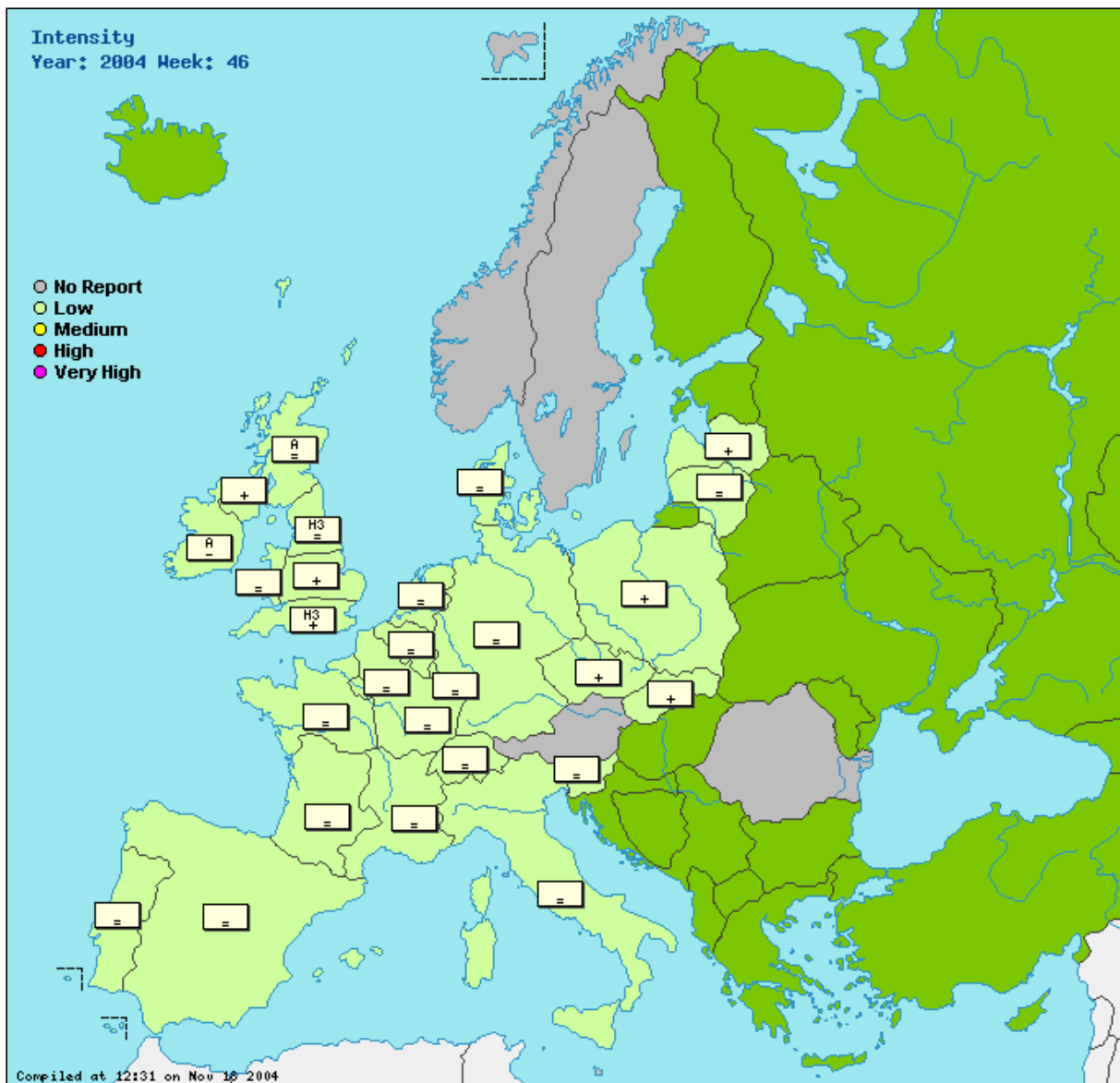
Map

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.

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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 : 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

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

Country comments (where available)

England

Influenza activity remains within baseline levels.

France

Sporadic flu detections/isolations and positive near patient tests in various regions in France. Activity indexes stay at baseline levels.

Latvia

Laboratory confirmation of the first influenza B virus in sentinel sample

Northern Ireland

The first RSV-A of the current season was detected in Week 46. All other detections since Week 40 have been RSV-B

Switzerland

No influenza virus detected last 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
Belgium	Low	None			1	0%	None	36.1 (graphs)	549.5 (graphs)	Click here
Czech Republic	Low	None			30	0%	None		1097.2 (graphs)	Click here

Denmark	Low	None	8	0%	None	51.4 (graphs)		Click here
England	Low	Sporadic	10	20.0%	Type A, Subtype H3	12.7 (graphs)	464.8 (graphs)	Click here
France	Low	Sporadic	52	0%	None		1229.7 (graphs)	Click here
Germany	Low	None	15	0%	None		1173.0 (graphs)	Click here
Ireland	Low	Sporadic	9	33.3%	Type A	11.3 (graphs)		Click here
Italy	Low	None				40.1 (graphs)		Click here
Latvia	Low	Sporadic	5	0%	None	0.5 (graphs)	961.9 (graphs)	Click here
Lithuania	Low	None				0.9 (graphs)	389.4 (graphs)	Click here
Luxembourg	Low	None	4	0%	None	10.6 (graphs)		Click here
Netherlands	Low	None	1	0%	None	8.2 (graphs)	91.2 (graphs)	Click here
Northern Ireland	Low	None	0	0%	None	46.4 (graphs)		Click here
Norway			7	0%	None	graphs		Click here
Poland	Low	None	0	0%	None	46.5 (graphs)		Click here
Portugal	Low	None	4	0%	None	4.8 (graphs)		Click here
Romania		None	25	0%	None	1163.7 (graphs)	3.5 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	Type A	3.4 (graphs)		Click here
Slovakia	Low	None	4	0%	None	500.0 (graphs)		Click here
Slovenia	Low	None	4	0%	None	5.4 (graphs)	862.3 (graphs)	Click here
Spain	Low	None	27	0%	None	23.7 (graphs)		Click here
Sweden			0	0%	None	graphs		Click here
Switzerland	Low	None	13	0%	None	21.2 (graphs)		Click here
Wales	Low	None	0	0%	None	graphs		Click here
Europe			219	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

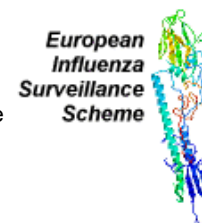
Population: per 100,000 population

*: 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

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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Influenza activity remains low in Europe



Summary: The intensity of influenza activity is low in Europe and the incidence of clinical activity remains at baseline levels. Only two viruses (Ireland) were detected by the sentinel surveillance networks in week 47/2004. The percentage of positive specimens was very low: only 0.6% all of the collected specimens (sentinel and non-sentinel) tested positive for influenza virus. While there was a small decrease in the number of influenza virus detections, the number of RSV detections is still increasing in several countries.

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. For countries reporting both influenza-like illness (ILI) and acute respiratory infection (ARI) incidences (N=7), the incidence for ARI increased, while the ILI incidence was stable/declining in a number of countries (Belgium, England, the Netherlands, Latvia and Slovenia).

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

The total number of respiratory specimens collected by sentinel physicians in week 47/2004 was 345, of which two (0.6%) were influenza virus positive. Of 935 non-sentinel specimens, six (0.6%) were positive. Of the eight positive specimens, all were influenza A virus, two of which were subtyped A(H3) (Sweden) and six of which were not subtyped [from Belgium (2), Ireland (2), France (1) and Switzerland (1)].

Based on the (sub)typing data of all influenza virus detections up to week 47/2004 (N=48; sentinel and non-sentinel data), 17 were A (not subtyped), nine were A(H1) [seven of these were A(H1N1)], twelve were A(H3) [five of these were A(H3N2)] and 10 were B.

Based on the characterisation data of all influenza virus detections up to week 47/2004 (N=48), 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).

While the number of laboratory-confirmed cases of influenza showed a slight decrease, the number of RSV cases increased in six countries (England, France, Luxembourg, the Netherlands, Romania and Wales).

Comment: The level of influenza activity in Europe remains low (at baseline levels) and there are only sporadic cases of laboratory confirmed influenza. The number of influenza positive specimens decreased slightly for week 47, while an increase was reported for RSV detections. This may explain the increase of the ARI incidence and the stable/declining ILI incidence for a number of countries in Europe.

So far this season, more influenza A viruses were detected than influenza B viruses: 38 influenza A versus ten influenza B. The influenza A subtypes so far detected show both influenza A(H1) as influenza A(H3) viruses. It still remains too early to predict which of these influenza virus subtypes will dominate during the 2004-2005 season.

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 47/2004, 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.

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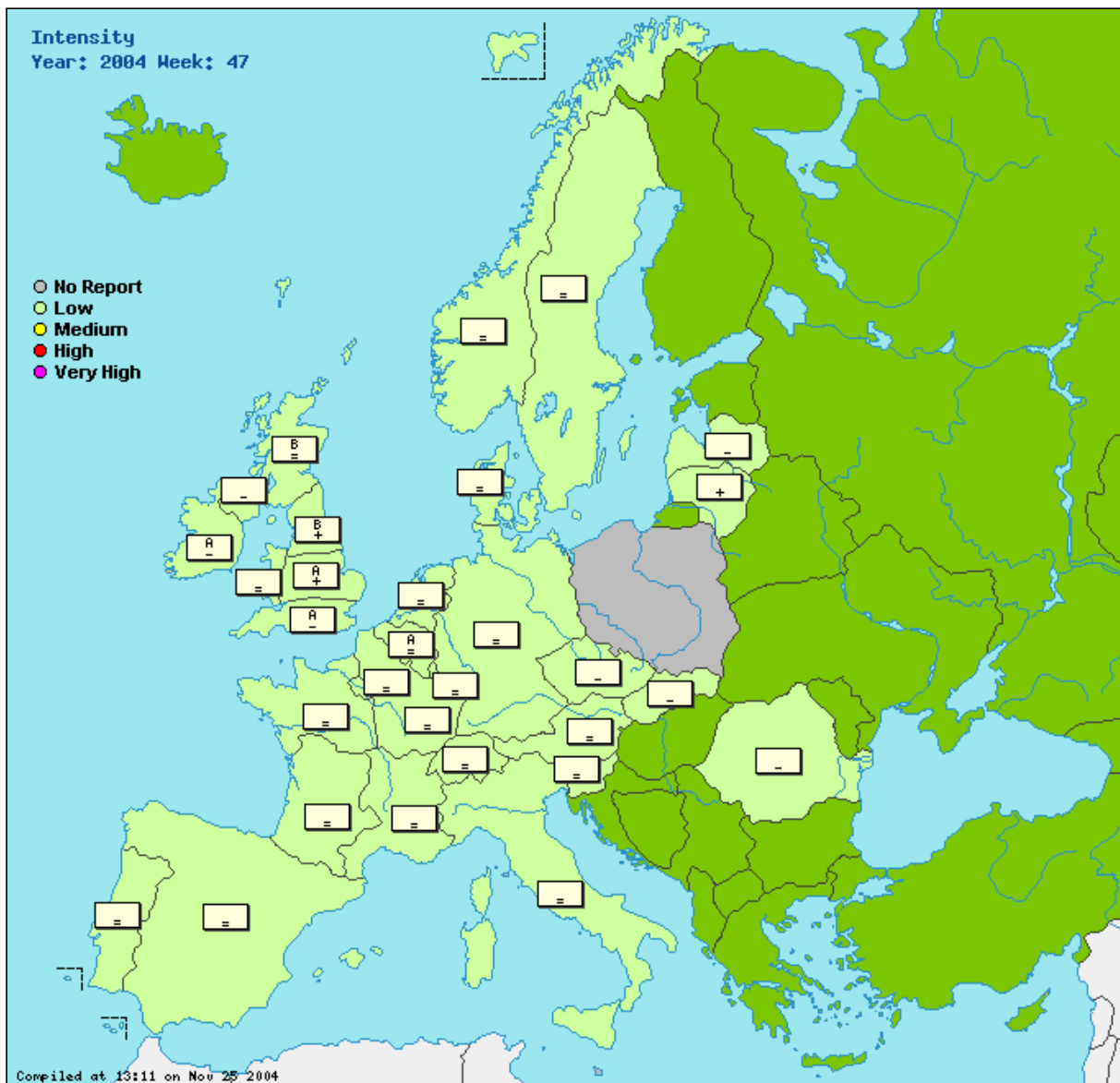
Map

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 : 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 within baseline levels and RSV continues to increase.

Italy

Low influenza activity is reported. No virus isolation

Switzerland

Two influenza A viruses were detected in Switzerland by non-sentinel practitioners. However, no influenza virus was detected in the Sentinel network.

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			47	0%	None	1114.2 (graphs)		Click here
Belgium	Low	Sporadic			5	0%	Type A	24.1 (graphs)	588.0 (graphs)	Click here
Czech Republic	Low	None			22	0%	None		1081.6 (graphs)	Click here
Denmark	Low	None			5	0%	None	56.1 (graphs)		Click here
England	Low	Sporadic			13	0%	Type A	12.8 (graphs)	562.6 (graphs)	Click here
France	Low	Sporadic			96	0%	Type A		1419.9 (graphs)	Click here

Germany	Low	None	22	0%	None		1209.0 (graphs)	Click here
Ireland	Low	Sporadic	8	25.0%	Type A	9.1 (graphs)		Click here
Italy	Low	None	28	0%	None	56.8 (graphs)		Click here
Latvia	Low	None	3	0%	None	graphs	801.2 (graphs)	Click here
Lithuania	Low	None				1.2 (graphs)	449.0 (graphs)	Click here
Luxembourg	Low	None	4	0%	None	14.8 (graphs)		Click here
Netherlands	Low	None	1	0%	None	graphs	129.9 (graphs)	Click here
Northern Ireland	Low	None	2	0%	None	21.3 (graphs)		Click here
Norway	Low	None	0	0%	None	graphs		Click here
Poland			0	0%	None	graphs		Click here
Portugal	Low	None	6	0%	None	18.0 (graphs)		Click here
Romania	Low	None	15	0%	None	1116.3 (graphs)	1.5 (graphs)	Click here
Scotland	Low	None	8	0%	Type B	15.8 (graphs)		Click here
Slovakia	Low	None	0	0%	None	427.5 (graphs)		Click here
Slovenia	Low	None	11	0%	None	2.7 (graphs)	1173.5 (graphs)	Click here
Spain	Low	None	34	0%	None	27.5 (graphs)		Click here
Sweden	Low	None	0	0%	None	graphs		Click here
Switzerland	Low	None	15	0%	None	27.4 (graphs)		Click here
Wales	Low	None				graphs		Click here
Europe			345	0.6%				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

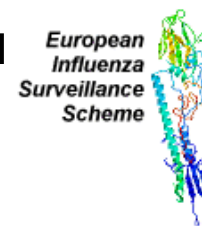
Population: per 100,000 population

*: 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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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.

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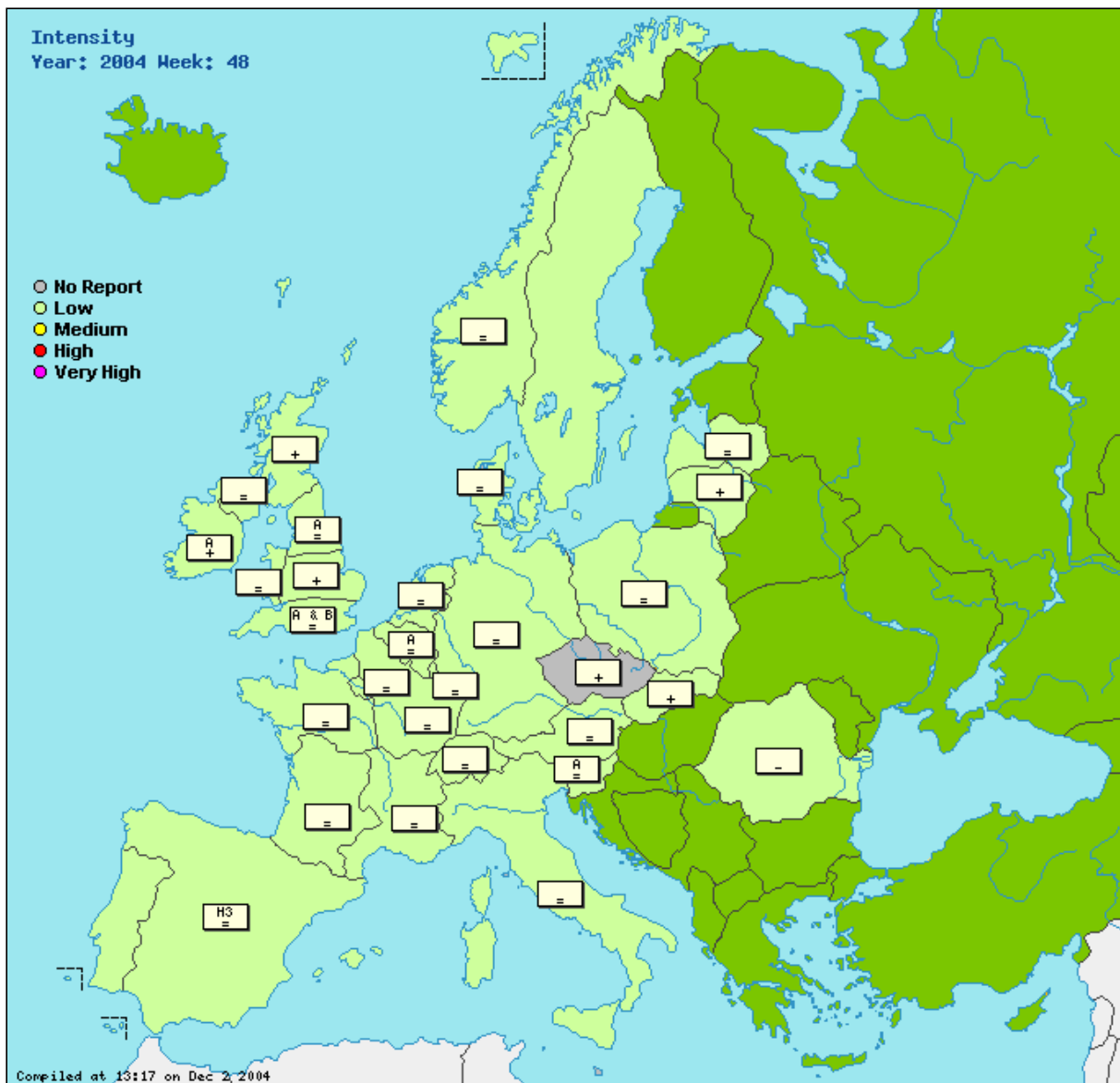
Map

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 : Intensity Geographical spread



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 sentinnel 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

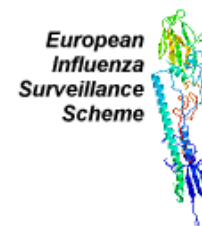
Population: per 100,000 population

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Intensity of influenza activity in Europe at low levels but laboratory confirmed cases still increasing



Summary: The number of countries reporting sporadic influenza activity has increased from seven last week (48/2004) to eleven this week (49/2004), although the intensity of influenza activity in Europe remains low (at baseline levels). The gradual increase seen since week 43 in the total number of laboratory confirmed cases of influenza, which are mainly influenza A, continues. Similarly, the incidence of RSV detections continues to increase.

Epidemiological and virological situation: Twenty five networks reported low intensity of influenza activity, meaning that there was no influenza activity or influenza activity is at baseline levels. Although several countries report an increase or decrease in the clinical incidence of influenza, this type of baseline fluctuation is usual as observed in several previous seasons.

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

The total number of respiratory specimens collected by sentinel physicians in week 49/2004 was 418, of which 22 (5.3%) were influenza virus positive. Sixteen non-sentinel specimens were influenza virus positive bringing the total of sentinel and non-sentinel positive specimens to 38. Of these, seven were influenza B and 31 were influenza A. Eleven influenza A viruses were subtyped, five were H1 (Northern Ireland), three were H3 (England, Portugal and Spain) and three were H3N2 [Belgium and Germany (2)].

Based on the (sub)typing data of all influenza virus detections up to week 49/2004 (N=121; sentinel and non-sentinel data), 53 were A (not subtyped), 21 were A(H1) [seven of these were A(H1N1)], 28 were A(H3) [15 of these were A(H3N2)] and 19 were B.

Based on the characterisation data of all influenza virus detections up to week 49/2004 (N=121), 13 have been antigenically and/or genetically characterised. Eight A/Wellington/1/2004 (H3N2)-like viruses were reported [from England, France, Germany, Norway (2), Scotland, Sweden and Switzerland], although it should be noted that the virus reported by Switzerland was antigenically related to the influenza A/Shantou/1219/04 (H3N2) reference strain (please see network comments and Comment below). The additional reports were one A/Fujian/411/2002 (H3N2)-like virus (from Germany), three A/New Caledonia/20/99 (H1N1)-like viruses (from England, Ireland and Scotland) and one B/Jiangsu/10/2003-like virus (from Norway).

Across Europe, the incidence of RSV (a viral infection with clinical symptoms that are similar to influenza-like illness) detections continues to increase.

Comment: Laboratory confirmed cases of influenza in Europe have increased since week 43/2004 (click [here](#)), but the number of detections remains low (only 38 in week 49/2004). Influenza A is more prevalent than influenza B, the number of detections of which has remained quite stable. Nine of the 26 networks have not reported any influenza A positive specimens this season, six of which are situated on the eastern periphery of Europe (one of these six, Latvia, has reported influenza B virus positive specimens). The number of countries reporting sporadic cases of influenza activity has increased from seven to eleven, although the level of influenza activity in Europe remains low (at baseline levels). The incidence of RSV detections continues to increase in nine countries, seven of which are situated on the western periphery of Europe.

The influenza A/Shantou/1219/04-like virus reported by the Swiss network is a drift variant relative to the A/Wellington/1/04 strain, but closely antigenically related. After consulting the WHO Collaborating Centre in London, it was decided that at present too few isolates have been characterized this season to conclude that the A/Shantou/1219/04-like virus represents a major drift variant. Until further notice, these virus strains will be defined as Wellington-like by the EISS network. Regarding the 2004/2005 season vaccine, based on the evidence available so far, antibodies induced against the A/Wyoming/3/03 vaccine strain are expected to protect against infection with the A/Wellington/1/04- and A/Shantou/1219/04-like 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 49/2004, 25 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.

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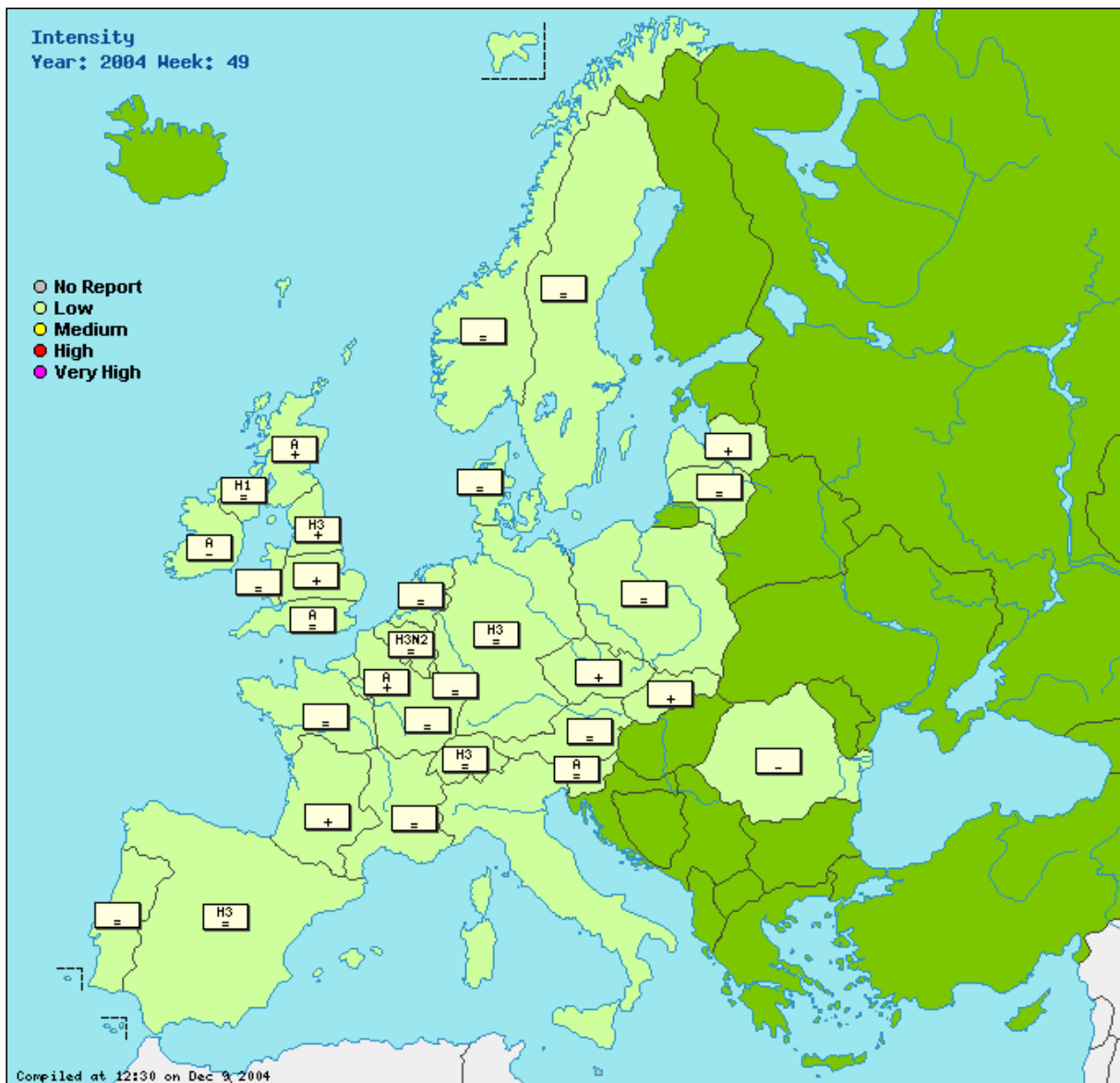
Map

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 : Intensity Geographical spread



Country comments (where available)

England

GP consultation rates have increased slightly in the northern and central regions of England, but overall levels of influenza-like illness remain little changed and within the range of baseline activity. RSV activity remains high, especially among children aged 0-4 years.

France

Moderate increasing IRA activity in France with sporadic detection/isolation of flu A. RSV is epidemic.

Netherlands

Delayed results, due to adjustments in reporting systems within The Netherlands, have been reported this week for non-sentinel specimens from week 37, 38 and 48. Respectively, one influenza B virus, one influenza A(H1N1) virus and one influenza A(H1) virus were detected.

Northern Ireland

Approximately 50-60% of all non-sentinel specimens received currently are testing positive for RSV-B (there have been less than five RSV-A virus detections, to date, this season)

Norway

The two influenza viruses detected in Norway in week 48 have subsequently been characterised genetically. The influenza B virus resembles closely viruses seen last winter. The influenza A(H3) virus, probably imported from China (Beijing), closely resembles recent viruses of the A/Wellington/1/04(H3N2) lineage. No further viruses were detected in week 49.

Switzerland

An influenza A virus was detected in a Sentinel specimen last week. The patient was a male of 57 years old living in the region of Zürich. The virus was antigenically related to influenza A/Shantou/1219/04 (H3N2) strain.

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			49	0%	None	1106.7 (graphs)		Click here
Belgium	Low	Sporadic			8	12.5%	Type A, Subtype H3N2	64.2 (graphs)	1424.5 (graphs)	Click here
Czech Republic	Low	None			51	5.9%	None		1269.5 (graphs)	Click here
Denmark	Low	None			12	0%	None	60.4 (graphs)		Click here
England	Low	Sporadic			24	4.2%	Type A, Subtype H3	13.8 (graphs)	589.0 (graphs)	Click here
France	Low	Sporadic			105	5.7%	None		1806.9 (graphs)	Click here
Germany	Low	Sporadic			61	3.3%	Type A, Subtype H3		1262.0 (graphs)	Click here
Ireland	Low	Sporadic			10	40.0%	Type A	16.9 (graphs)		Click here
Italy	Low	None						73.4 (graphs)		Click here
Latvia	Low	Sporadic			3	0%	None	0.5 (graphs)	965.4 (graphs)	Click here
Lithuania	Low	None						2.7 (graphs)	525.3 (graphs)	Click here
Luxembourg	Low	None			10	0%	None	49.2 (graphs)		Click here
Netherlands	Low	None			1	0%	None	14.1 (graphs)	149.0 (graphs)	Click here
Northern Ireland	Low	Sporadic			0	0%	Type A, Subtype H1	34.3 (graphs)		Click here
Norway	Low	None			3	0%	None	(graphs)		Click here
Poland	Low	None			4	0%	None	34.6 (graphs)		Click here
Portugal	Low	None			1	100.0%	None	7.3 (graphs)		Click here
Romania	Low	None			13	0%	None	1176.2 (graphs)	2.7 (graphs)	Click here
Scotland	Low	Sporadic			5	0%	Type A	28.3 (graphs)		Click here
Slovakia	Low	None			2	0%	None	628.8 (graphs)		Click here
Slovenia	Low	Sporadic			11	18.2%	Type A	4.6 (graphs)	1289.6 (graphs)	Click here
Spain	Low	Sporadic			27	7.4%	Type A, Subtype H3	29.2 (graphs)		Click here
Sweden	Low	None			0	0%	None	(graphs)		Click here
Switzerland	Low	Sporadic			16	0%	Type A, Subtype H3	24.5 (graphs)		Click here
Wales	Low	None			0	0%	None	0.5 (graphs)		Click here
Europe					418	5.3%				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

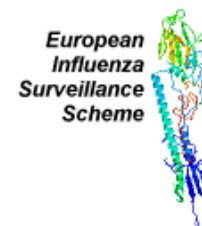
Population: per 100,000 population

*: 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 (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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Increase of clinical influenza activity in Northern Ireland and of laboratory confirmed cases in Europe



Summary: The intensity of influenza activity remains low (at baseline levels) in Europe, except for Northern Ireland where the intensity clearly increased compared to previous weeks. The total number of laboratory confirmed cases per week continues to increase, with most cases being influenza A viruses [a mix of A(H1) and A(H3) subtypes]. The total number of laboratory confirmed RSV cases also continues to increase in most networks, but appears to have past its peak in England, France, Ireland and Wales.

Epidemiological and virological situation: Twenty-four networks reported a low intensity of influenza activity, meaning that there was no influenza activity or influenza activity is at baseline levels. Northern Ireland reported medium intensity, meaning that this level of influenza activity is usually seen when influenza virus is circulating in the country based on historical data.

Geographically, sporadic activity (i.e. isolated cases of laboratory confirmed influenza virus infection) was reported by 13 countries. In the rest of Europe there was no activity.

The total number of respiratory specimens collected by sentinel physicians in week 50/2004 was 446, of which 21 (4.7%) were influenza virus positive. Thirty-three non-sentinel specimens were influenza virus positive, bringing the total of sentinel and non-sentinel positive specimens in week 50/2004 to 54. Of these, eight were influenza B and 46 were influenza A. Ten influenza A viruses were subtyped, two were H1 [one of these was A(H1N1)] and eight were H3 [one of these was A(H3N2)].

Based on the (sub)typing data of all influenza virus detections up to week 50/2004 (N=186; sentinel and non-sentinel data), 85 (46%) were A (not subtyped), 45 (24%) were A(H3) [17 of these were A(H3N2)], 27 (15%) were A(H1) [12 of these were A(H1N1)] and 29 (15%) were B.

Based on the characterisation data of all influenza virus detections up to week 50/2004 (N=186), 15 have been antigenically and/or genetically characterised. Eight A/Wellington/1/2004 (H3N2)-like viruses, one A/Fujian/411/2002 (H3N2)-like virus, five A/New Caledonia/20/99 (H1N1)-like viruses and one B/Jiangsu/10/2003-like virus were reported (click [here](#)). It should be noted that the two viruses reported by Switzerland were antigenically related to the influenza A/Shantou/1219/2004 (H3N2) reference strain which is closely related to influenza A/Wellington/1/2004 (H3N2) (see comment of bulletin [week 49/2004](#)).

A decrease in RSV (a viral infection with clinical symptoms that are similar to influenza-like illness) detections suggests that the incidence of RSV infections might have reached its peak in England, France, Ireland and Wales. However, in a number of other countries the incidence of RSV infections is still increasing.

Comment: The number of laboratory confirmed cases of influenza in Europe continues to increase, however, no (sub)type is dominant yet. During the 2003/2004 season influenza, A(H3) was the dominant circulating virus (99% of subtyped influenza A viruses; click [here](#)). So far this season, influenza A has accounted for 84% of the isolates collected this season and, of the subtyped viruses, roughly one-third have been A(H1) and two-thirds A(H3). The number of isolates subtyped and antigenically and/or genetically characterized is still too low to determine which virus variant will become the predominant circulating strain this season in Europe.

Although the number of influenza virus isolates has gradually increased from week 43/2004 onwards, only one network has seen a clear increase in the incidence of influenza-like illness consultations this season (Northern Ireland). This may indicate that the flu season in Europe is about to start.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 50/2004, 25 networks reported clinical data and 24 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](#).

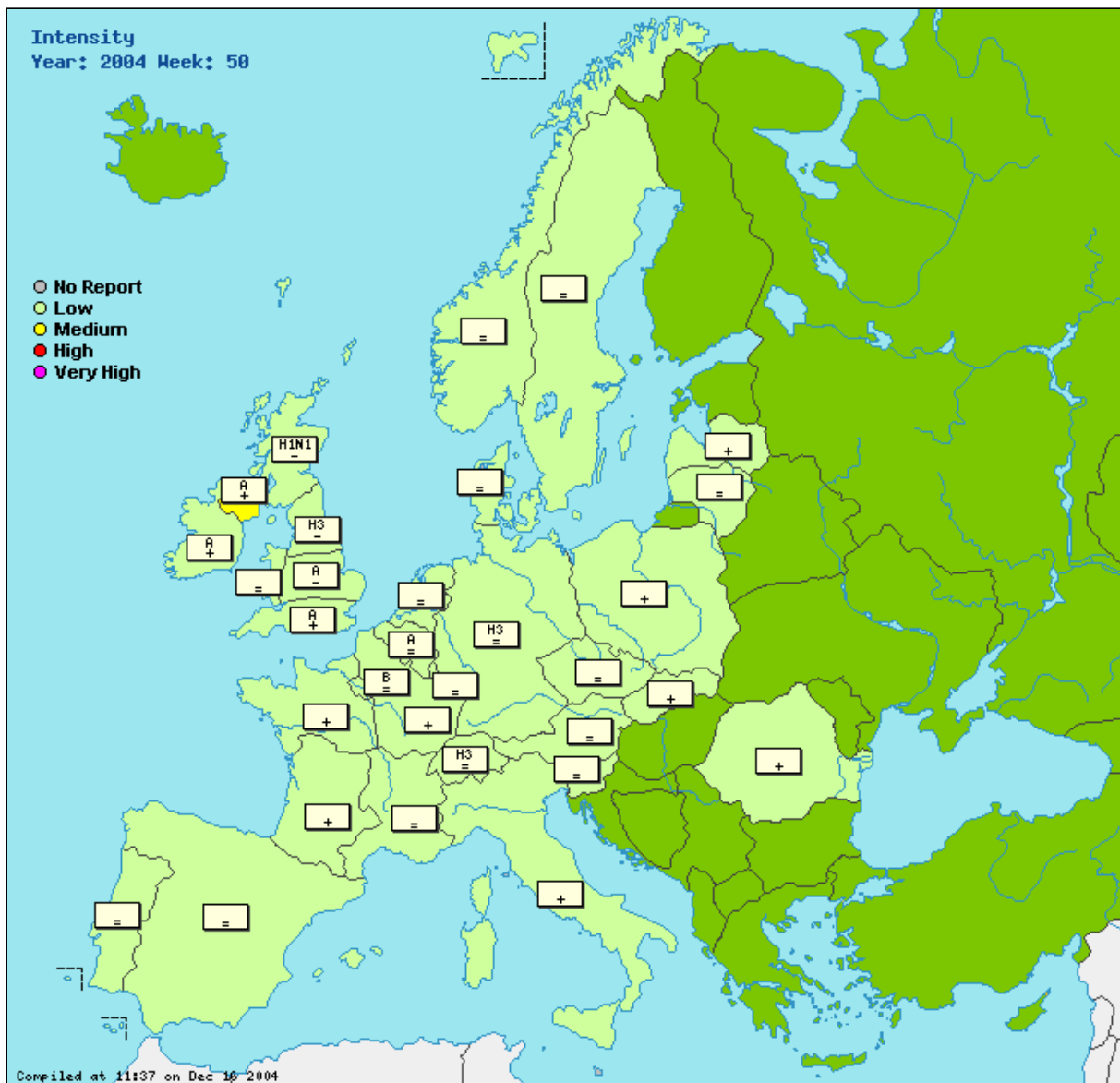
Map

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 low. Two outbreaks of respiratory illness in southern England were reported to the HPA Centre for Infections during week 50/04, at a school and nursing home for the elderly. Specimens from both outbreaks are being tested.

Italy

Increasing but still low influenza activity. The first case of influenza type B has been detected in the Centre of Milano (Northern Italy), from a 12 yrs patient. Other cases associated with influenza B type were isolated from the Laboratory of the University in Genova (Northern Italy); all positive samples were collected from children. Further identification and/or isolation of A/H3 viruses are reported from Northern Italy in a sentinel specimens. Sporadic detections of RSV viruses

Northern Ireland

GP consultation rates for FLI have trebled between Week 49 and Week 50. First influenza A H3 detection of the season during Week 50. To date, all other detections have been influenza A H1.

Scotland

Two further samples from hospital and community sources collected during week 48 characterised as influenza A New Caledonia/20/99 (H1N1)-like

Switzerland

A second influenza virus was detected in Switzerland last week. The strain was related to influenza A/Shantou/1219/04 (H3N2), closely related to influenza A/Wellington/1/04 (H3N2) strain. The virus was detected in the region 3, in the canton of Aargau, in the north part of the country. The patient was a 45 years old woman.

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			47	0%	None	1071.0 (graphs)		Click here
Belgium	Low	Sporadic			17	5.9%	Type A	64.7 (graphs)	1585.4 (graphs)	Click here
Czech Republic	Low	None			21	4.8%	None		1387.1 (graphs)	Click here
Denmark	Low	None			4	0%	None	63.9 (graphs)		Click here
England	Low	Sporadic			16	6.3%	Type A	13.9 (graphs)	681.2 (graphs)	Click here
France	Low	Sporadic			142	0.7%	None		1888.5 (graphs)	Click here
Germany	Low	Sporadic			31	6.5%	Type A, Subtype H3		1280.0 (graphs)	Click here
Ireland	Low	Sporadic			14	35.7%	Type A	(graphs)		Click here
Italy	Low	Sporadic			56	12.5%	None	83.8 (graphs)		Click here
Latvia	Low	Sporadic			4	0%	None	1.5 (graphs)	1010.8 (graphs)	Click here
Lithuania	Low	None						2.8 (graphs)	555.4 (graphs)	Click here
Luxembourg	Low	None			9	0%	None	5.7 (graphs)		Click here
Netherlands	Low	None			5	0%	None	16.5 (graphs)	216.5 (graphs)	Click here
Northern Ireland	Medium	Sporadic			0	0%	Type A	98.6 (graphs)		Click here
Norway	Low	Sporadic			2	0%	None	(graphs)		Click here
Poland	Low	None			5	0%	None	42.6 (graphs)		Click here
Portugal	Low	None			1	0%	None	13.7 (graphs)		Click here
Romania	Low	None			22	0%	None	1336.3 (graphs)	4.9 (graphs)	Click here
Scotland	Low	Sporadic			13	23.1%	Type A, Subtype H1N1	21.5 (graphs)		Click here
Slovakia	Low	None			6	0%	None	668.7 (graphs)		Click here
Slovenia	Low	Sporadic			13	0%	None	1.3 (graphs)	1356.0 (graphs)	Click here
Spain	Low	None			9	0%	None	27.4 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	None	(graphs)		Click here
Switzerland	Low	Sporadic			9	0%	Type A, Subtype H3	26.8 (graphs)		Click here
Wales	Low	None			0	0%	None	0.5 (graphs)		Click here
Europe					446	4.7%				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

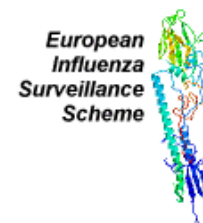
Population: per 100,000 population

*: 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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Epidemiological and virological data suggest that Europe will probably experience low levels of influenza activity over Christmas and New Year



Summary: The intensity of clinical influenza activity remains low (at baseline levels) in Europe, except for Northern Ireland and Spain where it is at a medium level. The total number of laboratory confirmed cases per week continues to increase, with most cases being influenza A viruses [a mix of A(H1) and A(H3) subtypes]. Based on the currently available epidemiological and virological data, it is probable that Europe will experience low levels of influenza activity over Christmas and New Year.

Epidemiological and virological situation: Twenty-one networks reported a low intensity of influenza activity in week 51/2004, meaning there was no influenza activity or influenza activity was at baseline levels. Northern Ireland and Spain reported a medium intensity, meaning this level of influenza activity is usually seen when influenza virus is circulating in the country based on historical data.

Most networks reported sporadic influenza activity (i.e. isolated cases of laboratory confirmed influenza virus infection) in week 51/2004: 15 of the 24 networks reported sporadic activity. Spain reported local activity and the other networks reported no activity. The dominant influenza virus was influenza A (not subtyped) in four networks, influenza A (H3) in three networks, influenza A (H3N2) in two networks and influenza A (H1) in one network. Influenza A and B was dominant in Norway and 13 networks reported no dominant (sub)type.

The total number of respiratory specimens collected by sentinel physicians in week 51/2004 was 587, of which 59 (10.1%) were influenza virus positive. Forty-six non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens in week 51/2004 to 105. Of these, 11 were influenza B and 94 were influenza A. Thirty-four influenza A viruses were subtyped, 27 were H3 [fourteen of these were A(H3N2)] and seven were H1 [two of these were A(H1N1)].

Based on the (sub)typing data of all influenza virus detections up to week 51/2004 (N=312; sentinel and non-sentinel data), 142 (46%) were A (not subtyped), 92 (29%) were A(H3) [46 of these were A(H3N2)], 36 (12%) were A(H1) [16 of these were A(H1N1)] and 42 (13%) were B. Twenty-three viruses (7%) have been antigenically and/or genetically characterised: 12 A/Wellington/1/2004 (H3N2)-like viruses, one A/Fujian/411/2002 (H3N2)-like virus, seven A/New Caledonia/20/99 (H1N1)-like viruses, two B/Jiangsu/10/2003-like viruses and one B/Hong Kong/330/2001-like virus (click [here](#)). It should be noted that the two viruses reported by Switzerland were antigenically related to the influenza A/Shantou/1219/2004 (H3N2) reference strain which is closely related to influenza A/Wellington/1/2004 (H3N2) (see comment of Weekly Electronic Bulletin [49/2004](#)).

RSV (a viral infection with clinical symptoms that are similar to influenza-like illness) detections appear to be levelling off in Europe (click [here](#) [second graph]), although increases were observed in France, the Netherlands and Scotland.

Comment: The number of laboratory confirmed cases of influenza in Europe continues to increase, but the clinical incidences are low and generally at baseline levels. Only two networks - Northern Ireland and Spain - reported a medium intensity of clinical influenza activity in week 51/2004.

Influenza A is the dominant virus in Europe so far this season, with 87% of detections (N=312) being influenza A viruses. Roughly two-thirds of the subtyped influenza A viruses have been A(H3) and one-third A(H1). The number of isolates subtyped and antigenically and/or genetically characterised is still too low to determine which virus variant will be the predominant circulating strain this season in Europe.

The closing of schools and occurrence of public holidays over Christmas and New Year will probably reduce the rate of spread of influenza in the community in the coming weeks. This probably means that the levels of influenza activity in Europe will continue to be low during Christmas and New Year.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 52/2004, 24 networks reported clinical data and 24 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](#).

The European Influenza Surveillance Scheme wishes you a Merry Christmas.

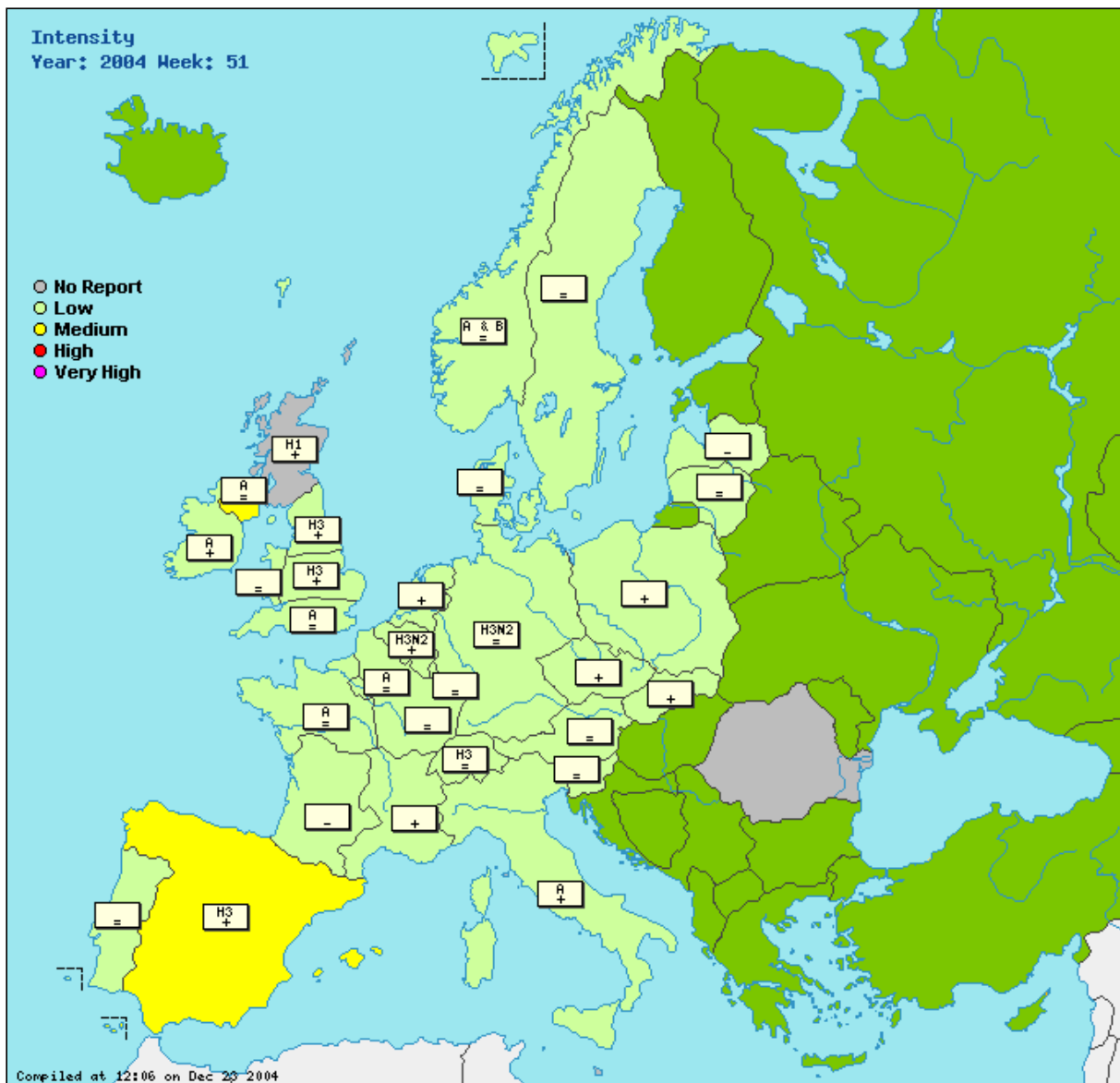
Map

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.

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



Country comments (where available)

England

Influenza activity remains low. The two outbreaks of respiratory illness reported previously in week 50/04 have now been virologically confirmed; specimens from a primary school have tested positive for influenza A (H3), and specimens from a nursing home for the elderly have tested positive for RSV.

Italy

Increasing but still low influenza activity. Further identification of A/H3N2 viruses subtype are reported from Laboratory of ISS and Siena, in Central Italy. One influenza B strain has been detected by RT-PCR in the Centre of Milano, in Northern Italy, from a 15 yrs old patient. The first cases associated with influenza A/H1N1 subtype were identified and/or isolated from the Laboratory of the University in Trieste and Milano (Northern Italy).

Netherlands

The clinical incidence is increasing. However, the number of reporting practices for week 51 is only 15 (out of 38 practices), which makes the incidence data not so reliable.

Norway

While the influenza activity remains very low, detections of influenza virus detections are becoming more regular. One influenza A (subtype not determined) and two B viruses were detected in SE Norway in week 51, Furthermore, two A viruses have been isolated in Mid-Norway in week 52.

Spain

Influenza activity is increasing in Spain

The viruses isolated this week were mostly influenza A, mainly AH3.

Switzerland

No influenza virus detected last week. 2 parainfluenza viruses have been detected : a P1 and a P3.

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			52	1.9%	None	1019.6 (graphs)		Click here
Belgium	Low	Sporadic			26	19.2%	Type A, Subtype H3N2	145.9 (graphs)	1705.2 (graphs)	Click here
Czech Republic	Low	None			41	7.3%	None		1525.3 (graphs)	Click here
Denmark	Low	Sporadic			6	16.7%	None	65.2 (graphs)		Click here
England	Low	Sporadic			14	42.9%	Type A, Subtype H3	19.9 (graphs)	719.8 (graphs)	Click here
France	Low	Sporadic			127	1.6%	Type A		1895.5 (graphs)	Click here
Germany	Low	Sporadic			46	17.4%	Type A, Subtype H3N2		1271.0 (graphs)	Click here
Ireland	Low	Sporadic			25	44.0%	Type A	24.9 (graphs)		Click here
Italy	Low	Sporadic			92	4.4%	Type A	131.4 (graphs)		Click here
Latvia	Low	Sporadic			4	0%	None	2.0 (graphs)	925.0 (graphs)	Click here
Lithuania	Low	Sporadic						3.0 (graphs)	489.1 (graphs)	Click here
Luxembourg	Low	Sporadic			7	14.3%	None	(graphs)		Click here
Netherlands	Low	None			4	0%	None	33.3 (graphs)	130.8 (graphs)	Click here
Northern Ireland	Medium	Sporadic			0	0%	Type A	83.4 (graphs)		Click here
Norway	Low	Sporadic			3	0%	Type A and B	(graphs)		Click here
Poland	Low	None			7	0%	None	52.1 (graphs)		Click here
Portugal	Low	None			0	0%	None	10.8 (graphs)		Click here
Romania					15	0%	None		(graphs)	Click here
Scotland		Sporadic			15	40.0%	Type A, Subtype H1	25.1 (graphs)		Click here
Slovakia	Low	None			9	0%	None	767.3 (graphs)		Click here
Slovenia	Low	Sporadic			9	0%	None	1.4 (graphs)	1510.4 (graphs)	Click here
Spain	Medium	Local			66	16.7%	Type A, Subtype H3	68.5 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	None	(graphs)		Click here
Switzerland	Low	None			18	0%	Type A, Subtype H3	37.1 (graphs)		Click here
Wales	Low	None			0	0%	None	0.9 (graphs)		Click here
Europe					587	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

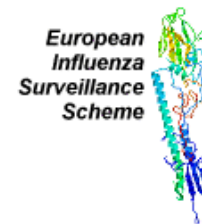
Population: per 100,000 population

*: 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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Increase of laboratory confirmed cases of influenza A, but clinical incidences are low and generally at baseline levels



Summary: The intensity of clinical influenza activity remains low (at baseline levels) in Europe, except in Spain where the intensity of activity is at a medium level. Most networks reported geographically sporadic activity (14/19) while local activity was reported by France and Spain and no activity by Poland, the Czech Republic and the Slovak Republic. With 88% of total detections influenza A virus is the dominant virus in Europe so far this season.

Epidemiological and virological situation: Eighteen networks reported a low intensity of influenza activity in week 52/2004, meaning there was no influenza activity or influenza activity was at baseline levels. Spain reported a medium intensity, meaning this level of influenza activity is usually seen when influenza virus is circulating in the country based on historical data. In Spain, the clinical activity exceeds the baseline and the age group most affected were the children aged 5-14.

Most networks reported geographically sporadic influenza activity (i.e. isolated cases of laboratory confirmed influenza virus infection) in week 52/2004: 14 of the 19 networks reported sporadic activity. Local activity was reported by France and Spain and three networks in the East of Europe (Poland, the Czech Republic and the Slovak Republic) reported no activity. An increase in the clinical morbidity was reported by England; the influenza activity just exceeded the baseline in week 52/2004.

The dominant influenza virus was influenza A (not subtyped) in five networks, influenza A (H3) in four networks, influenza A(H3N2) in one network and influenza A (H1N1) in two networks. Influenza A and B was dominant in Norway and Latvia and eight networks reported no dominant (sub)type.

The total number of respiratory specimens collected by sentinel physicians in week 52/2004 was 545, of which 71 (13%) were influenza virus positive. The percentage of positive sentinel samples is gradually increasing - from 5% in week 50/2004 to 13% in week 52/2004. Forty-four non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens in week 52/2004 to 115. Of these, nine were influenza B and 106 were influenza A. Thirty-six influenza A viruses were subtyped, 32 were H3 [13 of these were A(H3N2)] and four were H1 [two of these were A(H1N1)].

Based on the (sub)typing data of all influenza virus detections up to week 52/2004 (N=442; sentinel and non-sentinel data), 219 (50%) were A (not subtyped), 127 (29%) were A(H3) [59 of these were A(H3N2)], 41 (9%) were A(H1) [19 of these were A(H1N1)] and 55 (12%) were B. Thirty-two viruses (7%) have been antigenically and/or genetically characterised: 14 A/Wellington/1/2004 (H3N2)-like viruses, one A/Fujian/411/2002 (H3N2)-like virus, 12 A/New Caledonia/20/99 (H1N1)-like viruses, three B/Jiangsu/10/2003-like viruses and two B/Hong Kong/330/2001-like viruses (click [here](#)). It should be noted that the two viruses reported by Switzerland were antigenically related to the influenza A/Shantou/1219/2004 (H3N2) reference strain which is closely related to influenza A/Wellington/1/2004 (H3N2) (see comment of Weekly Electronic Bulletin [49/2004](#)).

Comment: The number of laboratory confirmed cases of influenza in Europe continues to increase, but the clinical incidences are low and generally at baseline levels. Only Spain reported a medium intensity of clinical influenza activity in week 52/2004.

With 88% of detections (N=387), influenza A virus is the dominant virus in Europe so far this season. Overall, influenza A(H3), A(H1) and B viruses have been circulating in Europe from week 40/2004 to week 52/2004; of these, influenza A(H3) viruses have been detected most often.

Due to the public holidays over Christmas and New Year, some networks in EISS did not report clinical and/or virological data for week 52/2004. In addition, the available data for week 52/2004 needs to be interpreted with caution as it may only partly reflect the real situation due to restricted access to primary care physicians and laboratory facilities during the holidays.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 52/2004, 19 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](#).

Erratum: The rate for England (ILI per 100.000) is incorrect for week 52/2004. The correct rate is 30.3.

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

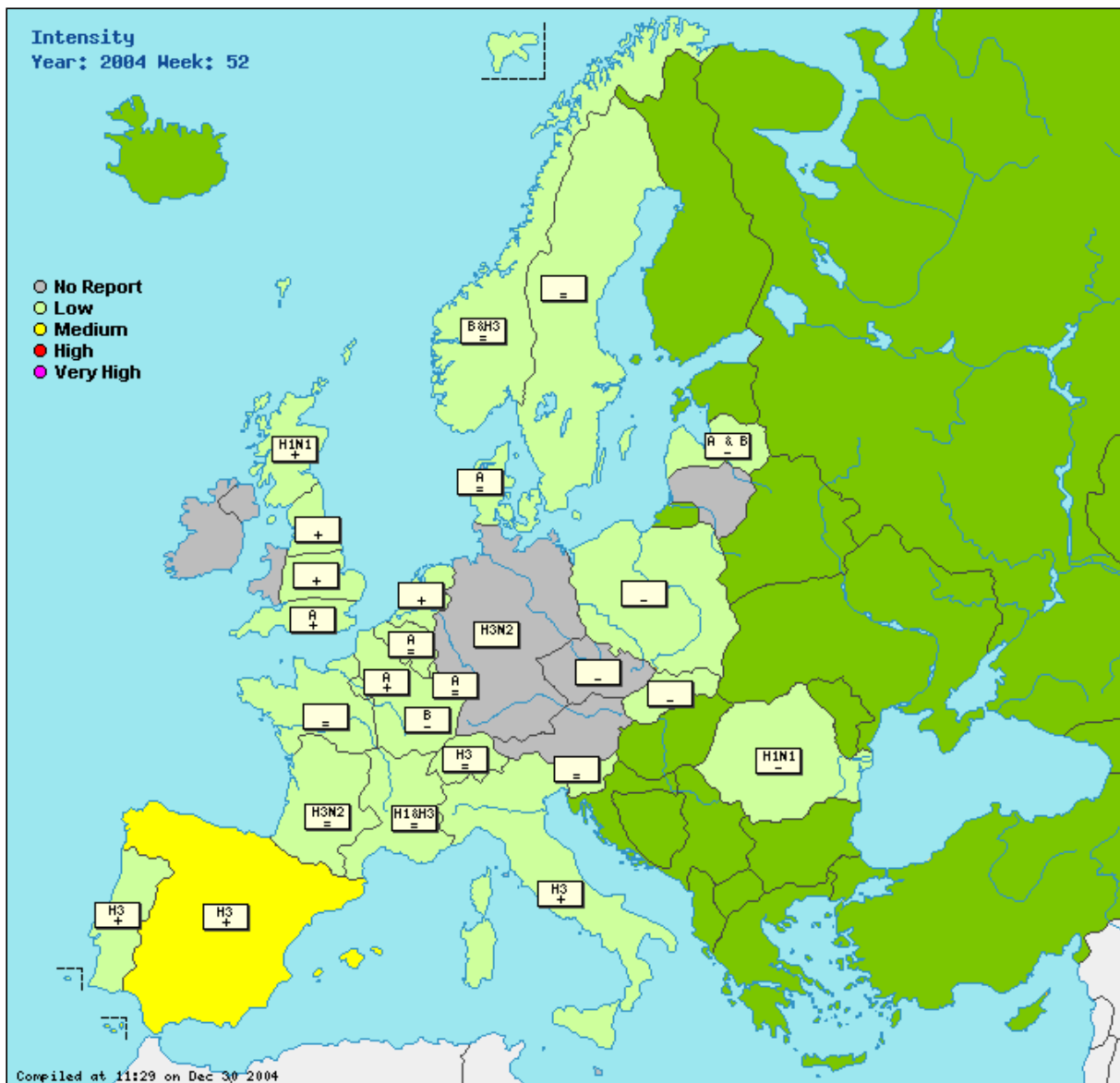
Map

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 : 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)

Italy

Influenza activity remains low. Further identification and/or isolation of A/H3N2 viruses subtype are reported from Laboratory of Central and Northern Italy. Two influenza A/H1N1 strains have been detected in the Centre of Milano and Trieste, in Northern Italy. One further isolation of an influenza B type is reported from Northern Italy. All the positive samples were collected from children.

Latvia

Influenza activity is due to infA (5cases)and infB(5 cases)sporadic circulation. One influenza B and two influenza A ,both A/H3, were detected in week 52. But the dominant in the circulation are Ad -viruses,

Netherlands

Number of non-sentinel RSV has been based on only 15 of the in total 19 laboratoria. Four laboratoria did not report because of the holidays.

Norway

Influenza A and B viruses continue to circulate in a sporadic fashion, so far with negligible impact on the occurrence of influenza-like illness in the community. The influenza A virus detection in week 51 has been identified as an A(H3) virus.

Spain

Influenza A(H3) continues to be the predominant viruses

Switzerland

An influenza A and an influenza B virus were detected last week. Samples were taken from patients who are living in the cantons of Valais and Ticino respectively. The influenza B virus was related to influenza B/Shandong/7/97. The influenza

A virus was related to influenza A/H1. The hemagglutinin was related to the one from influenza A/New Caledonia/20/99. The determination of the type of the neuraminidase is in process.

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					57	0%	None	(graphs)		Click here
Belgium	Low	Sporadic			32	21.9%	Type A	109.3 (graphs)	1645.4 (graphs)	Click here
Czech Republic		None			30	10.0%	None		1224.8 (graphs)	Click here
Denmark	Low	Sporadic			5	20.0%	Type A	58.1 (graphs)		Click here
England	Low	Sporadic			0	0%	Type A	60.0 (graphs)	1757.3 (graphs)	Click here
France	Low	Local			104	6.7%	Type A		1109.8 (graphs)	Click here
Germany					52	11.5%	Type A, Subtype H3N2		(graphs)	Click here
Italy	Low	Sporadic			96	12.5%	Type A, Subtype H3	142.9 (graphs)		Click here
Latvia	Low	Sporadic			3	0%	Type A and B	1.5 (graphs)	767.2 (graphs)	Click here
Lithuania					2	0%	None	(graphs)		Click here
Luxembourg	Low	Sporadic			6	16.7%	Type A	6.9 (graphs)		Click here
Netherlands	Low	Sporadic			0	0%	None	29.4 (graphs)	200.8 (graphs)	Click here
Norway	Low	Sporadic			7	28.6%	Type B and Type A, Subtype H3	(graphs)		Click here
Poland	Low	None			0	0%	None	30.7 (graphs)		Click here
Portugal	Low	Sporadic			10	30.0%	Type A, Subtype H3	40.3 (graphs)		Click here
Romania	Low	Sporadic			10	10.0%	Type A, Subtype H1N1	1300.9 (graphs)	4.7 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A, Subtype H1N1	35.6 (graphs)		Click here
Slovakia	Low	None			11	0%	None	(graphs)		Click here
Slovenia	Low	Sporadic			8	0%	None	6.6 (graphs)	1331.2 (graphs)	Click here
Spain	Medium	Local			86	32.6%	Type A, Subtype H3	88.7 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	None	(graphs)		Click here
Switzerland	Low	Sporadic			26	0%	Type A, Subtype H3	21.8 (graphs)		Click here
Europe					547	13.2%				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

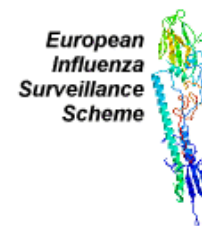
Population: per 100,000 population

*: 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 (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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Clinical incidence above the baseline in Belgium and Spain, and continued increase of laboratory confirmed cases of influenza in Europe



Summary: Influenza activity is gradually increasing in Europe. In Belgium and Spain the incidence of influenza-like-illness cases exceeded the baseline, but in most countries in Europe the intensity of clinical influenza activity was low (at baseline levels). Geographically, widespread activity was reported by Spain, local activity by 3/22 countries and sporadic activity by 7/22 countries. The number of laboratory confirmed cases continued to increase in Europe with 92% of total detections in week 53/2004 being influenza A virus, mainly subtype H3.

Epidemiological and virological situation: In Belgium and Spain, the clinical activity exceeded the baseline level. In addition, Spain reported a medium intensity, meaning this level of influenza activity is usually seen when influenza virus is circulating in the country based on historical data. All other networks reported a low intensity of influenza activity in week 53/2004, meaning there was no influenza activity or influenza activity was at baseline levels.

Geographically, Spain reported widespread influenza activity, France regional activity and Belgium, Italy and Sweden local activity in week 53/2004. Of the other 17 networks, eight reported sporadic influenza activity (i.e. isolated cases of laboratory confirmed influenza virus infection) and nine no activity.

Fourteen of 21 networks reported a dominant influenza virus. In thirteen of them influenza A was predominant, of which nine reported subtype H3 being predominant. Three networks reported influenza A and B was predominant and one (Austria) that influenza B was predominant.

The total number of respiratory specimens collected by sentinel physicians in week 53/2004 was 450, of which 72 (16%) were influenza virus positive. In addition, 104 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens in week 53/2004 to 176. Of these, 161 were influenza A and 15 were influenza B. Fifty influenza A viruses were subtyped, 45 were H3 [27 of these were A(H3N2)] and five were H1 [one of these was A(H1N1)].

Based on the (sub)typing data of all influenza virus detections up to week 53/2004 (N=763; sentinel and non-sentinel data), 415 (54%) were A (not subtyped), 221 (29%) were A(H3) [84 of these were A(H3N2)], 53 (7%) were A(H1) [20 of these were A(H1N1)] and 74 (10%) were B. Fifty-two viruses (7% of all isolates) have been antigenically and/or genetically characterised: 27 A/Wellington/1/2004 (H3N2)-like viruses, 20 A/New Caledonia/20/99 (H1N1)-like viruses, three B/Jiangsu/10/2003-like viruses and two B/Hong Kong/330/2001-like viruses (click [here](#)). Switzerland additionally reported in their comment for week 53/2004 two influenza B/Shandong/7/97-like viruses (closely related to the B/Hong Kong/330/2001 reference strain) and one B/Jiangsu/10/2003-like virus which were not included in the pie charts of the bulletin for week 53/2004.

Comment: Influenza activity is gradually increasing in Europe, with the incidence of consultations for influenza-like-illness exceeding the baseline level in Belgium and Spain. The number of laboratory confirmed influenza cases reported per week continued to increase in other countries, but the intensity of clinical influenza activity was low (at baseline levels).

So far this season, the compilation of all (sentinel and non-sentinel) influenza virus isolates types and subtypes and spread in Europe has been heterogeneous. Ninety-percent were influenza A virus, and of the subtyped influenza A virus isolates 81% were A(H3) and 19% A(H1). In addition, the dominant (sub)type per country varied between A or B and any other combination of type and H1 or H3 subtype (see table). The characterisation data available so far suggest that the A/Wellington/1/2004 (H3N2)-like viruses have replaced the A/Fujian/411/2002 (H3N2)-like viruses which were predominant in the 2003/2004 season. However, also A/New Caledonia/20/99 (H1N1)-like viruses and two different variants of influenza B are circulating. Both, influenza B Victoria lineage (B/Hong Kong/330/2001-like) and Yamagata lineage (B/Jiangsu/10/2003-like) viruses were identified, although the number of influenza B viruses detected remained low.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 53/2004, 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.

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

Note: The 2004-2005 season includes a week 53. This is unusual and for technical reasons the graphs published in the Weekly Electronic Bulletin do not contain data for week 53. However, the data presented in the bulletin text, the tables and all of the pie charts do include data for week 53.

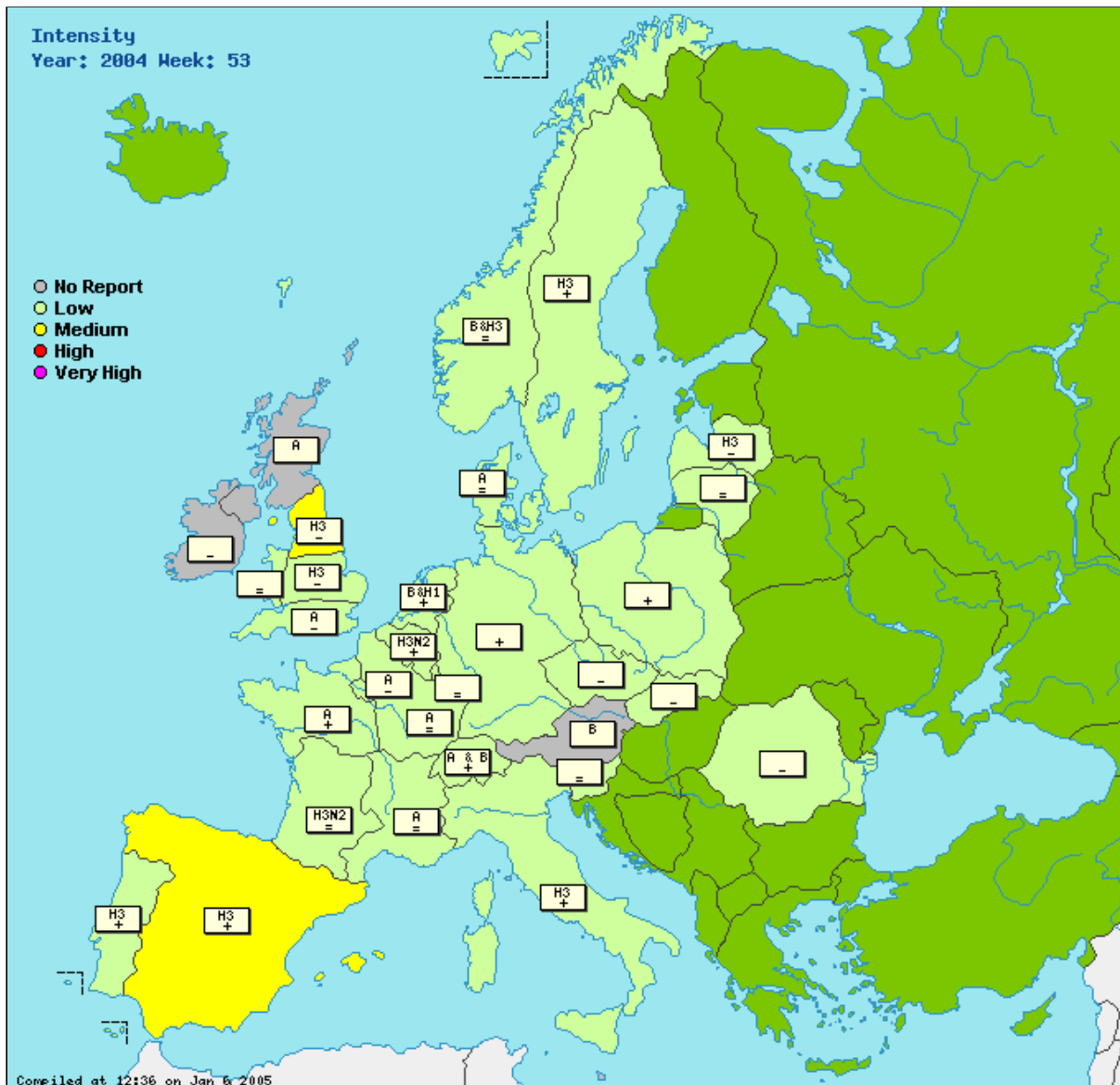
Map

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)

Italy

Overall influenza activity remains low. Further isolation of two A/H3N2 subtype viruses are reported from Northern Italy.

Spain

Influenza activity is increasing all around Spain.

Influenza A(H3) continues to be the predominant viruses

Switzerland

Influenza activity is slowly increasing in Switzerland. Medical contacts changed from four to nine declarations for influenza-like illness per 1000 consultations (the threshold is at 15 consultations per 1000). 2 Influenza B viruses were related to influenza B/Shandong/7/97 and one to influenza B/Jiangsu/10/03. The latter one is related to the 2004-05-vaccine strain influenza B/Shanghai/361/02. Until now, 2 influenza A viruses were characterised as influenza A/Shantou/1219/04 (H3N2) viruses and 2 influenza A/H1 viruses were related to influenza A/New Caledonia/20/99 (H1) virus. The characterisation of the neuraminidase is in process.

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					50	12.0%	Type B	(graphs)		Click here
Belgium	Low	Local			33	33.3%	Type A, Subtype H3N2	191.1 (graphs)	1863.9 (graphs)	Click here
Czech Republic	Low	None			24	20.8%	None		1015.8 (graphs)	Click here
Denmark	Low	Sporadic			7	14.3%	Type A	40.4 (graphs)		Click here
England	Low	Sporadic			19	31.6%	Type A, Subtype H3	22.6 (graphs)	655.0 (graphs)	Click here
France	Low	Regional			80	10.0%	Type A, Subtype H3		1262.5 (graphs)	Click here
Germany	Low	Sporadic							1259.0 (graphs)	Click here
Ireland		Sporadic			0	0%	None	42.5 (graphs)		Click here
Italy	Low	Local			81	2.5%	Type A, Subtype H3	211.4 (graphs)		Click here
Latvia	Low	Sporadic			2	0%	Type A, Subtype H3	0.5 (graphs)	658.9 (graphs)	Click here
Lithuania	Low	None						2.3 (graphs)	313.6 (graphs)	Click here
Luxembourg	Low	None			0	0%	None	9.8 (graphs)		Click here
Netherlands	Low	Sporadic			3	0%	Type B and Type A, Subtype H1	28.4 (graphs)	187.4 (graphs)	Click here
Norway	Low	Sporadic			3	33.3%	Type B and Type A, Subtype H3	(graphs)		Click here
Poland	Low	None			12	0%	None	54.6 (graphs)		Click here
Portugal	Low	None			4	50.0%	Type A, Subtype H3	35.5 (graphs)		Click here
Romania	Low	None			9	0%	None		(graphs)	Click here
Scotland					12	16.7%	Type A	(graphs)		Click here
Slovakia	Low	None						362.3 (graphs)		Click here
Slovenia	Low	None			2	0%	None	21.8 (graphs)	1901.4 (graphs)	Click here
Spain	Medium	Widespread			93	30.1%	Type A, Subtype H3	233.7 (graphs)		Click here
Sweden	Low	Local			0	0%	Type A, Subtype H3	(graphs)		Click here
Switzerland	Low	Sporadic			16	0%	Type A and B	41.6 (graphs)		Click here
Wales	Low	None			0	0%	None	2.3 (graphs)		Click here
Europe					450	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

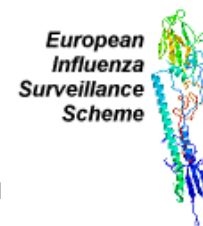
Population: per 100,000 population

*: 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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Sharp increase in clinical influenza activity in Spain affecting all age groups



Summary: Influenza activity continues to increase gradually in Europe, the exception being Spain where clinical activity has risen sharply in all age groups. The incidence of influenza-like-illness cases was above the baseline level of activity in seven countries in week 01/2005. Geographically, widespread activity was reported by Spain for the second week running and regional activity was reported by three countries. The number of laboratory confirmed influenza cases reported per week remained approximately the same in Europe while the number of confirmed RSV cases declined. Influenza A virus accounted for 94% of total detections in week 01/2005, H3 being the main subtype.

Epidemiological and virological situation: Clinical activity was above baseline levels in Belgium, England (especially in the North), Italy, Ireland, the Netherlands, Northern Ireland and Spain, the latter country experiencing a major increase in influenza activity. Last week (53/2004), Spain reported a medium intensity and this week (01/2005), it has been joined by England, Ireland and Northern Ireland. All other networks reported a low intensity of influenza activity in week 01/2005, meaning there was no influenza activity or influenza activity was at baseline levels.

Geographically, Spain continued to report widespread influenza activity while three countries (England, France and Switzerland) reported regional activity. Local activity was reported by Belgium and Italy, nine networks reported sporadic influenza activity (i.e. isolated cases of laboratory confirmed influenza virus infection) and nine no activity.

The total number of respiratory specimens collected by sentinel physicians in week 01/2005 was 675, of which 125 (18.5%) were influenza virus positive. In addition, 108 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens in week 01/2005 to 233. Of these, 218 were influenza A and 15 were influenza B. Fifty six influenza A viruses were subtyped, 55 were H3 [12 of these were A(H3N2)] and one was A(H1N1).

Twelve of 25 networks reported a predominant influenza virus, this being influenza A in 11 networks, 10 of which were H3, and influenza B in one network (Czech Republic). Three networks reported codominant influenza A and B.

Based on the (sub)typing data of all influenza virus detections up to week 01/2005 (N=1083; sentinel and non-sentinel data), 602 (55.6%) were A (not subtyped), 317 (29.3%) were A(H3) [115 of these were A(H3N2)], 68 (6.3%) were A(H1) [38 of these were A(H1N1)] and 96 (8.9%) were B. Eighty-two viruses (7.6% of all isolates) have been antigenically and/or genetically characterised: 45 A/Wellington/1/2004 (H3N2)-like viruses, 22 A/New Caledonia/20/99 (H1N1)-like viruses, four A/Fujian/411/2002 (H3N2)-like viruses, seven B/Hong Kong/330/2001-like viruses and four B/Jiangsu/10/2003-like viruses (click [here](#)).

Comment: Influenza activity is increasing in Europe, particularly in Spain where clinical activity has risen sharply in the past two weeks. The current level of clinical influenza activity in Spain equals or exceeds the maximum incidence of clinical activity reported in the last four seasons. This brings the total number of countries in which the incidence of consultations for influenza-like-illness was above baseline levels to seven.

The number of laboratory confirmed influenza cases reported this week did not increase compared to week 53/2004, possibly due to delayed reporting or reduced sampling during the Christmas holiday. In Spain, the percentage of sentinel samples positive for influenza has increased steadily from 0% positive in week 50/2004 to 47% positive in the current week.

Influenza A continues to predominate over influenza B, accounting for 91% of all positive specimens this season, as does the H3 subtype over H1 (82.3% as opposed to 17.7%). With only 9% of A(H3) characterised viruses being A/Fujian/411/2002 (H3N2)-like, A/Wellington/1/2004 (H3N2)-like viruses continue to predominate.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 01/2005, 23 networks reported clinical data and 25 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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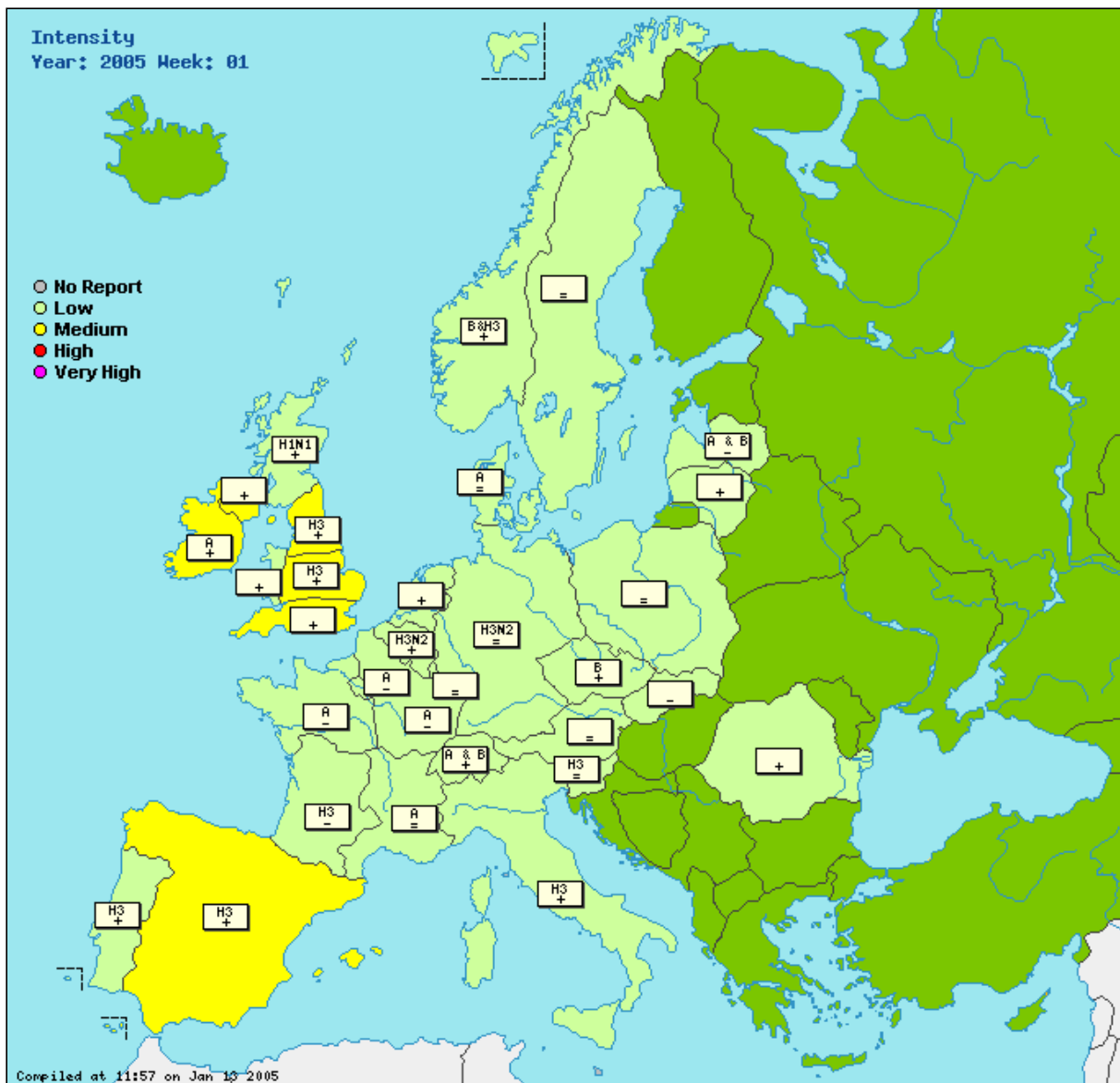
Map

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 : 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 is increasing, particularly in northern England. Rates of influenza-like-illness passed the baseline (30 consultations per 100 000) in week 01/05.

Italy

Overall influenza activity remains low. Further identification of five A/H3N2 subtype viruses are reported from Northern and Central Italy. Other cases associated with influenza A/H1 subtype were isolated from Trieste and Parma (Northern Italy). One influenza B strain has been detected in the Centre of Milano, in northern Italy, from a 5 yrs patient. Two Respiratory Syncytial viruses were confirmed in Milano.

Norway

There has been an increase in the number of influenza virus detections over the last few weeks, and during the last three weeks, more than a third of the sentinel samples have tested positive.

Spain

Widespread influenza activity in Spain. Increasing clinical morbidity rate associated with isolates of influenza A, mainly A(H3).

Switzerland

Last week, 8 influenza viruses have been detected. 4 influenza A, of which 2 influenza A A/New-Caledonia/20/99 (H1N1)-like viruses, and 4 influenza B viruses, of which 3 were related to influenza B/Shandong/7/97 virus. The medical contacts are increasing in all the regions and are close to the threshold.

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			59	0%	None	823.7 (graphs)		Click here
Belgium	Low	Local			50	24.0%	Type A, Subtype H3N2	228.7 (graphs)	1795.4 (graphs)	Click here
Czech Republic	Low	Sporadic			42	11.9%	Type B		1333.7 (graphs)	Click here
Denmark	Low	Sporadic			16	12.5%	Type A	84.9 (graphs)		Click here
England	Medium	Regional			15	33.3%	Type A, Subtype H3	40.7 (graphs)	825.8 (graphs)	Click here
France	Low	Regional			146	15.1%	Type A, Subtype H3N2		1821.6 (graphs)	Click here
Germany	Low	Sporadic			68	10.3%	Type A, Subtype H3N2		1424.0 (graphs)	Click here
Ireland	Medium				29	34.5%	Type A	81.1 (graphs)		Click here
Italy	Low	Local			46	4.4%	Type A, Subtype H3	335.4 (graphs)		Click here
Latvia	Low	None			3	0%	Type A and B	(graphs)	802.7 (graphs)	Click here
Lithuania	Low	None			1	0%	None	2.6 (graphs)	384.1 (graphs)	Click here
Luxembourg	Low	None			6	0%	None	19.7 (graphs)		Click here
Netherlands	Low	Sporadic			5	0%	None	45.2 (graphs)		Click here
Northern Ireland	Medium	Sporadic			0	0%	None	100.3 (graphs)		Click here
Norway	Low	Sporadic			7	42.9%	Type B and Type A, Subtype H3N2	(graphs)		Click here
Poland	Low	None			0	0%	None	44.3 (graphs)		Click here
Portugal	Low	None			21	47.6%	Type A, Subtype H3	41.9 (graphs)		Click here
Romania	Low	None			23	0%	None	1127.7 (graphs)	5.7 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A, Subtype H1N1	40.5 (graphs)		Click here
Slovakia	Low	None			1	0%	None	389.7 (graphs)		Click here
Slovenia	Low	Sporadic			13	0%	Type A, Subtype H3	8.7 (graphs)	1814.2 (graphs)	Click here
Spain	Medium	Widespread			99	47.5%	Type A, Subtype H3	360.2 (graphs)		Click here
Sweden	Low	None			0	0%	None	(graphs)		Click here
Switzerland	Low	Regional			25	0%	Type A and B	63.8 (graphs)		Click here
Wales	Low	Sporadic			0	0%	None	8.3 (graphs)		Click here
Europe					675	18.5%				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

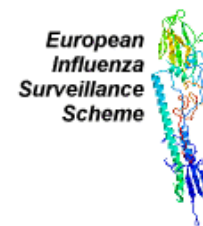
Population: per 100,000 population

*: 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 (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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High levels of clinical influenza activity reported in the Iberian Peninsula and Italy



Summary: Influenza activity increased sharply in Spain, Portugal and Italy in week 02/2005, where children aged 0-14 were most affected. In the rest of Europe, influenza activity remained mild to moderate. The total number of laboratory confirmed cases of influenza per week continues to increase, but remains low compared to previous seasons. Influenza A is the predominant virus type, accounting for 96% of total detections in week 02/2005.

Epidemiological situation - week 02/2005: The intensity of clinical influenza activity was high in Spain, medium in England and Portugal, and low in 22 networks. Increasing clinical activity (compared to the previous week) was reported in Spain, Portugal, Italy, Austria, Latvia, Luxembourg, Poland, the Slovak Republic, Slovenia and Romania. All of the other networks reported stable or declining clinical incidence.

The incidence of influenza-like illness (ILI) in Spain reached 540 per 100,000 population in week 02/2005; this is more than twice the peak level reached during the 2003-2004 season (219 per 100,000 population in week 46/2003). The clinical activity is affecting all age groups, in particular those aged 5-14. Two other countries recorded sharp increases in ILI incidence in week 02/2005: Portugal and Italy. In Portugal the age group that was most affected was 5-14 and in Italy it was 0-4.

Geographically, Spain and Portugal reported widespread influenza activity and England, France, Italy and Switzerland reported regional activity. Belgium reported local activity and the other 18 networks reported sporadic (14) or no activity (4).

Virological situation - week 02/2005: The total number of respiratory specimens collected by sentinel physicians was 925, of which 216 (23%) were influenza virus positive. In addition, 137 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 353. Of these, 339 were influenza A and 14 were influenza B. A total of 142 influenza A viruses were subtyped, 132 were A(H3) [of which 40 were A(H3N2)] and ten were A(H1) [seven were A(H1N1)].

There was no clear dominant virus type in Europe. Influenza A was usually predominant (in 15 networks), but some networks reported a co-circulation of influenza A and B (Austria, the Czech Republic, Norway and Switzerland). Among the networks reporting influenza A, the subtype was usually H3, although Luxembourg, Northern Ireland and Romania reported H1N1. Four networks reported no dominant virus type.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 02/2005 (N=1551; sentinel and non-sentinel data), 831 (53%) were A (not subtyped), 519 (33%) were A(H3) [of which 166 were further characterised as A(H3N2)], 85 (5%) were A(H1) [50 characterised as A(H1N1)] and 116 (7%) were B. A total of 115 viruses (6% of all isolates) have been antigenically and/or genetically characterised: 64 A/Wellington/1/2004 (H3N2)-like viruses, 23 A/New Caledonia/20/99 (H1N1)-like viruses, five A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 12 B/Jiangsu/10/2003-like viruses and nine B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: Influenza activity is currently increasing in the Iberian Peninsula and Italy. In the rest of Europe influenza activity is mild to moderate. In Spain, the current weekly ILI incidence is the highest seen since the 1997/98 season (click [here](#)). It is possible that the activity seen in the Iberian Peninsula and Italy will go on to affect the rest of Europe in the coming weeks.

It is important to note that from a European perspective, the total number of weekly influenza virus positive specimens (sentinel and non-sentinel) is currently low compared to the 2003-2004 and 2002-2003 seasons. At the peak of the 2003-2004 season (week 48/2003), there were 1609 positive specimens and at the peak of the 2002-2003 season (week 09/2005) there were roughly 1100 positive specimens. The total number of positive specimens in week 02/2005 was 353, which suggests that there is the potential for much more influenza activity in Europe in the coming weeks/months.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 02/2005, 25 networks reported clinical data and 25 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](#).

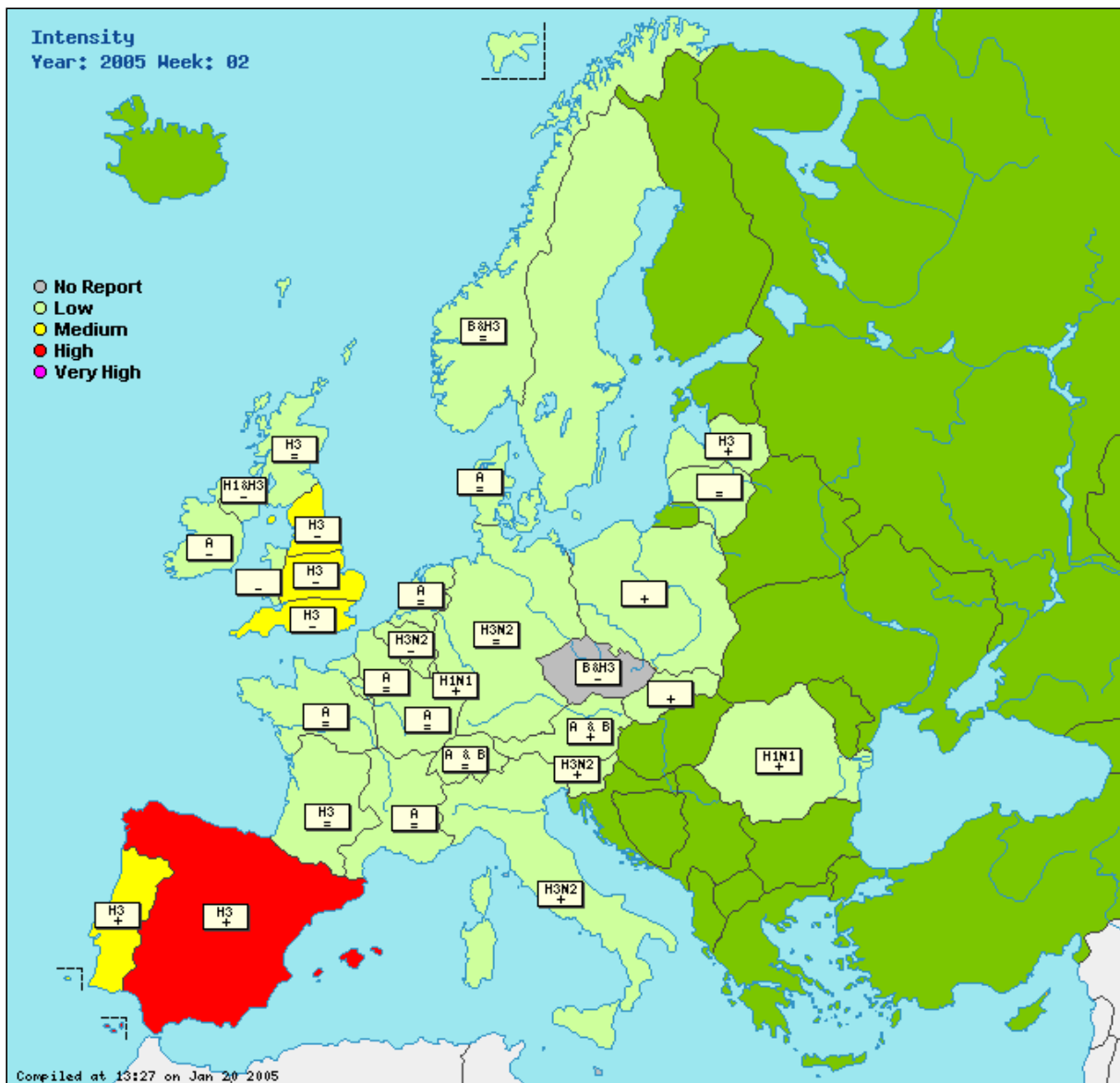
Map

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You may select the type of map : Intensity Geographical spread



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

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 - : decreasing clinical activity

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

Country comments (where available)

Italy

Increased influenza activity in local areas. There has been an increase in the number of influenza virus detections. Influenza A continues to predominate over influenza B. During the last three weeks were identified and/or isolated 18 A/H3N2 viruses in Northern and Central Italy. One influenza B type has been detected in the Centre of Milano, in Northern Italy, from a 4 yrs old patient. Further identification of Respiratory Syncytial viruses were confirmed in Milano.

Portugal

Influenza activity in Portugal during week 02/2005 has been characterised as widespread and of medium intensity. The percentage of positive cases (sentinel and non-sentinel) was 71.7% with predominance of influenza subtype AH3 (31 influenza AH3, 1 influenza AH1 and 1 influenza B). The majority of positive cases was observed in the 5-14 years age group. The genetic characterisation of 3 of influenza strains show similarity with A/Wellington/1/2004.

Slovakia

Last week (1), first influenza virus have been detected in Slovakia this season. Influenza A/H3N2 subtype has been isolated from 15 yrs patient from Bratislava (Western Slovakia).

Spain

Increasing clinical morbidity rates, particularly in the 5-14 age group. High level of intensity of influenza activity.

Switzerland

The number of influenza viruses detected in Switzerland continue to increase slowly but regularly. Medical contacts for influenza-like illness of last week were at 9.5 ‰, remaining below the threshold of 15 ‰. However in 2 regions, these consultations bypassed the threshold.

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	Sporadic			62	8.1%	Type A and B	1084.5 (graphs)		Click here
Belgium	Low	Local			40	15.0%	Type A, Subtype H3N2	144.0 (graphs)	1455.7 (graphs)	Click here
Czech Republic		Sporadic			41	7.3%	Type B and Type A, Subtype H3		(graphs)	Click here
Denmark	Low	Sporadic			11	9.1%	Type A	57.9 (graphs)		Click here
England	Medium	Regional			26	50.0%	Type A, Subtype H3	34.4 (graphs)	695.6 (graphs)	Click here
France	Low	Regional			181	19.3%	None		1878.7 (graphs)	Click here
Germany	Low	Sporadic			56	16.1%	Type A, Subtype H3N2		1262.0 (graphs)	Click here
Ireland	Low	Sporadic			15	26.7%	Type A	33.4 (graphs)		Click here
Italy	Low	Regional			97	26.8%	Type A, Subtype H3N2	474.9 (graphs)		Click here
Latvia	Low	Sporadic			3	0%	Type A, Subtype H3	0.5 (graphs)	729.3 (graphs)	Click here
Lithuania	Low	Sporadic			0	0%	None	3.9 (graphs)	377.1 (graphs)	Click here
Luxembourg	Low	Sporadic			15	20.0%	Type A, Subtype H1N1	15.9 (graphs)		Click here
Netherlands	Low	None			3	33.3%	Type A	32.9 (graphs)		Click here
Northern Ireland	Low	Sporadic			0	0%	Type A, Subtype H1 and H3	47.8 (graphs)		Click here
Norway	Low	Sporadic			6	16.7%	Type B and Type A, Subtype H3N2	(graphs)		Click here
Poland	Low	None			0	0%	None	75.9 (graphs)		Click here
Portugal	Medium	Widespread			43	46.5%	Type A, Subtype H3	82.1 (graphs)		Click here
Romania	Low	None			26	3.9%	Type A, Subtype H1N1	1227.7 (graphs)	3.8 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A, Subtype H3	41.2 (graphs)		Click here
Slovakia	Low	None			9	0%	None	561.1 (graphs)		Click here
Slovenia	Low	Sporadic			23	4.4%	Type A, Subtype H3N2	14.6 (graphs)	1681.3 (graphs)	Click here
Spain	High	Widespread			244	34.0%	Type A, Subtype H3	540.0 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	None	(graphs)		Click here
Switzerland	Low	Regional			24	0%	Type A and B	87.7 (graphs)		Click here
Wales	Low	Sporadic			0	0%	None	1.8 (graphs)		Click here
Europe					925	23.4%				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

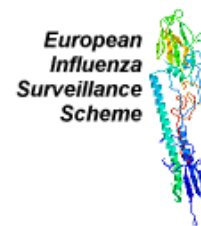
Population: per 100,000 population

*: 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

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High levels of clinical influenza activity on the Iberian Peninsula and neighbouring countries



Summary: The Iberian Peninsula, Portugal and Spain, is experiencing high levels of influenza activity. While clinical activity did not increase in Spain in week 03/2005, in Portugal a sharp increase in clinical activity was seen between weeks 01/2005 and 03/2005. In both countries, children aged 5-14 were most affected. England, France and Switzerland reported medium clinical influenza activity. The dominant virus in Europe is A(H3) and most of them are A/Wellington/1/2004 (H3N2)-like. The RSV epidemic is coming to an end in seven countries, where it lasted from about week 47/2004 to week 03/2005.

Epidemiological situation - week 03/2005: The intensity of clinical influenza activity was high in Portugal and Spain, medium in England, France and Switzerland and low in 18 networks. Increasing clinical activity (compared to the previous week) was reported in 19 networks, the most notable rise occurring in Portugal. Spain reported similar levels of clinical activity as last week (02/2005), as did six other networks. Ireland and the North of England reported declining levels of influenza activity. Apart from Portugal and Spain, five countries reported clinical activity above baseline levels (England, France, Italy, the Netherlands and Switzerland).

The incidence of influenza-like illness (ILI) rose sharply in Portugal to 124 ILI-consultations per 100,000 population and in Spain it declined slightly from 540 in week 02/2005 to 518 per 100,000 population in week 03/2005. The incidence of ILI in Italy appears to have reached a peak similar to last seasons' peak activity. The clinical activity is affecting all age groups, in particular those aged 5-14.

Geographically, Portugal, Spain and Switzerland reported widespread influenza activity and Belgium, England, France and Italy reported regional activity. The Czech Republic, Netherlands and Sweden reported local activity and the other 13 networks reported sporadic (9) or no activity (4).

Virological situation - week 03/2005: The total number of respiratory specimens collected by sentinel physicians was 1165, of which 311 (27%) were influenza virus positive. In addition, 203 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 514. The majority of influenza positive specimens were detected in France, Portugal and Spain. Of the 514 positive specimens, 475 were influenza A and 39 were influenza B. A total of 159 influenza A viruses were subtyped, 156 were A(H3) [of which 71 were A(H3N2)] and three were A(H1N1).

The dominant virus type in 16 networks was influenza A, 11 of which were subtype H3. Influenza A and B were codominant in five networks, the influenza A subtype in one network being A(H1N1), A(H3) in two networks and A not subtyped in the remaining two networks. Eight networks reported no dominant virus type.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 03/2005 (N=2298; sentinel and non-sentinel data), 1221 (53%) were A (not subtyped), 809 (35%) were A(H3) [of which 258 were further subtyped as A(H3N2)], 105 (5%) were A(H1) [57 further subtyped as A(H1N1)] and 163 (7%) were B. A total of 165 viruses (7% of all isolates) have been antigenically and/or genetically characterised: 107 A/Wellington/1/2004 (H3N2)-like viruses, 26 A/New Caledonia/20/99 (H1N1)-like viruses, six A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 12 B/Jiangsu/10/2003-like viruses and 11 B/Hong Kong/330/2001-like viruses (click [>here](#)).

The RSV epidemic lasted about six weeks and peaked between weeks 50-53/2004 in the following seven European countries: Belgium, England, France, Ireland, the Netherlands, Northern Ireland and Wales. In all cases, the length and magnitude of the epidemic was similar to that of the previous season.

Comment: The current high levels of influenza activity on the Iberian Peninsula arose in a short period between weeks 52/2004 and 03/2005. In the same period, influenza activity increased in France, Switzerland and Italy, suggesting a similar timing of increased influenza activity in these five countries. The increased clinical activity in France is corroborated by the fact that of the total 514 influenza positive detections in week 03/2005, France performed 111, compared to 57 of 353 last week. In Italy, where clinical influenza activity has probably reached its peak, the number of influenza positive specimens was about equal to the previous week.

Clinical incidence in Portugal has now reached an incidence of 124 ILI consultations per 100,000 population, exceeding the peak of the 2003-2004 season of 105 per 100,000 population. In Spain, the current weekly ILI incidence remains at the highest level seen since the 1997/98 season and is still more than twice the peak level reached during the 2003-2004 season (click [here](#)).

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 03/2005, 23 networks reported clinical data and 24 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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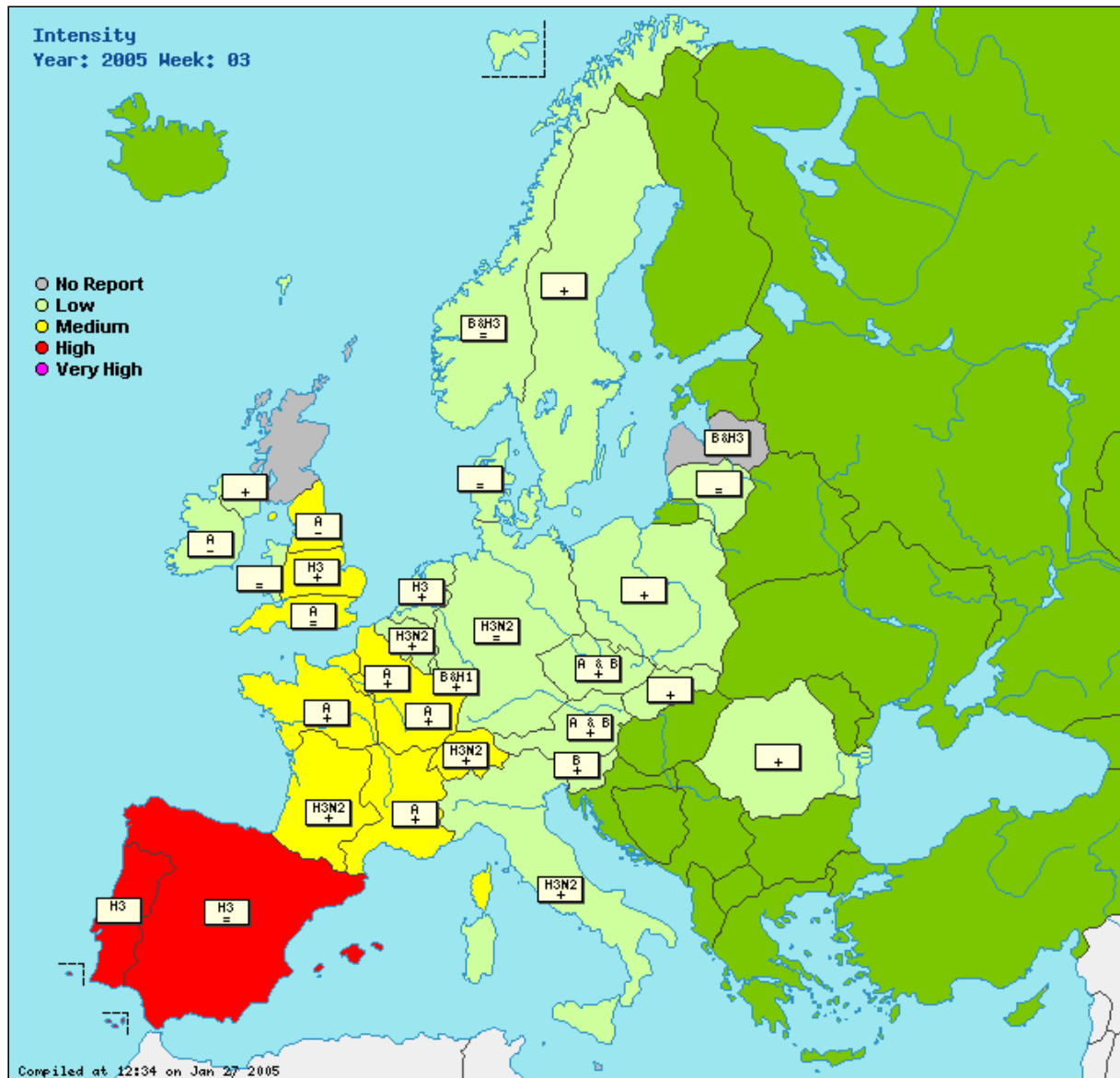
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You may select the type of map : **Intensity** **Geographical spread**



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H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
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Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

England

Clinical influenza activity remains above baseline in England. Four outbreaks of respiratory illness and two outbreaks of virologically confirmed influenza were reported from schools and care homes in northern and central regions during week 03/05.

France

In week 03/2005, geographical spread of influenza activity stays at regional level in France and of medium intensity. National epidemic threshold should be crossed by the end of week 04/2005. Influenza AH3N2 is dominant. The highest level of positive cases was observed in the 5-14 years age group (18 %).

Italy

Increasing influenza activity is reported. Further detections of influenza virus are reported. Influenza A continues to predominate over influenza B. During the last weeks were identified and/or isolated 26 A/H3N2 viruses in Northern and Central Italy. Two cases associated with influenza A/H1N1 subtype were isolated from the Laboratory of the University of Parma from children. Two influenza B type have been detected in Milano and Genova, in Northern Italy. Further identification of Respiratory Syncytial viruses were confirmed in Milano.

Portugal

Influenza activity in Portugal during week 03/2005 has been characterised as widespread and of high intensity. The percentage of positive cases (sentinel and non-sentinel) was 66.0% with predominance of influenza subtype AH3 (52 influenza AH3 and 10 influenza B). For the second week, the majority of positive cases was observed in the 5-14 years age group. The genetic characterisation of 3 of influenza strains show similarity with A/Wellington/1/2004.

Spain

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

Switzerland

For the first time in this season influenza activity is above the epidemic threshold.

The influenza epidemic increased again last week and reached the threshold at the national level.

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	Sporadic			67	13.4%	Type A and B	1146.6 (graphs)		Click here
Belgium	Low	Regional			40	32.5%	Type A, Subtype H3N2	215.5 (graphs)	1505.9 (graphs)	Click here
Czech Republic	Low	Local			69	14.5%	Type A and B		1314.4 (graphs)	Click here
Denmark	Low	Sporadic			10	30.0%	None	59.2 (graphs)		Click here
England	Medium	Regional			10	20.0%	Type A	33.9 (graphs)	596.2 (graphs)	Click here
France	Medium	Regional			212	33.5%	Type A, Subtype H3N2		2132.5 (graphs)	Click here
Germany	Low	Sporadic			107	17.8%	Type A, Subtype H3N2		1308.0 (graphs)	Click here
Ireland	Low	Sporadic			13	46.2%	Type A	31.3 (graphs)		Click here
Italy	Low	Regional			160	16.9%	Type A, Subtype H3N2	491.8 (graphs)		Click here
Latvia					5	0%	Type B and Type A, Subtype H3	(graphs)		Click here
Lithuania	Low	Sporadic			0	0%	None	2.8 (graphs)	423.7 (graphs)	Click here
Luxembourg	Low	Sporadic			33	3.0%	Type B and Type A, Subtype H1N1	34.4 (graphs)		Click here
Netherlands	Low	Local			11	36.4%	Type A, Subtype H3	47.2 (graphs)		Click here
Northern Ireland	Low	None			0	0%	None	60.2 (graphs)		Click here
Norway	Low	Sporadic			9	11.1%	Type B and Type A, Subtype H3N2	(graphs)		Click here
Poland	Low	None			1	0%	None	86.6 (graphs)		Click here
Portugal	High	Widespread			41	73.2%	Type A, Subtype H3	124.3 (graphs)		Click here
Romania	Low	None			28	0%	None	1338.4 (graphs)	7.2 (graphs)	Click here
Slovakia	Low	None			12	8.3%	None	602.0 (graphs)		Click here
Slovenia	Low	Sporadic			48	12.5%	Type B	35.2 (graphs)	2041.3 (graphs)	Click here
Spain	High	Widespread			260	41.5%	Type A, Subtype H3	517.9 (graphs)		Click here
Sweden	Low	Local			0	0%	None	(graphs)		Click here
Switzerland	Medium	Widespread			29	0%	Type A, Subtype H3N2	147.0 (graphs)		Click here
Wales	Low	Sporadic			0	0%	None	2.3 (graphs)		Click here
Europe					1165	26.7%				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

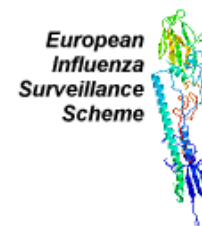
Population: per 100,000 population

*: 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 (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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Influenza activity on the rise in the west-central part of Europe and decreasing in the Iberian Peninsula



Summary: Clinical activity decreased in Spain and in Portugal in week 04/2005. An increase in clinical activity was reported by the majority of countries participating in EISS: influenza activity particularly increased in Switzerland and Italy, but also in the neighbouring countries such as Austria, France and Slovenia. In general, children aged 0-4, followed by children aged 5-14 were most affected. The dominant virus in Europe is A(H3) and most of these are A/Wellington/1/2004 (H3N2)-like viruses.

Epidemiological situation - week 04/2005: The intensity of clinical influenza activity was medium in eight networks (Austria, England, France, Italy, Luxembourg, Portugal, Spain and Switzerland) and low in 16 networks. Increasing clinical activity (compared to the previous week) was reported in 15 countries, the most notable rise occurring in Italy, Slovenia and Switzerland. Decreasing levels of influenza activity were reported by Ireland, England Central, England South, Portugal and Spain.

Geographically, Belgium, France, Italy, Portugal, Spain and Switzerland reported widespread influenza activity and Austria reported regional activity. The Czech Republic, England, Germany, the Netherlands and Slovenia reported local activity and the other 12 networks reported sporadic (10) or no activity (2).

Virological situation - week 04/2005: The total number of respiratory specimens collected by sentinel physicians was 1296, of which 294 (22.7%) were influenza virus positive. In addition, 213 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 507. Of the 507 positive specimens, 468 were influenza A and 39 were influenza B. A total of 177 influenza A viruses were subtyped, 154 were A(H3) [of which 67 were A(H3N2)], 23 were A(H1) [of which 12 were A(H1N1) and three were A(H1N2)].

The dominant virus type in 17 networks was influenza A, 11 of which were subtype H3. Influenza A and B were co-dominant in three networks (Austria, Luxembourg and Norway). Three networks reported no dominant virus type.

Virological situation - 2004-2005 season:

Based on (sub)typing data of all influenza virus detections up to week 04/2005 (N=3107; sentinel and non-sentinel data), 1671 (54%) were A (not subtyped), 1081 (35%) were A(H3) [of which 331 were further subtyped as A(H3N2)], 135 (4%) were A(H1) [68 further subtyped as A(H1N1) and three as A(H1N2)] and 220 (7%) were B. A total of 416 viruses (13% of all isolates) have been antigenically and/or genetically characterised: 258 A/Wellington/1/2004 (H3N2)-like viruses, 93 A/New Caledonia/20/99 (H1N1)-like viruses, seven A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 43 B/Jiangsu/10/2003-like viruses and 13 B/Hong Kong/330/2001-like viruses.

The RSV epidemic lasted about six weeks and peaked between weeks 50-53/2004 in the following seven European countries: Belgium, England, France, Ireland, the Netherlands, Northern Ireland and Wales.

Comment: The high levels of influenza activity in Spain and Portugal reported in previous weeks seems to have come to an end. In week 04/2005, the influenza activity particularly increased in the west-central part of Europe (Austria, France, Italy and Slovenia). The influenza activity in Italy in week 04/2005 is high compared to the 2003-2004 season, but lower than during influenza seasons of 1999-2000 and 2002-2003.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 04/2005, 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](#).

Erratum: In the graphs presenting characterisations data collected during the 2004-2005 influenza season, the total number of antigenic and/or genetic characterisations displayed is 431, this should be 416.

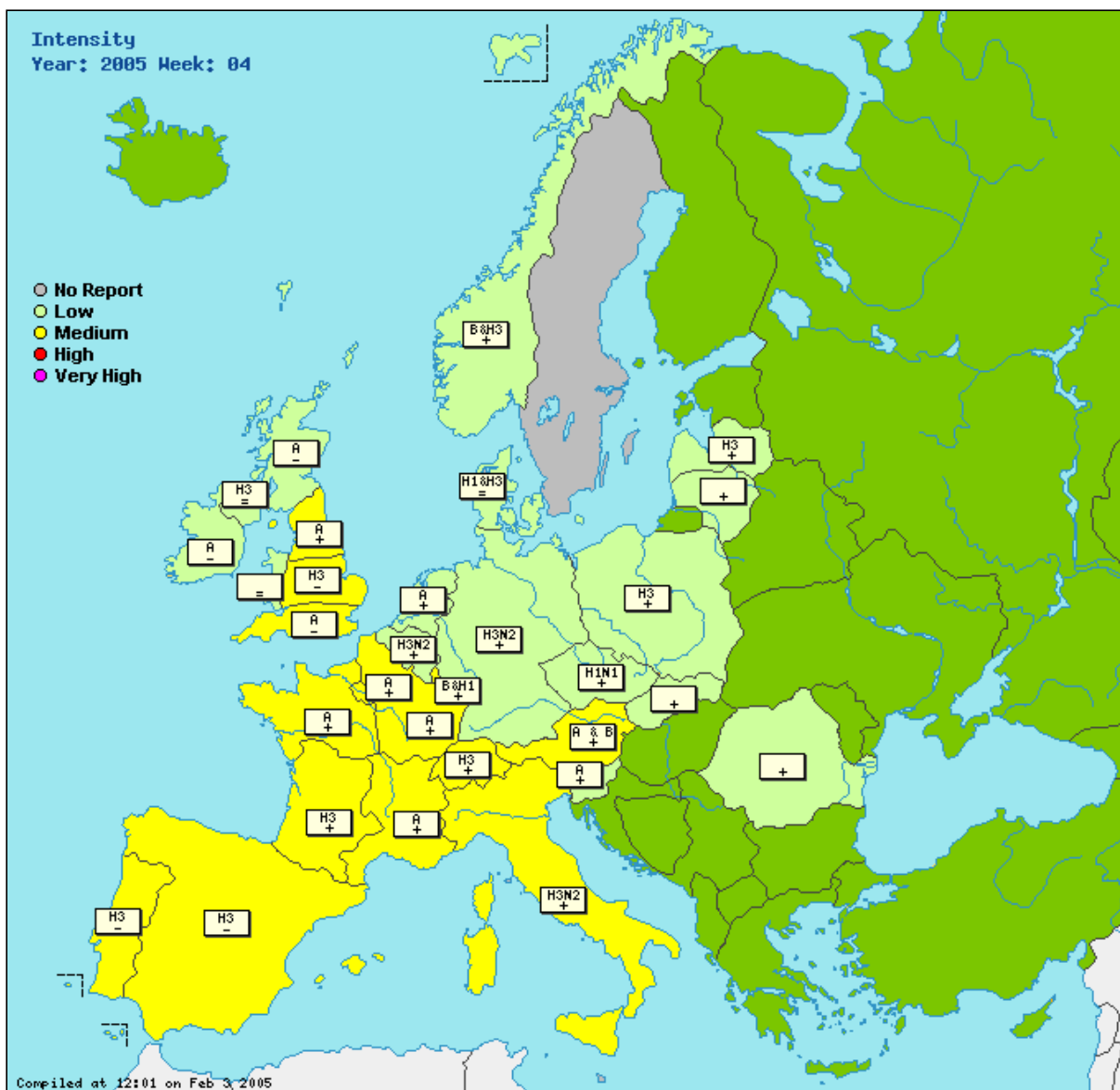
Map

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)

Czech Republic

Local outbreaks are affecting especially school children. To date, 7 influenza strains have been isolated: 1x H3N2 a 6x H1N1. All H1N1 isolates are similar to A/New Caledonia 20/99.

France

Influenza activity is above the epidemic threshold for the first week in France.

Italy

Increasing influenza activity throughout Italy. Further detections of influenza virus are reported. Influenza A is still the predominant virus type. During the last weeks 33 A/H3N2 viruses have been identified and/or isolated throughout Italy. Seven cases associated with influenza A/H1N1 subtype and four cases with A/H1 have been isolated from the Laboratory of the University of Milano, Trieste, Perugia and Parma.. 8 influenza B type have been detected in Milan, Trieste and Genova. 2 more cases of Respiratory Syncytial Viruses were confirmed in Milano and Rome (ISS).

Netherlands

In sentinel surveillance samples taken in two patients with acute respiratory infections were diagnosed as influenza A

Norway

While the ILI consultation rate remains low, there is a clearly increasing trend in laboratory-confirmed influenza cases. The proportion of sentinel specimens from week 4 that contained influenza virus was 83%. The majority of cases have been in southeastern and mid-Norway.

Spain

The peak of influenza activity was reached at week 2/2005 and since then the incidence rate of influenza like illness has

been decreasing.

From the start of the season the dominant subtype of influenza has been A(H3)

Switzerland

A significant increase of the influenza activity was observed last week in all the regions of our country. The epidemic is now widespread. Medical contacts for influenza-like illness continued to increase and reached a value of 28 ‰. 16 influenza A viruses were detected last week. Since the beginning, 43 influenza A viruses were detected, of which 22 were related to influenza A/Shantou/1219/04 (H3N2). This strain is related to the influenza A/Wellington/1/04 (H3N2) and to the vaccine strain influenza A/Fujian/411/02 (H3N2). Among the influenza A viruses 6 were influenza A (H1N1). They were related to the vaccine strain influenza A/New Caledonia/20/99 (H1N1). 10 influenza B viruses were detected. 7 of these viruses were related to influenza B/Shandong/7/97 which is a B/Victoria-like virus. 2 influenza B were related to influenza B/Jiangsu/10/03 which is a B/Shanghai/361/02-like virus. No influenza B viruses were detected since week 1.

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	Medium	Regional			75	33.3%	Type A and B	1368.5 (graphs)		Click here
Belgium	Low	Widespread			49	36.7%	Type A, Subtype H3N2	268.8 (graphs)	1539.5 (graphs)	Click here
Czech Republic	Low	Local			89	18.0%	Type A, Subtype H1N1		1425.2 (graphs)	Click here
Denmark	Low	Sporadic			4	25.0%	Type A, Subtype H1N1 and H3N2	76.4 (graphs)		Click here
England	Medium	Local			29	41.4%	Type A, Subtype H3	31.1 (graphs)	641.1 (graphs)	Click here
France	Medium	Widespread			308	27.6%	Type A, Subtype H3N2		2545.4 (graphs)	Click here
Germany	Low	Local			120	15.8%	Type A, Subtype H3N2		1485.0 (graphs)	Click here
Ireland	Low	Sporadic			9	33.3%	Type A	15.1 (graphs)		Click here
Italy	Medium	Widespread			266	10.9%	Type A, Subtype H3N2	946.7 (graphs)		Click here
Latvia	Low	Sporadic			2	0%	Type A, Subtype H3	1.5 (graphs)	965.4 (graphs)	Click here
Lithuania	Low	Sporadic			0	0%	None	4.9 (graphs)	491.7 (graphs)	Click here
Luxembourg	Medium	Sporadic			29	10.3%	Type B and Type A, Subtype H1N1	74.2 (graphs)		Click here
Netherlands	Low	Local			5	40.0%	Type A	54.4 (graphs)		Click here
Northern Ireland	Low	Sporadic			2	100.0%	Type A, Subtype H3	54.0 (graphs)		Click here
Norway	Low	Sporadic			6	83.3%	Type B and Type A, Subtype H3N2	(graphs)		Click here
Poland	Low	Sporadic			21	14.3%	Type A, Subtype H3	110.3 (graphs)		Click here
Portugal	Medium	Widespread			16	87.5%	Type A, Subtype H3	88.1 (graphs)		Click here
Romania	Low	None			17	0%	None	1311.2 (graphs)	6.6 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A	28.2 (graphs)		Click here
Slovakia	Low	None					620.8 (graphs)		Click here	
Slovenia	Low	Local			66	21.2%	Type A	79.1 (graphs)	2476.5 (graphs)	Click here
Spain	Medium	Widespread			136	31.6%	Type A, Subtype H3	338.8 (graphs)		Click here
Switzerland	Medium	Widespread			47	0%	Type A, Subtype H3	252.2 (graphs)		Click here
Wales	Low	Sporadic			0	0%	None	7.8 (graphs)		Click here
Europe					1296	22.7%				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

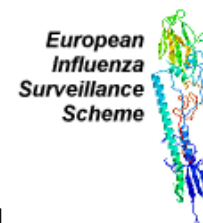
Population: per 100,000 population

*: 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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Influenza activity on the rise mainly in the central part of Europe and Portugal



Summary: Clinical activity increased sharply again in Portugal in week 05/2005. The majority of countries participating in EISS reported an increase in clinical activity, particularly in Austria, the Netherlands, Slovenia and Switzerland, and to a lesser extent in Belgium, France and Italy. In contrast, clinical and virological activity decreased for the third week running in Spain. In general, children aged 0-4 were affected most. The second age group with the highest ILI incidence were schoolchildren (from 5 to 14 years of age). The dominant virus in Europe is A(H3) and seasonal data show most of these to be A/Wellington/1/2004 (H3N2)-like viruses.

Epidemiological situation - week 05/2005: The intensity of clinical influenza activity was high in Austria and Portugal, medium in 11 countries (Belgium, Czech Republic, England, France, Germany, Italy, Luxembourg, the Netherlands, Slovenia, Spain and Switzerland) and low in 11 countries. Increasing clinical activity (compared to the previous week) was reported in 15 countries, the most notable rises occurring in Austria, the Netherlands, Portugal, Slovenia and Switzerland. France reported increasing clinical activity in four out of five regions and England in the South only. Decreasing levels of influenza activity were reported by England North, Ireland, Scotland and Spain. In those countries reporting age-related data, clinical activity was highest in the 0-4 age group in four countries (Austria, France, the Netherlands and Slovenia), equally high in the 0-4 and 5-14 age groups in Switzerland and highest in the 5-14 age group in Belgium.

Geographically, nine countries reported widespread influenza activity (Belgium, France, Italy, Luxembourg, the Netherlands, Portugal, Slovenia, Spain and Switzerland) and Austria, England (as a whole) and Germany reported regional activity. The Czech Republic reported local activity and the other 12 countries reported sporadic (11) or no activity (1).

Virological situation - week 05/2005: The total number of respiratory specimens collected by sentinel physicians was 1846, of which 438 (23.7%) were influenza virus positive. In addition, 324 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 762. Of the 762 positive specimens, 687 were influenza A and 75 were influenza B. A total of 227 influenza A viruses were subtyped, 197 were A(H3) [of which 82 were A(H3N2)] and 30 were A(H1) [of which 14 were A(H1N1)].

The dominant virus type in 18 networks was influenza A, 12 of which were subtype H3. Influenza A and B were co-dominant in two networks (Austria and Norway). Five networks reported no dominant virus type.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 05/2005 (N=4193; sentinel and non-sentinel data), 2240 (53%) were A (not subtyped), 1444 (34%) were A(H3) [of which 496 were further subtyped as A(H3N2)], 184 (4%) were A(H1) [93 further subtyped as A(H1N1)] and 325 (8%) were B. A total of 505 viruses (12% of all isolates) have been antigenically and/or genetically characterised: 302 A/Wellington/1/2004 (H3N2)-like viruses, 115 A/New Caledonia/20/99 (H1N1)-like viruses, 15 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 47 B/Jiangsu/10/2003-like viruses and 24 B/Hong Kong/330/2001-like viruses.

Comment: Influenza activity has again reached high levels in Portugal, the incidence being higher than the peak incidence reported in seven previous seasons (with the exception of 2001-2002, where the peak was around 275 cases/100,000 pop). The other countries reporting sharp rises in influenza activity were mainly in the central part of Europe (Austria, the Netherlands, Slovenia and Switzerland). The incidence of influenza-like-illness (ILI) in Slovenia exceeds the maximum rate reported for the last four seasons and for the Netherlands and Switzerland, the incidence of ILI has doubled compared to last week. In Ireland, Scotland, England North and Spain the clinical activity of influenza is decreasing. In Spain, clinical activity is over the peak and the phase of increase was observed during 3 to 4 weeks.

The majority (90%) of viruses in Europe were influenza A. However, three neighbouring countries (Austria, Czech Republic and Slovenia) of which two (Austria and Slovenia) reported sharp rises in influenza activity this week, reported 30%, 32% and 47% B viruses respectively.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 05/2005, 25 networks reported both clinical and 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](#).

Erratum: The dominant subtype reported by the Czech Republic should be H1N1 rather than H1N2.

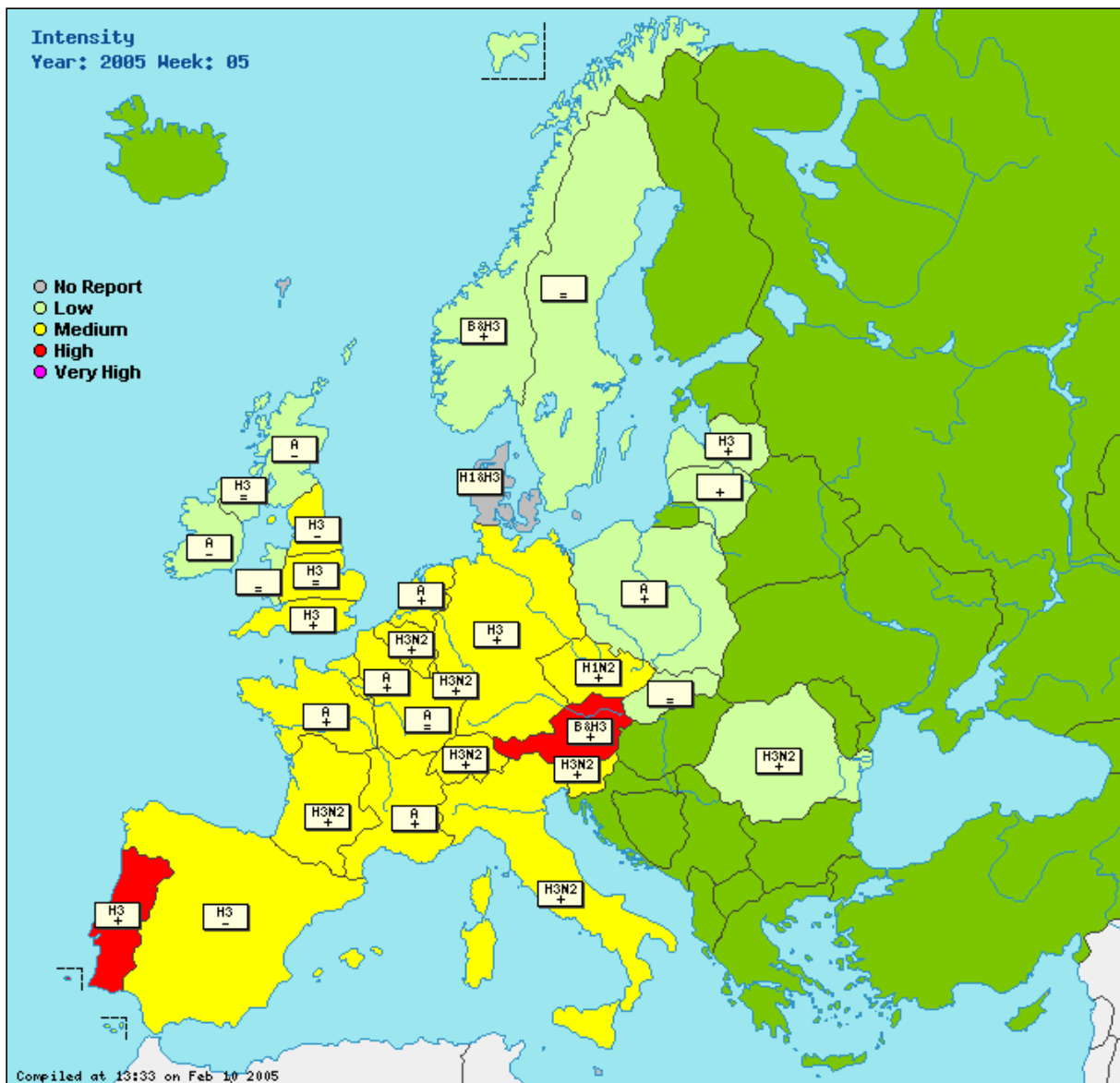
Map

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

Clinical indicators of influenza activity remained above baseline in England during week 05/05, with a small increase in influenza-like-illness consultations in southern England. Although both virological and clinical indicators of influenza activity remain low, eight outbreaks of respiratory illness were reported from central and southern England during this period. Specimens from two of these outbreaks, occurring in a hospital ward in south west England and a care home for the elderly in central England, tested positive for influenza A (H3).

Italy

Increasing influenza activity throughout Italy. Further detections of influenza virus are reported. In week 05-2005, 40 influenza detections were made from samples sent to Laboratories; 14 influenza type A viruses, 12 influenza A/H3, 7 influenza A/H1 and 7 influenza B. All positive samples were collected from sentinel specimens.

Spain

Decreasing influenza activity in Spain. Peak was reached on week 02/2005

Switzerland

Influenza activity increased again last week. Medical contacts for influenza-like illness almost doubled since last week namely 4.77 % in week 5 in comparison to 2.66 % in week 4. The number of influenza viruses detected increased too. Influenza A (H3N2) viruses were mainly detected. The predominant strain was related to influenza A/Shantou/1219/04 (H3N2).

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	High	Regional			140	41.4%	Type B and Type A, Subtype H3N2	1977.9 (graphs)		Click here
Belgium	Medium	Widespread			84	32.1%	Type A, Subtype H3N2	357.9 (graphs)	1815.5 (graphs)	Click here
Czech Republic	Medium	Local			106	18.9%	Type A, Subtype H1N2		1533.7 (graphs)	Click here
Denmark		Sporadic			18	38.9%	Type A, Subtype H1N1 and H3N2	82.6 (graphs)		Click here
England	Medium	Regional			26	65.4%	Type A, Subtype H3	34.2 (graphs)	805.8 (graphs)	Click here
France	Medium	Widespread			597	18.6%	None		3149.8 (graphs)	Click here
Germany	Medium	Regional			203	28.1%	Type A, Subtype H3		1751.0 (graphs)	Click here
Ireland	Low	Sporadic			7	71.4%	Type A	8.7 (graphs)		Click here
Italy	Medium	Widespread			286	14.0%	Type A, Subtype H3N2	1325.4 (graphs)		Click here
Latvia	Low	Sporadic			3	0%	Type A, Subtype H3	2.0 (graphs)	1065.2 (graphs)	Click here
Lithuania	Low	Sporadic			1	0%	None	13.0 (graphs)	571.6 (graphs)	Click here
Luxembourg	Medium	Widespread			51	23.5%	Type A, Subtype H3N2	78.7 (graphs)		Click here
Netherlands	Medium	Widespread			9	33.3%	Type A	100.0 (graphs)		Click here
Northern Ireland	Low	Sporadic			1	100.0%	Type A, Subtype H3	66.3 (graphs)		Click here
Norway	Low	Sporadic			5	60.0%	Type B and Type A, Subtype H3N2	(graphs)		Click here
Poland	Low	Sporadic			18	27.8%	Type A	137.0 (graphs)		Click here
Portugal	High	Widespread			32	65.6%	Type A, Subtype H3	173.6 (graphs)		Click here
Romania	Low	Sporadic			24	4.2%	Type A, Subtype H3N2	1454.0 (graphs)	2.8 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A	28.2 (graphs)		Click here
Slovakia	Low	None			7	0%	None	586.2 (graphs)		Click here
Slovenia	Medium	Widespread			72	16.7%	Type A, Subtype H3N2	206.9 (graphs)	3160.3 (graphs)	Click here
Spain	Medium	Widespread			101	35.6%	Type A, Subtype H3	221.9 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	None	(graphs)		Click here
Switzerland	Medium	Widespread			55	0%	Type A, Subtype H3N2	484.2 (graphs)		Click here
Wales	Low	Sporadic			0	0%	None	5.1 (graphs)		Click here
Europe					1846	23.7%				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

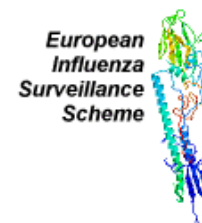
Population: per 100,000 population

*: 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 (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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Most of Europe currently experiencing medium intensity influenza activity



Summary: The majority of countries participating in EISS reported a medium intensity level of influenza activity in week 06/2005. Most countries also reported increasing clinical activity compared to week 05/2005, with particularly large increases observed in Belgium, the Netherlands, Slovenia and Switzerland. In Spain and Portugal, two countries that have already experienced their seasonal influenza activity, clinical and virological activity are decreasing. In general, children aged 0-4 and 5-14 are most affected by the influenza activity. The dominant virus in Europe is A(H3) and seasonal data show most of these to be A/Wellington/1/2004 (H3N2)-like viruses.

Epidemiological situation - week 06/2005: The intensity of clinical influenza activity was medium in 15 countries and low in ten countries. Medium intensity countries were mostly found in the central/western part of Europe (area delineated by England, France, Italy, Slovenia, Austria, the Czech Republic and Sweden).

In most countries, clinical influenza activity was increasing compared to week 05/2005, with the most notable rises occurring in Belgium, the Netherlands, Slovenia and Switzerland. Northern Ireland and Wales reported stable clinical activity and Portugal and Spain decreasing activity. In countries reporting age specific data, clinical activity was generally highest in the 0-4 and 5-14 age groups.

Geographically, 12 countries reported widespread influenza activity (Austria, Belgium, the Czech Republic, France, Germany, Italy, Luxembourg, the Netherlands, Norway, Portugal, Slovenia and Switzerland) and two countries (Spain and Sweden) reported regional activity. Ten countries reported sporadic activity and one (the Slovak Republic) reported no activity.

Virological situation - week 06/2005: The total number of respiratory specimens collected by sentinel physicians was 1522, of which 486 (31.9%) were influenza virus positive. In addition, 444 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 930. Of the 930 positive specimens, 830 (89%) were influenza A and 100 (11%) were influenza B. A total of 231 influenza A viruses were subtyped, 193 were A(H3) [of which 95 were A(H3N2)] and 38 were A(H1) [of which 16 were A(H1N1)].

The dominant virus type in 16 networks was influenza A, 11 of which were subtype H3 and one (the Czech Republic) was H1N1. Influenza A and B were co-dominant in three networks (Austria, Denmark and Latvia) and influenza B was dominant in Slovenia. Four networks (England, Lithuania, Sweden and Wales) reported no dominant virus type.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 06/2005 (N=5334; sentinel and non-sentinel data), 2839 (53%) were A (not subtyped), 1809 (34%) were A(H3) [of which 637 were further subtyped as A(H3N2)], 244 (5%) were A(H1) [126 further subtyped as A(H1N1)] and 442 (8%) were B. A total of 606 viruses (11% of all isolates) have been antigenically and/or genetically characterised: 357 A/Wellington/1/2004 (H3N2)-like viruses, 129 A/New Caledonia/20/99 (H1N1)-like viruses, 35 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 53 B/Jiangsu/10/2003-like viruses and 30 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: The majority of countries in Europe reported a medium intensity of influenza activity in week 06/2005. Compared to week 05/2005, most countries reported an increase in clinical influenza activity and, in general, the highest clinical incidences were seen in the 0-4 and 5-14 age groups. In Spain and Portugal, two countries that have already experienced their seasonal influenza activity, clinical and virological activity are decreasing and the seasonal influenza activity appears to be over in Spain.

Whilst the majority (90%) of viruses detected in Europe so far this season were influenza A, the number of influenza B viruses has gradually increased in recent weeks (click [here](#) [top graph]). In week 06/2005, 11% of positive specimens were influenza B viruses and three countries reported that influenza A and B were co-dominant. In Slovenia, a country with very high levels of clinical influenza activity compared to the 2003-2004 season (click [here](#)), influenza B is the dominant virus.

Up until week 06/2005, 90% of the A(H3) viruses antigenically characterised by EISS members were reported to be A/Wellington/1/04 (H3N2)-like, a group of viruses that were emerging in 2004 and that differ somewhat from the A/Fujian/411/02-like viruses that predominated in the previous season. However, on the basis of recent information, many recent isolates have been shown to be antigenically closely related to the A/California/7/04 (H3N2) strain, which the WHO has announced (10th of February 2005) will be the prototype A(H3N2) component of the 2005-2006 northern hemisphere vaccine. This has already been confirmed for 19 A(H3) isolates from Italy (see 'Network comments' for Italy) and the current A(H3) isolates reported by EISS await further classification using the new reference reagents for A/California/7/04 (H3N2).

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 06/2005, 25 networks reported both clinical and 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

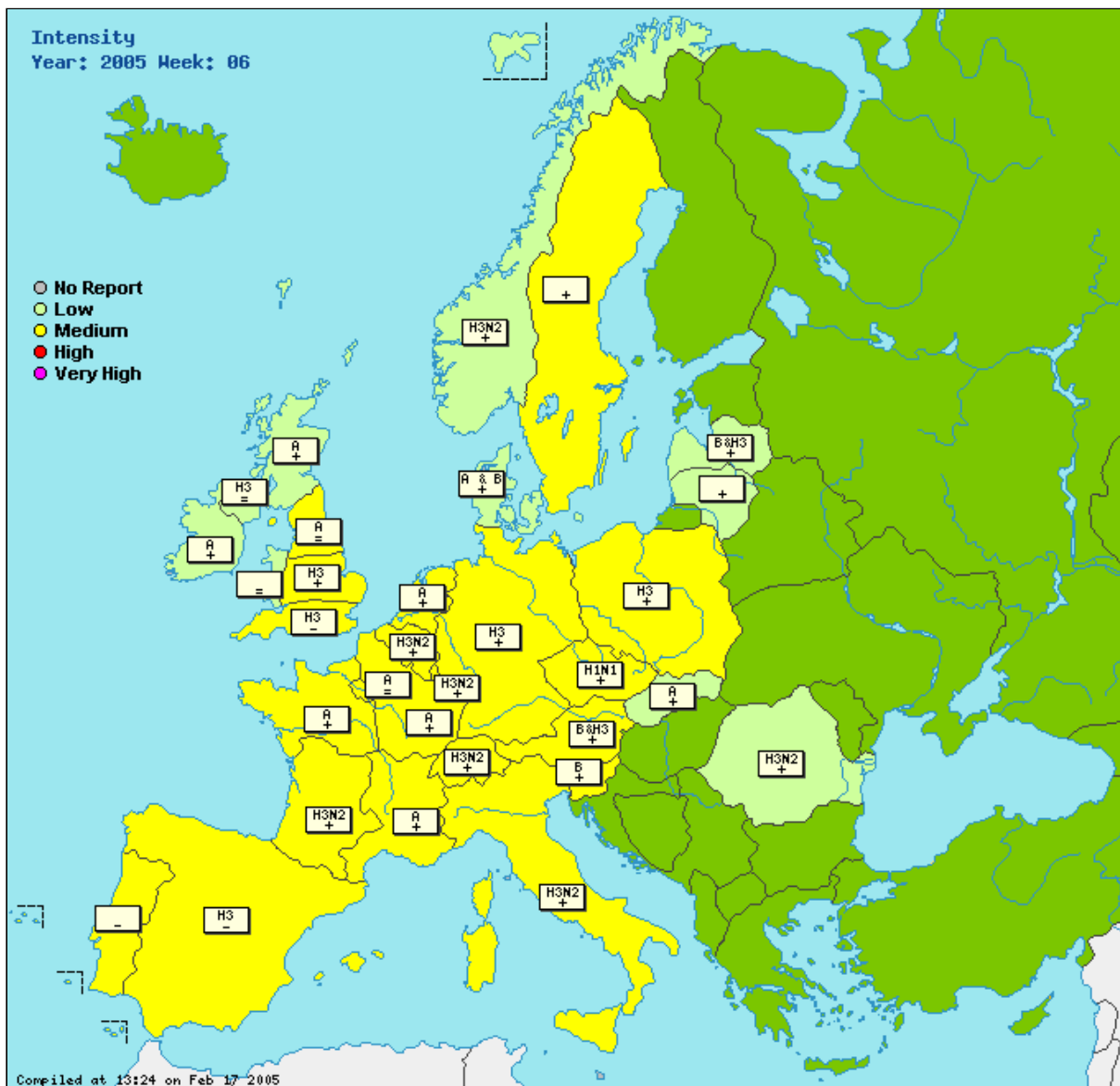
The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

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)

Italy

Influenza activity increased again last week. Further detections of influenza viruses are reported. Influenza A/H3N2 viruses were mainly detected. 19 influenza A/H3N2 isolates were characterized as antigenically similar to A/California/7/2004, a recent reference strain. One influenza B virus belongs to the B/Victoria/2/87 lineage.

Norway

Substantial increase in ILI in Norway. Above threshold in 3 of 5 regions (east, south, and north) but still comparatively low activity

Country-wide, A(H3N2) viruses closely related to the reference strains A/Norway/807/2004 and A/Shantou/1219/2004 are predominating, being ten times more common than A(H1) viruses. About 25 per cent of the influenza cases have been influenza B. In the region of Mid-Norway, however, A(H1) viruses appear to be just as common as A(H3).

Switzerland

Last week influenza activity increased again in all the regions of the country. Influenza A (H3N2) viruses remained predominant last 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	Medium	Widespread			179	58.1%	Type B and Type A, Subtype H3N2	1536.3 (graphs)		Click here
Belgium	Medium	Widespread			82	53.7%	Type A, Subtype H3N2	627.6 (graphs)	2364.6 (graphs)	Click here
Czech Republic	Medium	Widespread			115	26.1%	Type A, Subtype H1N1		1947.1 (graphs)	Click here
Denmark	Low	Sporadic			19	73.7%	Type A and B	117.3 (graphs)		Click here
England	Medium	Sporadic			31	48.4%	None	34.1 (graphs)	778.7 (graphs)	Click here
France	Medium	Widespread			276	34.8%	Type A, Subtype H3N2		3394.9 (graphs)	Click here
Germany	Medium	Widespread			297	27.6%	Type A, Subtype H3		2133.0 (graphs)	Click here
Ireland	Low	Sporadic			5	40.0%	Type A	11.7 (graphs)		Click here
Italy	Medium	Widespread			215	13.5%	Type A, Subtype H3N2	1247.5 (graphs)		Click here
Latvia	Low	Sporadic			1	0%	Type B and Type A, Subtype H3	3.5 (graphs)	1119.1 (graphs)	Click here
Lithuania	Low	Sporadic			1	0%	None	23.9 (graphs)	672.9 (graphs)	Click here
Luxembourg	Medium	Widespread			27	25.9%	Type A, Subtype H3N2	120.5 (graphs)		Click here
Netherlands	Medium	Widespread			14	42.9%	Type A	151.4 (graphs)		Click here
Northern Ireland	Low	Sporadic			0	0%	Type A, Subtype H3	49.2 (graphs)		Click here
Norway	Low	Widespread			8	62.5%	Type A, Subtype H3N2	graphs		Click here
Poland	Medium	Sporadic			23	13.0%	Type A, Subtype H3	240.9 (graphs)		Click here
Portugal	Medium	Widespread						88.4 (graphs)		Click here
Romania	Low	Sporadic			28	7.1%	Type A, Subtype H3N2	1511.2 (graphs)	4.7 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A	38.8 (graphs)		Click here
Slovakia	Low	None			15	13.3%	Type A	677.6 (graphs)		Click here
Slovenia	Medium	Widespread			65	35.4%	Type B	312.7 (graphs)	3105.1 (graphs)	Click here
Spain	Medium	Regional			75	25.3%	Type A, Subtype H3	152.4 (graphs)		Click here
Sweden	Medium	Regional			0	0%	None	graphs		Click here
Switzerland	Medium	Widespread			46	0%	Type A, Subtype H3N2	628.0 (graphs)		Click here
Wales	Low	Sporadic			0	0%	None	2.3 (graphs)		Click here
Europe					1522	31.9%				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

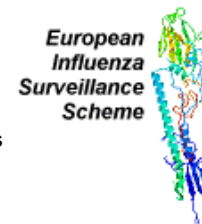
Population: per 100,000 population

*: 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

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Flu wave in Europe moving further to the North-East



Summary: Austria, Germany, Luxembourg and Poland reported influenza activity of high intensity whilst the majority of the other countries in Europe reported influenza activity of medium intensity in week 07/2005. Particular countries located in the North-East of Europe reported increasing clinical activity compared to week 06/2005. Large increases were observed in Austria, Germany, Luxembourg, the Netherlands, Poland and Slovenia, whereas in Belgium, France, Italy and Switzerland influenza activity seems to have passed its peak. In general, children aged 0-4 and 5-14 are most affected by the influenza activity. The dominant virus in the majority of countries is influenza A(H3), but in Slovenia influenza B is the dominant virus.

Epidemiological situation - week 07/2005: The intensity of clinical influenza activity was high in Austria, Germany, Luxembourg and Poland, medium in 13 countries and low in eight countries. In most countries in the North-East of Europe the clinical influenza activity has increased compared to week 06/2005, with the most notable rises occurring in Austria, Germany, Luxembourg, the Netherlands, Poland and Slovenia. In Belgium, France, Italy and Switzerland influenza activity seems to be over its peak.

In countries reporting age specific data, clinical activity was generally highest in the 0-4 and 5-14 age groups. In the Netherlands, however, compared to week 06/2005 the increase in clinical incidence was highest in the 15-64 and 65+ age groups, whereas in the 0-4 age group a decrease was observed compared to week 06/2005.

Geographically, 11 countries, all except for Norway located in Central Europe, reported widespread influenza activity. In addition, one country reported regional, three local, nine sporadic and one no activity (see table).

Virological situation - week 07/2005: The total number of respiratory specimens collected by sentinel physicians was 1673, of which 523 (31.3%) were influenza virus positive. In addition, 439 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 962. Of these 962 positive specimens, 847 (88%) were influenza A and 115 (12%) were influenza B. A total of 274 influenza A viruses were subtyped, 243 were A(H3) [of which 104 were A(H3N2)] and 31 were A(H1) [of which 7 were A(H1N1)].

The dominant virus type in 18 networks was influenza A, 14 of which were subtype H3 and one (the Czech Republic) was H1N1. Influenza A and B were co-dominant in three countries (Austria, Czech Republic and Latvia) and influenza B was dominant in Slovenia. Lithuania and Sweden reported no dominant virus type.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 07/2005 (N=6613; sentinel and non-sentinel data), 3530 (53%) were A (not subtyped), 2187 (33%) were A(H3) [of which 806 were further subtyped as A(H3N2)], 314 (5%) were A(H1) [161 further subtyped as A(H1N1)] and 582 (9%) were B. A total of 837 viruses (13% of all isolates) have been antigenically and/or genetically characterised: 424 A/Wellington/1/2004 (H3N2)-like viruses, 85 A/California/7/2004 (H3N2)-like viruses, 53 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 163 A/New Caledonia/20/99 (H1N1)-like viruses, 72 B/Jiangsu/10/2003-like viruses and 38 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: The flu is moving further into the North-East of Europe. After Portugal and Spain, now Belgium, France, Italy and Switzerland seem to have passed their peak in influenza activity, while in Austria, Germany, Luxembourg, the Netherlands, Poland and Slovenia large increases were observed in influenza incidence. In addition, Austria, Germany, Luxembourg and Poland reported a high intensity of influenza activity compared to medium intensity in week 06/2005.

The majority of viruses reported in Europe remains influenza A subtype H3. However, in a number of countries the proportion of influenza B viruses is increasing or higher than that of influenza A viruses. Influenza B virus is dominant particularly in Slovenia.

Up until week 07/2005, all but two of the antigenically characterised A(H3) viruses by EISS members were reported to belong to the group of A/Fujian/411/02-like, A/Wellington/1/04 (H3N2)-like, A/California/7/04 (H3N2)-like viruses. Since the emergence of the A/Fujian/411/02-like viruses in 2003, the A(H3N2) virus has further drifted to the intermediate variant A/Wellington/1/04 (H3N2)-like viruses in 2004 and most recently to the A/California/7/04 (H3N2) variant. From information from the WHO it appeared that many of the current A(H3N2) isolates are antigenically closely related to the new reference strain A/California/7/04 (H3N2). This has been confirmed for a total of 85 isolates, 75 from Switzerland and ten from Slovakia. The remaining A(H3) isolates reported by EISS, in particularly the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2).

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 07/2005, 25 networks reported clinical and 22 networks 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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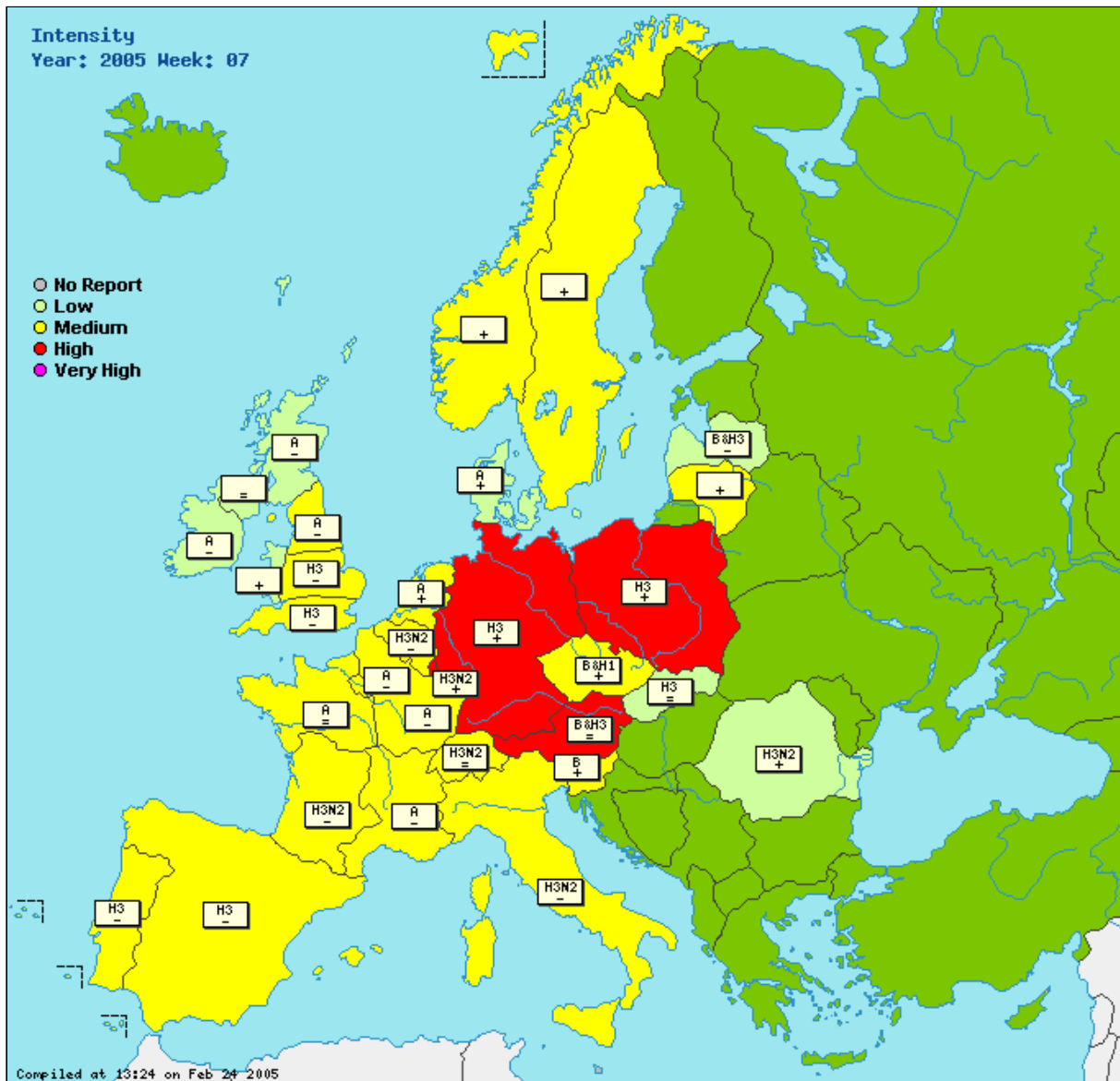
Map

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 : **Intensity** **Geographical spread**



Country comments (where available)

England

Levels of influenza activity in England remain at similar levels to previous weeks with clinical rates falling just below baseline levels but virological indicators remaining at levels usually seen when influenza viruses are still circulating in the community. One outbreak of influenza A (H3) in southern England, in a care home for the elderly, was reported to the Centre for Infections during week 07/05.

Italy

Influenza activity continued to increase. Influenza A/H3N2 viruses remained predominant. Cases associated with A/H1N1 and B influenza viruses are also identified and/or isolated.

Netherlands

In sentinel surveillance the isolate from one patient with an acute respiratory infection was typed as influenza A

Slovakia

The number of influenza viruses detected in Slovakia increased. Influenza A (H3N2) viruses were mainly detected. The predominant type were characterized as antigenically similar to A/California/7/2004. 3 influenza B were isolated, of which 2 were related to influenza B/Sichuan/379/99.

Switzerland

Medical consultations and the number of influenza virus detected decreased for the first time in Switzerland. Influenza A/California/7/2004 are mainly detected.

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	High	Widespread			160	61.9%	Type B and Type A, Subtype H3N2	2632.2 (graphs)		Click here
Belgium	Medium	Widespread			105	28.6%	Type A, Subtype H3N2	473.9 (graphs)	1916.1 (graphs)	Click here
Czech Republic	Medium	Widespread			153	26.1%	Type B and Type A, Subtype H1N1		2339.8 (graphs)	Click here
Denmark	Low	Sporadic			14	57.1%	Type A	114.8 (graphs)		Click here
England	Medium	Sporadic			27	37.0%	Type A, Subtype H3	27.2 (graphs)	624.2 (graphs)	Click here
France	Medium	Widespread			183	41.0%	Type A, Subtype H3N2		2379.0 (graphs)	Click here
Germany	High	Widespread			457	30.0%	Type A, Subtype H3		2628.0 (graphs)	Click here
Ireland	Low	Sporadic			5	20.0%	Type A	6.2 (graphs)		Click here
Italy	Medium	Widespread			244	18.0%	Type A, Subtype H3N2	1279.1 (graphs)		Click here
Latvia	Low	Sporadic			3	33.3%	Type B and Type A, Subtype H3	2.0 (graphs)	1061.2 (graphs)	Click here
Lithuania	Medium	Sporadic			2	0%	None	31.2 (graphs)	578.5 (graphs)	Click here
Luxembourg	High	Widespread			57	33.3%	Type A, Subtype H3N2	180.1 (graphs)		Click here
Netherlands	Medium	Widespread			29	51.7%	Type A	284.4 (graphs)		Click here
Northern Ireland	Low	None						72.8 (graphs)		Click here
Norway	Medium	Widespread						graphs		Click here
Poland	High	Regional			17	52.9%	Type A, Subtype H3	415.5 (graphs)		Click here
Portugal	Medium	Sporadic			9	44.4%	Type A, Subtype H3	64.9 (graphs)		Click here
Romania	Low	Local			38	5.3%	Type A, Subtype H3N2	1802.7 (graphs)	6.8 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A	32.0 (graphs)		Click here
Slovakia	Low	Local			26	38.5%	Type A, Subtype H3	693.5 (graphs)		Click here
Slovenia	Medium	Widespread			33	18.2%	Type B	402.5 (graphs)	3107.8 (graphs)	Click here
Spain	Medium	Local			54	24.1%	Type A, Subtype H3	99.0 (graphs)		Click here
Sweden	Medium	Sporadic			0	0%	None	graphs		Click here
Switzerland	Medium	Widespread			57	0%	Type A, Subtype H3N2	563.6 (graphs)		Click here
Wales	Low	Sporadic						10.1 (graphs)		Click here
Europe					1673	31.3%				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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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

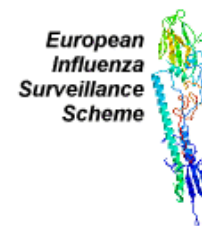
Population: per 100,000 population

*: 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 (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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Influenza activity on the rise in the Czech Republic, while other countries in Central Europe have probably reached their peak



Summary: Germany, Luxembourg and Poland reported influenza activity of high intensity whilst the majority of the other countries in Europe reported influenza activity of medium intensity in week 08/2005. A large increase in clinical influenza activity was observed in the Czech Republic, while activity in Austria, Belgium, Germany, the Netherlands, Luxembourg and Poland seems to have reached its peak. In general, children aged 0-4 and 5-14 are most affected by the influenza activity. The dominant virus in the majority of countries is influenza A(H3), but data from recent weeks indicate a slight increase in the overall proportion of detections of influenza B virus.

Epidemiological situation - week 08/2005: The intensity of clinical influenza activity was high in Germany, Luxembourg and Poland, medium in 11 countries and low in eight countries. Clinical activity increased in the North-East of Europe compared to week 07/2005, with the most notable rise in the Czech Republic. In Austria, Belgium, Germany, the Netherlands, Luxembourg and Poland, influenza activity seems to have reached its peak.

In countries reporting age specific data, clinical activity was generally highest in the 0-4 and 5-14 age groups. In the Netherlands, however, the highest incidence was observed in the 65+ age group and in the three other age groups there was a decrease in clinical incidence compared to week 07/2005 (click [here](#) [bottom graph]).

Geographically, ten countries, all located in Central Europe with the exception of Norway, reported widespread influenza activity. In addition, two counties reported regional, two local, seven sporadic and one no activity (see table).

Virological situation - week 08/2005: The total number of respiratory specimens collected by sentinel physicians was 2094, of which 715 (34%) were influenza virus positive. In addition, 306 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 1021. Of these 1021 positive specimens, 899 (88%) were influenza A and 122 (12%) were influenza B. A total of 535 influenza A viruses were subtyped, 459 were A(H3) [of which 85 were A(H3N2)] and 76 were A(H1) [of which nine were A(H1N1)].

The dominant virus type in 13 countries was influenza A, nine of which were subtype H3. Influenza A and B were co-dominant in five countries (Austria, Czech Republic, Denmark, Latvia and Slovenia) and influenza B was dominant in Ireland, Portugal and Spain. Lithuania and Wales reported no dominant virus type.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 08/2005 (N=8084; sentinel and non-sentinel data), 3933 (49%) were A (not subtyped), 2938 (36%) were A(H3) [of which 1122 were further subtyped as A(H3N2)], 430 (5%) were A(H1) [201 further subtyped as A(H1N1)] and 783 (10%) were B. A total of 1324 viruses (16% of all isolates) have been antigenically and/or genetically characterised: 631 A/Wellington/1/2004 (H3N2)-like viruses, 152 A/California/7/2004 (H3N2)-like viruses, 76 A/Fujian/4/11/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 262 A/New Caledonia/20/99 (H1N1)-like viruses, 121 B/Jiangsu/10/2003-like viruses and 80 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: Clinical influenza activity seems to have reached its peak in Austria, Belgium, Germany, the Netherlands and Poland. Clinical activity increased in the North-East of Europe, with the most notable rise in the Czech Republic.

The majority of viruses reported in Europe remains influenza A subtype H3. However, in a number of countries the proportion of influenza B viruses is increasing (e.g. in the Czech Republic and Poland) or is higher than that of influenza A viruses (e.g. in Ireland and Portugal). Influenza B virus has been predominant throughout the season in Slovenia.

Since the emergence of the A/Fujian/4/11/02-like viruses in 2003, the A(H3N2) virus has further drifted to the intermediate variant A/Wellington/1/04 (H3N2)-like viruses in 2004 and most recently to the A/California/7/04 (H3N2) variant. Since the beginning of the season in some countries, strains have been detected as influenza A/Shantou/12/17/2004 (H3N2) virus that is closely related to influenza A/California/7/2004 (H3N2) strain. In addition, information provided by WHO indicated that many of the current A(H3N2) isolates are antigenically closely related to the new reference strain A/California/7/04 (H3N2). This has been confirmed for a total of 148 isolates reported by EISS laboratories. The remaining A(H3) isolates reported by EISS, in particularly the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2).

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 08/2005, 22 networks reported clinical and 23 networks 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](#).

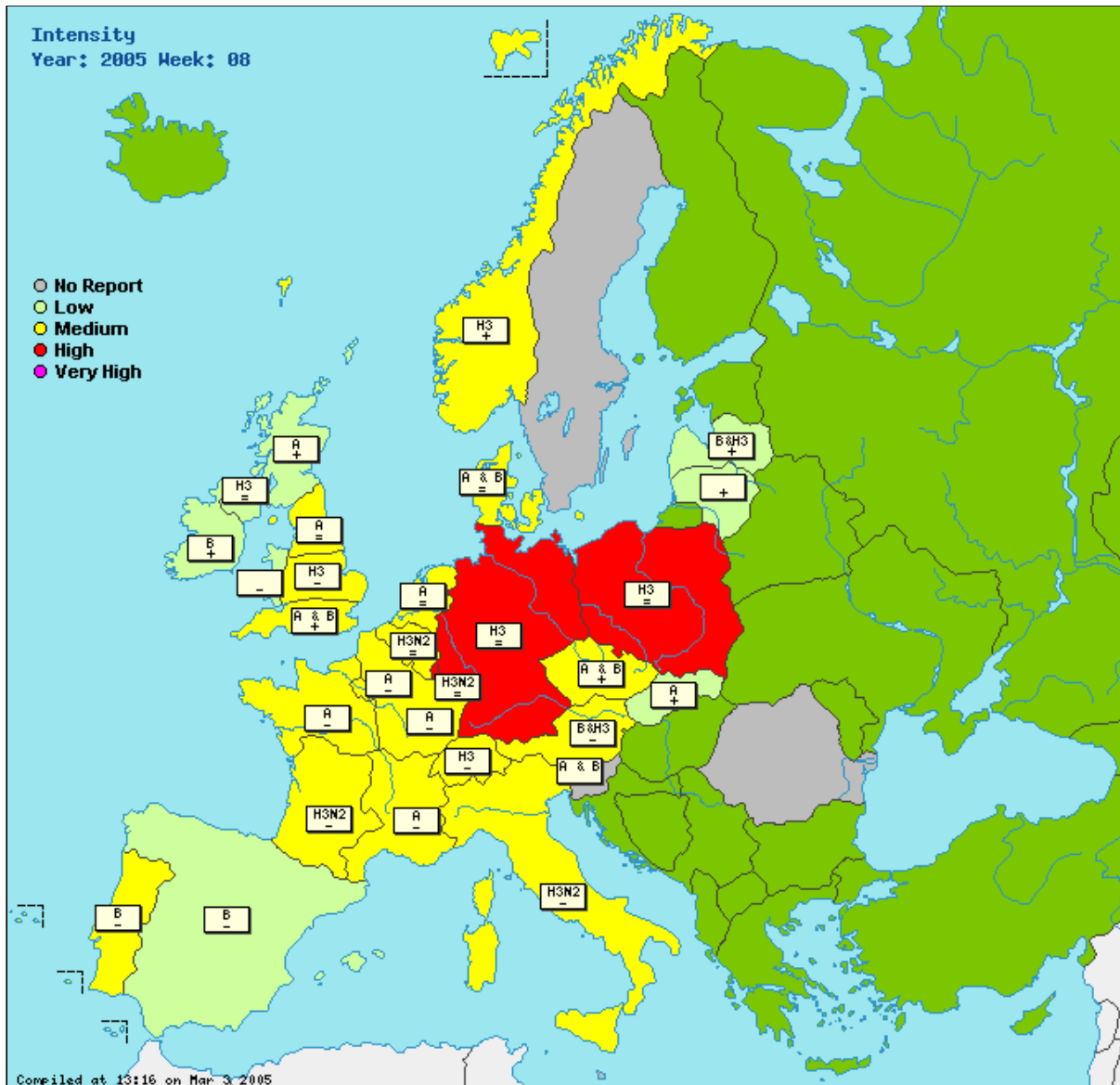
Map

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**



<p>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</p> <p>= : stable clinical activity + : increasing clinical activity - : decreasing clinical activity</p>	<p>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</p> <p>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.</p>
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Country comments (where available)

France

School holidays in France + a lot of snow Influenza attack rates are decreasing step by step

Italy

Influenza-like illness (ILI) consultation rate decreased during the last week. Influenza A/H3N2 continues to be the predominant circulating strain throughout Italy. Other cases associated with influenza A/H1N1 subtype and B type were identified and/or isolated from the Collaborative Centres

Spain

Clinical activity in Spain is below the normal seasonal activity threshold. Co-circulation of A and B. Influenza B is dominant.

Switzerland

The activity of influenza is widespread in all the regions of Switzerland. For the first time however a decrease can be now observed. As the situation looks for the moment it seems that the peak was reached during week 5 and 6. The majority of

influenza viruses detected are influenza A/Shantou/1219/04 (H3N2)-like viruses, antigenically related to the new variant influenza A/California/7/2004.

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	Medium	Regional			172	41.9%	Type B and Type A, Subtype H3N2	2324.8 (graphs)		Click here
Belgium	Medium	Widespread			77	45.5%	Type A, Subtype H3N2	549.1 (graphs)	1757.7 (graphs)	Click here
Czech Republic	Medium	Widespread			180	23.3%	Type A and B		2674.7 (graphs)	Click here
Denmark	Medium	Widespread			16	75.0%	Type A and B	134.8 (graphs)		Click here
England	Medium	Sporadic			24	33.3%	Type A	27.5 (graphs)	661.6 (graphs)	Click here
France	Medium	Widespread			144	25.0%	Type A, Subtype H3N2		2056.7 (graphs)	Click here
Germany	High	Widespread			535	38.7%	Type A, Subtype H3		2552.0 (graphs)	Click here
Ireland	Low	Sporadic			9	33.3%	Type B	16.5 (graphs)		Click here
Italy	Medium	Widespread			147	19.7%	Type A, Subtype H3N2	972.1 (graphs)		Click here
Latvia	Low	Sporadic			5	20.0%	Type B and Type A, Subtype H3	9.5 (graphs)	1046.8 (graphs)	Click here
Lithuania	Low	Sporadic			0	0%	None	39.3 (graphs)	787.4 (graphs)	Click here
Luxembourg	High	Widespread			45	22.2%	Type A, Subtype H3N2	103.3 (graphs)		Click here
Netherlands	Medium	Widespread			15	26.7%	Type A	204.0 (graphs)		Click here
Northern Ireland	Low	Sporadic			1	100.0%	Type A, Subtype H3	56.1 (graphs)		Click here
Norway	Medium	Widespread			13	61.5%	Type A, Subtype H3	graphs		Click here
Poland	High	Regional			37	16.2%	Type A, Subtype H3	449.4 (graphs)		Click here
Portugal	Medium	Sporadic			8	62.5%	Type B	54.8 (graphs)		Click here
Scotland	Low	Sporadic			0	0%	Type A	34.9 (graphs)		Click here
Slovakia	Low	Local			19	36.8%	Type A	808.0 (graphs)		Click here
Slovenia					20	50.0%	Type A and B	graphs		Click here
Spain	Low	Local			38	15.8%	Type B	79.1 (graphs)		Click here
Switzerland	Medium	Widespread			46	0%	Type A, Subtype H3	401.2 (graphs)		Click here
Wales	Low	None			8	62.5%	None	4.1 (graphs)		Click here
Europe					2094	34.2%				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

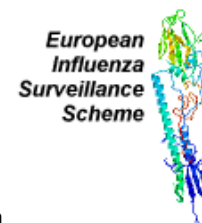
Population: per 100,000 population

*: 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 (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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Influenza activity stabilising or decreasing in Central Europe and on the rise in the North-East



Summary: Influenza activity in Germany, Luxembourg and Poland remains at a high intensity but clinical activity is stabilising, indicating that influenza activity has probably reached its peak in these countries. In the Scandinavian countries (Denmark, Norway and Sweden) and Baltic States (Latvia and particularly Lithuania) influenza activity is on the rise. In the rest of Europe influenza activity is either decreasing further or stabilising at levels below baseline. In general, children aged 0-4 and 5-14 are most affected by the influenza activity. The dominant virus in the majority of countries is influenza A(H3). However, in recent weeks the proportion of detections of influenza B virus is increasing, mainly in Austria, the Czech Republic and Latvia.

Epidemiological situation - week 09/2005: The intensity of clinical influenza activity was high in Germany, Luxembourg and Poland, but influenza activity seems to have reached its peak. Influenza activity was medium in 14 countries and low in eight countries. Clinical activity increased particularly in the Scandinavian countries (for Norway click [here](#) and for Sweden click [here](#))* and in the Baltic States, particularly in Lithuania.

In countries reporting age specific data, clinical activity was generally highest in the 0-4 and 5-14 age groups. In the Netherlands, compared to week 08/2005, the incidence in the 65+ age group decreased sharply, making the 0-4 age group the group with the highest incidence in week 09/2005, similar to the rest of Europe (click [here](#) [bottom graph]).

Geographically, ten countries, all located in Central Europe with the exception of Denmark and Norway, reported widespread influenza activity. In addition, one country reported regional, six local and seven sporadic influenza activity (see table).

Virological situation - week 09/2005: The total number of respiratory specimens collected by sentinel physicians was 1368, of which 524 (38%) were influenza virus positive. In addition, 465 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 989. Of these, 840 (85%) were influenza A and 149 (15%) were influenza B. A total of 344 influenza A viruses were subtyped, 288 were A(H3) [of which 88 were A(H3N2)] and 56 were A(H1) [of which seven were A(H1N1)].

The dominant virus type in 13 countries was influenza A, ten of which were subtype H3. Influenza A and B were co-dominant in six countries (Austria, Czech Republic, Latvia, The Netherlands, Slovakia and Slovenia) and influenza B was dominant in Portugal and Spain.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 09/2005 (N=9310; sentinel and non-sentinel data), 4632 (50%) were A (not subtyped), 3219 (35%) were A(H3) [of which 1237 were further subtyped as A(H3N2)], 489 (5%) were A(H1) [of which 231 were further subtyped as A(H1N1)] and 970 (10%) were B. A total of 1794 viruses (19% of all isolates) have been antigenically and/or genetically characterised: 712 A/Wellington/1/2004 (H3N2)-like viruses, 427 A/California/7/2004 (H3N2)-like viruses, 96 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 338 A/New Caledonia/20/99 (H1N1)-like viruses, 143 B/Jiangsu/10/2003-like viruses and 76 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: The influenza wave is moving further North-East across Europe, as clinical influenza activity seems to have reached its peak in most of Central Europe while in the Scandinavian countries and in the Baltic States the incidence of influenza activity is increasing, particularly in Denmark, Lithuania and Norway.

The pattern of influenza A(H3) virus being the dominant virus in Europe and influenza B viruses becoming the co-dominant virus in an increasing number of countries over the last couple of weeks continues. This pattern of influenza B virus infections becoming more prominent after the influenza A peak, was also observed in the 1996-1997 and 2000-2001 seasons. However, since 1996, when EISS started recording data, only two seasons have had almost exclusively influenza A viruses (1999-2000 and 2003-2004); in all of the other seasons there has been co-circulation of influenza A and B viruses in Europe.

An increasing proportion of viruses are being characterised as A/California/7/2004 (H3N2)-like. A/California/7/2004 (H3N2) virus has been recommended by the WHO to be included in the vaccine for the 2005-2006 season.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 09/2005, 25 networks reported clinical and 24 networks 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: The EISS clinical incidence graphs for Norway and Sweden are empty because these countries report ILI incidence per 100 consultations whereas EISS reports ILI incidences per 100,000 population.

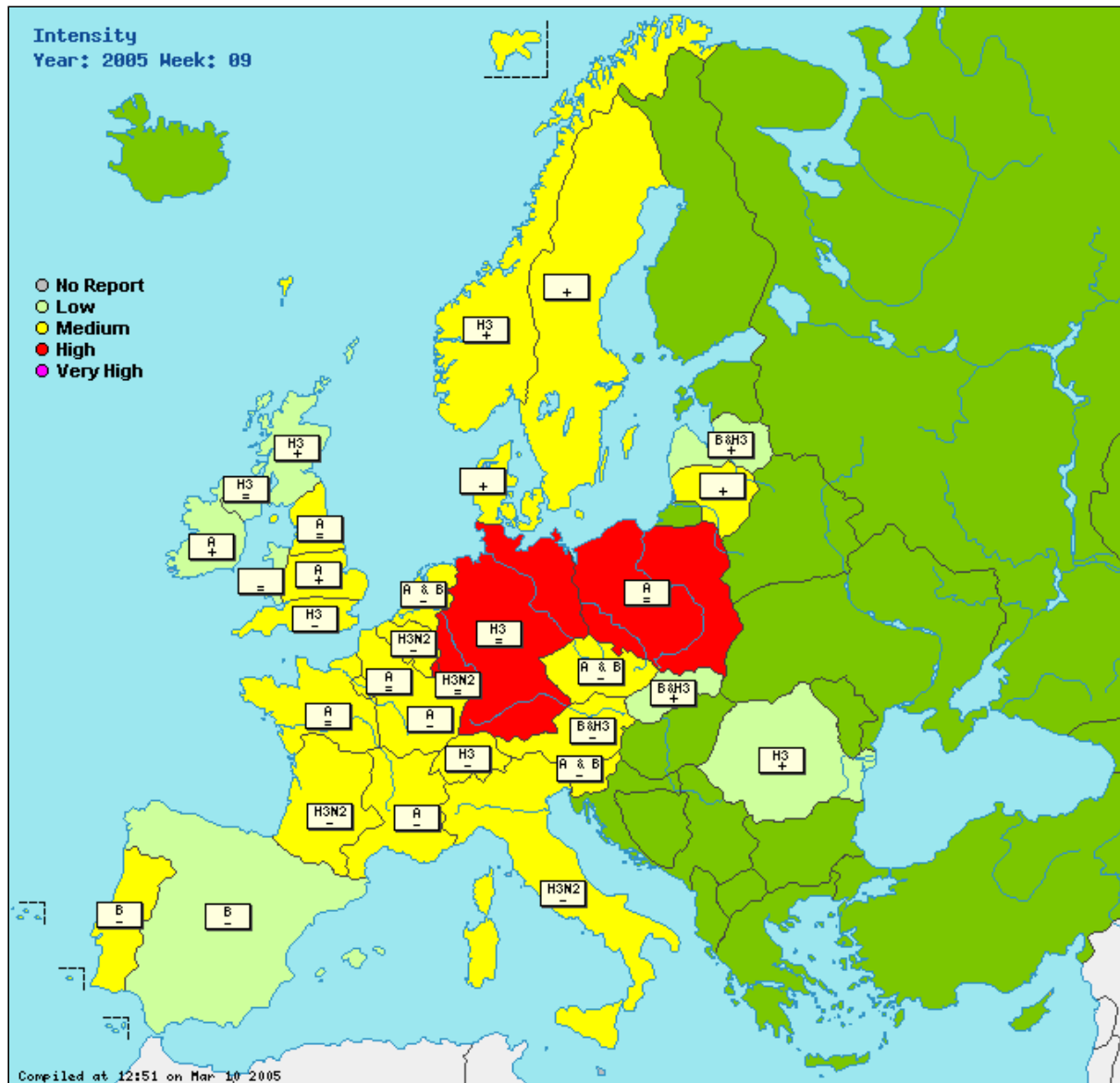
Map

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

Levels of influenza activity in England remain at similar levels to previous weeks with clinical rates falling just below baseline. The Centre for Infections have received reports of two recent outbreaks of confirmed influenza A in central England during week 09/05

Italy

Influenza activity continue to decline. Co-circulation of A and B viruses. Influenza A/H3N2 subtype is dominant.

Netherlands

In sentinel surveillance 1 acute respiratory infection was typed as influenza A

Norway

The influenza activity in Norway increased also in week 9. Whereas A(H3N2) viruses similar to A/California/7/2004 are predominating, A(H1) and B viruses have also remained in circulation.

Portugal

During week 09/2005, the influenza activity continued to decrease in Portugal. The number of influenza virus type A detected has also decreased, although influenza type B continued to be sporadically detected.

Slovakia

Influenza A/H3 viruses remained predominant, A/California/7/2004 -like viruses are mainly detected. For the first time this season we isolated A/H1, antigenically related to A/New Caledonia/20/99 -like. The number of isolates characterised as B/Sichuan/379/99 - like increased.

Switzerland

The decrease of influenza activity was confirmed for the third consecutive week in Switzerland. It remains however widespread in all the regions of the country.

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	Medium	Regional			113	65.5%	Type B and Type A, Subtype H3N2	1735.1 (graphs)		Click here
Belgium	Medium	Widespread			71	57.8%	Type A, Subtype H3N2	475.8 (graphs)	1814.6 (graphs)	Click here
Czech Republic	Medium	Widespread			139	26.6%	Type A and B		2550.8 (graphs)	Click here
Denmark	Medium	Widespread			17	41.2%	None	220.9 (graphs)		Click here
England	Medium	Local			12	16.7%	Type A	29.1 (graphs)	610.8 (graphs)	Click here
France	Medium	Widespread			152	34.2%	Type A, Subtype H3N2		1936.6 (graphs)	Click here
Germany	High	Widespread			468	48.1%	Type A, Subtype H3		2535.0 (graphs)	Click here
Ireland	Low	Sporadic			10	30.0%	Type A	13.6 (graphs)		Click here
Italy	Medium	Widespread			128	14.8%	Type A, Subtype H3N2	672.9 (graphs)		Click here
Latvia	Low	Sporadic			4	50.0%	Type B and Type A, Subtype H3	28.0 (graphs)	1070.7 (graphs)	Click here
Lithuania	Medium	Local			2	0%	None	100.7 (graphs)	911.9 (graphs)	Click here
Luxembourg	High	Widespread			46	19.6%	Type A, Subtype H3N2	121.8 (graphs)		Click here
Netherlands	Medium	Widespread			13	61.5%	Type A and B	175.5 (graphs)		Click here
Northern Ireland	Low	Sporadic			0	0%	Type A, Subtype H3	71.4 (graphs)		Click here
Norway	Medium	Widespread			13	76.9%	Type A, Subtype H3	(graphs)		Click here
Poland	High	Local			7	0%	Type A	621.7 (graphs)		Click here
Portugal	Medium	Sporadic			4	25.0%	Type B	51.1 (graphs)		Click here
Romania	Low	Local			58	15.5%	Type A, Subtype H3	1750.5 (graphs)	19.7 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A, Subtype H3	38.7 (graphs)		Click here
Slovakia	Low	Local			38	36.8%	Type B and Type A, Subtype H3	808.0 (graphs)		Click here
Slovenia	Medium	Local			1	0%	Type A and B	86.9 (graphs)	1649.2 (graphs)	Click here
Spain	Low	Sporadic			33	12.1%	Type B	65.9 (graphs)		Click here
Sweden	Medium	Sporadic			0	0%	None	(graphs)		Click here
Switzerland	Medium	Widespread			39	0%	Type A, Subtype H3	280.3 (graphs)		Click here
Wales	Low	Sporadic						4.1 (graphs)		Click here
Europe					1368	38.3%				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

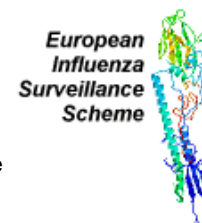
Population: per 100,000 population

*: 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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Influenza activity is on the rise in Scandinavia and Eastern Europe and reached its peak in Poland



Summary: In the Baltic States (Latvia and Lithuania), Scandinavia, Romania and Slovakia influenza activity is on the rise, while in Poland the influenza activity seems to have reached its peak. For a number of countries that reported widespread activity the previous weeks, influenza activity declines slowly (e.g. Belgium, Czech Republic and Germany). In the rest of Europe influenza activity is either decreasing further or stabilising at levels below baseline. In general, children aged 0-4 and 5-14 are most affected by the influenza activity. The dominant virus in the majority of countries is influenza A(H3). However, in recent weeks the proportion of detections of influenza B virus is increasing, mainly in the Czech Republic, Ireland and Poland.

Epidemiological situation - week 10/2005: The intensity of clinical influenza activity was high in Germany and Poland, medium in 16 countries and low in seven countries. Clinical activity increased in Denmark, Latvia, Lithuania, Norway, Romania, Slovakia and Sweden. In countries reporting age specific data, clinical activity was generally highest in the 0-4 and 5-14 age groups.

Geographically, ten countries, all located in Central Europe with the exception of Denmark and Norway, reported widespread influenza activity. In addition, two countries reported regional, four local and nine sporadic influenza activity (see table).

Virological situation - week 10/2005: The total number of respiratory specimens collected by sentinel physicians was 1423, of which 507 (36%) were influenza virus positive. In addition, 487 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 994. Of these, 809 (81%) were influenza A and 185 (19%) were influenza B. A total of 303 influenza A viruses were subtyped, 247 were A(H3) [of which 52 were A(H3N2)] and 56 were A(H1) [of which three were A(H1N1)].

The dominant virus type in 13 countries was influenza A, ten of which were subtype H3. Influenza A and B were co-dominant in four countries (Austria, Czech Republic, Romania, and Slovenia) and influenza B was dominant in Ireland, Portugal and Spain.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 10/2005 (N=10,568; sentinel and non-sentinel data), 5236 (50%) were A (not subtyped), 3573 (34%) were A(H3) [of which 1297 were further subtyped as A(H3N2)], 565 (5%) were A(H1) [of which 251 were further subtyped as A(H1N1)] and 1194 (11%) were B. A total of 2256 viruses (21% of all isolates) have been antigenically and/or genetically characterised: 883 A/Wellington/1/2004 (H3N2)-like viruses, 560 A/California/7/2004 (H3N2)-like viruses, 105 A/Fujian/4/11/2002 (H3N2)-like viruses, 434 A/New Caledonia/20/99 (H1N1)-like viruses, 165 B/Jiangsu/10/2003-like viruses and 109 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: In the North and East of Europe (Scandinavia, the Baltic States, Romania and Slovakia) the incidence of influenza activity is increasing. Clinical influenza activity seems to have reached its peak in most of Central Europe. Because for a number of countries in Central Europe (e.g. Czech Republic and Germany) influenza activity decreases only slowly, it may be expected that widespread activity will be reported for the coming weeks as well for these countries. Influenza A(H3) virus is the dominant virus reported in Europe while influenza B viruses become the co-dominant virus in an increasing number of countries over the last couple of weeks.

Information provided by WHO indicate that many of the current A(H3N2) isolates are antigenically closely related to the new reference strain A/California/7/04 (H3N2). This has been confirmed for 36% (560) of the characterised A(H3) isolates reported by EISS laboratories. The remaining A(H3) isolates reported by EISS, in particularly the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2). A/California/7/2004 (H3N2) virus has been recommended by the WHO to be included in the vaccine for the 2005-2006 season.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 10/2005, 25 networks reported clinical and 23 networks 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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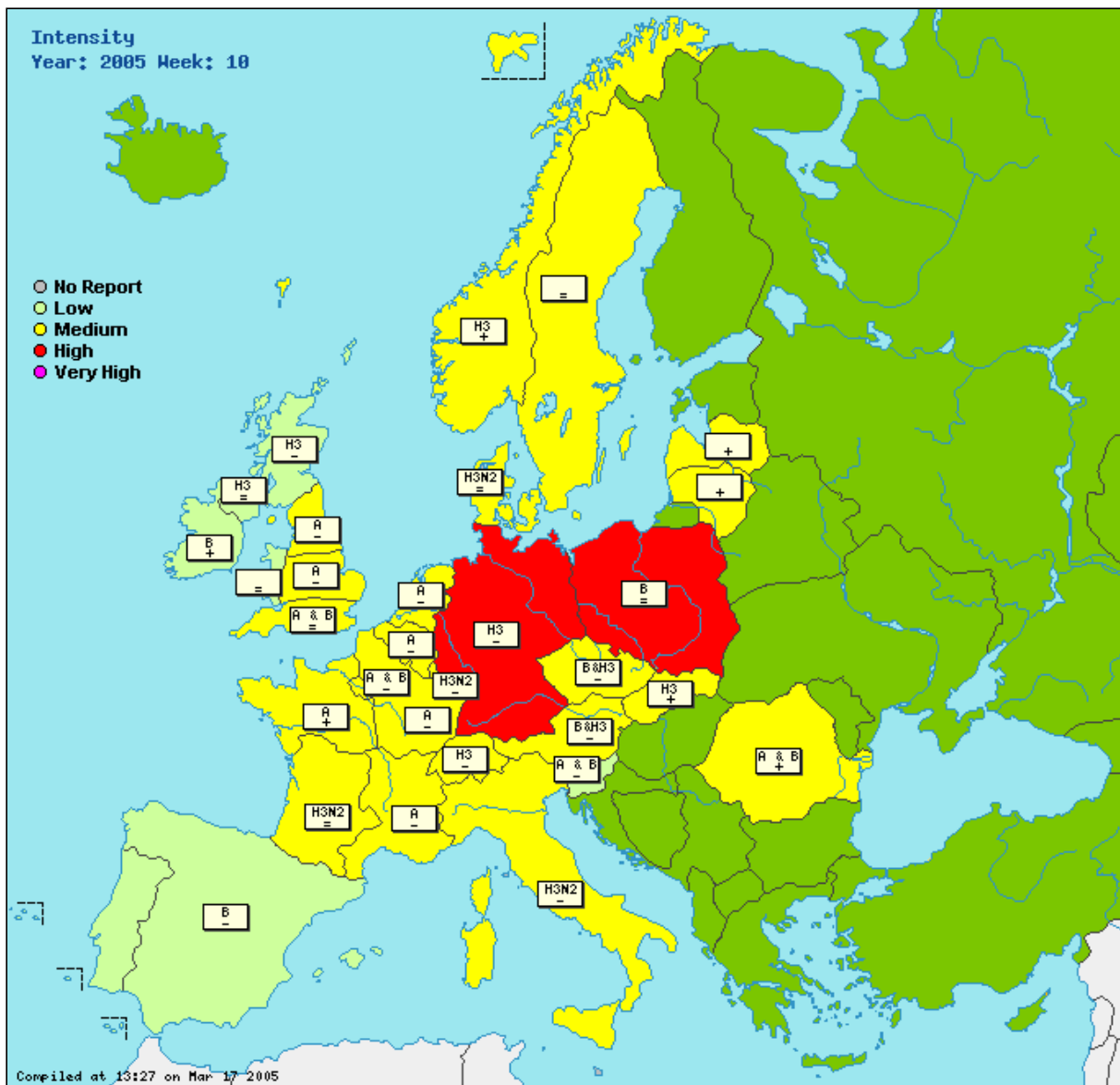
Map

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 : 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)

Italy

Influenza activity is decreasing. Co-circulation of A and B viruses. Influenza A/H3 strains remained predominant.

Switzerland

The influenza activity continued to decrease last week. Medical contacts for influenza-like illness are now just above the threshold and the number of influenza viruses detected was the half of the one observed the week before. The large majority of influenza A viruses was related to influenza A/Shantou/1219/04 (H3N2), which is influenza A/California/7/2004 (H3N2)-like virus.

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	Medium	Regional			95	31.6%	Type B and Type A, Subtype H3N2	1438.2 (graphs)		Click here
Belgium	Medium	Widespread			68	70.6%	Type A	403.2 (graphs)	1731.0 (graphs)	Click here
Czech Republic	Medium	Widespread			180	22.2%	Type B and Type A, Subtype H3		2351.9 (graphs)	Click here
Denmark	Medium	Widespread			15	66.7%	Type A, Subtype H3N2	214.2 (graphs)		Click here
England	Medium	Sporadic			19	21.1%	Type A	17.8 (graphs)	487.5 (graphs)	Click here
France	Medium	Widespread			118	44.1%	Type A, Subtype H3N2		1859.1 (graphs)	Click here

Germany	High	Widespread	522	42.2%	Type A, Subtype H3	2343.0	(graphs)	Click here
Ireland	Low	Sporadic	12	33.3%	Type B	19.5	(graphs)	Click here
Italy	Medium	Widespread	77	14.3%	Type A, Subtype H3N2	414.2	(graphs)	Click here
Latvia	Medium	Local				133.3	(graphs)	1301.3 (graphs) Click here
Lithuania	Medium	Local				169.0	(graphs)	960.9 (graphs) Click here
Luxembourg	Medium	Local	24	20.8%	Type A, Subtype H3N2	186.1	(graphs)	Click here
Netherlands	Medium	Widespread	15	13.3%	Type A	131.5	(graphs)	Click here
Northern Ireland	Low	Sporadic	0	0%	Type A, Subtype H3	60.8	(graphs)	Click here
Norway	Medium	Widespread	6	66.7%	Type A, Subtype H3		(graphs)	Click here
Poland	High	Local	43	25.6%	Type B	587.1	(graphs)	Click here
Portugal	Low	Sporadic	1	100.0%	None	33.8	(graphs)	Click here
Romania	Medium	Regional	108	22.2%	Type A and B	1812.4	(graphs)	26.7 (graphs) Click here
Scotland	Low	Sporadic	9	55.6%	Type A, Subtype H3	36.0	(graphs)	Click here
Slovakia	Medium	Sporadic	39	66.7%	Type A, Subtype H3	1261.8	(graphs)	Click here
Slovenia	Low	Sporadic	9	44.4%	Type A and B	39.8	(graphs)	1266.0 (graphs) Click here
Spain	Low	Sporadic	42	14.3%	Type B	55.3	(graphs)	Click here
Sweden	Medium	Widespread	0	0%	None		(graphs)	Click here
Switzerland	Medium	Widespread	21	0%	Type A, Subtype H3	210.8	(graphs)	Click here
Wales	Low	Sporadic	0	0%	None	3.2	(graphs)	Click here
Europe			1423	35.6%				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

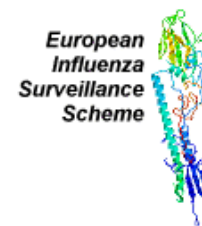
Population: per 100,000 population

*: 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 (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 levels of influenza activity in the Baltic States, Denmark, Sweden, Romania and the Slovak Republic



Summary: Clinical influenza activity is increasing in the Baltic States (Latvia and Lithuania), Denmark, Sweden, Romania and the Slovak Republic. In Norway, the clinical activity did not increase in week 11/2005 and in other neighboring countries influenza activity is declining (e.g. the Netherlands, Germany and the Czech Republic) or appears to have reached its peak (Poland). In the rest of Europe, influenza activity is declining or at baseline levels. In general, children aged 0-4 and 5-14 are most affected by the influenza activity. The dominant virus in the majority of countries is influenza A(H3). However, in recent weeks the proportion of influenza B virus detections has increased and influenza B was the dominant virus circulating in four countries in Europe in week 11/2005.

Epidemiological situation - week 11/2005: The intensity of clinical influenza activity was high in Denmark, Lithuania and Poland, medium in 14 countries and low in seven countries. Clinical activity was increasing in Denmark, England (but still at baseline levels), Latvia, Lithuania, Romania, Scotland, the Slovak Republic and Sweden (click [here](#)). In countries reporting age specific data, clinical activity was usually highest in the 0-4 and 5-14 age groups.

Geographically, eight countries reported widespread influenza activity and three countries (Germany, Luxembourg and Romania) reported regional activity. Five countries reported local activity and eight countries reported sporadic activity (see table).

Virological situation - week 11/2005: The total number of respiratory specimens collected by sentinel physicians was 1032, of which 411 (40%) were influenza virus positive. In addition, 528 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 939. Of these, 708 (75%) were influenza A and 231 (25%) were influenza B. A total of 231 influenza A viruses were subtyped, 174 were A(H3) [of which 40 were A(H3N2)] and 57 were A(H1) [of which six were A(H1N1)].

The dominant virus type was influenza A in 14 countries, eight of which were subtype H3. Influenza A and B were co-dominant in three countries (Austria, the Czech Republic and Latvia) and influenza B was dominant in Ireland, Italy, Portugal and Spain.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 11/2005 (N=11,801; sentinel and non-sentinel data), 5807 (49%) were A (not subtyped), 3860 (33%) were A(H3) [of which 1354 were further subtyped as A(H3N2)], 636 (5%) were A(H1) [of which 269 were further subtyped as A(H1N1) and one as A(H1N2)] and 1496 (13%) were B. A total of 2744 viruses (23% of all isolates) have been antigenically and/or genetically characterised: 1138 A/Wellington/1/2004 (H3N2)-like viruses, 589 A/California/7/2004 (H3N2)-like viruses, 113 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 525 A/New Caledonia/20/99 (H1N1)-like viruses, 206 B/Jiangsu/10/2003-like viruses and 171 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: Clinical influenza activity in Europe is increasing in Denmark, Latvia, Lithuania, Romania, the Slovak Republic and Sweden. In Norway, a neighboring country, activity did not increase in week 11/2005 (click [here](#)) and in Poland it appears to have stabilised. In the rest of Europe, clinical influenza activity is declining or is at baseline levels. Influenza A(H3) virus is the dominant virus reported in Europe, while the proportion of influenza B virus detections has gradually increased in recent weeks. In week 11/2005, 25% of total influenza virus detections (N=939) were influenza B compared to 13% of total virus detections for the whole season (N=11,801).

In countries where influenza activity has peaked, the peak clinical incidence has generally been higher than in the previous influenza season (e.g. in the Czech Republic [click [here](#)], Germany and Portugal). In some countries the difference has been particularly striking, with the peak incidence being more than twice as high compared to the 2003-2004 season in Italy (click [here](#)), Poland and Spain. In contrast, England, Scotland and Wales have reported relatively low levels of clinical influenza activity during the 2004-2005 season, with weekly incidences below or only slightly above the baseline level.

Information provided by WHO indicate that many of the current A(H3N2) isolates are antigenically closely related to the new reference strain A/California/7/04 (H3N2). This has been confirmed for 28% (483) of the characterised A(H3) isolates reported by EISS laboratories. The remaining A(H3) isolates reported by EISS, in particularly the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2). A/California/7/2004 (H3N2) virus has been recommended by the WHO for inclusion in the northern hemisphere vaccine for the 2005-2006 season.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 11/2005, 25 networks reported clinical and 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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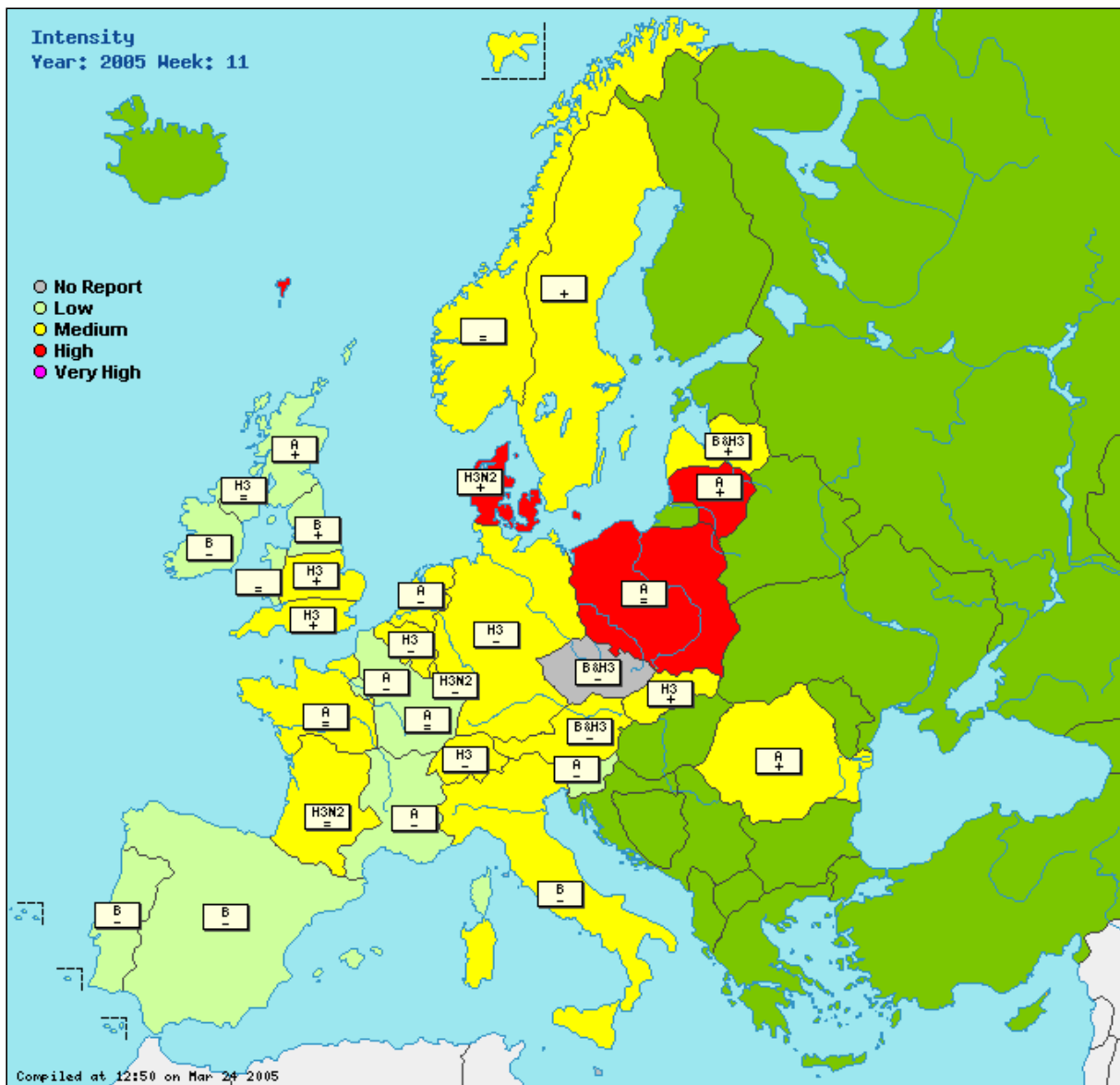
Map

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 : 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

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

Country comments (where available)

England

Influenza activity remains within baseline levels.

Italy

A decline in influenza activity continued to be observed. Among the influenza viruses detected during this week, B viruses predominated widely.

Portugal

Influenza activity in Portugal is described as sporadic and of low intensity, corresponding to the end of the epidemic period. Sporadic cases of infection associated with influenza virus type B are still detected.

Switzerland

The influenza epidemic continues to decrease. However cases with influenza are detected in all the regions of the country. Influenza A and B viruses are still detected in patients. The percentage of influenza B viruses increased again and represents almost 40 % of the number of influenza viruses detected during week 10. On the other hand, the total number of influenza viruses detected is clearly decreasing.

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
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Austria	Medium	Local	102	36.3%	Type B and Type A, Subtype H3N2	1061.4 (graphs)		Click here
Belgium	Medium	Widespread	61	73.8%	Type A, Subtype H3	351.1 (graphs)	1705.0 (graphs)	Click here
Czech Republic		Widespread	103	23.3%	Type B and Type A, Subtype H3		1906.0 (graphs)	Click here
Denmark	High	Widespread	9	55.6%	Type A, Subtype H3N2	372.8 (graphs)		Click here
England	Medium	Sporadic	12	25.0%	Type A, Subtype H3	27.3 (graphs)	691.4 (graphs)	Click here
France	Medium	Widespread	117	37.6%	None		1902.0 (graphs)	Click here
Germany	Medium	Regional	322	44.4%	Type A, Subtype H3		1907.0 (graphs)	Click here
Ireland	Low	Sporadic	8	62.5%	Type B	16.2 (graphs)		Click here
Italy	Medium	Regional	11	100.0%	Type B	328.3 (graphs)		Click here
Latvia	Medium	Local	8	37.5%	Type B and Type A, Subtype H3	250.6 (graphs)	1157.6 (graphs)	Click here
Lithuania	High	Local	7	14.3%	Type A	294.1 (graphs)	1234.6 (graphs)	Click here
Luxembourg	Medium	Regional	21	23.8%	Type A, Subtype H3N2	352.7 (graphs)		Click here
Netherlands	Medium	Widespread	9	0%	Type A	113.4 (graphs)		Click here
Northern Ireland	Low	Sporadic	0	0%	Type A, Subtype H3	61.6 (graphs)		Click here
Norway	Medium	Widespread	12	50.0%	None	(graphs)		Click here
Poland	High	Local	40	20.0%	Type A	641.7 (graphs)		Click here
Portugal	Low	Sporadic	2	50.0%	Type B	21.3 (graphs)		Click here
Romania	Medium	Regional	79	50.6%	Type A	1983.2 (graphs)	36.9 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	Type A	42.9 (graphs)		Click here
Slovakia	Medium	Local	39	33.3%	Type A, Subtype H3	1512.4 (graphs)		Click here
Slovenia	Low	Sporadic	5	20.0%	Type A	23.0 (graphs)	1179.3 (graphs)	Click here
Spain	Low	Sporadic	45	26.7%	Type B	50.7 (graphs)		Click here
Sweden	Medium	Widespread	0	0%	None	(graphs)		Click here
Switzerland	Medium	Widespread	20	0%	Type A, Subtype H3	159.6 (graphs)		Click here
Wales	Low	Sporadic	0	0%	None	2.8 (graphs)		Click here
Europe			1032	39.8%				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

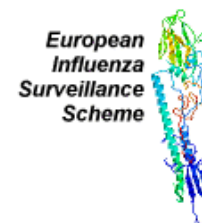
Population: per 100,000 population

*: 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

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Decreasing or baseline levels of clinical influenza activity across Europe



Summary: Clinical influenza activity is declining or at baseline levels in all countries participating in the European Influenza Surveillance Scheme. Influenza activity decreased in the six countries (Denmark, Latvia, Lithuania, Sweden, Romania and the Slovak Republic) that reported increasing clinical influenza activity in week 11/2005. The total number of influenza virus detections per week also declined in Europe in week 12/2005 compared to previous weeks. In general, children aged 0-4 and 5-14 have been most affected by the influenza activity this season. The dominant virus in the majority of countries is influenza A(H3), but the proportion of influenza B virus detections has increased in recent weeks and represented 25% of all detections in week 12/2005.

Epidemiological situation - week 12/2005: The intensity of clinical influenza activity was high in Denmark, Latvia and Lithuania, medium in eight countries and low in 12 countries. Compared to week 11/2005, clinical activity decreased in all countries. In countries reporting age specific data, clinical activity was usually highest in the 0-4 and 5-14 age groups.

Geographically, four countries (Denmark, France, the Netherlands and Sweden) reported widespread influenza activity and five countries reported regional activity. Four countries reported local activity, seven countries reported sporadic activity and two (Portugal and Wales) reported no activity (see table).

Virological situation - week 12/2005: The total number of respiratory specimens collected by sentinel physicians was 606, of which 201 (33%) were influenza virus positive. In addition, 328 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 529. Of these, 398 (75%) were influenza A and 131 (25%) were influenza B. A total of 106 influenza A viruses were subtyped, 72 were A(H3) [of which seven were A(H3N2)] and 34 were A(H1) [of which one was A(H1N1)].

The dominant virus type was influenza A in seven countries, five of which were subtype H3. Influenza A and B were co-dominant in six countries and influenza B was dominant in Ireland, the Netherlands and Spain. No dominant virus (sub)type was reported in Italy, Luxembourg, Poland, Portugal, Slovenia, Sweden and Wales.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 12/2005 (N=12469; sentinel and non-sentinel data), 6112 (49%) were A (not subtyped), 4007 (32%) were A(H3) [of which 1364 were further subtyped as A(H3N2)], 689 (6%) were A(H1) [of which 282 were further subtyped as A(H1N1) and two as A(H1N2)] and 1661 (13%) were B. A total of 2864 viruses (23% of all isolates) have been antigenically and/or genetically characterised: 1218 A/Wellington/1/2004 (H3N2)-like viruses, 521 A/California/7/2004 (H3N2)-like viruses, 112 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 577 A/New Caledonia/20/99 (H1N1)-like viruses, 237 B/Jiangsu/10/2003-like viruses and 197 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: Clinical influenza activity decreased in all of the countries (Denmark, Latvia, Lithuania, Romania, the Slovak Republic and Sweden) that reported increasing clinical influenza activity in week 11/2005 (click [here](#)). In the rest of Europe, clinical influenza activity in week 12/2005 is declining or is at baseline levels.

Influenza A(H3) virus is the dominant virus reported in Europe, but the proportion of influenza B virus detections has gradually increased in recent weeks and reached 25% of total influenza virus detections (N=529) in week 12/2005. The total number of influenza virus detections in Europe declined sharply in week 12/2005, falling from roughly 1000 in week 11/2005 to 529 in week 12/2005 (click [here](#) [second graph]). This decline will be affected by reporting delays, but probably reflects the general decline in influenza activity observed in the clinical data across Europe.

Information provided by WHO indicate that many of the current A(H3N2) isolates are antigenically closely related to the new reference strain A/California/7/04 (H3N2). This has been confirmed for 28% (521) of the characterised A(H3) isolates reported by EISS laboratories. The remaining A(H3) isolates reported by EISS, in particularly the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2). A/California/7/2004 (H3N2) virus has been recommended by the WHO for inclusion in the northern hemisphere vaccine for the 2005-2006 season.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 12/2005, 23 networks reported clinical 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.

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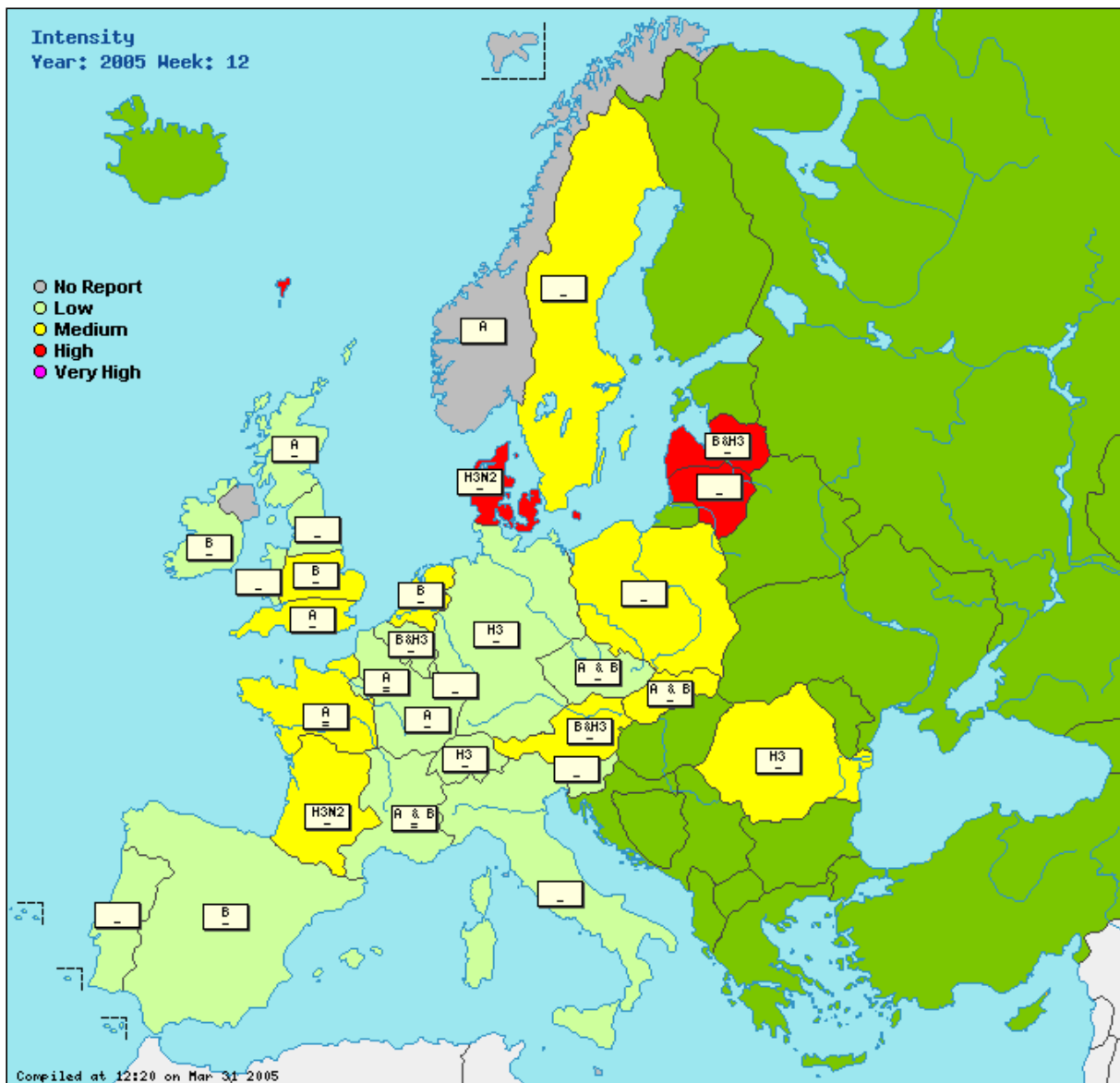
Map

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 : 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)

France

Influenza activity is decreasing but stays above the epidemic threshold for the eleventh week in France.

Italy

Clinical influenza activity is declining. Among the influenza viruses detected during this week, B viruses predominated widely. In general, children aged 0-4 and 5-14 are most affected by influenza.

Switzerland

The influenza epidemic is now over. Medical consultations for influenza-like illness are below the threshold in all the regions with the exception of the central part of the country. Influenza A (H3N2), A (H1N1) and B viruses are detected sporadically in all the regions.

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	Medium	Local			64	40.6%	Type B and Type A, Subtype H3N2	708.8 (graphs)		Click here
Belgium	Low	Regional			28	39.3%	Type B and Type A, Subtype H3	185.4 (graphs)	1244.5 (graphs)	Click here
Czech Republic	Low	Local			77	14.3%	Type A and B		1403.5 (graphs)	Click here
Denmark	High	Widespread			15	46.7%	Type A, Subtype H3N2	179.8 (graphs)		Click here

England	Medium	Sporadic	3	33.3%	Type A and B	16.3 (graphs)	581.4 (graphs)	Click here
France	Medium	Widespread	78	28.2%	Type A, Subtype H3N2		1503.7 (graphs)	Click here
Germany	Low	Regional	124	54.0%	Type A, Subtype H3		1286.0 (graphs)	Click here
Ireland	Low	Sporadic	7	57.1%	Type B	11.8 (graphs)		Click here
Italy	Low	Local	28	0%	None	165.4 (graphs)		Click here
Latvia	High	Regional	2	0%	Type B and Type A, Subtype H3	247.1 (graphs)	1036.8 (graphs)	Click here
Lithuania	High	Regional				214.5 (graphs)	934.2 (graphs)	Click here
Luxembourg	Low	Sporadic	17	0%	None	255.8 (graphs)		Click here
Netherlands	Medium	Widespread	4	50.0%	Type B	83.9 (graphs)		Click here
Norway			0	0%	Type A	(graphs)		Click here
Poland	Medium	Sporadic	17	5.9%	None	254.4 (graphs)		Click here
Portugal	Low	None	1	0%	None	12.9 (graphs)		Click here
Romania	Medium	Regional	76	44.7%	Type A, Subtype H3	1729.0 (graphs)	28.2 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	Type A	25.7 (graphs)		Click here
Slovakia	Medium	Local	38	31.6%	Type A and B	1008.5 (graphs)		Click here
Slovenia	Low	Sporadic	2	50.0%	None	12.0 (graphs)	1119.9 (graphs)	Click here
Spain	Low	Sporadic	16	12.5%	Type B	20.0 (graphs)		Click here
Sweden	Medium	Widespread	0	0%	None	(graphs)		Click here
Switzerland	Low	Local	9	0%	Type A, Subtype H3	83.2 (graphs)		Click here
Wales	Low	None	0	0%	None	0.9 (graphs)		Click here
Europe			606	33.2%				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

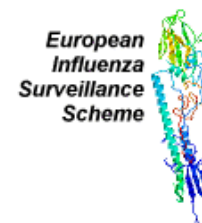
Population: per 100,000 population

*: 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 (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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Low levels of clinical influenza activity across most of Europe



Summary: The influenza epidemic has come to an end across most of Europe, as seen by declining or baseline levels of influenza activity in most countries participating in the European Influenza Surveillance Scheme. However, the epidemic is still ongoing in four countries (Latvia, Norway, Romania and Slovakia) and in an additional four countries, influenza activity is above baseline (Belgium, Denmark, Lithuania and the Netherlands). The total number of influenza virus detections per week declined moderately in Europe in week 13/2005 compared to the previous week. In general, children aged 0-4 and 5-14 have been most affected by influenza activity this season. The proportion of influenza B virus detection has increased in recent weeks, representing 37% of all detections in week 13/2005, and influenza B was the dominant virus in seven countries compared to six for influenza A.

Epidemiological situation - week 13/2005: The intensity of clinical influenza activity was medium in Denmark, Latvia, Lithuania, Luxembourg, the Netherlands, Romania, Slovakia and Sweden and low in 15 countries. Compared to week 12/2005, overall clinical activity decreased in all countries. In countries reporting age specific data where clinical activity was above baseline, activity was highest in the 0-4 and 5-14 age groups, with the exception of Romania where clinical activity was highest in the 15-64 age group.

Geographically, two countries (Denmark and the Netherlands) reported widespread influenza activity and one country (Sweden) reported regional activity. Seven countries reported local activity, 10 countries reported sporadic activity and three (Poland, Portugal and Wales) reported no activity (see table).

Virological situation - week 13/2005: The total number of respiratory specimens collected by sentinel physicians was 326, of which 89 (27%) were influenza virus positive. In addition, 339 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 428. Of these, 271 (63%) were influenza A and 157 (37%) were influenza B. A total of 68 influenza A viruses were subtyped, 59 were A(H3) [of which 30 were A(H3N2)] and 9 were A(H1).

The dominant virus type was influenza A in six countries, three of which were subtype H3. Influenza B was dominant in seven countries (Czech Republic, Ireland, Luxembourg, the Netherlands, Northern Ireland, Portugal and Spain). Influenza A and B were co-dominant in six countries and in four of these, the influenza A subtype was H3. No dominant virus (sub)type was reported in Italy, Poland, Slovenia and Wales.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 13/2005 (N=13419; sentinel and non-sentinel data), 6469 (48%) were A (not subtyped), 4250 (32%) were A(H3) [of which 1515 were further subtyped as A(H3N2)], 707 (5%) were A(H1) [of which 288 were further subtyped as A(H1N1) and two as A(H1N2)] and 1993 (15%) were B. A total of 3314 viruses (25% of all isolates) have been antigenically and/or genetically characterised: 1352 A/Wellington/1/2004 (H3N2)-like viruses, 677 A/California/7/2004 (H3N2)-like viruses, 112 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 652 A/New Caledonia/20/99 (H1N1)-like viruses, 254 B/Jiangsu/10/2003-like viruses and 265 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: The influenza epidemic has come to an end in most European countries, with the exception of Latvia, Norway, Romania and Slovakia. The slight increase in influenza activity at the end of the epidemic can be explained by the increase in the number of influenza B positive isolates in a number of countries during the past few weeks (for an example, click [here](#)). This is reflected by the increase in the percentage of influenza B positive isolates to 37% in the current week compared to 25% last week. Influenza B has played a dominant role in the influenza epidemic in at least three countries, two of which have approximately equal numbers of influenza A and B positive isolates (Latvia and Poland) and one of which (Slovenia) has a greater number of influenza B positive isolates than influenza A.

The number of A(H3N2) isolates that are antigenically closely related to the new reference strain A/California/7/04 (H3N2), which has been recommended by the WHO for inclusion in the northern hemisphere vaccine for the 2005-2006 season, continues to increase. This has now been confirmed for 32% (677) of the characterised A(H3) isolates reported by EISS laboratories. The remaining A(H3) isolates reported by EISS, in particular the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2).

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 13/2005, 23 networks reported clinical and 24 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](#).

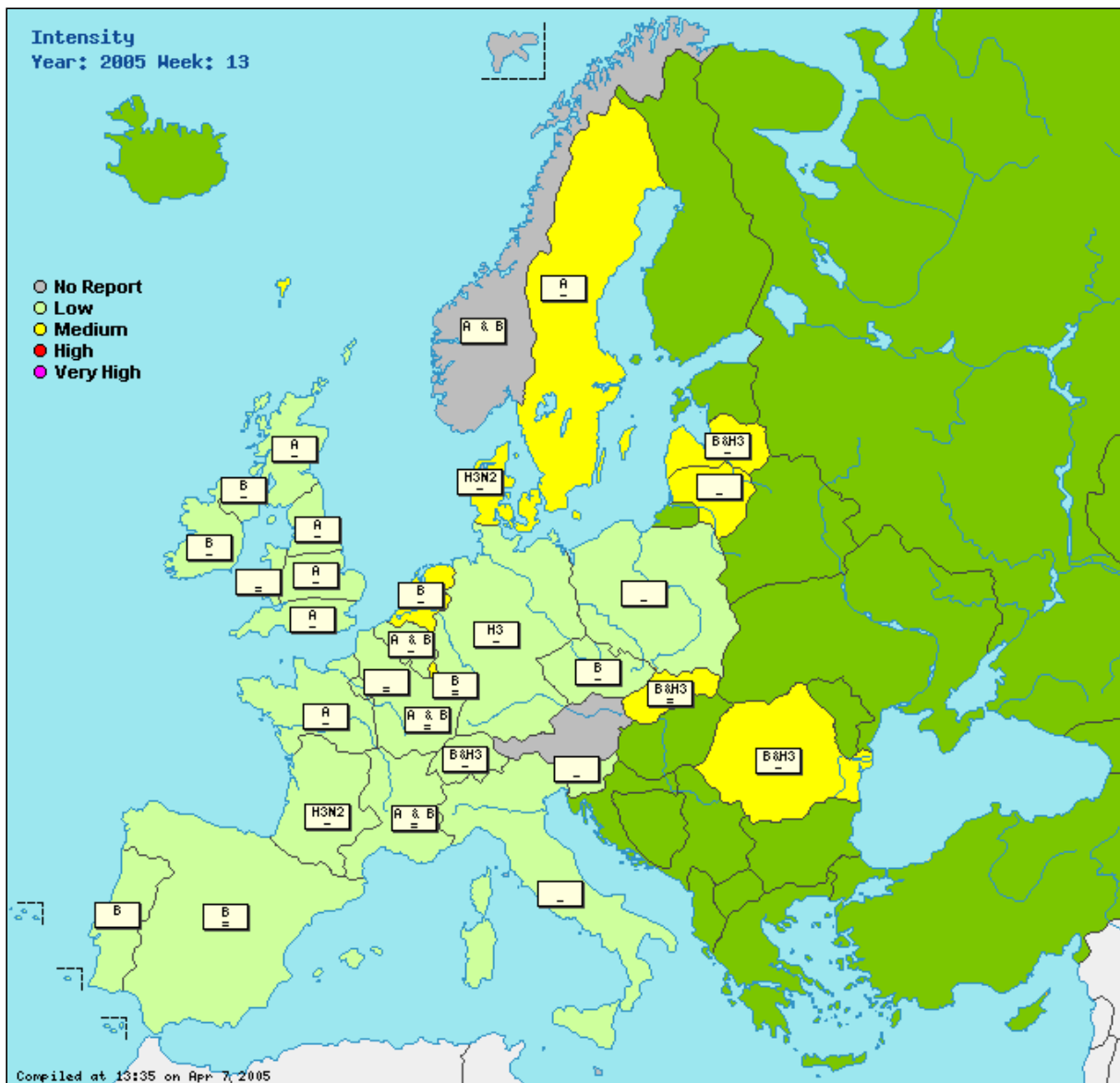
Map

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.

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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
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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 in England have continued to decrease in week 13/05, with clinical indicators well within baseline levels.

France

At national level, Influenza activity is below the epidemic threshold for the first week.

Italy

A decrease in clinical influenza activity is reported. From the beginning of the surveillance season, the dominant virus is influenza A/H3N2 subtype, but the proportion of influenza isolates identified as influenza type B viruses has increased in the last weeks. During this week no isolation and/or identification are reported, yet.

Switzerland

Consultation rate for influenza like illness is far below the threshold and there is a small number of influenza viruses detected. The situation is similar for all the regions of Switzerland. Influenza B viruses are now detected in majority but at a sporadic level.

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
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Belgium	Low	Sporadic	9	44.4%	Type A and B	148.5 (graphs)	1228.7 (graphs)	Click here
Czech Republic	Low	Local	49	14.3%	Type B		(graphs)	Click here
Denmark	Medium	Widespread	20	40.0%	Type A, Subtype H3N2	148.7 (graphs)		Click here
England	Low	Sporadic	10	0%	Type A	13.6 (graphs)	511.0 (graphs)	Click here
France	Low	Local	52	15.4%	Type A, Subtype H3N2		1299.1 (graphs)	Click here
Germany	Low	Local	43	20.9%	Type A, Subtype H3		947.0 (graphs)	Click here
Ireland	Low	Sporadic	11	54.6%	Type B	9.4 (graphs)		Click here
Italy	Low	Sporadic	27	0%	None	87.5 (graphs)		Click here
Latvia	Medium	Local	4	50.0%	Type B and Type A, Subtype H3	220.1 (graphs)	999.8 (graphs)	Click here
Lithuania	Medium	Local				86.3 (graphs)	515.3 (graphs)	Click here
Luxembourg	Medium	Sporadic	2	100.0%	Type B		(graphs)	Click here
Netherlands	Medium	Widespread	1	0%	Type B	48.4 (graphs)		Click here
Northern Ireland	Low	Sporadic	0	0%	Type B	20.6 (graphs)		Click here
Norway			0	0%	Type A and B		(graphs)	Click here
Poland	Low	None	8	0%	None	82.9 (graphs)		Click here
Portugal	Low	None	1	100.0%	Type B		(graphs)	Click here
Romania	Medium	Local	55	52.7%	Type B and Type A, Subtype H3	1409.4 (graphs)	27.8 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	Type A	18.1 (graphs)		Click here
Slovakia	Medium	Local	5	0%	Type B and Type A, Subtype H3	1006.9 (graphs)		Click here
Slovenia	Low	Sporadic	4	50.0%	None	8.4 (graphs)	934.7 (graphs)	Click here
Spain	Low	Sporadic	20	55.0%	Type B	21.8 (graphs)		Click here
Sweden	Medium	Regional	0	0%	Type A		(graphs)	Click here
Switzerland	Low	Sporadic	5	0%	Type B and Type A, Subtype H3	35.1 (graphs)		Click here
Wales	Low	None	0	0%	None	0.9 (graphs)		Click here
Europe			326	27.3%				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

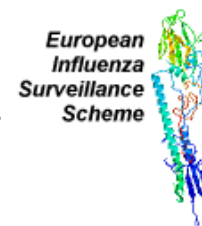
Population: per 100,000 population

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Low and decreasing levels of influenza activity in Europe



Summary: The influenza epidemic in Europe is coming to an end. Influenza activity is generally low and all countries reporting data to the European Influenza Surveillance Scheme (EISS) reported decreasing clinical incidences in week 14/2005. Whilst the weekly total number of influenza virus detections continues to decline, the proportion of influenza B virus detections has gradually increased and represented 42% of total detections in week 14/2005.

Epidemiological situation - week 14/2005: The intensity of clinical influenza activity was medium in two countries (Latvia and Slovakia) and low in 20 countries. Compared to week 13/2005, overall clinical incidences decreased in all countries. In countries reporting a baseline, clinical incidences were below or around (the Netherlands and Romania) the baseline threshold. Geographically, Sweden reported regional influenza activity, four countries (France, Latvia, the Netherlands and Romania) reported local activity and 15 countries reported sporadic activity. Northern Ireland and Portugal reported no activity.

Virological situation - week 14/2005: The total number of respiratory specimens collected by sentinel physicians was 350, of which 61 (17%) were influenza virus positive. In addition, 234 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 295. Of these, 170 (58%) were influenza A and 125 (42%) were influenza B. A total of 34 influenza A viruses were subtyped, 24 were A(H3) [of which 2 were A(H3N2)] and 10 were A(H1).

The dominant virus type was influenza B in seven countries (Austria, Belgium, the Czech Republic, Ireland, the Netherlands, Portugal and Spain). Influenza A was dominant in five countries, one of which was the subtype H3. Influenza A and B were co-dominant in five countries and in two of these the influenza A subtype was H3. No dominant virus (sub)type was reported in Italy, Luxembourg, Slovenia and Wales.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 14/2005 (N=13801; sentinel and non-sentinel data), 6555 (47%) were A (not subtyped), 4359 (32%) were A(H3) [of which 1554 were further subtyped as A(H3N2)], 724 (5%) were A(H1) [of which 292 were further subtyped as A(H1N1) and two as A(H1N2)] and 2163 (16%) were B. A total of 3425 viruses (25% of all isolates) have been antigenically and/or genetically characterised: 1419 A/Wellington/1/2004 (H3N2)-like viruses, 579 A/California/7/2004 (H3N2)-like viruses, 91 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 719 A/New Caledonia/20/99 (H1N1)-like viruses, 330 B/Jiangsu/10/2003-like viruses and 285 B/Hong Kong/330/2001-like viruses (click [here](#)).

Comment: Influenza activity in Europe is low in most countries, indicating that the 2004-2005 influenza season is coming to an end. Even though Latvia (click [here](#)) had slightly increased levels of clinical influenza activity in week 14/2005, all countries reported decreasing clinical incidences and two networks - Northern Ireland and Portugal - reported no influenza activity. Influenza A (H3) has been the predominant influenza virus circulating in Europe this season, but in recent weeks the proportion influenza B virus specimens has increased, reaching 42% of all detections in week 14/2005.

A spatial analysis of the spread of influenza activity in Europe revealed a general west-east spread of influenza activity during recent seasons (click [here](#)). The analysis was repeated for the 2004-2005 season and both a west-east ($p=0.000$) and south-north ($p=0.008$) spread of influenza activity was observed. The clinical data collected by EISS suggests there has been a west-east spread of influenza activity across Europe during the past four influenza seasons (2001-2002 to 2004-2005) and a south-north spread during two of these seasons (2001-2002 and 2004-2005).

The number of A(H3N2) isolates that are antigenically closely related to the new reference strain A/California/7/04 (H3N2), which has been recommended by the WHO for inclusion in the northern hemisphere vaccine for the 2005-2006 season, continues to increase. This has now been confirmed for 28% (579) of the characterised A(H3) isolates reported by EISS laboratories. The remaining A(H3) isolates reported by EISS, in particular the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2).

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of EISS. In week 14/2005, 22 networks reported clinical 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](#).

Note: The Editorial team of Eurosurveillance and the EISS Co-ordination Centre published an E-alert on the worldwide laboratory distribution of influenza A/H2N2 virus similar to 1957-58 pandemic strain on the 13th of April 2005 (please click [here](#)).

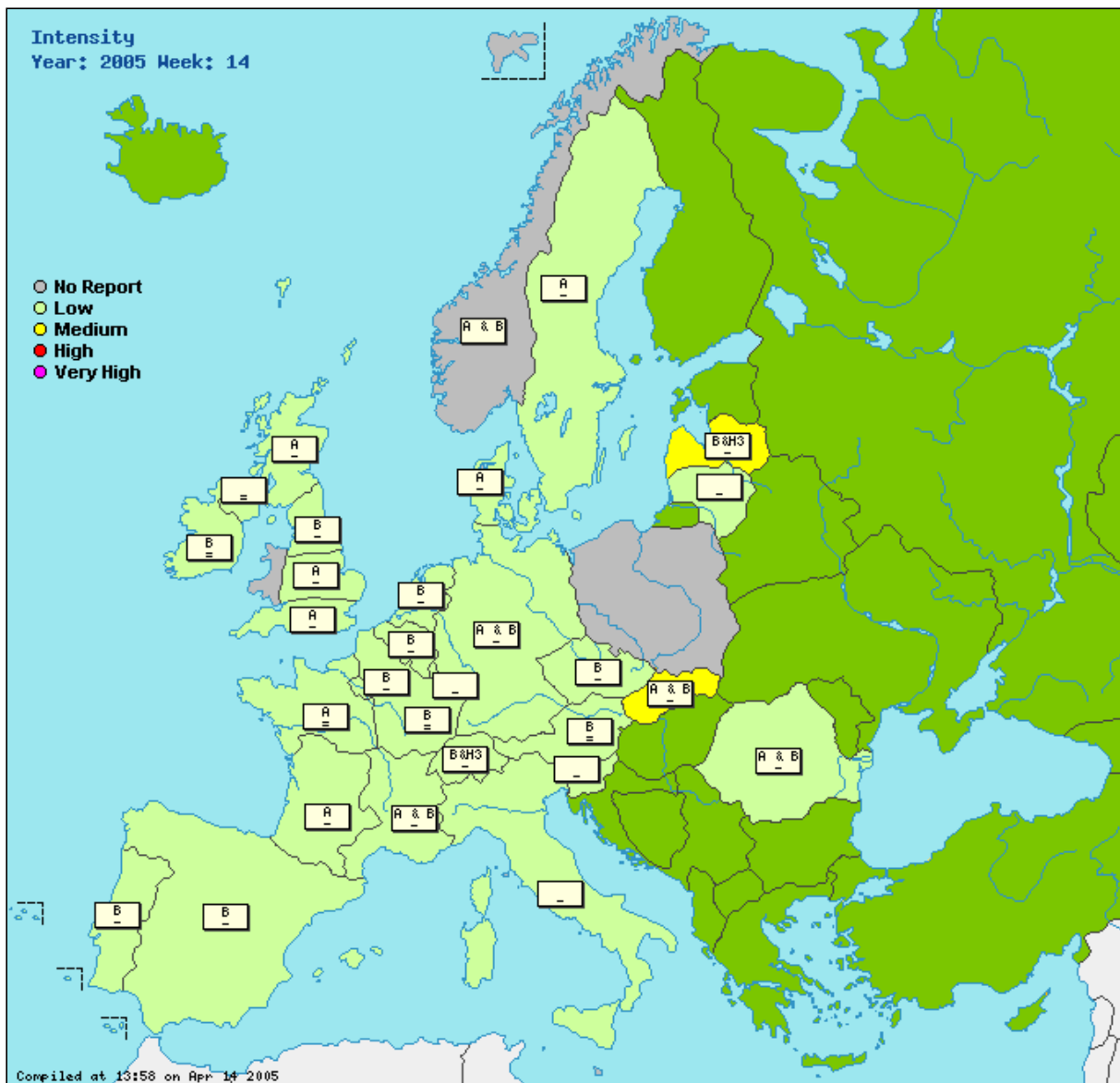
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You may select the type of map : Intensity Geographical spread



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

Italy

Low clinical influenza activity is reported. No virus isolation and/or identification has been reported during this week.

Switzerland

Influenza epidemic is over in Switzerland. Sporadic detection of A and B viruses is still detected.

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	Sporadic			35	8.6%	Type B	576.3 (graphs)		Click here
Belgium	Low	Sporadic			5	0%	Type B	71.9 (graphs)	664.5 (graphs)	Click here
Czech Republic	Low	Sporadic			57	8.8%	Type B		1046.2 (graphs)	Click here
Denmark	Low	Sporadic			24	33.3%	Type A	94.8 (graphs)		Click here
England	Low	Sporadic			5	40.0%	Type A	6.3 (graphs)	548.1 (graphs)	Click here
France	Low	Local			42	21.4%	Type A, Subtype H3N2		1312.0 (graphs)	Click here
Germany	Low	Sporadic			56	17.9%	Type A and B		943.0 (graphs)	Click here
Ireland	Low	Sporadic			5	40.0%	Type B	11.3 (graphs)		Click here
Italy	Low	Sporadic			28	0%	None	40.3 (graphs)		Click here

Latvia	Medium	Local	3	66.7%	Type B and Type A, Subtype H3	186.2 (graphs)	926.5 (graphs)	Click here
Lithuania	Low	Sporadic				52.6 (graphs)	477.0 (graphs)	Click here
Luxembourg	Low	Sporadic	1	0%	None	43.2 (graphs)		Click here
Netherlands	Low	Local	2	0%	Type B	30.4 (graphs)		Click here
Northern Ireland	Low	None				32.0 (graphs)		Click here
Norway			1	100.0%	Type A and B	graphs)		Click here
Portugal	Low	None	1	0%	Type B	12.0 (graphs)		Click here
Romania	Low	Local	29	24.1%	Type A and B	1230.4 (graphs)	17.4 (graphs)	Click here
Scotland	Low	Sporadic	8	12.5%	Type A	17.5 (graphs)		Click here
Slovakia	Medium	Sporadic	19	31.6%	Type A and B	760.7 (graphs)		Click here
Slovenia	Low	Sporadic	4	50.0%	None	3.8 (graphs)	1111.1 (graphs)	Click here
Spain	Low	Sporadic	22	13.6%	Type B	17.6 (graphs)		Click here
Sweden	Low	Regional	0	0%	Type A	graphs)		Click here
Switzerland	Low	Sporadic	3	0%	Type B and Type A, Subtype H3	18.3 (graphs)		Click here
Wales			0	0%	None	graphs)		Click here
Europe			350	17.4%				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

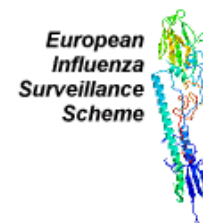
Population: per 100,000 population

*: 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 (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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Flu epidemic over in most of Europe, except for Latvia and Norway



Summary: In most of Europe the flu epidemic has come to an end. Only in Latvia and Norway raised but decreasing levels of influenza activity are reported in week 15/2005. The total number of influenza virus detections further declined. The proportion of influenza B virus detections has gradually increased and represented 55% of total virus detection in week 15/2005 as compared to 42% in week 14/2005. Influenza B affected Austria, Czech Republic, Latvia, Poland, Romania and Slovenia hardest during the 2004-2005 flu season with overall prevalences of 32-60% of all virus detections as compared to 6-28% in the other European countries.

Epidemiological situation - week 15/2005: The intensity of clinical influenza activity was medium in Lithuania and low in 22 countries. Compared to week 14/2005, overall clinical incidences decreased in all countries. In all countries reporting a baseline, clinical incidences were below the baseline threshold. Only Latvia and Norway reported raised levels of influenza activity. Geographically, Norway reported widespread activity, Latvia and Romania local activity, fourteen countries sporadic activity and six countries no activity (see table).

Virological situation - week 15/2005: The total number of respiratory specimens collected by sentinel physicians was 153, of which 23 (15%) were influenza virus positive. In addition, 97 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 120. Of these, 54 (45%) were influenza A and 66 (55%) were influenza B. A total of 20 influenza A viruses were subtyped, 15 were A(H3) [of which 1 was A(H3N2)] and 5 were A(H1).

The dominant virus type was influenza B in three countries (Ireland, the Netherlands and Spain). Influenza A was dominant in England, Romania [A(H3)] and Scotland. Influenza A and B were co-dominant in France, Latvia (influenza A subtype was H3), Norway and Switzerland (influenza A subtype was H1). In eleven countries no dominant virus (sub)type was reported.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 15/2005 (N=13991; sentinel and non-sentinel data), 6601 (47%) were A (not subtyped), 4592 (33%) were A(H3) [of which 1560 were further subtyped as A(H3N2)], 734 (5%) were A(H1) [of which 295 were further subtyped as A(H1N1) and two as A(H1N2)] and 2264 (16%) were B. A total of 3786 viruses (27% of all isolates) have been antigenically and/or genetically characterised: 1450 A/Wellington/1/2004 (H3N2)-like viruses, 829 A/California/7/2004 (H3N2)-like viruses, 111 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 739 A/New Caledonia/20/99 (H1N1)-like viruses, 350 B/Jiangsu/10/2003-like viruses and 303 B/Hong Kong/330/2001-like viruses (click [here](#); counts up to week 14 of Austria and Germany, who did not report virology in week 15/2005, were added).

Comment: Influenza activity is back to baseline levels in most of Europe, except for Latvia and Norway. However, influenza activity in these two countries is now also sharply declining.

A retrospective analysis of the distribution of virus types on a country level over the 2004-2005 season, suggests three distinct distribution types: 1) influenza A being the dominant virus during the whole season, with only a low proportion of B virus detections mostly late in the season [9 countries; typical example: click [here](#)], 2) influenza A and B co-circulation during the whole season, with a clear coinciding peak [8 countries; typical example: click [here](#)] and 3) influenza A being dominant early in the season and influenza B late in the season with a clear peak [6 countries; typical example: click [here](#)]. In countries with a coinciding influenza A and B peak, the distribution was 58-74% influenza A and 26-42% influenza B, except for Slovenia where the distribution was reversed: 40% influenza A and 60% influenza B [click [here](#)]. With the exception of Ireland, all countries where influenza A peaked early in the season and influenza B late in the season, the generally lower influenza B peak was located in the shoulder of the A peak. In Ireland, there was a clear separation of the early influenza A peak from the late influenza B peak [click [here](#)].

The number of A(H3N2) isolates that are antigenically closely related to the new reference strain A/California/7/04 (H3N2), which has been recommended by the WHO for inclusion in the northern hemisphere vaccine for the 2005-2006 season, continues to increase. This has now been confirmed for 35% (829) of the characterised A(H3) isolates reported by EISS laboratories. The remaining A(H3) isolates reported by EISS, in particular the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2).

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of EISS. In week 15/2005, 24 networks reported clinical 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](#).

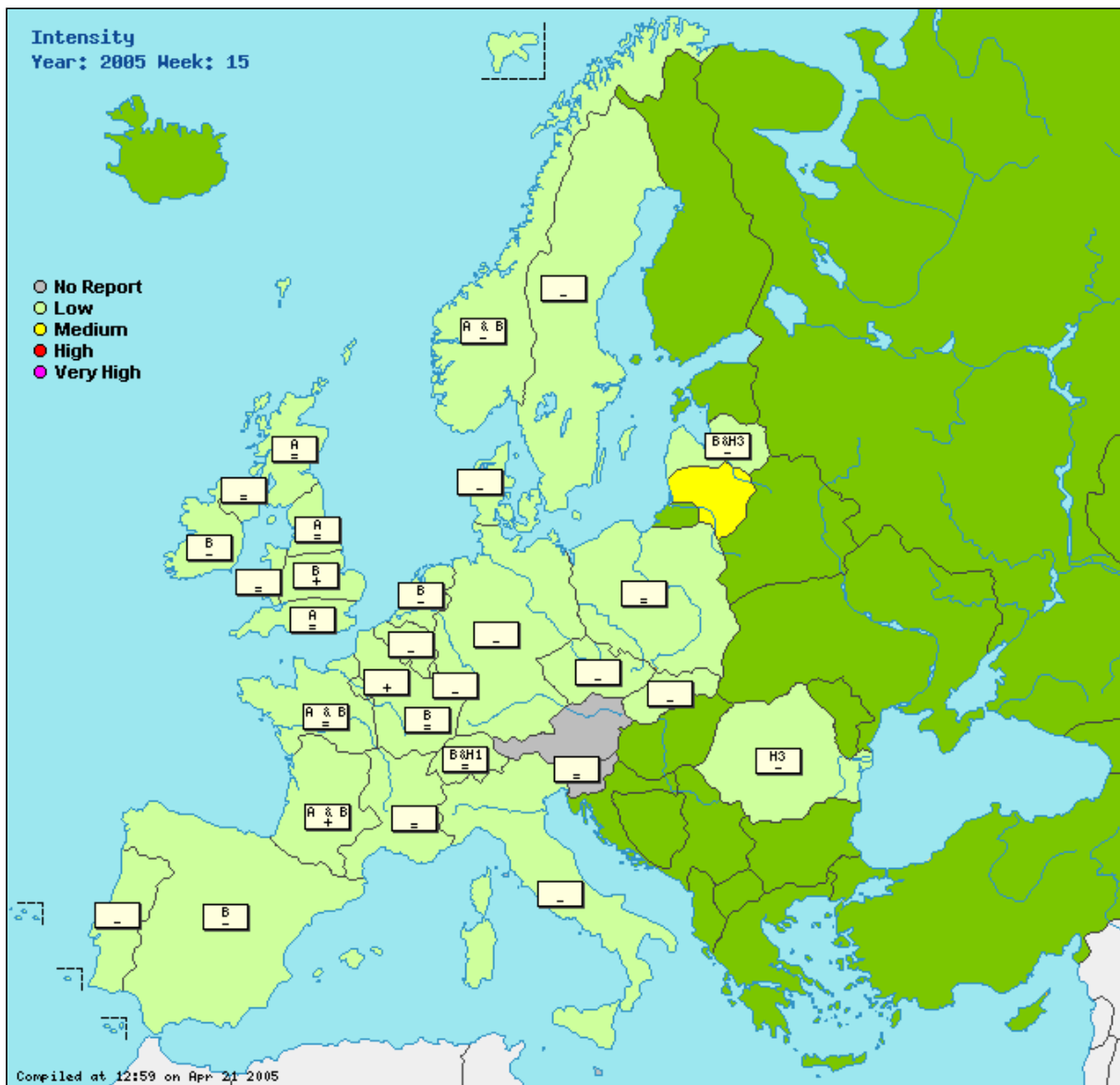
Map

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 : 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)

Italy

Influenza activity continues to decrease all over the Country. No virus isolation and/or identification has been reported during this week. Further isolation of A/H3N2 viruses subtype are reported during the previous weeks. 3 cases of influenza B have been detected in weeks 13/05 and 14/05 from children.

Switzerland

The influenza activity is now at the baseline level. Last week only 3 samples were taken by sentinel practitioners. However influenza A and B viruses are still detected.

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
Belgium	Low	Sporadic			1	0%	None	52.9 (graphs)	889.4 (graphs)	Click here
Czech Republic	Low	Sporadic			45	4.4%	None		1162.8 (graphs)	Click here
Denmark	Low	Sporadic			10	20.0%	None	64.6 (graphs)		Click here
England	Low	Sporadic			6	16.7%	Type A	8.8 (graphs)	511.0 (graphs)	Click here
France	Low	Sporadic			26	15.4%	Type A and B		1130.0 (graphs)	Click here
Germany	Low	Sporadic							778.0 (graphs)	Click here

Ireland	Low	Sporadic	2	50.0%	Type B	2.9 (graphs)		Click here
Italy	Low	Sporadic	16	0%	None	54.2 (graphs)		Click here
Latvia	Low	Local	0	0%	Type B and Type A, Subtype H3	95.3 (graphs)	919.5 (graphs)	Click here
Lithuania	Medium					17.7 (graphs)	408.2 (graphs)	Click here
Luxembourg	Low	None	0	0%	None	(graphs)		Click here
Netherlands	Low	Sporadic	2	0%	Type B	14.9 (graphs)		Click here
Northern Ireland	Low	None				21.5 (graphs)		Click here
Norway	Low	Widespread	1	0%	Type A and B	(graphs)		Click here
Poland	Low	None	2	0%	None	38.5 (graphs)		Click here
Portugal	Low	None	2	0%	None	2.4 (graphs)		Click here
Romania	Low	Local	16	43.8%	Type A, Subtype H3	1209.3 (graphs)	13.7 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	Type A	20.1 (graphs)		Click here
Slovakia	Low	Sporadic	8	12.5%	None	578.6 (graphs)		Click here
Slovenia		None	4	25.0%	None	6.5 (graphs)	1041.2 (graphs)	Click here
Spain	Low	Sporadic	11	27.3%	Type B	14.0 (graphs)		Click here
Sweden	Low	Sporadic	0	0%	None	(graphs)		Click here
Switzerland	Low	Sporadic	1	0%	Type B and Type A, Subtype H1	5.8 (graphs)		Click here
Wales	Low	None	0	0%	None	(graphs)		Click here
Europe			153	15.0%				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

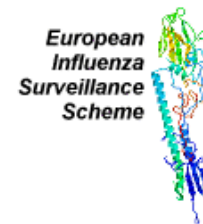
Population: per 100,000 population

*: 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 intensity of influenza activity in the whole of Europe



Summary: In most of Europe the flu epidemic has come to an end. Low levels of influenza activity were reported by all countries. Overall, sporadic cases or no influenza activity was reported. Only in Norway was influenza activity reported to be regional, although activity is declining which also indicates the end of the influenza season in this country.

Epidemiological situation - week 16/2005: The intensity of clinical influenza activity was low in all countries. Overall, the clinical incidences were decreasing, at baseline levels or stable. Geographically, Norway reported regional activity, fourteen countries reported sporadic activity and three countries reported no activity (see table).

Virological situation - week 16/2005: The total number of respiratory specimens collected by sentinel physicians was 120, of which 18 (15%) were influenza virus positive. In addition, 55 non-sentinel specimens were influenza virus positive, bringing the total number of sentinel and non-sentinel positive specimens to 73. Of these, 31 (42%) were influenza A and 42 (58%) were influenza B. A total of 11 influenza A viruses were subtyped, all were A(H3) [of which 1 was A(H3N2)].

The dominant virus type was influenza B in four countries (Denmark, Ireland, the Netherlands and Spain). Influenza A(H3) was dominant in Romania. Influenza A and B were co-dominant in France, Latvia, Norway and Slovakia. In ten countries no dominant virus (sub)type was reported.

Virological situation - 2004-2005 season: Based on (sub)typing data of all influenza virus detections up to week 16/2005 (N=14,183; sentinel and non-sentinel data), 6622 (47%) were A (not subtyped), 4470 (32%) were A(H3) [of which 1609 were further subtyped as A(H3N2)], 747 (5%) were A(H1) [of which 312 were further subtyped as A(H1N1) and two as A(H1N2)] and 2344 (17%) were B. A total of 4083 viruses (29% of all isolates) have been antigenically and/or genetically characterised: 1226 A/Wellington/1/2004 (H3N2)-like viruses, 1263 A/California/7/2004 (H3N2)-like viruses, 112 A/Fujian/411/2002 (H3N2)-like viruses, two A/Panama/2007/99 (H3N2)-like viruses, 765 A/New Caledonia/20/99 (H1N1)-like viruses, 401 B/Jiangsu/10/2003-like viruses and 314 B/Hong Kong/330/2001-like viruses (click [here](#); important: counts for countries that did not report virological data in week 16/2005 (Austria, Germany and Switzerland) have been added).

Comment: Influenza activity has reached baseline levels in most of Europe. Most countries reported only sporadic or no influenza activity. In Norway regional activity was reported, but activity is declining.

The number of A(H3N2) isolates that are antigenically closely related to the new reference strain A/California/7/04 (H3N2), which has been recommended by the WHO for inclusion in the northern hemisphere vaccine for the 2005-2006 season, continues to increase. This has now been confirmed for 49% (1263) of the characterised A(H3) isolates reported by EISS laboratories. The remaining A(H3) isolates reported by EISS, in particular the isolates reported to be A/Wellington/1/04 (H3N2)-like, await further classification using the new reference reagents for A/California/7/04 (H3N2).

This is the last Weekly Electronic Bulletin of the 2004-2005 influenza season. Many surveillance networks are no longer actively monitoring influenza activity or will shortly stop doing so as the influenza season is considered to be over. Some networks will continue to enter levels of influenza activity and this will appear on the EISS maps (click [here](#)). Most countries will continue to monitor influenza activity (e.g. laboratory reports of influenza viruses) and this surveillance data can be viewed via the national/regional websites (click [here](#)). The EISS Weekly Electronic Bulletin will resume publication in October 2005, at the beginning of the 2005-2006 influenza season.

Background: The Weekly Electronic Bulletin presents and comments upon influenza activity in 23 European countries (26 networks) that are members of EISS. In week 16/2005, 18 networks reported clinical 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](#).

Erratum: For Portugal, the clinical incidence presented in the table is not correct; the correct incidence is: 8.2 ILI per 100.000 population.

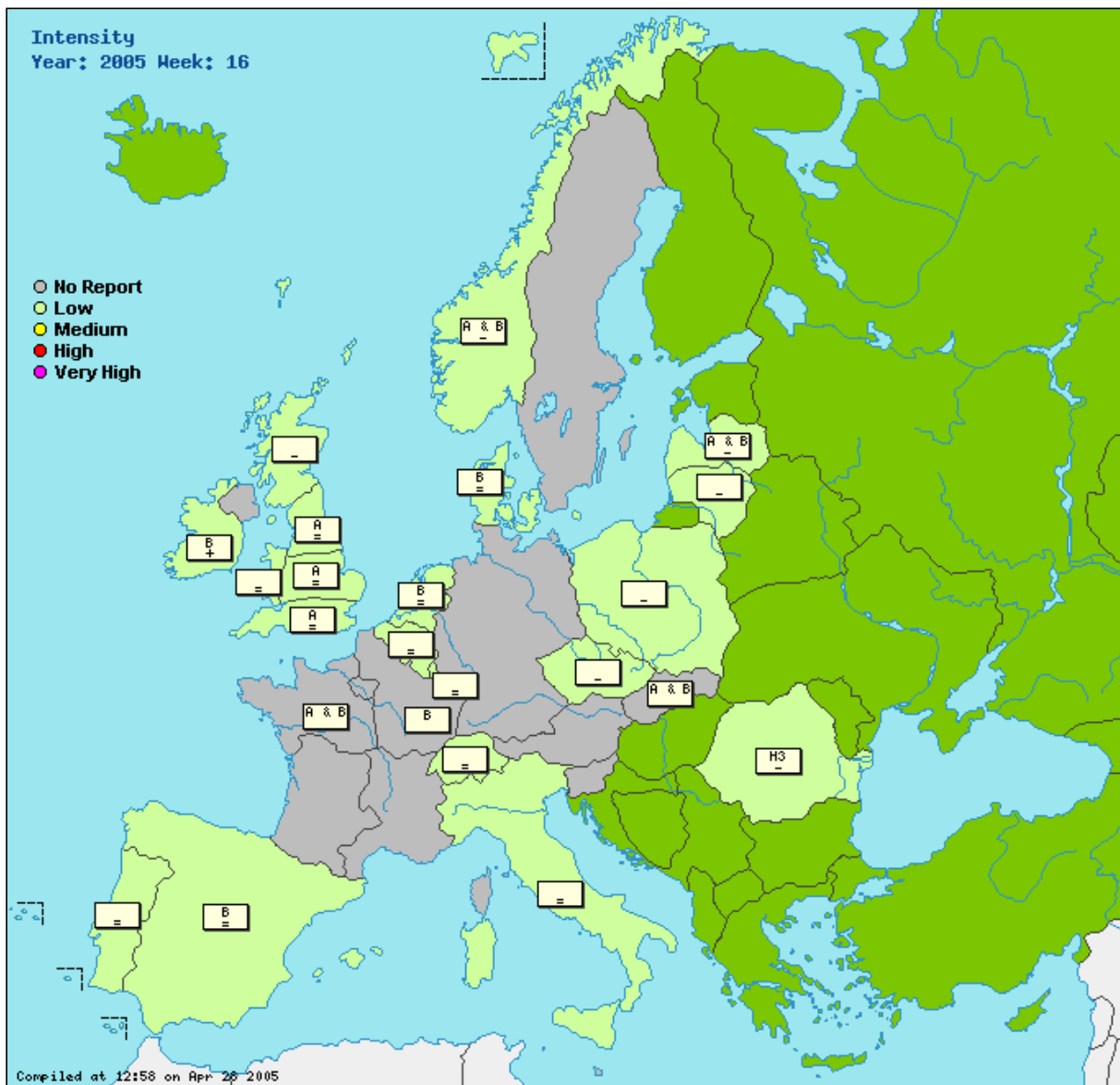
Map

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

Country comments (where available)

Italy

Influenza activity is at very low levels. No virus isolation and/or identification has been reported during this week. 5 cases of influenza type B and 2 of influenza type A, not yet subtyped, are reported from Parma (northern Italy). The viruses, collected in week 07/05, have been obtained from non-sentinel specimens. One Respiratory Syncytial Virus has been detected in the Centre of Milano, in Northern Italy, from a child in week 14/05.

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
Belgium	Low	Sporadic			7	14.3%	None	37.6 (graphs)	878.5 (graphs)	Click here
Czech Republic	Low	Sporadic			37	0%	None		909.7 (graphs)	Click here
Denmark	Low	Sporadic			4	50.0%	Type B	43.3 (graphs)		Click here
England	Low	Sporadic			0	0%	None	7.5 (graphs)	545.8 (graphs)	Click here
France					15	6.7%	Type A and B		(graphs)	Click here
Ireland	Low	Sporadic			5	40.0%	Type B	5.9 (graphs)		Click here
Italy	Low	Sporadic			11	0%	None	48.0 (graphs)		Click here
Latvia	Low	Sporadic			0	0%	Type A and B	39.4 (graphs)	878.0 (graphs)	Click here

Lithuania	Low	Sporadic				6.9 (graphs)	352.7 (graphs)	Click here
Luxembourg	Low	Sporadic	3	0%	None	67.2 (graphs)		Click here
Netherlands	Low	Sporadic	1	0%	Type B	28.7 (graphs)		Click here
Norway	Low	Regional	1	0%	Type A and B	(graphs)		Click here
Poland	Low	None	2	0%	None	3.1 (graphs)		Click here
Portugal	Low	None	0	0%	None	92.7 (graphs)		Click here
Romania	Low	Sporadic	10	40.0%	Type A, Subtype H3	1143.9 (graphs)	6.0 (graphs)	Click here
Scotland	Low	Sporadic	1	0%	None	10.0 (graphs)		Click here
Slovakia			9	66.7%	Type A and B	(graphs)		Click here
Slovenia			1	0%	None	(graphs)		Click here
Spain	Low	Sporadic	13	15.4%	Type B	16.8 (graphs)		Click here
Switzerland	Low	Sporadic				16.3 (graphs)		Click here
Wales	Low	None	0	0%	None	(graphs)		Click here
Europe			120	15.0%				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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