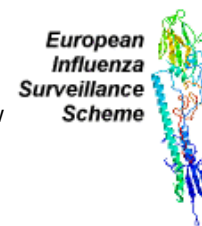


Low influenza activity in Europe



Summary: This is the first bulletin of the 2005-2006 influenza season. The intensity of clinical influenza activity is low in all parts of Europe. Increasing activity is reported in England South and Central and the Slovak Republic, but the incidence of influenza-like illness is still at baseline levels. Between week 36 and week 41 three influenza A cases and two influenza B cases have been reported in Great Britain and one influenza A case in the Czech Republic. No human cases of influenza A(H5N1) have been reported in Europe.

Epidemiological and virological situation: Nineteen of the 22 networks that reported clinical data (see **Background** below) reported low intensity of clinical influenza activity (see table below), meaning that there is either no influenza activity detectable or influenza activity is at baseline levels (for explanation of intensity indicator click [here](#)). Except for England and the Slovak Republic, the influenza activity did not change compared to the previous week. In England South, England Central and the Slovak Republic, clinical influenza activity increased compared to week 40/2005, whereas in England North it decreased.

In all parts of Europe the geographic spread indicator "no activity" was reported (see table below), meaning that there is no evidence of influenza virus activity (for explanation geographic spread indicator click [here](#)).

The total number of respiratory specimens collected by sentinel physicians in week 41/2005 was 155. In addition, 453 non-sentinel specimens were analyzed. None of these sentinel and non-sentinel specimens were positive for influenza virus.

Comment: Based on data reported so far, the current level of clinical influenza activity in Europe is low (at baseline levels) and since week 36/2005 there were only sporadic laboratory confirmed influenza cases reported in Great Britain and the Czech Republic.

Among the respiratory specimens from sentinel and non-sentinel sources reported to EISS between week 36 and week 41 of 2005 (N=1,423), there were four laboratory confirmed cases of influenza A and two of influenza B. Two of the influenza A cases (week 38, unsubtype) and the influenza B cases (week 39) were detected in Wales. The other influenza A cases were detected in England North and in the Czech Republic (week 40, unsubtype).

As the highly pathogenic avian influenza virus A(H5N1) has been detected in birds in Europe (Romania and Turkey) (click [here](#)), EISS has started collection of data on the detection of the A(H5N1) virus in humans as of 14 October 2005. Up to week 41/2005 no human cases have been reported in Europe.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 25 European countries (28 networks) that are members of the European Influenza Surveillance Scheme (EISS). In week 41/2005, 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a weekly update on the global situation of influenza A(H5N1), please click [here](#).

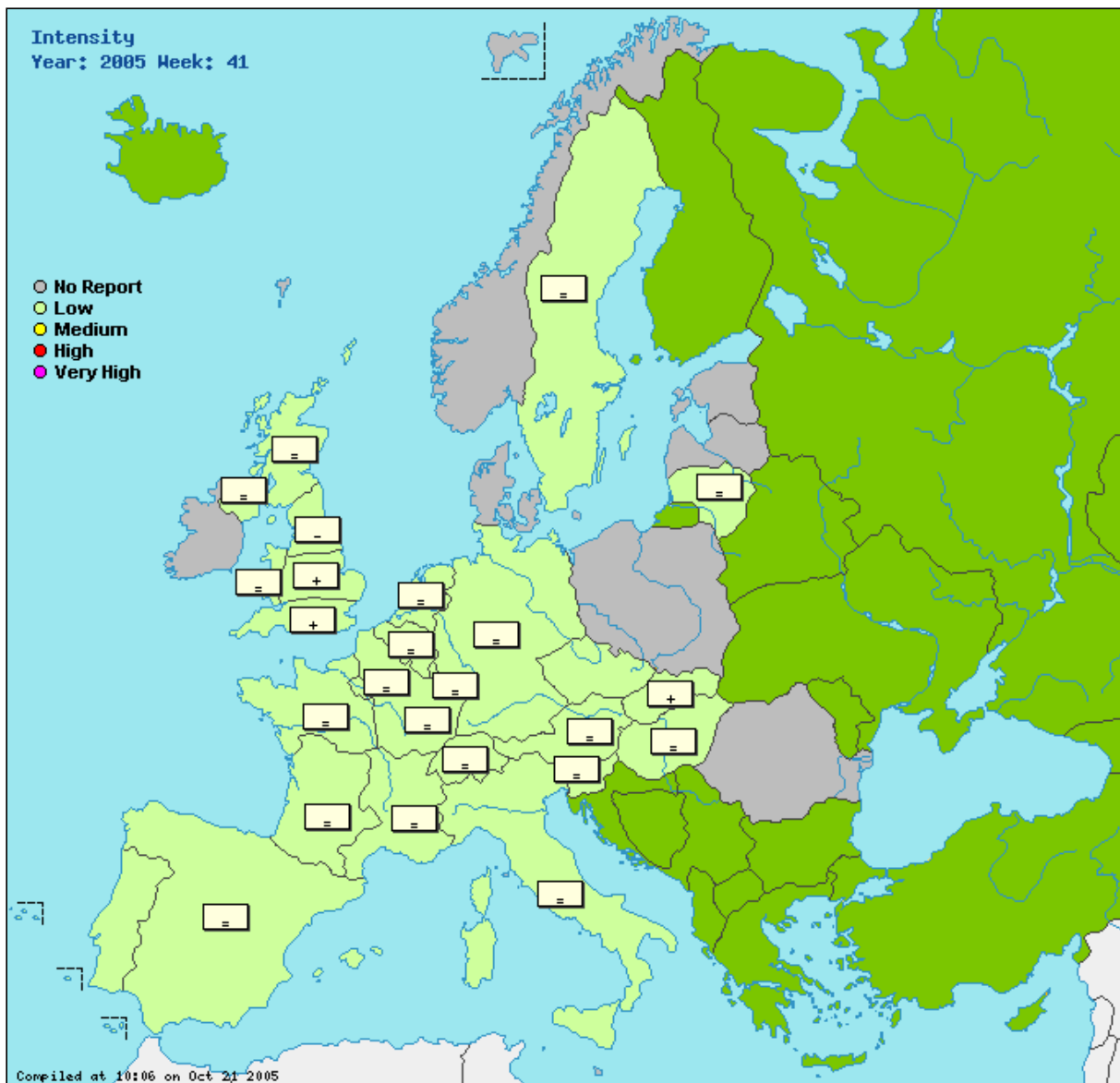
Map

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 influenza activity

Switzerland

no influenza virus detected in Switzerland since the beginning of the surveillance.

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			26	0%	None	1032.5 (graphs)		Click here
Belgium	Low	None			4	0%	None	65.0 (graphs)	1300.0 (graphs)	Click here
Czech Republic	Low	None			0	0%	None	35.3 (graphs)	1008.0 (graphs)	Click here
Denmark		None			0	0%	None	17.9 (graphs)		Click here
England	Low	None			19	0%	None	12.1 (graphs)	555.1 (graphs)	Click here
Estonia					7	0%	None	graphs		Click here
France					50	0%	None		1498.8 (graphs)	Click here
Germany	Low	None							1391.7 (graphs)	Click here
Hungary	Low	None						125.9 (graphs)		Click here

Ireland			12	0%	None	(graphs)		Click here
Italy	Low	None				39.1 (graphs)		Click here
Latvia		None	0	0%	None	(graphs)	1204.2 (graphs)	Click here
Lithuania	Low	None				0.4 (graphs)	379.1 (graphs)	Click here
Luxembourg	Low	None	2	0%	None	(graphs)		Click here
Netherlands	Low	None	5	0%	None	20.7 (graphs)		Click here
Northern Ireland	Low	None				21.4 (graphs)		Click here
Norway			0	0%	None	(graphs)		Click here
Portugal	Low	None	8	0%	None	20.5 (graphs)		Click here
Romania		None	9	0%	None	1186.5 (graphs)	2.5 (graphs)	Click here
Scotland	Low	None	0	0%	None	5.4 (graphs)		Click here
Slovakia	Low	None				510.0 (graphs)		Click here
Slovenia	Low	None	2	0%	None	(graphs)	1194.4 (graphs)	Click here
Spain	Low	None	4	0%	None	12.9 (graphs)		Click here
Sweden	Low	None	0	0%	None	(graphs)		Click here
Switzerland	Low	None	7	0%	None	6.3 (graphs)		Click here
Wales	Low	None	0	0%	None	0.5 (graphs)		Click here
Europe			155	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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Low levels of influenza activity in Europe



Summary: The intensity of influenza activity in Europe is low. Only two countries, Poland and Hungary, reported an increase in clinical activity in week 42/2005, but in both countries the incidence of influenza-like illness was low and remained at baseline levels. There have only been eight laboratory confirmed cases of influenza virus detected since week 36/2005: four in Wales, two in Poland, one in Czech Republic and one in England. No human cases of influenza A(H5N1) have been reported in Europe.

Epidemiological situation - week 42/2005: The intensity of clinical influenza activity was low in all countries reporting data to the European Influenza Surveillance Scheme (EISS). Only two countries, Poland and Hungary, reported an increase in clinical activity compared to week 41/2005, but in both countries the incidence of influenza-like illness was low and at baseline levels.

For the geographical spread of influenza (click [here](#) for the definitions), all countries reported no activity, meaning there was no evidence of influenza virus activity.

Virological situation - week 42/2005 and the 2005-2006 season: The total number of respiratory specimens collected by sentinel physicians in week 42/2005 was 223, of which two (0.9%) were influenza virus positive. The two positive specimens were influenza B and both were detected in Poland. In addition, 789 non-sentinel specimens (e.g. specimens collected in hospitals) were analyzed and none of these were positive for the influenza virus.

So far this season (week 36-42/2005), there have been eight influenza virus detections reported to EISS: four cases of influenza A (unsubtyped) and four cases of influenza B. The four cases of influenza A (unsubtyped) were reported in Wales (two), the Czech Republic (one) and England (one) and the four cases of influenza B were reported in Wales (two) and Poland (two). One case was from a sentinel physician (in the Czech Republic) and all other cases were from non-sentinel sources. No viruses have been antigenically and/or genetically characterized.

Comment: Based on data reported to EISS, influenza activity in Europe is at low (baseline) levels and there have only been sporadic laboratory confirmed cases of influenza since the start of the season. Among cases of influenza-like illness or acute respiratory infection from which a respiratory specimen (sentinel and non-sentinel sources) was taken between week 36 and week 42/2005 (N=3069), there have been only 8 (0.3%) reports of laboratory confirmed influenza.

As the highly pathogenic avian influenza virus A(H5N1) has been detected in birds in Europe (Croatia, Romania and Turkey) (click [here](#)), EISS started to collect data on the detection of the A(H5N1) virus in humans as of 14 October 2005. Up to week 42/2005 no human cases have been reported in Europe.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 28 European countries that are members of EISS. In week 42/2005, 24 countries reported clinical data and 23 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

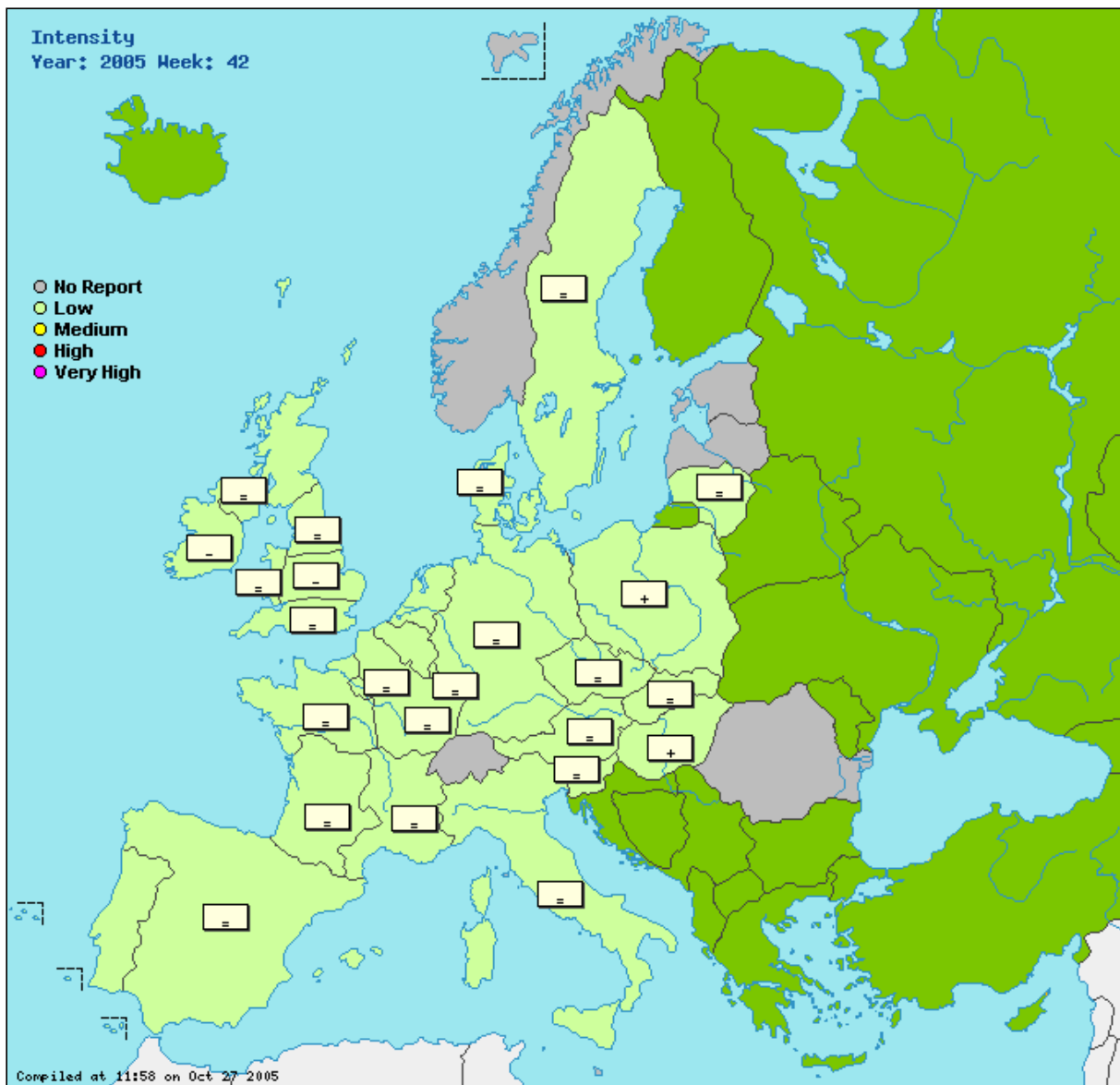
Map

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
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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)

Latvia

No influenza virus isolation nor detection so far. ARI cases due to Parainf 1 and Parainf 3 and adenovirus circulation with sporadic cases of RSV.

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			32	0%	None	1011.6 (graphs)		Click here
Belgium	Low	None			2	0%	None	42.5 (graphs)	1217.0 (graphs)	Click here
Czech Republic	Low	None			9	0%	None	36.8 (graphs)	1092.1 (graphs)	Click here
Denmark	Low	None			0	0%	None	13.6 (graphs)		Click here
England	Low	None			22	0%	None	10.9 (graphs)	528.1 (graphs)	Click here
Estonia					5	0%	None	graphs)		Click here
France	Low	None			54	0%	None		1530.7 (graphs)	Click here
Germany	Low	None			22	0%	None		1366.0 (graphs)	Click here
Hungary	Low	None						139.9 (graphs)		Click here
Ireland	Low	None			5	0%	None	8.1 (graphs)		Click here

Italy	Low	None				39.1 (graphs)		Click here
Latvia		None	1	0%	None	(graphs)	1269.4 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.8 (graphs)	452.3 (graphs)	Click here
Luxembourg	Low	None	5	0%	None	93.0 (graphs)		Click here
Netherlands	Low	None	4	0%	None	23.9 (graphs)		Click here
Northern Ireland	Low	None	2	0%	None	35.8 (graphs)		Click here
Poland	Low	None	13	15.4%	None	91.6 (graphs)		Click here
Portugal	Low	None	2	0%	None	7.5 (graphs)		Click here
Romania		None	26	0%	None	1157.0 (graphs)	2.3 (graphs)	Click here
Scotland	Low	None	0	0%	None	9.0 (graphs)		Click here
Slovakia	Low	None	0	0%	None	439.8 (graphs)		Click here
Slovenia	Low	None	1	0%	None	(graphs)	1249.7 (graphs)	Click here
Spain	Low	None	28	0%	None	11.0 (graphs)		Click here
Sweden	Low	None	0	0%	None	(graphs)		Click here
Wales	Low	None	0	0%	None	1.8 (graphs)		Click here
Europe			233	0.9%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

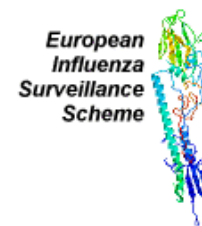
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Influenza activity in Europe remains low



Summary: The intensity of clinical influenza activity in Europe is currently low. Sporadic laboratory confirmed cases of influenza have been detected since week 36/2005: five in the Czech Republic, four in Scotland, two in Estonia, Wales and Poland, and one in England. The total number of laboratory confirmed cases of influenza has slowly increased, but the numbers remain small (seven in week 43/2005) and confirm the low levels of clinical influenza activity. No human cases of influenza A(H5N1) have been reported in Europe.

Epidemiological situation – week 43/2005: The intensity of clinical influenza activity was low in all countries reporting data to the European Influenza Surveillance Scheme (EISS). One country, Latvia, reported an increase in clinical activity compared to week 42/2005, but the incidence of influenza-like illness was low and at baseline levels. All other countries reported either stable or decreasing (in Ireland and Hungary) levels of clinical activity.

For the geographical spread of influenza (click [here](#) for the definitions), all countries reported no activity, meaning there was no evidence of influenza virus activity.

Virological situation - week 43/2005 and the 2005-2006 season: The total number of respiratory specimens collected by sentinel physicians in week 43/2005 was 214, of which four (1.9%) were influenza virus positive. The four positive specimens were influenza A (unsubtyped) and were all detected in the Czech Republic. In addition, 340 non-sentinel specimens (e.g. specimens collected in hospitals) were analyzed and three of these were positive for the influenza virus: two in Estonia [A(unsubtyped) and B] and one in Scotland [A(unsubtyped)].

So far this season (week 36-43/2005), there have been 16 influenza virus detections reported to EISS: eleven cases of influenza A and five cases of influenza B. There has been a gradual increase in the total number of influenza virus detections: one in week 38/2005, one in week 39/2005, two in week 40/2005, two in week 41/2005, three in week 42/2005 and seven in week 43/2005. No viruses have been antigenically and/or genetically characterized.

Comment: Influenza activity in Europe is at baseline levels and there have only been sporadic laboratory confirmed cases of influenza. Although the number of laboratory confirmed cases of influenza is slowly increasing, the numbers remain low: among cases of influenza-like illness or acute respiratory infection from which a respiratory specimen (sentinel and non-sentinel sources) was taken in week 43/2005 (N=554), only seven (1.3%) were positive for the influenza virus. This number is also very low when compared to the total number of positive specimens observed each week during the 2004-2005 season (click [here](#) [second graph]).

As the highly pathogenic avian influenza virus A(H5N1) has been detected in birds in Europe (Croatia, Romania and Turkey) (click [here](#)), EISS started to collect data on the detection of the A(H5N1) virus in humans as of 14 October 2005. Up to week 43/2005 no human cases have been reported in Europe.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 28 European countries that are members of EISS. In week 43/2005, 22 countries reported clinical data and 22 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

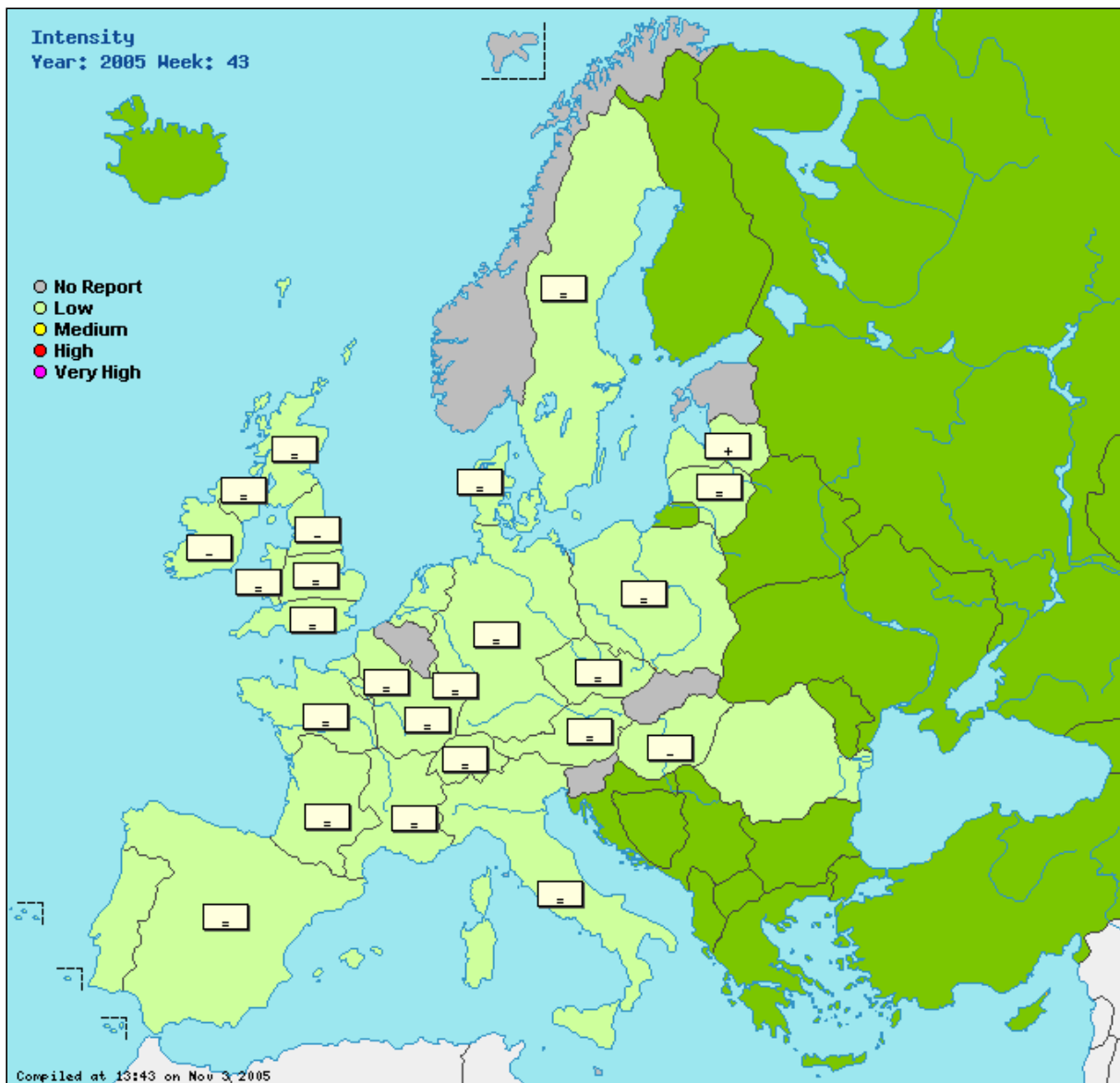
Map

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)

Czech Republic

3 influenza positive samples are from adult patients (transplantation programme - Prague), one is from adult patient from south Bohemia (ILI episode). All diagnosis were performed by means of direct antigen detection (IF, ELISA).

Switzerland

No influenza activity in Switzerland was detected until now.

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			30	0%	None	1047.1 (graphs)		Click here
Czech Republic	Low	None			35	11.4%	None	29.5 (graphs)	897.7 (graphs)	Click here
Denmark	Low	None			0	0%	None	46.4 (graphs)		Click here
England	Low	None			32	0%	None	9.4 (graphs)	549.5 (graphs)	Click here
Estonia					8	0%	None	graphs		Click here
France	Low	None			31	0%	None		1072.5 (graphs)	Click here
Germany	Low	None							1228.0 (graphs)	Click here
Hungary	Low	None						111.6 (graphs)		Click here

Ireland	Low	None	5	0%	None	3.6 (graphs)		Click here
Italy	Low	None				33.0 (graphs)		Click here
Latvia	Low	None				1.1 (graphs)	1024.7 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.4 (graphs)	468.5 (graphs)	Click here
Luxembourg	Low	None	5	0%	None	(graphs)		Click here
Netherlands	Low	None	0	0%	None	27.2 (graphs)		Click here
Northern Ireland	Low	None	1	0%	None	34.0 (graphs)		Click here
Norway			0	0%	None	(graphs)		Click here
Poland	Low	None	11	0%	None	52.0 (graphs)		Click here
Portugal	Low	None	0	0%	None	7.3 (graphs)		Click here
Romania	Low	None	20	0%	None	1186.0 (graphs)	1.8 (graphs)	Click here
Scotland	Low	None	0	0%	None	9.7 (graphs)		Click here
Slovakia			6	0%	None	(graphs)		Click here
Slovenia			6	0%	None	(graphs)		Click here
Spain	Low	None	16	0%	None	8.0 (graphs)		Click here
Sweden	Low	None	0	0%	None	(graphs)		Click here
Switzerland	Low	None	8	0%	None	13.2 (graphs)		Click here
Wales	Low	None	0	0%	None	0.5 (graphs)		Click here
Europe			214	1.9%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

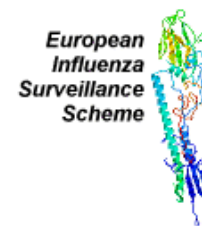
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Continued low influenza activity in Europe



Summary: The intensity of clinical influenza activity in Europe remains low. Sporadic laboratory confirmed cases of influenza (N=16) have been detected since week 40/2005 in the Czech Republic, Estonia, Poland, the United Kingdom, and in Switzerland. The isolated viruses represent the complete spectrum of human influenza viruses that circulated in Europe in the 2004-2005 season: A(H1), A(H3) and B. No confirmed cases of humans infected with the avian influenza A(H5N1) virus have been reported in Europe.

Epidemiological situation – week 44/2005: In all countries that reported the intensity of influenza activity this was low. Three areas, England-South, Ireland and Poland, reported an increase in clinical activity compared to week 43/2005, but the incidence of influenza-like illness was low and at baseline levels. All other countries reported either unchanging or decreasing levels of clinical activity.

For the geographical spread of influenza, Switzerland reported sporadic activity, which means that isolated cases of laboratory confirmed influenza infection have been found. All other countries reported no activity, meaning that the overall level of clinical activity remained at baseline levels and influenza virus infections are not being laboratory confirmed.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 44/2005: The total number of respiratory specimens collected by sentinel physicians in week 44/2005 was 187, of which none were influenza virus positive. In addition, 675 non-sentinel specimens (e.g. specimens collected in hospitals) were analyzed and one of these was positive for influenza B virus in Estonia.

The dominant virus type in Switzerland was influenza A(H1N1). All other countries did not report a dominant virus type.

Virological situation - 2005-2006 season (week 40-44/2005): Based on (sub)typing data of all influenza virus detections up to week 44/2005 (N=16; sentinel and non-sentinel data), 8 (50%) were A (not subtyped), 2 (13%) were A(H3), 1 (6%) was A(H1N1) and 5 (31%) were B. The hemagglutinin of the influenza A(H1N1) virus from Switzerland was antigenically and genetically characterised as A/New Caledonia/20/99 (H1N1)-like (click [here](#)).

Up to week 44/2005 no human cases of A(H5N1) influenza have been reported in Europe.

Comment: Influenza activity in Europe remains at baseline levels. Laboratory confirmed cases of influenza have only been found sporadically since week 40/2005 in the Czech Republic, England, Estonia, Poland, Scotland, and in Switzerland. As all types and subtypes of influenza viruses that have circulated last season have been detected (click [here](#)) it remains to be seen which virus type or subtype will become dominant in Europe this season.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 31 European countries that are members of EISS. In week 44/2005, 22 countries reported clinical data and 22 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, 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.

France

The seasonal RSV epidemic is beginning in Ile-de-France region.

Switzerland

One influenza A virus was detected in a 39 years old patient living in the western part of Switzerland. The strain was related to influenza A/New Caledonia/20/99 (H1N1). However, medical consultations remained far below the threshold 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			32	0%	None	841.5 (graphs)		Click here
Belgium	Low	None			1	0%	None	62.9 (graphs)	1329.8 (graphs)	Click here
Czech Republic	Low	None			24	0%	None	35.0 (graphs)	1029.5 (graphs)	Click here
Denmark	Low	None			2	0%	None	36.9 (graphs)		Click here
England	Low	None			23	0%	None	10.8 (graphs)	522.3 (graphs)	Click here

Estonia			2	0%	None	(graphs)		Click here
France	Low	None	15	0%	None		1056.6 (graphs)	Click here
Germany	Low	None	16	0%	None		1152.0 (graphs)	Click here
Hungary	Low	None				82.9 (graphs)		Click here
Ireland	Low	None	7	0%	None	9.8 (graphs)		Click here
Latvia	Low	None	0	0%	None	(graphs)	984.7 (graphs)	Click here
Lithuania	Low	None				0.8 (graphs)	286.5 (graphs)	Click here
Luxembourg	Low	None	0	0%	None	(graphs)		Click here
Netherlands	Low	None	3	0%	None	18.1 (graphs)		Click here
Northern Ireland	Low	None	1	0%	None	27.8 (graphs)		Click here
Norway			0	0%	None	(graphs)		Click here
Poland	Low	None	0	0%	None	79.4 (graphs)		Click here
Portugal	Low	None	2	0%	None	6.3 (graphs)		Click here
Romania	Low	None	27	0%	None	1179.9 (graphs)	0.4 (graphs)	Click here
Slovakia	Low	None				475.3 (graphs)		Click here
Slovenia	Low	None	1	0%	None	(graphs)	730.1 (graphs)	Click here
Spain	Low	None	16	0%	None	12.2 (graphs)		Click here
Sweden	Low	None	0	0%	None	(graphs)		Click here
Switzerland	Low	Sporadic	15	0%	Type A, Subtype H1N1	15.3 (graphs)		Click here
Wales			0	0%	None	(graphs)		Click here
Europe			187	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

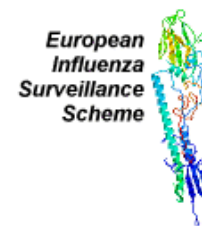
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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The intensity of influenza activity remains low with sporadic influenza activity reported in the United Kingdom



Summary: The influenza activity in Europe remains at baseline levels. Sporadic laboratory confirmed cases of influenza were detected in United Kingdom and Slovenia in week 45/2005. Seven influenza virus isolates were reported of which five were influenza A and two were influenza B. No confirmed cases of humans infected with the avian influenza A(H5N1) virus have been reported in Europe.

Epidemiological situation – week 45/2005: All countries reported a low intensity of influenza activity. Five countries (Denmark, England, Hungary, Lithuania and Slovakia) reported an increase in clinical activity compared to week 44/2005, but the incidence of influenza-like illness was low and at baseline levels.

For the geographical spread of influenza, England and Scotland reported sporadic influenza activity, which means that isolated cases of laboratory confirmed influenza infection have been found. All other countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels and influenza virus infections are not being laboratory confirmed.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 45/2005: The total number of respiratory specimens collected by sentinel physicians in week 45/2005 was 267, of which none were influenza virus positive. In addition, 850 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and seven tested positive for influenza virus: one influenza A(H3N2) in Slovenia, three influenza A (one A(H3), two A unsubtype) in Scotland and one A(H3N2) and two B in England. None of the countries reported a dominant virus type.

Virological situation - 2005-2006 season (week 40-45/2005): Based on (sub)typing data of all influenza virus detections up to week 45/2005 (N=26; sentinel and non-sentinel data), 12 (46%) were influenza A (not subtyped), five (19%) were A(H3) of which two were A(H3N2), one (4%) was A(H1N1) and eight (31%) were B. Only the hemagglutinin of the influenza A(H1N1) virus from Switzerland was antigenically and genetically characterised being A/New Caledonia/20/99 (H1N1)-like (click [here](#)).

Up to week 45/2005 no human cases of A(H5N1) influenza have been reported in Europe.

Comment: Influenza activity in Europe remains at baseline levels. Laboratory confirmed cases of influenza have only been found sporadically since week 40/2005 in the Czech Republic, England, Estonia, Poland, Scotland, Slovenia and Switzerland. As all types and subtypes of influenza viruses that have circulated last season have been detected (click [here](#)) it remains to be seen which virus type or subtype will become dominant in Europe this season. While the influenza activity in Europe remains low, a small increase of respiratory syncytial virus (RSV) detections was reported by Ireland and Sweden.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 31 European countries that are members of EISS. In week 45/2005, 26 countries reported clinical data and 25 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

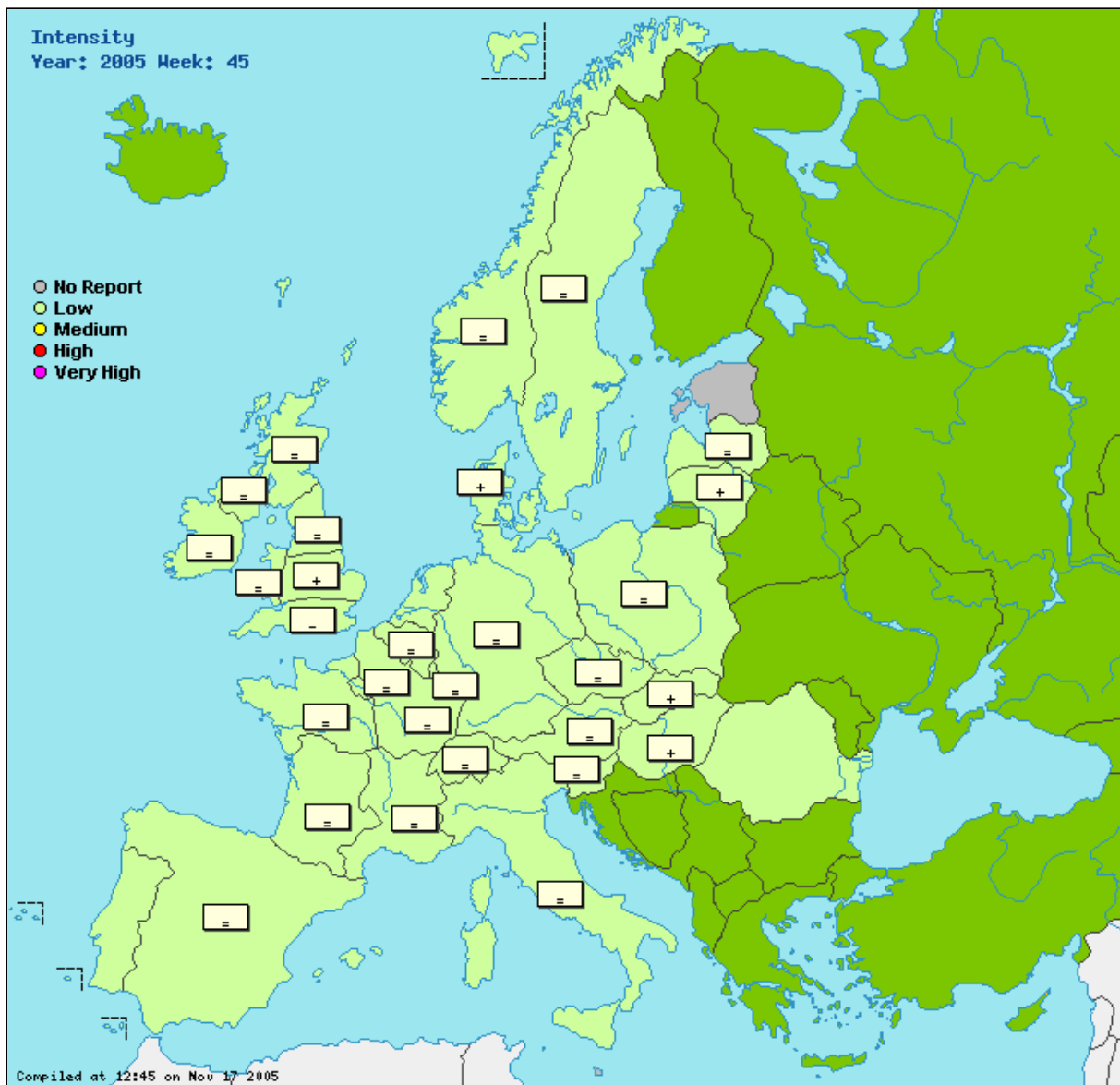
Map

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)

Poland

In one of 4 specimens received in this week infection with parainfluenza type 1 was confirmed by direct IF test.

Slovenia

The A/H3N2 case detected in week 45 was an imported case from Argentina.

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
Austria	Low	None			32	0%	None	958.9 (graphs)		Click here
Belgium	Low	None			3	0%	None	65.5 (graphs)	1151.4 (graphs)	Click here
Czech Republic	Low	None			46	0%	None		graphs	Click here
Denmark	Low	None			2	0%	None	81.0 (graphs)		Click here
England	Low	Sporadic			29	0%	None	10.7 (graphs)	565.1 (graphs)	Click here
Estonia					5	0%	None	graphs		Click here
France	Low	None			40	0%	None		1074.3 (graphs)	Click here

Germany	Low	None	34	0%	None		1282.0 (graphs)	Click here
Hungary	Low	None				119.3 (graphs)		Click here
Ireland	Low	None	5	0%	None	11.5 (graphs)		Click here
Italy	Low	None				38.6 (graphs)		Click here
Latvia	Low	None	1	0%	None	(graphs)	1036.7 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.7 (graphs)	396.7 (graphs)	Click here
Luxembourg	Low	None	5	0%	None	(graphs)	2040.8 (graphs)	Click here
Netherlands	Low	None	2	0%	None	21.9 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	19.6 (graphs)		Click here
Norway	Low	None	1	0%	None	28.3 (graphs)		Click here
Poland	Low	None	4	0%	None	76.4 (graphs)		Click here
Portugal	Low	None	7	0%	None	16.4 (graphs)		Click here
Romania	Low	None	6	0%	None	1056.2 (graphs)	2.0 (graphs)	Click here
Scotland	Low	Sporadic	7	0%	None	10.7 (graphs)		Click here
Slovakia	Low	None	4	0%	None	538.0 (graphs)		Click here
Slovenia	Low	None	5	0%	None	(graphs)	1016.4 (graphs)	Click here
Spain	Low	None	20	0%	None	14.3 (graphs)		Click here
Sweden	Low	None	0	0%	None	(graphs)		Click here
Switzerland	Low	None	9	0%	None	13.9 (graphs)		Click here
Wales	Low	None	0	0%	None	0.5 (graphs)		Click here
Europe			267	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

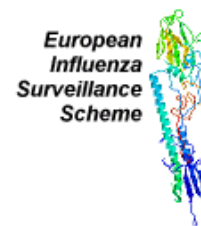
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The intensity of influenza activity in Europe remains low

Summary: Influenza activity in Europe remains at baseline levels. Sporadic laboratory confirmed cases of influenza were detected in the Czech Republic, Portugal, Scotland and Sweden in week 46/2005. Six influenza virus isolates were reported of which five were influenza A and one was influenza B. No human cases of influenza A(H5N1) virus have been reported in Europe. Laboratory reports of respiratory syncytial virus are increasing in various countries.



Epidemiological situation – week 46/2005: All countries reported a low intensity of influenza activity in week 46/2005. Two countries (Latvia, Lithuania) and three regions (England North, France North East and France South West) reported an increase in clinical activity compared to week 45/2005, but the incidence of influenza-like illness was low and at baseline levels.

For the geographical spread of influenza, France, Scotland and Switzerland reported sporadic influenza activity, which means that isolated cases of laboratory confirmed influenza infection have been detected. All other countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels and influenza virus infections are not being laboratory confirmed.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 46/2005: The total number of respiratory specimens collected by sentinel physicians in week 46/2005 was 282, of which one was positive for influenza A virus in the Czech Republic. In addition, 1181 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and six tested positive for influenza virus: three influenza A(H3N2) in Sweden, two A untyped in Scotland and one B in Portugal. Two countries reported dominant subtypes: influenza B in Switzerland and influenza A(H3N2) in Sweden.

Virological situation - 2005-2006 season (week 40-46/2005): Based on (sub)typing data of all influenza virus detections up to week 46/2005 (N=38; sentinel and non-sentinel data), 15 (39%) were influenza A (not subtyped), nine (24%) were A(H3) of which five were A(H3N2), one (3%) was A(H1N1) and 13 (34%) were influenza B. Based on the characterisation data of all influenza virus detections up to week 46/2005, six have been antigenically and/or genetically characterized: four A(H3) A/California/7/2004 (H3N2)-like, one B/Shanghai/10/2003-like and one A/New Caledonia/20/99 (H1N1)-like. (click [here](#)).

Up to week 46/2005 no human cases of A(H5N1) influenza have been reported in Europe.

Comment: Influenza activity in Europe remains at baseline levels. Laboratory confirmed cases of influenza have been found sporadically throughout Europe so far this season: in the Czech Republic, England, Estonia, France, Poland, Portugal, Scotland, Slovenia, Sweden, Switzerland and Wales. As all the types and subtypes of influenza viruses that circulated last season have been detected (click [here](#)) it remains to be seen which virus will become dominant. While the influenza activity in Europe remains low, increases of respiratory syncytial virus (RSV) detections were reported by various countries (England, Estonia, France (click [here](#)), Ireland, Latvia, Luxembourg and Sweden).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 46/2005, 24 countries reported clinical data and 23 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

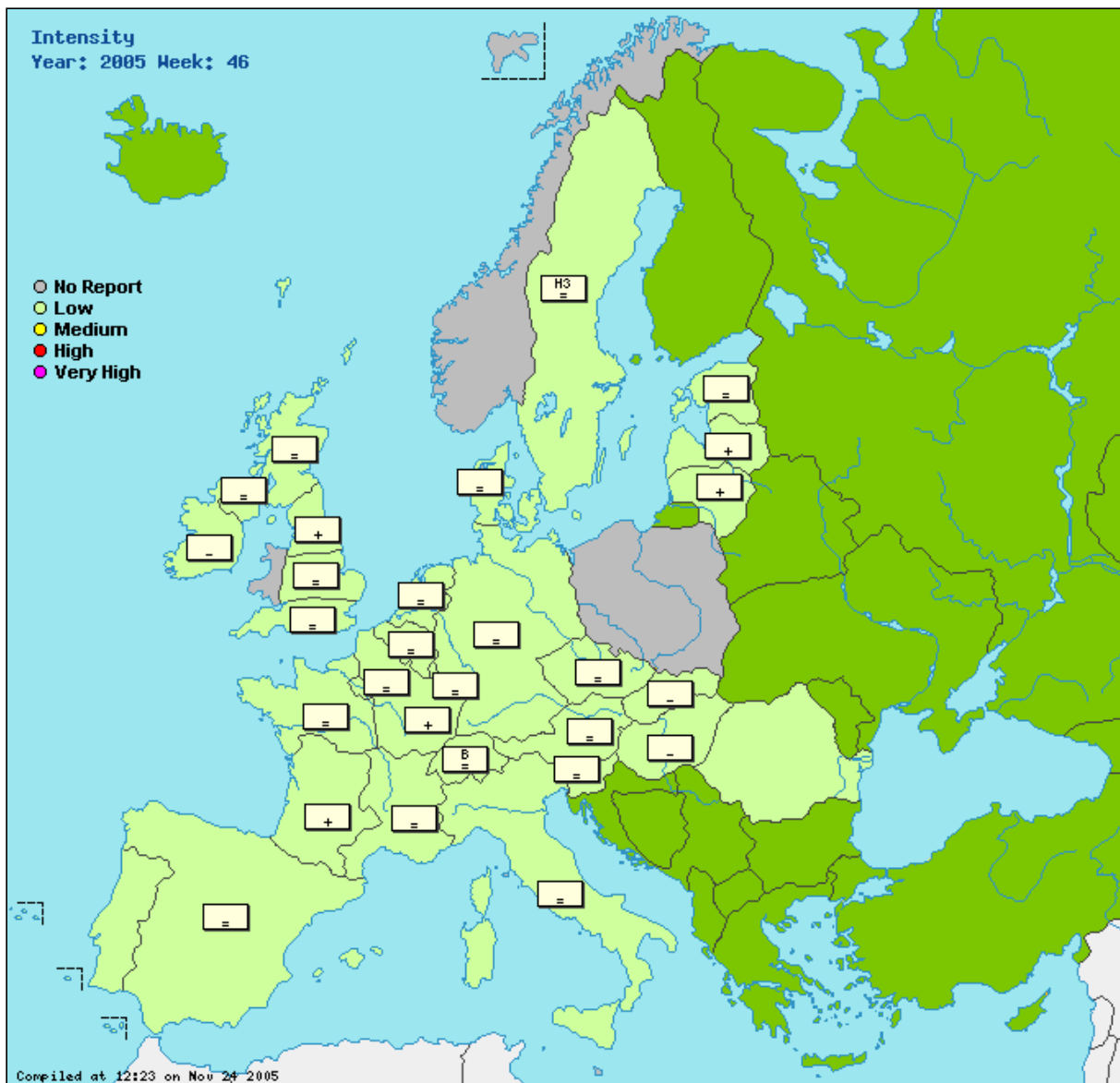
Map

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)

France

First detection of influenza B on an hospitalised child in Ile de France region.

Italy

Milano and Parma Universities (Northern Italy) received the first samples of the new surveillance season, collected from patients with influenza-like illness. Analysis are in progress. One RSV virus was identified from a patient (7 months old) in Milano.

Slovenia

Sequencing of hemagglutinin gen of the imported A/H3N2 case that we reported in week 45 ranged the virus in the group of strains similar to A/Hong Kong/4355/05 that are probably still A/California/7/04-like. Sequencing was kindly provided by Dr. Olav Hungnes from the Norwegian Institute of Public Health. Occurrence of this imported case didn't influenced the epidemiological situation of influenza like illness in Slovenia.

Sweden

Imported cases

Switzerland

2 influenza B viruses have been detected in the country : one in the Central part and one in the southern part of Switzerland. Samples have been detected during week 44 and 45.

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			32	0%	None	1037.0 (graphs)		Click here
Belgium	Low	None			11	0%	None	65.1 (graphs)	1391.1 (graphs)	Click here
Czech Republic	Low	None			12	8.3%	None	30.4 (graphs)	961.6 (graphs)	Click here
Denmark	Low	None			1	0%	None	71.7 (graphs)		Click here
England	Low	None			19	0%	None	11.2 (graphs)	597.1 (graphs)	Click here
Estonia	Low	None						0.3 (graphs)	342.3 (graphs)	Click here
France	Low	Sporadic			74	0%	None		1549.3 (graphs)	Click here
Germany	Low	None			31	0%	None		1463.0 (graphs)	Click here
Hungary	Low	None						106.1 (graphs)		Click here
Ireland	Low	None			9	0%	None	9.1 (graphs)		Click here
Italy	Low	None			36	0%	None	47.9 (graphs)		Click here
Latvia	Low	None			0	0%	None	1.1 (graphs)	927.5 (graphs)	Click here
Lithuania	Low	None			0	0%	None	0.6 (graphs)	432.8 (graphs)	Click here
Luxembourg	Low	None			4	0%	None	75.6 (graphs)	2469.1 (graphs)	Click here
Netherlands	Low	None			4	0%	None	20.9 (graphs)		Click here
Northern Ireland	Low	None			1	0%	None	24.7 (graphs)		Click here
Norway					0	0%	None	(graphs)		Click here
Portugal	Low	None			3	0%	None	13.8 (graphs)		Click here
Romania	Low	None			14	0%	None	979.2 (graphs)	0.6 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	None	11.6 (graphs)		Click here
Slovakia	Low	None						405.1 (graphs)		Click here
Slovenia	Low	None			6	0%	None	3.2 (graphs)	1166.5 (graphs)	Click here
Spain	Low	None			16	0%	None	19.5 (graphs)		Click here
Sweden	Low	None			0	0%	Type A, Subtype H3N2	(graphs)		Click here
Switzerland	Low	Sporadic			9	0%	Type B	19.1 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					282	0.4%				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

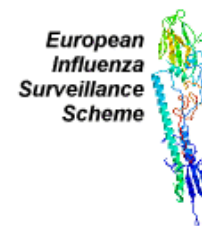
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Baseline levels of clinical influenza activity in Europe



Summary: Clinical influenza activity in Europe remains at baseline levels. Sporadic laboratory confirmed cases of influenza were detected in Latvia, Germany, Hungary, Portugal and Spain in week 47/2005. So far this season, 61% of total influenza virus detections (N=46) have been influenza A and 39% influenza B. No human cases of influenza A(H5N1) virus have been reported in Europe.

Epidemiological situation - week 47/2005: Twenty-four countries reported a low intensity of influenza activity in week 47/2005. Five countries (the Czech Republic, France, Lithuania, Slovakia and Poland) and one region (England Central) reported an increase in clinical activity compared to week 46/2005. However, the incidence of influenza-like illness or acute respiratory infections remained at baseline levels in all countries.

For the geographical spread of influenza, France and Latvia reported sporadic influenza activity, which means that isolated cases of laboratory confirmed influenza infection have been detected. All other countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels and influenza virus infections are not being laboratory confirmed.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 47/2005: The total number of respiratory specimens collected by sentinel physicians in week 47/2005 was 331, of which two (0.6%) were positive for influenza A virus (one in Germany and one in Hungary). In addition, 904 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and five (0.6%) tested positive for influenza virus: one influenza A(H1) (Portugal) and four influenza B (Portugal (2), Latvia and Spain). Only one country reported a dominant subtype: influenza B in Spain.

Virological situation - 2005-2006 season (week 40-47/2005): Based on (sub)typing data of all influenza virus detections up to week 47/2005 (N=46; sentinel and non-sentinel data), 17 (37%) were influenza A (not subtyped), nine (20%) were A(H3) [of which five were A(H3N2)], two (4%) were A(H1) [of which one was A(H1N1)] and 18 (39%) were influenza B. Based on the characterisation data of all influenza virus detections up to week 47/2005, three have been antigenically and/or genetically characterized: two A(H3) A/California/7/2004 (H3N2)-like and one A/New Caledonia/20/99 (H1N1)-like (click [here](#)). It should be noted that Scotland reported four genetic strain characterisations in week 46/2005: three A(H3) A/California/7/2004 (H3N2)-like and one B/Shanghai/361/2002-like (click [here](#)).

Up to week 47/2005 no human cases of A(H5N1) influenza have been reported in Europe.

Comment: Clinical influenza activity in recent weeks has been low and all countries reported baseline levels of activity in week 47/2005. Sporadic laboratory confirmed cases of influenza have been detected across Europe so far this season. Among all influenza virus detections between week 40 and 47/2005 (N=46), 61% were influenza A and 39% influenza B. It is still too early to say which virus will be dominant in Europe during the 2005-2006 season

Whilst influenza activity in Europe remains low, a number of countries (England (click [here](#) [second graph]), France, Ireland, Latvia and Sweden) are reporting increases in laboratory detections of the respiratory syncytial virus (RSV), an infection with symptoms often similar to influenza.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 47/2005, 24 countries reported clinical data and 26 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, 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 remains at baseline levels. No virus isolation and/or identification so far.

Latvia

First detection of the influenza B on an hospitalised 3 years old child from the north part of Latvia. Increasing RSV activity.

Spain

First spanish isolate (non sentinel source) received in week 47 from a hospitalised child in Baleares. Isolate is B.

Switzerland

No influenza activity detected 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
Austria	Low	None			32	0%	None	1140.8 (graphs)		Click here
Belgium	Low	None			12	0%	None	113.1 (graphs)	1647.2 (graphs)	Click here
Czech Republic	Low	None			18	0%	None	42.6 (graphs)	1174.2 (graphs)	Click here
Denmark	Low	None			3	0%	None	74.3 (graphs)		Click here
England	Low	None			20	0%	None	12.2 (graphs)	695.1 (graphs)	Click here

Estonia	Low	None	2	0%	None	0.2 (graphs)	346.2 (graphs)	Click here
France	Low	Sporadic	18	0%	None		1851.9 (graphs)	Click here
Germany	Low	None	46	2.2%	None		1546.0 (graphs)	Click here
Hungary	Low	None	36	2.8%	None	110.1 (graphs)		Click here
Ireland	Low	None	5	0%	None	6.8 (graphs)		Click here
Italy	Low	None	39	0%	None	56.5 (graphs)		Click here
Latvia	Low	Sporadic	1	0%	None	0.6 (graphs)	1056.7 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.9 (graphs)	480.4 (graphs)	Click here
Luxembourg	Low	None	2	0%	None	25.2 (graphs)	2418.8 (graphs)	Click here
Netherlands	Low	None	4	0%	None	27.9 (graphs)		Click here
Northern Ireland	Low	None	2	0%	None	19.0 (graphs)		Click here
Norway	Low	None	7	0%	None	27.2 (graphs)		Click here
Poland	Low	None	12	0%	None	84.1 (graphs)		Click here
Portugal	Low	None	6	0%	None	14.1 (graphs)		Click here
Romania	Low	None	19	0%	None	872.5 (graphs)	0.6 (graphs)	Click here
Slovakia	Low	None	2	0%	None	655.0 (graphs)		Click here
Slovenia	Low	None	3	0%	None	2.7 (graphs)	1175.8 (graphs)	Click here
Spain	Low	None	31	0%	Type B	21.9 (graphs)		Click here
Sweden	Low	None	0	0%	None	(graphs)		Click here
Switzerland			11	0%	None	(graphs)		Click here
Wales			0	0%	None	(graphs)		Click here
Europe			331	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

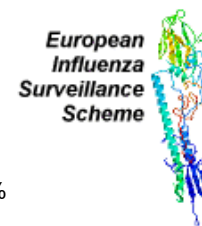
Population: per 100,000 population

*: 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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Sporadic cases of laboratory confirmed influenza in Europe



Summary: Clinical influenza activity in Europe remains at baseline levels. Sporadic laboratory confirmed cases of influenza were detected in England, Estonia, Poland, Scotland and Sweden in week 48/2005. So far this season 59% of total influenza virus detections (N=56) have been influenza A and 41% influenza B. No human cases of influenza A(H5N1) virus have been reported in Europe.

Epidemiological situation – week 48/2005: All countries reported a low intensity of influenza activity in week 48/2005. The incidence of influenza-like illness or acute respiratory infections remained at baseline levels in all countries.

For the geographical spread of influenza, England, France and Scotland reported sporadic influenza activity, which means that isolated cases of laboratory confirmed influenza infection have been detected. Other countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 48/2005: The total number of respiratory specimens collected by sentinel physicians in week 48/2005 was 426, of which two (0.5%) were positive for influenza A virus (one in Estonia and one in Poland). In addition, 1549 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and six (0.4%) tested positive for influenza virus: one influenza A(H1) and one A (unsubtyped) in England and four influenza B (England, Scotland (2) and Sweden). Only one country reported a dominant subtype: influenza B in Sweden.

Virological situation - 2005-2006 season (week 40-48/2005): Based on (sub)typing data of all influenza virus detections up to week 48/2005 from sentinel and non-sentinel data (N=56), 20 (36%) were influenza A (not subtyped), ten (18%) were A(H3) [of which six were A(H3N2)], three (5%) were A(H1) [of which one was A(H1N1)] and 23 (41%) were influenza B.

Based on the characterization data of all influenza virus detections up to week 48/2005, three have been antigenically and/or genetically characterized: five A(H3) A/California/7/2004 (H3N2)-like (three in Scotland, one in England and one in Slovenia), one A/New Caledonia/20/99 (H1N1)-like in Switzerland, and one B/Shanghai/10/2003-like in Scotland (click [here](#)).

Up to week 48/2005 no human cases of influenza A(H5N1) have been reported in Europe.

Comment: Influenza activity in Europe remains at baseline levels. Laboratory confirmed cases of influenza have been found sporadically throughout Europe since week 40/2005: in the Czech Republic, England, Estonia, France, Germany, Hungary, Latvia, Poland, Portugal, Scotland, Slovenia, Spain, Sweden, Switzerland and Wales. So far this season, no clear dominant influenza virus type has emerged, with 59% of total influenza virus detections being influenza A and 41% influenza B.

Whilst the influenza activity in Europe remains low, increases of respiratory syncytial virus (RSV) detections have been reported in various countries in recent weeks: Denmark, England, Estonia, France, Ireland, Latvia, the Netherlands and Sweden (click [here](#)). RSV causes respiratory symptoms similar to influenza, and is a frequent cause of bronchiolitis in children. The yearly RSV epidemic preceded the yearly influenza epidemic in seven of the nine last years (click [here](#)).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 48/2005, 23 countries reported clinical data and 24 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

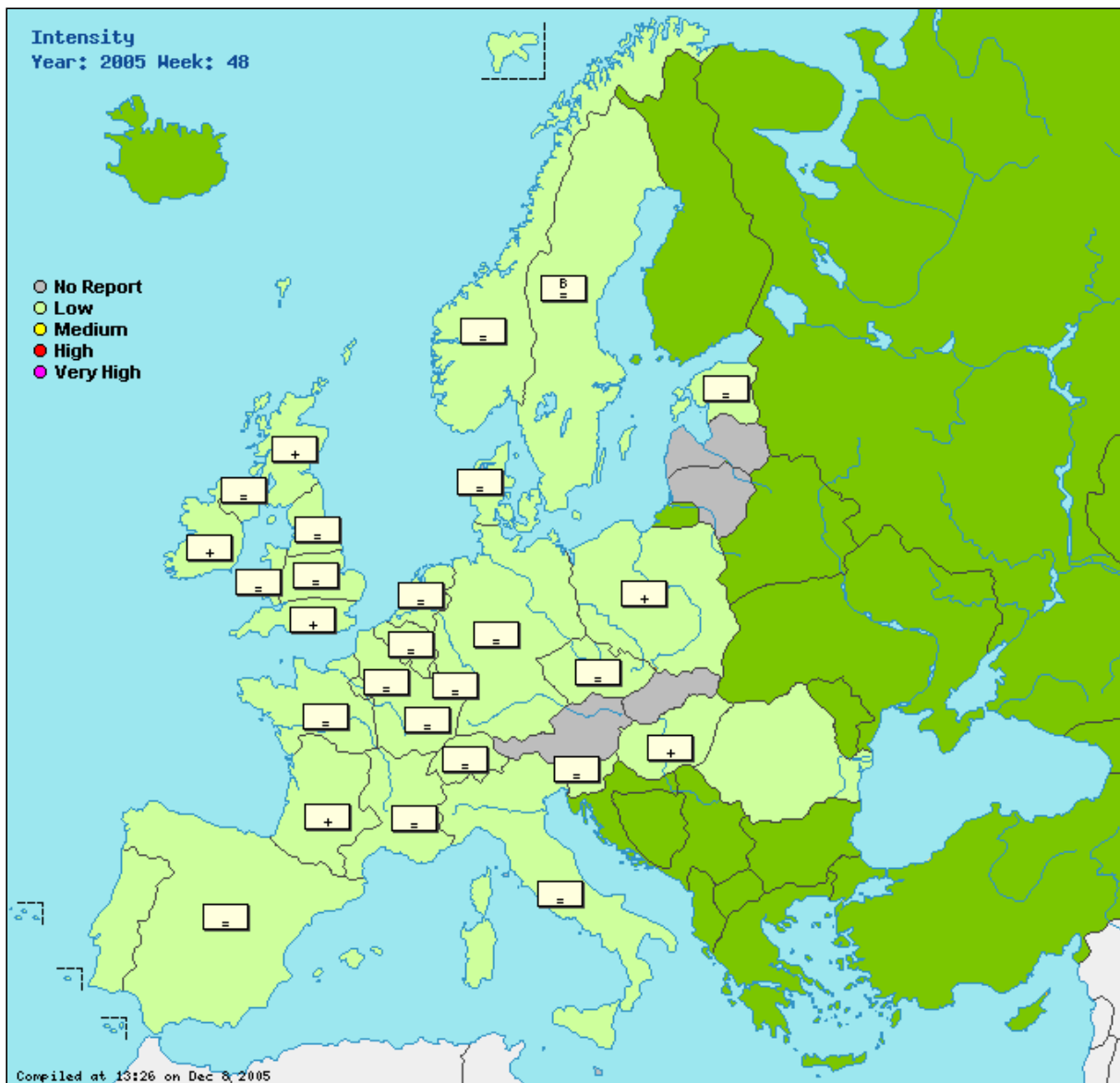
Map

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

Low Influenza activity is reported. Analyses on the samples collected during this week are in progress. No positive samples have been detected so far.

Switzerland

No influenza viruses detected 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
Belgium	Low	None			12	0%	None	109.6 (graphs)	1876.6 (graphs)	Click here
Czech Republic	Low	None			69	0%	None	42.5 (graphs)	1222.9 (graphs)	Click here
Denmark	Low	None			3	0%	None	77.2 (graphs)		Click here
England	Low	Sporadic			17	0%	None	13.8 (graphs)	769.2 (graphs)	Click here
Estonia	Low	None			2	50.0%	None	1.0 (graphs)	301.4 (graphs)	Click here
France	Low	Sporadic			101	0%	None	1583.2 (graphs)		Click here
Germany	Low	None			31	0%	None		1617.0 (graphs)	Click here
Hungary	Low	None			28	0%	None	120.1 (graphs)		Click here

Ireland	Low	None	10	0%	None	12.3 (graphs)		Click here
Italy	Low	None	43	0%	None	72.8 (graphs)		Click here
Latvia			2	0%	None	(graphs)		Click here
Luxembourg	Low	None	5	0%	None	(graphs)	2225.9 (graphs)	Click here
Netherlands	Low	None	1	0%	None	32.4 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	28.3 (graphs)		Click here
Norway	Low	None	5	0%	None	29.3 (graphs)		Click here
Poland	Low	None	17	5.9%	None	99.4 (graphs)		Click here
Portugal	Low	None	1	0%	None	9.0 (graphs)		Click here
Romania	Low	None	21	0%	None	910.7 (graphs)	0.8 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	None	24.4 (graphs)		Click here
Slovakia			5	0%	None	(graphs)		Click here
Slovenia	Low	None	4	0%	None	1.7 (graphs)	1169.5 (graphs)	Click here
Spain	Low	None	33	0%	None	24.0 (graphs)		Click here
Sweden	Low	None	0	0%	Type B	(graphs)		Click here
Switzerland	Low	None	16	0%	None	(graphs)		Click here
Wales	Low	None				2.3 (graphs)		Click here
Europe			426	0.5%				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

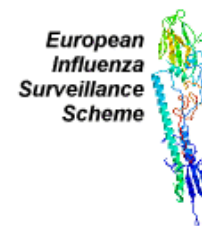
Population: per 100,000 population

*: 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

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Low levels of influenza activity with sporadic cases of laboratory confirmed influenza in Europe



Summary: Clinical influenza activity in Europe remains at baseline levels. Sporadic cases of laboratory confirmed influenza were detected in the Czech Republic, England, France, Latvia and Portugal in week 49/2005. So far this season 55% of total influenza virus detections (N=71) have been influenza A and 45% influenza B. No human cases of influenza A(H5N1) virus have been reported in Europe.

Epidemiological situation – week 49/2005: All countries reported a low intensity of influenza activity in week 49/2005. The incidence of influenza-like illness or acute respiratory infections remained at baseline levels in all countries.

For the geographical spread of influenza, England and France reported sporadic influenza activity, which means that isolated cases of laboratory confirmed influenza infection have been detected. Other countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 49/2005: The total number of respiratory specimens collected by sentinel physicians in week 49/2005 was 432, of which six (1.4%) were positive for influenza virus. Of these, three specimens tested positive for influenza A virus [one A(H1N1) in England and two A untyped in the Czech Republic] and three tested positive for influenza B virus (one in England and two in France). In addition, 1,883 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and six (0.3%) tested positive for influenza virus: one influenza A(H1) and two influenza B in England, one influenza A untyped in Latvia and two influenza B in Portugal. None of the countries reported a dominant subtype.

Virological situation - 2005-2006 season (week 40-49/2005): Based on (sub)typing data of all influenza virus detections up to week 49/2005 from sentinel and non-sentinel data (N=71), 24 (34%) were influenza A (not subtyped), ten (14%) were A(H3) [of which six were A(H3N2)], five (7%) were A(H1) [of which two were A(H1N1)] and 32 (45%) were influenza B.

Based on the characterisation data of all influenza virus detections up to week 49/2005, 12 have been antigenically and/or genetically characterized: five A(H3) A/California/7/2004 (H3N2)-like (three in Scotland, one in England and one in Slovenia), two A/New Caledonia/20/99 (H1N1)-like (in England and Switzerland), three B/Malaysia/2506/2004-like (in France, England and Scotland) and two B/Shanghai/10/2003-like (in Scotland) (click [here](#)).

No human cases of influenza A(H5N1) have been reported in Europe this season.

Comment: Influenza activity in Europe remains at baseline levels. Laboratory confirmed cases of influenza have been found sporadically throughout Europe since week 40/2005. So far this season, no clear dominant influenza virus type has emerged. However, a slight increase in the proportion of specimens for influenza B has been observed, particularly in the non-sentinel samples.

Over the last three weeks the proportion of influenza B positive specimens was slightly higher than that of influenza A (click [here](#)). In addition, five out of 32 B viruses have been characterised so far and three of them were B/Malaysia/2506/2004-like. This reference virus belongs to the Victoria lineage of B viruses and is not included in the current vaccine for the Northern Hemisphere (this includes a Yamagata lineage B virus). During the 2005 influenza epidemic in New Zealand, 87% of all virus detections were influenza B virus and more than 90% belonged to the Victoria lineage of B viruses (click [here](#)), and the 2006 vaccine for the Southern Hemisphere will contain a B/Malaysia/2506/2004-like virus. However, so far only low numbers of influenza virus detections have been reported and a pattern of dominant viruses cannot yet be observed.

Whilst the influenza activity in Europe remains low, increases of respiratory syncytial virus (RSV) detections have been reported in various countries in recent weeks.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 49/2005, 25 countries reported clinical data and 25 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

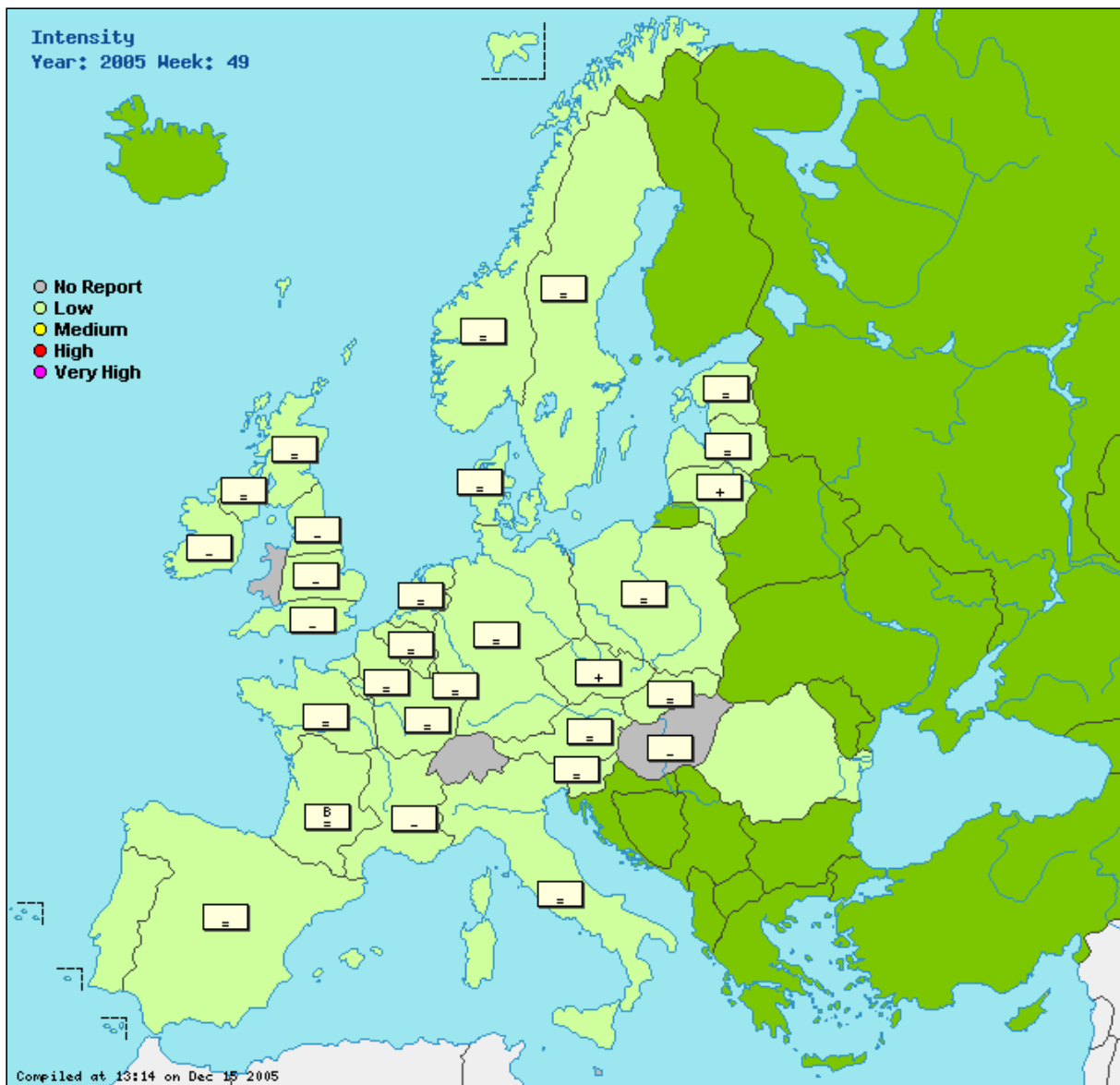
Map

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

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

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

You may select the type of map : Intensity Geographical spread



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

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

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

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

Country comments (where available)

England

Influenza activity remains at baseline levels in England. Two Influenza B outbreaks in primary schools have been reported from Northern and Central England, and an outbreak of respiratory illness in a third primary school is currently being investigated in Leeds (Northern England)

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			38	0%	None	914.6 (graphs)	70.2 (graphs)	Click here
Belgium	Low	None			12	0%	None	47.9 (graphs)	1581.2 (graphs)	Click here
Czech Republic	Low	None			70	2.9%	None	22.8 (graphs)	1288.1 (graphs)	Click here
Denmark	Low	None			3	0%	None	96.0 (graphs)		Click here
England	Low	Sporadic			22	9.1%	None	10.0 (graphs)	773.2 (graphs)	Click here
Estonia	Low	None			4	0%	None	1.0 (graphs)	381.2 (graphs)	Click here
France	Low	Sporadic			109	1.8%	None		1886.9 (graphs)	Click here

Germany	Low	None	39	0%	None		1578.0 (graphs)	Click here
Hungary		None	26	0%	None	113.4 (graphs)		Click here
Ireland	Low	None	10	0%	None	11.5 (graphs)		Click here
Italy	Low	None				65.3 (graphs)		Click here
Latvia	Low	None	2	0%	None	(graphs)	1114.5 (graphs)	Click here
Lithuania	Low	None	0	0%	None	1.5 (graphs)	570.5 (graphs)	Click here
Luxembourg	Low	None	5	0%	None	23.3 (graphs)	2348.8 (graphs)	Click here
Netherlands	Low	None	5	0%	None	(graphs)		Click here
Northern Ireland	Low	None	0	0%	None	17.5 (graphs)		Click here
Norway	Low	None	1	0%	None	39.4 (graphs)		Click here
Poland	Low	None	13	0%	None	99.0 (graphs)		Click here
Portugal	Low	None	4	0%	None	9.9 (graphs)		Click here
Romania	Low	None	46	0%	None	582.1 (graphs)	0.8 (graphs)	Click here
Scotland	Low	None	0	0%	None	22.1 (graphs)		Click here
Slovakia	Low	None				704.7 (graphs)		Click here
Slovenia	Low	None	3	0%	None	1.6 (graphs)	1155.1 (graphs)	Click here
Spain	Low	None	9	0%	None	11.8 (graphs)		Click here
Sweden	Low	None	0	0%	None	(graphs)		Click here
Switzerland			11	0%	None	(graphs)		Click here
Wales			0	0%	None	(graphs)		Click here
Europe			432	1.4%				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

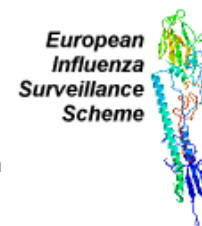
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Europe will probably experience low levels of influenza activity over Christmas and New Year



Summary: Clinical influenza activity in Europe remains at baseline levels. Sporadic influenza activity was reported in the Czech Republic, England, France, Norway, Scotland and Sweden in week 50/2005. This week, less than one percent (0.8%) of the respiratory specimens tested positive for influenza. This remains low and indicates that there is currently little influenza activity in Europe. Both influenza A and B viruses have been detected since week 40/2005 and a slight increase in the proportion of influenza B virus detections has been observed in recent weeks. No human cases of influenza A(H5N1) virus have been reported in Europe.

Epidemiological situation – week 50/2005: All countries reported a low intensity of influenza activity in week 50/2005. The incidence of influenza-like illness or acute respiratory infections were generally at baseline levels. In Denmark a slight increase of clinical activity was observed in week 50/2005.

For the geographical spread of influenza, six countries (the Czech Republic, England, France, Norway, Scotland and Sweden) reported sporadic influenza activity, which means that isolated cases of laboratory confirmed influenza infection have been detected. Other countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 50/2005: The total number of respiratory specimens collected by sentinel physicians in week 50/2005 was 474, of which six (1.3%) were positive for influenza virus. Of these, two specimens tested positive for influenza A virus (in the Czech Republic and Estonia), and four tested positive for influenza B virus (Czech Republic, England and Norway). In addition, 1617 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and 11 (0.7%) tested positive for influenza virus: five were influenza A (detected in England, France, Hungary and Scotland) and six were influenza B (detected in England, Norway, Slovenia and Sweden). Norway and Sweden reported influenza B as dominant subtype.

Virological situation - 2005-2006 season (week 40-50/2005): Based on (sub)typing data of all influenza virus detections up to week 50/2005 from sentinel and non-sentinel data (N=94), 30 (32%) were influenza A (not subtyped), 11 (12%) were A(H3) [of which six were A(H3N2)], ten (11%) were A(H1) [of which three were A(H1N1)] and 43 (46%) were influenza B.

Based on the characterisation data of all influenza virus detections up to week 50/2005, 23 have been antigenically and/or genetically characterized: five A(H3) A/California/7/2004 (H3N2)-like (in Scotland, England and Slovenia), six A/New Caledonia/20/99 (H1N1)-like (in England, France, Germany, Scotland and Switzerland), eight B/Malaysia/2506/2004-like (in the Czech Republic, France, England and Scotland) and four B/Shanghai/10/2003-like (in Norway and Scotland) (click [here](#)).

Up to week 50/2005 no human cases of influenza A(H5N1) have been reported in Europe.

Comment: Influenza activity in Europe remains at baseline levels. Sporadic cases of influenza have been reported by a number of countries in Europe since week 40/2005. Influenza virus detections have been regularly reported in Scotland, England, France, the Czech Republic and Portugal (See Table).

Both influenza A and B virus types have been detected since week 40/2005, but the latest data show a slight increase in influenza B (particularly B/Malaysia/2506/2004-like) viruses and influenza A(H1). The B/Malaysia/2506/2004-like reference virus belongs to the Victoria lineage of B viruses and is not included in the current vaccine for the Northern Hemisphere (this includes a Yamagata lineage B virus). Still, only low numbers of influenza detections have been reported (N=94), and a large proportion of these samples were from Scotland (20%), England (18%), France (12%) and the Czech Republic (11%). In addition, the percentage of respiratory specimens that tested positive for influenza is very low, which confirms the current low levels of clinical influenza activity 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 two weeks. This probably means that the current low levels of influenza activity will continue during the Christmas and New Year period, please click [here](#) (second graph).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 50/2005, 26 countries reported clinical data and 26 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

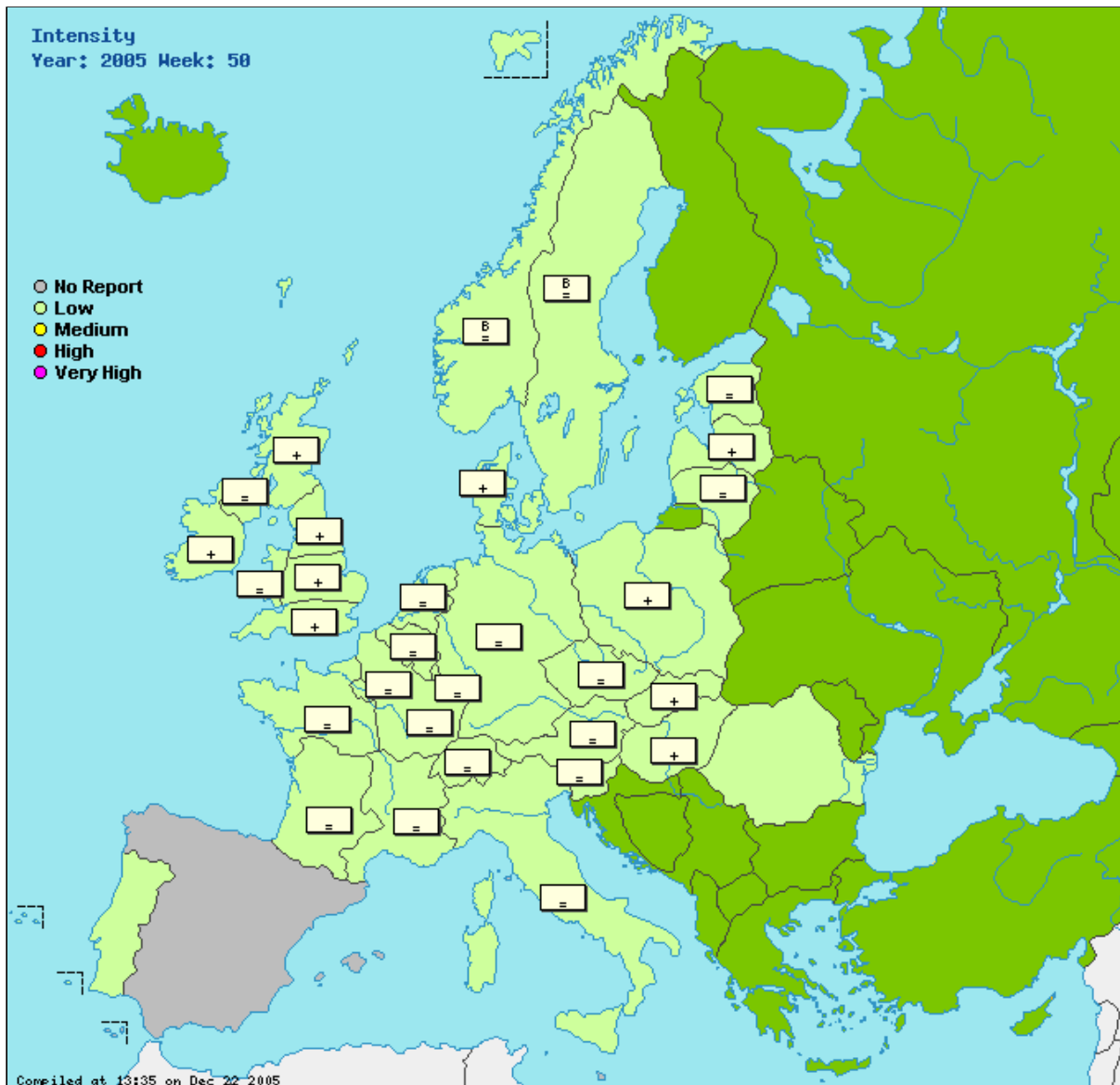
Map

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

Low Influenza activity is reported. No influenza positive samples have been detected so far. Sporadic detections of RSV viruses.

Latvia

High level of RSV activity

Norway

The first influenza virus isolates of the 2005/06 season have been isolated in SE and W Norway. The two strains that have been genetically characterised closely resemble the B/Jiangsu/10/2003 vaccine strain.

Sweden

The first domestic case confirmed by the laboratory has been reported

Switzerland

No influenza activity was detected in Switzerland these last weeks.

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	1043.5 (graphs)		Click here
Belgium	Low	None			21	0%	None	84.1 (graphs)	1657.3 (graphs)	Click here
Czech Republic	Low	Sporadic			29	6.9%	None	48.4 (graphs)	1359.5 (graphs)	Click here
Denmark	Low	None			8	0%	None	120.4 (graphs)		Click here
England	Low	Sporadic			37	5.4%	None	13.9 (graphs)	812.2 (graphs)	Click here
Estonia	Low	None			5	20.0%	None	1.0 (graphs)	370.4 (graphs)	Click here
France	Low	Sporadic			88	0%	None		1885.5 (graphs)	Click here
Germany	Low	None			40	0%	None		1532.0 (graphs)	Click here
Hungary	Low	None			23	0%	None	123.0 (graphs)		Click here
Ireland	Low	None			7	0%	None	18.6 (graphs)		Click here
Italy	Low	None			49	0%	None	76.3 (graphs)		Click here
Latvia	Low	None			3	0%	None	0.6 (graphs)	1039.6 (graphs)	Click here
Lithuania	Low	None			1	0%	None	1.8 (graphs)	537.0 (graphs)	Click here
Luxembourg	Low	None			11	0%	None	108.0 (graphs)	2440.1 (graphs)	Click here
Netherlands	Low	None			1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	15.5 (graphs)		Click here
Norway	Low	Sporadic			6	16.7%	Type B	43.8 (graphs)		Click here
Poland	Low	None			24	0%	None	110.1 (graphs)		Click here
Portugal	Low	None			5	0%	None	14.8 (graphs)		Click here
Romania	Low	None			11	0%	None		(graphs)	Click here
Scotland	Low	Sporadic			0	0%	None	25.8 (graphs)		Click here
Slovakia	Low	None					None	781.2 (graphs)		Click here
Slovenia	Low	None			5	0%	None	3.2 (graphs)	1315.0 (graphs)	Click here
Spain					29	0%	None	(graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type B	(graphs)		Click here
Switzerland	Low	None			12	0%	None	28.1 (graphs)		Click here
Wales	Low	None			0	0%	None	4.1 (graphs)		Click here
Europe					474	1.3%				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

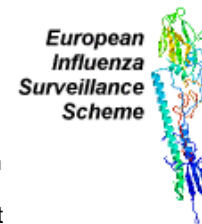
Population: per 100,000 population

*: 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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Low levels of influenza activity in Europe over Christmas and New Year



Summary: Clinical influenza activity in Europe remains at baseline levels. Sporadic influenza activity was reported in the Czech Republic, England, Estonia, France, Scotland and Sweden in week 51/2005. This week, only 1.3 percent of the respiratory specimens tested positive for influenza. The continued low number of virus detections confirms that there is currently little influenza activity in Europe. Both influenza A and B viruses have been detected since week 40/2005: 53% were influenza A virus and 47% were influenza B virus. No human cases of influenza A(H5N1) virus have been reported in Europe.

Epidemiological situation - week 51/2005: All countries reported a low intensity of influenza activity in week 51/2005. The incidences of influenza-like illness or acute respiratory infections were generally at baseline levels.

Six countries (the Czech Republic, England, Estonia, France, Scotland and Sweden) reported sporadic influenza activity, which means that isolated cases of laboratory confirmed influenza infection have been detected. Other countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 51/2005: The total number of respiratory specimens collected by sentinel physicians in week 51/2005 was 398, of which four (1.0%) were positive for influenza virus. Of these, two specimens tested positive for influenza A virus (in England and Estonia), and two tested positive for influenza B virus (France and Poland). In addition, 1656 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and 22 (1.3%) tested positive for influenza virus: eight were influenza A (detected in England, Estonia, France, Latvia, Scotland and Sweden) and 14 were influenza B (detected in England, France, Scotland and Sweden). England, Norway, and Portugal reported influenza B as dominant subtype, Sweden influenza A.

Virological situation - 2005-2006 season (week 40-51/2005): Based on (sub)typing data of all influenza virus detections up to week 51/2005 from sentinel and non-sentinel data (N=146), 52 (36%) were influenza A (not subtyped), 15 (10%) were A(H3) [of which eight were A(H3N2)], 11 (8%) were A(H1) [of which three were A(H1N1)] and 68 (47%) were influenza B.

Based on the characterisation data of all influenza virus detections up to week 51/2005, 39 have been antigenically and/or genetically characterized: seven A(H3) A/California/7/2004 (H3N2)-like, 15 A/New Caledonia/20/99 (H1N1)-like, 12 B/Malaysia/2506/2004-like and five B/Shanghai/10/2003-like. [Due to differences in reporting of weekly preliminary (sub)typing data and cumulative characterisation data there can be an artificial discrepancy between total numbers subtyped and characterised] (click [here](#)).

Up to week 51/2005 no human cases of influenza A(H5N1) have been reported in Europe.

Comment: Influenza activity in Europe remains at baseline levels. Sporadic cases of influenza have been reported by a number of countries in Europe since week 40/2005. Countries that have reported influenza virus detections since the beginning of this season in at least three different weeks are the Czech Republic, England, Estonia, France, Latvia, the Netherlands, Norway, Poland, Portugal, Scotland, Sweden and Switzerland (see Virology graph links in the table). Both influenza A and B virus types have been detected since week 40/2005. For Europe as a whole, influenza B viruses have been detected relatively early in the season and in a large proportion of total influenza virus detections compared to the last two years (2003/2004, 2004/2005), but still low numbers of influenza have been reported (146 since week 40/2005). Europe is likely to start the year 2006 with the current low levels of influenza activity [click [here](#) (second graph)].

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 51/2005, 19 countries reported clinical data and 23 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

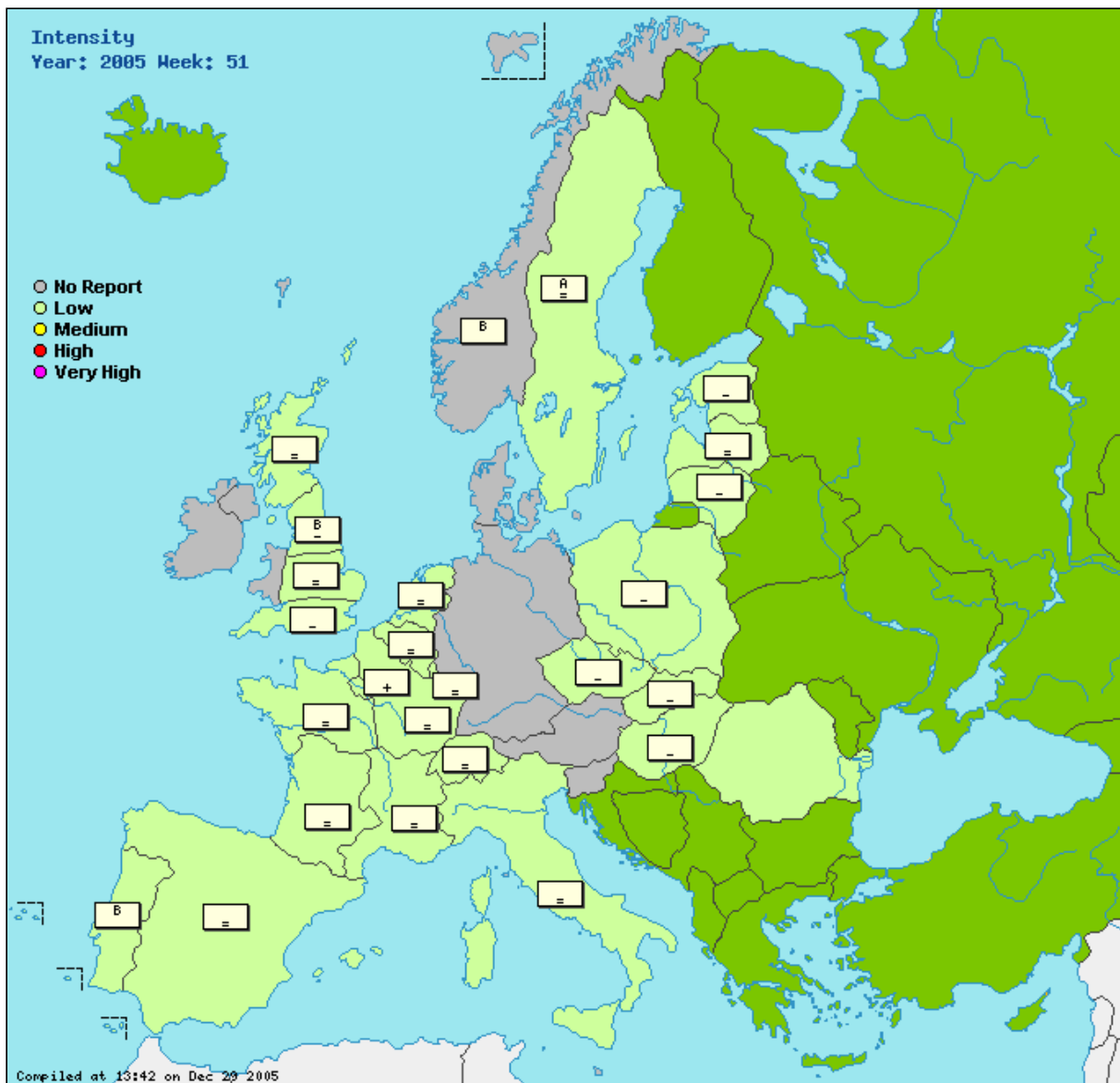
Map

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
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No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
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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)

France

Sporadic cases of flu A and B in France

Italy

Low Influenza activity is reported. No influenza positive samples have been detected so far. Further identification of RSV-A viruses are reported from Laboratory of Milano (Northern Italy).

Norway

Due to the holidays the reported data are very incomplete. However, preliminary information for weeks 51 and 52 indicate sporadic circulation of both influenza A and B virus in Norway.

Sweden

Imported case

Switzerland

No influenza activity was 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			16	0%	None	24.0 (graphs)	1768.7 (graphs)	Click here

Czech Republic	Low	Sporadic	55	0%	None			(graphs)	Click here
Denmark			9	0%	None			(graphs)	Click here
England	Low	Sporadic	35	2.9%	Type B	11.7	(graphs)	890.6 (graphs)	Click here
Estonia	Low	Sporadic	4	25.0%	None	1.0	(graphs)	280.7 (graphs)	Click here
France	Low	Sporadic	113	0.9%	None			1456.2 (graphs)	Click here
Germany			25	0%	None			(graphs)	Click here
Hungary	Low		12	0%	None	89.8	(graphs)		Click here
Italy	Low	None	54	0%	None	89.0	(graphs)		Click here
Latvia	Low	None	2	0%	None	0.6	(graphs)	964.6 (graphs)	Click here
Lithuania	Low	None	0	0%	None	1.9	(graphs)	436.1 (graphs)	Click here
Luxembourg	Low	None	3	0%	None	25.2	(graphs)	2796.7 (graphs)	Click here
Netherlands	Low	None	2	0%	None			(graphs)	Click here
Norway			2	0%	Type B			(graphs)	Click here
Poland	Low	None	9	11.1%	None	84.0	(graphs)		Click here
Portugal	Low	None	3	0%	Type B	12.2	(graphs)		Click here
Romania	Low	None	0	0%	None	937.2	(graphs)	0.6 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	None	24.2	(graphs)		Click here
Slovakia	Low	None	9	0%	None	675.8	(graphs)		Click here
Slovenia			0	0%	None			(graphs)	Click here
Spain	Low	None	29	0%	None	22.4	(graphs)		Click here
Sweden	Low	Sporadic	0	0%	Type A			(graphs)	Click here
Switzerland	Low	None	16	0%	None	54.0	(graphs)		Click here
Europe			398	1.0%					Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

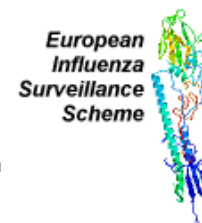
Population: per 100,000 population

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

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Low levels of influenza activity in Europe up to the end of 2005



Summary: Clinical influenza activity in Europe remains at baseline levels. Sporadic influenza activity was reported in England, France, Ireland, the Netherlands, Norway and Sweden in week 52/2005. Both influenza A and B viruses have been detected since week 40/2005: 54% were influenza A virus and 46% were influenza B virus. The total number of weekly influenza virus detections remains low, confirming the current low levels of clinical influenza activity. No human cases of influenza A(H5N1) virus have been reported in the 28 countries participating in the European Influenza Surveillance Scheme (EISS).

Epidemiological situation - week 52/2005: All countries reported a low intensity of influenza activity in week 52/2005. The incidences of influenza-like illness or acute respiratory infections were at baseline levels (the level clinical influenza activity remains in throughout the summer and most of the winter) in all countries.

Six countries (England, France, Ireland, the Netherlands, Norway and Sweden) reported sporadic influenza activity, which means that isolated cases of laboratory confirmed influenza infection have been detected. All other countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 52/2005: The total number of respiratory specimens collected by sentinel physicians in week 52/2005 was 229, of which 17 (7.4%) were positive for influenza virus. Of these, nine specimens tested positive for influenza A virus [in Sweden (5), England (2) and France (2)] and eight tested positive for influenza B virus [in France (4), England (2), Norway (1) and Sweden (1)]. In addition, 1823 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and nine (0.5%) tested positive for influenza virus. Sweden reported influenza A and B as the dominant subtype and Norway reported influenza B; all other countries reported no dominant subtype.

Virological situation - 2005-2006 season (week 40-52/2005): Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 52/2005 (N=166), 59 (36%) were influenza A (not subtyped), 18 (11%) were A(H3) [of which nine were A(H3N2)], 12 (7%) were A(H1) [of which three were A(H1N1)] and 77 (46%) were influenza B.

Based on the characterisation data of all influenza virus detections up to week 52/2005, 33 have been antigenically and/or genetically characterised: six were A(H3) A/California/7/2004 (H3N2)-like, 14 were A/New Caledonia/20/99 (H1N1)-like, five were B/Malaysia/2506/2004-like and eight were B/Jiangsu/10/2003-like (click [here](#)). [Note: Due to a technical problem with the virological database in England, incorrect cumulative influenza strain information was reported to EISS in recent weeks. This problem has been rectified and the previous week's data for England have been modified.]

Up to week 52/2005 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS.

Comment: Influenza activity in Europe remains at baseline levels. Sporadic cases of influenza have been reported across Europe since week 40/2005, but no country has experienced influenza activity above baseline levels. The low levels of influenza activity at this time of the year are not exceptional, however, once data gathered by EISS since 1996 are taken into account. An analysis of the EISS database reveals that in five of the nine seasons, influenza activity started after the New Year in more than 50% of countries (click [here](#) [table]). Indeed, during the 1997-1998 season influenza activity started after the New Year in all countries participating in EISS.

Both influenza A and B virus types have been detected in Europe since week 40/2005 and this trend continued during week 52/2005. The total number of sentinel and non-sentinel detections remains low, confirming the low levels of clinical influenza activity. The figure (click [here](#) [second graph]) comparing influenza detections during the current season with detections during the 2004-2005 season highlights this point: there were only 26 positive specimens (sentinel and non-sentinel) reported to EISS in week 52/2005 compared to a weekly average of 1332 positive specimens in the weeks of peak influenza activity during the 2004-2005 season (weeks 5-11/2005).

Whilst no human cases of influenza A(H5N1) have been reported in the 28 European countries participating in EISS up to week 52/2005, two children who died in Turkey in week 1/2006 were diagnosed to have avian influenza A(H5N1) and nine additional patients (most of them children) are suspected of having an A(H5N1) infection (click [here](#)). Specimens of the fatal cases have been sent to the WHO reference laboratory in London for further confirmatory testing.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 52/2005, 23 countries reported clinical data and 23 countries 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, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

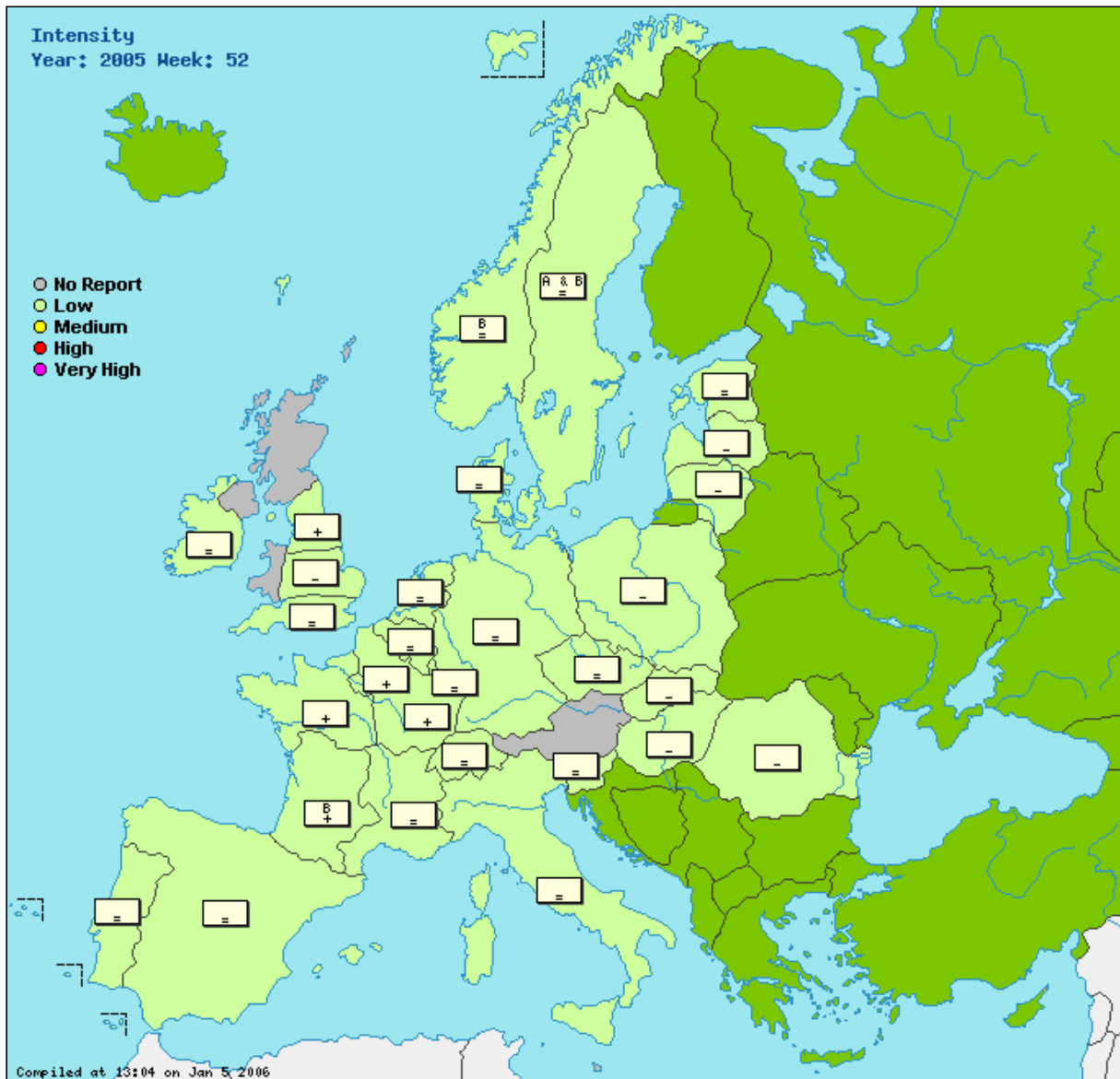
Map

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 remains at low levels. No detection nor isolation of influenza viruses so far. Further identification of RSV viruses are reported from Laboratories of Milano and Torino (Northern Italy).

Norway

The majority of viruses detected in Norway have been influenza type B, with most of these resembling the B virus in the current influenza vaccine. A minority of the B viruses resemble B/Malaysia/2506/2004, which has been recommended for the vaccine for the next Southern Hemisphere influenza season. Both these B variants, as well as the single characterised A(H3) virus, have changed very little compared to the corresponding viruses circulating last winter.

Sweden

First domestic case of Influenza A has been confirmed by the laboratory
 First domestic case of Influenza A has been confirmed by the laboratory

Switzerland

Influenza activity was low this week. Few samples received and no influenza virus detected. An influenza A was reported from the University Hospital of Bern in a non sentinel sample.

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			10	0%	None	35.9 (graphs)	1336.7 (graphs)	Click here
Czech Republic	Low	None			17	0%	None	24.0 (graphs)	841.8 (graphs)	Click here
Denmark	Low	None			2	0%	None	39.7 (graphs)		Click here
England	Low	Sporadic			16	25.0%	None	9.3 (graphs)	560.9 (graphs)	Click here
Estonia	Low	None			2	0%	None	0.3 (graphs)	287.3 (graphs)	Click here
France	Low	Sporadic			74	8.1%	None		1396.1 (graphs)	Click here
Germany	Low	None			6	0%	None		1175.0 (graphs)	Click here
Hungary	Low	None			8	0%	None	62.7 (graphs)		Click here
Ireland	Low	Sporadic			1	0%	None	7.7 (graphs)		Click here
Italy	Low	None			50	0%	None	87.3 (graphs)		Click here
Latvia	Low	None			2	0%	None	(graphs)	803.4 (graphs)	Click here
Lithuania	Low	None			0	0%	None	0.7 (graphs)	287.0 (graphs)	Click here
Luxembourg	Low	None			0	0%	None	(graphs)	5183.6 (graphs)	Click here
Netherlands	Low	Sporadic			1	0%	None	32.7 (graphs)		Click here
Norway	Low	Sporadic			10	10.0%	Type B	15.6 (graphs)		Click here
Poland	Low	None			3	0%	None	59.8 (graphs)		Click here
Portugal	Low	None			1	0%	None	14.4 (graphs)		Click here
Romania	Low	None			1	0%	None	760.7 (graphs)	0.6 (graphs)	Click here
Slovakia	Low	None			1	0%	None	174.9 (graphs)		Click here
Slovenia	Low	None			0	0%	None	(graphs)	804.3 (graphs)	Click here
Spain	Low	None			14	0%	None	30.9 (graphs)		Click here
Sweden	Low	Sporadic			6	100.0%	Type A and B	(graphs)		Click here
Switzerland	Low	None			5	0%	None	27.8 (graphs)		Click here
Europe					230	7.4%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

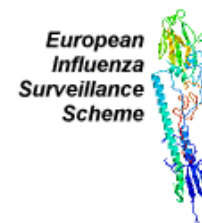
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Increased influenza activity in the Netherlands, low in the rest of Europe



Summary: Clinical influenza activity was twice as high as the baseline level in the Netherlands in week 01/2006. In the rest of Europe, clinical activity remained at baseline levels. Sporadic influenza activity was reported in Belgium, Czech Republic, England, France, Italy, the Netherlands, Norway, Scotland, Slovakia and Sweden. Both influenza A and B viruses have been detected since week 40/2005, but for the first time since the European Influenza Surveillance Scheme (EISS) was started in 1996, more influenza B virus (53%) than influenza A virus (47%) detections were reported for Europe as a whole. No human cases of influenza A(H5N1) virus have been reported in the 28 countries participating in EISS, which do not include Turkey.

Epidemiological situation - week 01/2006: The Netherlands and Slovakia* reported a medium intensity of clinical influenza activity, although only in the Netherlands the incidence of influenza-like illness was clearly above baseline (baseline 30/100,000 population; incidence week 1/2006 66.5/100,000 population). All other countries reported a low intensity of influenza activity in week 01/2006 and in these countries, and in Slovakia, the incidences of influenza-like illness or acute respiratory infection were at baseline levels (the level at which clinical influenza activity remains throughout the summer and most of the winter).

Ten countries across Europe reported sporadic influenza activity (see table and geographic spread map), which means that isolated cases of laboratory-confirmed influenza infection have been detected. The 16 remaining countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels and that there were no cases of laboratory-confirmed influenza infection detected.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 01/2006: The total number of respiratory specimens collected by sentinel physicians in week 01/2006 was 398, of which 15 (3.8%) were positive for influenza virus. Of these, four specimens tested positive for influenza A virus [France (3) and Italy (1)] and 11 tested positive for influenza B virus [in Belgium (1), Czech Republic (2), England (4), France (1) and Norway (3)]. In addition, 2105 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and 53 (2.5%) tested positive for influenza virus. Of these, 37 were influenza B and 16 influenza A. Most of the non-sentinel B viruses were detected in Norway (23) and Norway reported that the majority of characterised B viruses resemble the current vaccine strain B/Shanghai/361/2002. England, Norway and Sweden reported influenza B as the dominant subtype; all other countries reported no dominant subtype.

Virological situation - 2005-2006 season (week 40/2005-01/2006): Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 01/2006 (N=254), 134 (53%) were influenza B and 120 were influenza A (47%) of which 77 (30%) were influenza A (not subtyped), 25 (10%) were A(H3) [of which 13 were A(H3N2)], 18 (7%) were A(H1) [of which six were A(H1N1)].

Based on the characterisation data of all influenza virus detections up to week 01/2006, 42 have been antigenically and/or genetically characterised: seven were A/California/7/2004 (H3N2)-like, 21 were A/New Caledonia/20/99 (H1N1)-like, five were B/Malaysia/2506/2004-like and nine were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus currently used in the vaccine) (click [here](#)).

Up to week 01/2006 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS.

Comment: With the exception of the Netherlands, influenza activity in Europe is at baseline levels. The incidence of influenza-like illness in the Netherlands was 66.5/100,000 population, which is more than two times higher than the incidence in week 52/2005 (27.1/100,000 population) and the cutoff level of 30/100,000 population baseline activity.

Both influenza A and B virus types have been detected in Europe since week 40/2005, the majority being type A up to week 52/2005. However, due to the increasing detection of B viruses the balance reversed in week 01/2006. The majority (53%) of the total number of detected influenza viruses now belongs to influenza B, which is unprecedented since EISS was started in 1996 (click [here](#)). Most remarkable is the very high number of influenza B virus detections (26) in Norway in week 01/2006 whilst only two influenza A viruses were detected.

No human cases of influenza A(H5N1) were reported in the 28 European countries participating in EISS in week 01/2006. However, since the start of 2006, Turkey (which is not participating in EISS) reported three fatal cases of influenza A(H5N1) infection, 15 additional locally laboratory-confirmed cases and many more patients under investigation (click [here](#)). Further developments in Turkey are being monitored by EISS.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 01/2006, 26 countries reported clinical data and 24 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being monitored by EISS in collaboration with the WHO Collaborating Centre in London, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

***Erratum** [added to the Bulletin text on 13 January 2006 at 15:00]: The intensity of influenza activity in the Slovak Republic was mistakenly reported as medium. The intensity of influenza activity in the Slovak Republic was low in week 01/2006.

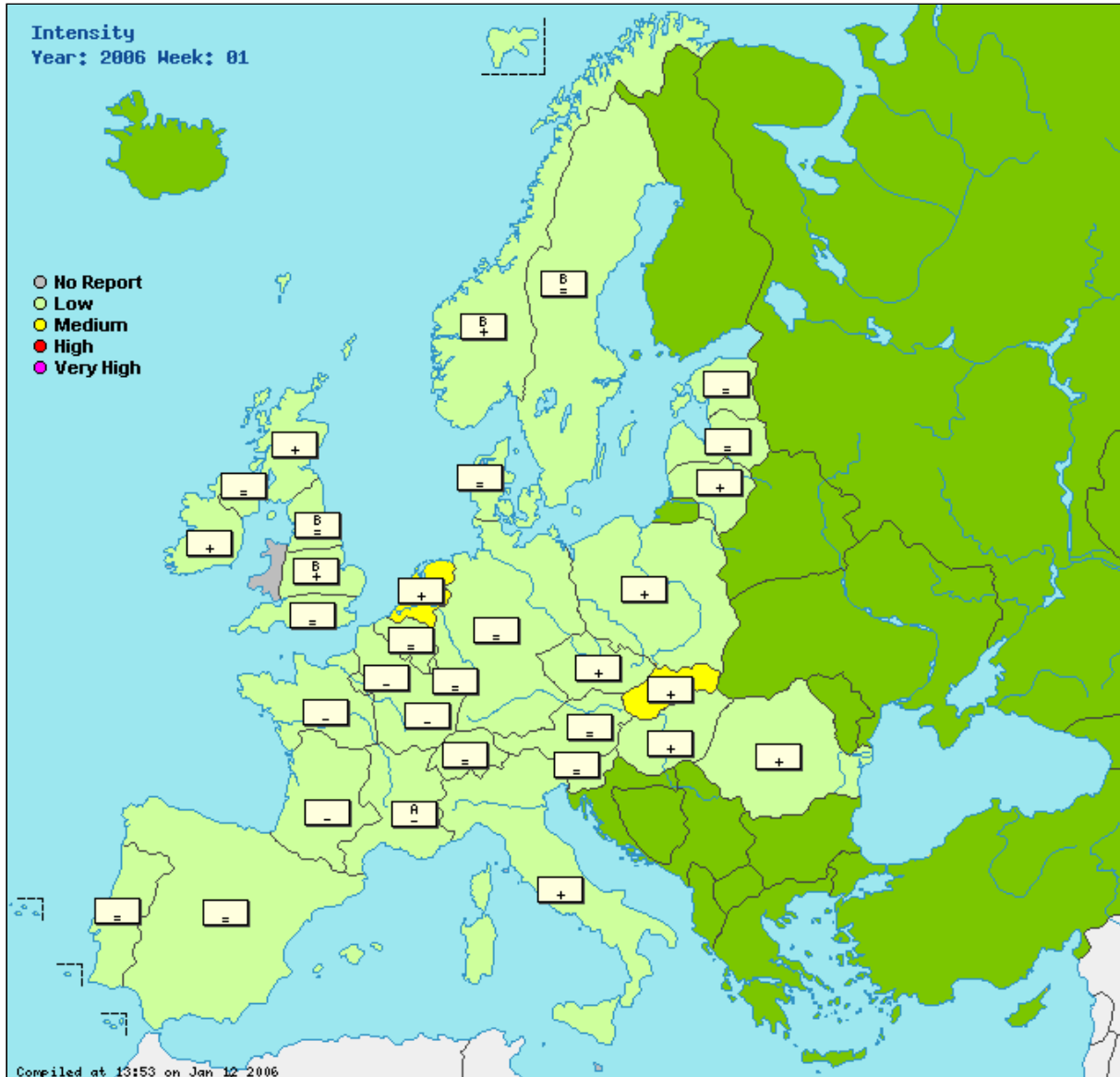
Map

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 at low levels. First A/H3N2 influenza strain was detected in Italy (University of Siena-Central Italy). Further identification of RSV viruses (4 RSV, 7 RSV-A and 1 RSV-B) are reported from Laboratories of Milano, Torino and Roma (ISS).

Netherlands

With some delay the first sentinel A(H3N2) detection in a specimen taken in week 51/2005 and the first two non-sentinel

A(H3N2) detections in specimens from week 52/2005 are now reported.

Norway

Increasing number of virus detections in the first week of 2006. With approximately 90% of cases being influenza B, for the first time since the mid-1990ies we seem to be facing a season dominated by influenza B in Norway. The majority of characterised B viruses have resembled the current vaccine strain B/Shanghai/361/2002.

Spain

The B virus detected in Baleares from a non-sentinel specimen in week 47 belongs to the Victoria lineage of B viruses.

Switzerland

Activity remained low last week. No influenza viruses were detected in Switzerland since November.

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			42	0%	None	560.8 (graphs)		Click here
Belgium	Low	Sporadic			5	20.0%	None	53.5 (graphs)	1543.0 (graphs)	Click here
Czech Republic	Low	Sporadic			54	3.7%	None	40.5 (graphs)	1185.6 (graphs)	Click here
Denmark	Low	None			5	0%	None	75.6 (graphs)		Click here
England	Low	Sporadic			23	17.4%	Type B	14.4 (graphs)	741.4 (graphs)	Click here
Estonia	Low	None			0	0%	None	1.6 (graphs)	246.8 (graphs)	Click here
France	Low	Sporadic			83	4.8%	None		1773.7 (graphs)	Click here
Germany	Low	None			29	0%	None		1389.0 (graphs)	Click here
Hungary	Low	None						105.0 (graphs)		Click here
Ireland	Low	None			5	0%	None	9.7 (graphs)		Click here
Italy	Low	Sporadic			60	1.7%	None	128.6 (graphs)		Click here
Latvia	Low	None			0	0%	None	(graphs)	881.7 (graphs)	Click here
Lithuania	Low	None			0	0%	None	2.5 (graphs)	395.4 (graphs)	Click here
Luxembourg	Low	None			0	0%	None	(graphs)	3083.4 (graphs)	Click here
Netherlands	Medium	Sporadic			5	0%	None	66.5 (graphs)		Click here
Northern Ireland	Low	None			0	0%	None	22.2 (graphs)		Click here
Norway	Low	Sporadic			10	30.0%	Type B	52.3 (graphs)		Click here
Poland	Low	None			6	0%	None	79.3 (graphs)		Click here
Portugal	Low	None			2	0%	None	23.2 (graphs)		Click here
Romania	Low	None			38	0%	None	892.6 (graphs)	1.8 (graphs)	Click here
Scotland	Low	Sporadic						33.3 (graphs)		Click here
Slovakia	Medium	Sporadic						401.6 (graphs)		Click here
Slovenia	Low	None			9	0%	None	(graphs)	1156.2 (graphs)	Click here
Spain	Low	None			11	0%	None	24.0 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type B	(graphs)		Click here
Switzerland	Low	None			11	0%	None	36.3 (graphs)		Click here
Wales					0	0%	None	(graphs)		Click here
Europe					398	3.8%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium = usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in ≥50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

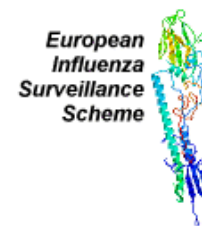
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Jos Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Increased influenza activity in the Netherlands and sporadic activity in 15 European countries



Summary: Clinical influenza activity remained slightly above the baseline level in the Netherlands but did not increase further since week 01/2006. Fifteen countries reported sporadic influenza activity: Belgium, the Czech Republic, Denmark, England, France, Ireland, Italy, the Netherlands, Northern Ireland, Norway, Scotland, Slovakia, Sweden, Switzerland, and Wales. More influenza B viruses (64%) were reported than influenza A (36%) for Europe as a whole. No human cases of influenza A(H5N1) virus have been reported in the 28 countries participating in EISS.

Epidemiological situation - week 02/2006: The Netherlands reported a medium intensity of clinical influenza activity, since the incidence of influenza-like illness was slightly above the baseline threshold. The incidence in week 2/2006 was 55.2/100,000 population while the baseline is 30/100,000 population. All other countries reported a low intensity of influenza activity in week 02/2006, meaning the incidences of influenza-like illness or acute respiratory infection remained below the baseline threshold.

Fifteen countries across Europe reported sporadic influenza activity (see table and geographic spread map), which means that isolated cases of laboratory-confirmed influenza virus infection have been detected with clinical activity remaining at or below baseline levels. The 11 remaining countries reported no influenza activity, meaning that the overall level of clinical activity remained at baseline levels and that there were, in general, no cases of laboratory-confirmed influenza virus infection detected.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 02/2006: The total number of respiratory specimens collected by sentinel physicians in week 02/2006 was 536, of which 23 (4.3%) were positive for influenza virus. Of these, nine specimens tested positive for influenza A virus [Belgium (1), England (1), Estonia (1), France (3), Italy (1), Norway (1) and Switzerland (1)] and 14 tested positive for influenza B virus [in the Czech Republic (1), Denmark (1), England (6), France (2), Norway (2) and Scotland (2)]. In addition, 2071 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and 100 (4.8%) tested positive for influenza virus. Of these, 85 were influenza B and 15 influenza A. Most of the non-sentinel B viruses were detected in Scotland (49) and Norway (27).

England, Northern Ireland, Norway and Scotland reported influenza B as the dominant type. Switzerland reported influenza B and influenza A(H1N1) as being dominant. France and Sweden reported influenza A as the dominant type. All other countries reported no dominant (sub)type.

Virological situation - 2005-2006 season (week 40/2005-02/2006): Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 02/2006 (N=419), 267 (64%) were influenza B and 152 (36%) were influenza A. Of the total virus detections, 100 (24%) were influenza A not-subtyped, 31 (7%) were A(H3) [of which 15 were A(H3N2)] and 21 (5%) were A(H1) [of which six were A(H1N1)].

Based on the characterisation data of all influenza virus detections up to week 02/2006, 99 have been antigenically and/or genetically characterised: 27 were A/New Caledonia/20/99 (H1N1)-like, 13 were A/California/7/2004 (H3N2)-like, 41 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 18 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage and is currently used in the vaccine) (click [here](#)).

Up to week 02/2006 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS, which does not include Turkey.

Comment: In week 52 only six countries reported sporadic influenza activity, in week 01/2006 ten, and this week 15. So, increasing numbers of countries are reporting sporadic influenza activity, though only in the Netherlands was clinical influenza activity (slightly) above the baseline.

Both influenza A and B virus types have been detected in Europe since week 40/2005, but the majority (64%) of the total number of detected influenza viruses was influenza B. Very high numbers of influenza B virus detections were reported in Norway (29) and Scotland (51) in week 02/2006, while only three influenza A viruses were detected in the same week in Norway and none in Scotland. Overall, the proportion of influenza B viruses characterised as B/Malaysia/2506/2004-like was twice as high as that of influenza B viruses characterised as B/Jiangsu/10/2003-like. The current Northern Hemisphere vaccine contains a B/Shanghai/361/2002-like virus of which B/Jiangsu/10/2003 is a representative. This vaccine strain provides reduced but still valuable protection against the B/Malaysia/2506/2004-like viruses (click [here](#)).

No human cases of influenza A(H5N1) were reported in the 28 European countries participating in EISS in week 02/2006. However, since the start of 2006, Turkey (which is not participating in EISS) reported four fatal cases of influenza A(H5N1) virus infection, 17 additional locally laboratory-confirmed cases and many more patients are under investigation (click [here](#)). To date, in relation to humans, A(H5N1) virus can be characterized as: a not very infectious bird flu virus, poorly adapted to humans, but highly pathogenic in those few humans it infects. Man-to-man transmission has not been established (click [here](#)). Further developments in Turkey are being followed carefully by EISS.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 02/2006, 26 countries reported clinical data and 24 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being monitored by EISS in collaboration with the WHO Collaborating Centre in London, UK.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

Map

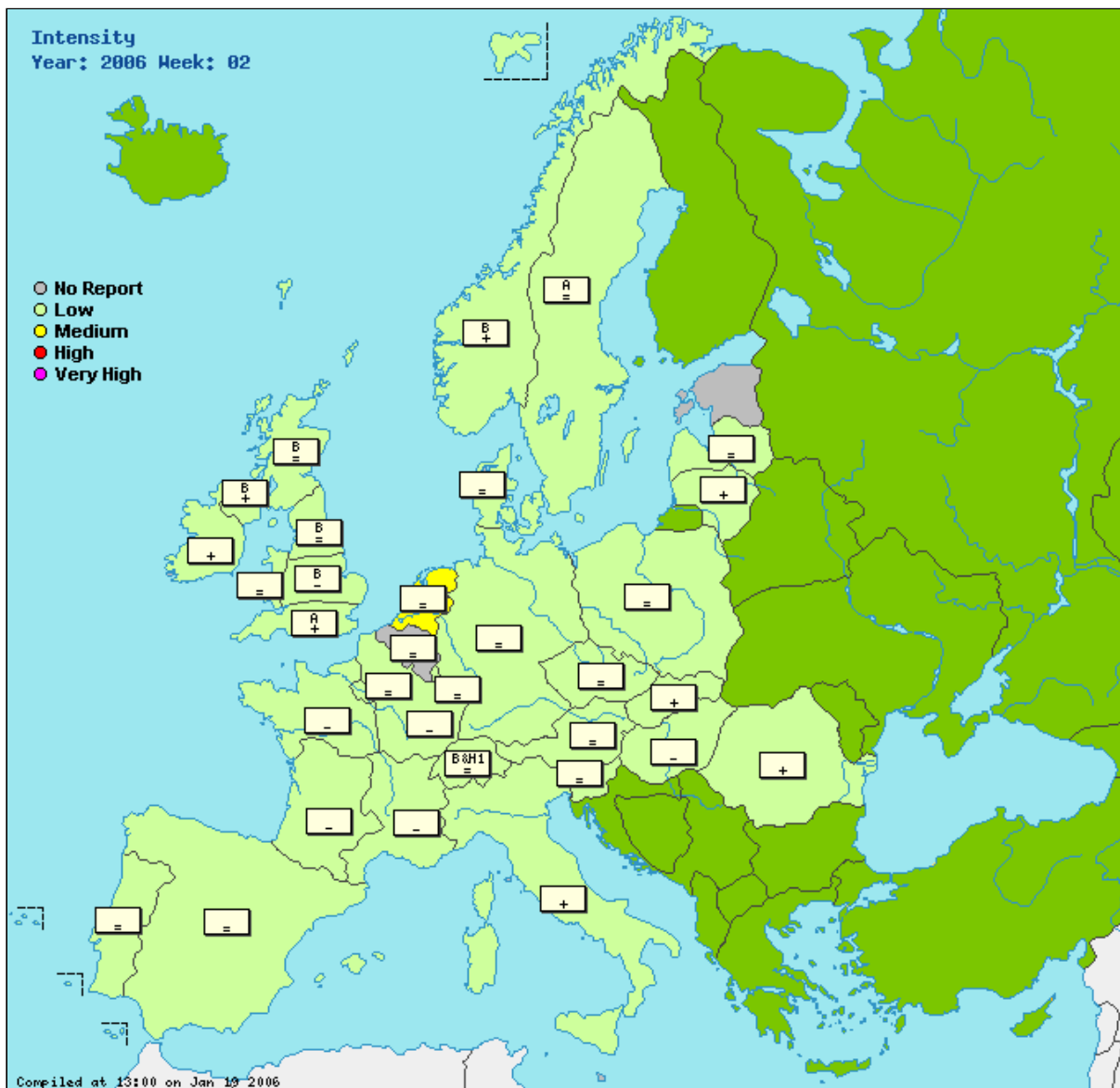
The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

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)

Belgium

One Influenza A/H3N2, imported case from Turkey, initially suspected for H5N1

Italy

Increasing but still low Influenza activity. The University of Parma reported one isolation of A/H3N2 influenza strain. Laboratory analyses are in progress. Further identification of 15 RSV viruses are reported from Laboratories of Milano and Torino.

Latvia

Sporadic cases of influenza A/H3 , outbreaks of RSV among 0-4 years old children.

Norway

The numbers of virus detections in Norway stayed at roughly the same level as in week 1/2006. In several previous seasons, a resumed rise in activity has been seen after temporary levelling-out in early January.

Sweden

two cases of six are imported cases

Switzerland

Two influenza viruses were detected last week : an influenza A (H1N1) virus in the canton of Bern and an influenza B virus in the canton of Zürich. This influenza B virus was antigenically related to the reference strain influenza B/Malaysia/2506/2004.

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	Low	None			71	0%	None	939.5 (graphs)		Click here
Belgium		Sporadic			8	12.5%	None	57.9 (graphs)	1335.3 (graphs)	Click here
Czech Republic	Low	Sporadic			27	3.7%	None	42.0 (graphs)	1199.5 (graphs)	Click here
Denmark	Low	Sporadic			12	8.3%	None	65.1 (graphs)		Click here
England	Low	Sporadic			40	17.5%	Type A and B	16.6 (graphs)	704.0 (graphs)	Click here
Estonia					2	50.0%	None	(graphs)		Click here
France	Low	Sporadic			144	3.5%	Type A		1654.1 (graphs)	Click here
Germany	Low	None			33	0%	None		1339.0 (graphs)	Click here
Hungary	Low	None						101.1 (graphs)		Click here
Ireland	Low	Sporadic			7	0%	None	11.2 (graphs)		Click here
Italy	Low	Sporadic			58	1.7%	None	120.0 (graphs)		Click here
Latvia	Low	None			1	0%	None	(graphs)	1001.2 (graphs)	Click here
Lithuania	Low	None			0	0%	None	3.1 (graphs)	491.5 (graphs)	Click here
Luxembourg	Low	None			2	0%	None	(graphs)	2418.5 (graphs)	Click here
Netherlands	Medium	Sporadic			12	0%	None	52.2 (graphs)		Click here
Northern Ireland	Low	Sporadic			0	0%	Type B	47.5 (graphs)		Click here
Norway	Low	Sporadic			16	18.8%	Type B	56.8 (graphs)		Click here
Poland	Low	None			16	0%	None	78.4 (graphs)		Click here
Portugal	Low	None			0	0%	None	14.2 (graphs)		Click here
Romania	Low	None			28	0%	None	1006.2 (graphs)	2.0 (graphs)	Click here
Scotland	Low	Sporadic			11	18.2%	Type B	30.5 (graphs)		Click here
Slovakia	Low	Sporadic						539.3 (graphs)		Click here
Slovenia	Low	None			9	0%	None	3.1 (graphs)	1185.5 (graphs)	Click here
Spain	Low	None			22	0%	None	30.0 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A	(graphs)		Click here
Switzerland	Low	Sporadic			15	6.7%	Type B and Type A, Subtype H1N1	39.4 (graphs)		Click here
Wales	Low	Sporadic						2.3 (graphs)		Click here
Europe					536	4.3%				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

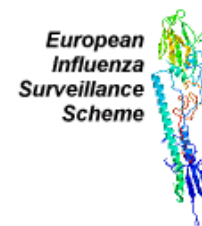
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Increased influenza activity in the Netherlands, local activity in France and sporadic activity in 15 European countries



Summary: Clinical influenza activity remained above the baseline level for the third consecutive week in the Netherlands but only increased slightly in comparison to recent weeks. France reported local outbreak activity and fifteen countries reported sporadic activity in week 03/2006. Since the start of the season, more influenza B viruses (64%) have been reported than influenza A viruses (36%) for Europe as a whole. No human cases of influenza A(H5N1) virus have been reported in the 28 countries participating in EISS, which does not include Turkey.

Epidemiological situation - week 03/2006: The Netherlands reported a medium intensity of clinical influenza activity in week 03/2006, with the influenza-like illness (ILI) consultation rate above the baseline threshold of 30 per 100,000 population but only increasing slightly in comparison to weeks 01/2006 and 02/2006 (click [here](#)). All other countries reported a low intensity of influenza activity, meaning the influenza-like illness or acute respiratory infection consultation rate remained below the baseline threshold.

France reported local outbreak activity at a national and regional level (North West, North East, Ile-de-France, South West and South East) in week 03/2006, meaning that there were laboratory-confirmed cases of influenza virus infection and increased influenza activity in local areas (e.g. a city) of a region or outbreaks in two or more institutions (e.g. schools) within a region. Fifteen countries across Europe reported sporadic influenza activity and the remaining 11 countries reported no influenza activity (see table and geographic spread map).

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 03/2006: The total number of respiratory specimens collected by sentinel physicians in week 03/2006 was 697, of which 50 (7.2%) were positive for influenza virus. Of these, 28 (56%) specimens tested positive for influenza B virus and 22 (44%) tested positive for influenza A virus. In addition, 1603 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and 87 (5.4%) tested positive for influenza virus. Of these, 61 (70%) were influenza B and 26 (30%) influenza A. Most of the non-sentinel B viruses reported in week 03/2006 were detected in Scotland (79%).

Influenza B was the dominant type in Belgium, the Netherlands, Northern Ireland and Scotland in week 03/2006. In Switzerland it was influenza B and influenza A(H1N1), and in France, Latvia and Sweden it was influenza A [influenza A(H3) in Latvia]. In the other 16 countries no dominant (sub)type was reported.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 03/2006 (N=592), 376 (64%) were influenza B and 216 (36%) were influenza A. Of the total influenza A virus detections (N=216), 149 (69%) were influenza A not-subtyped, 40 (19%) were A(H3) [of which 18 were A(H3N2)] and 27 (13%) were A(H1) [of which eight were A(H1N1)].

Based on the characterisation data of all influenza virus detections up to week 03/2006, 92 have been antigenically and/or genetically characterised: 26 were A/New Caledonia/20/99 (H1N1)-like, 12 were A/California/7/2004 (H3N2)-like, 48 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 6 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage and is currently used in the vaccine) (click [here](#)).

Up to week 03/2006 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS, which does not include Turkey.

Comment: Influenza activity in Europe remains low but there are signs that it is gradually increasing. For the first time this season, a country reported local outbreak activity and the number of countries reporting sporadic activity has increased from only six in week 52/2005 to 15 in week 03/2006. In addition, there has been a gradual increase in the total number of positive specimens reported per week, although compared to the 2004-2005 season the total weekly numbers remain low (click [here](#); second graph).

Both influenza A and B virus types have been detected in Europe since week 40/2005, but the majority of viruses have been influenza B (64%). As in previous weeks, a high number of influenza B virus detections were reported in Scotland (49) in week 03/2006. Norway has also reported a high number of influenza B virus detections in recent weeks (e.g. 29 in week 02/2006), but did not report virological data in week 03/2006. In contrast to the rest of Europe, where countries have reported either very few virus detections or a mixture of influenza A and B detections, influenza virus detections in Scotland (click [here](#)) and Norway (click [here](#)) have been predominantly influenza B.

No human cases of influenza A(H5N1) were reported in the 28 European countries participating in EISS in week 03/2006. However, since the start of 2006, Turkey (which does not participate in EISS) reported four fatal cases of influenza A(H5N1) virus infection, 17 additional locally laboratory-confirmed cases and many more patients are under investigation (click [here](#)). Further developments in Turkey are being followed carefully by EISS.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 03/2006, 27 countries reported clinical data and 26 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being monitored by EISS in collaboration with the WHO Collaborating Centre in London (United Kingdom) and the European Centre for Disease Prevention and Control.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

Map

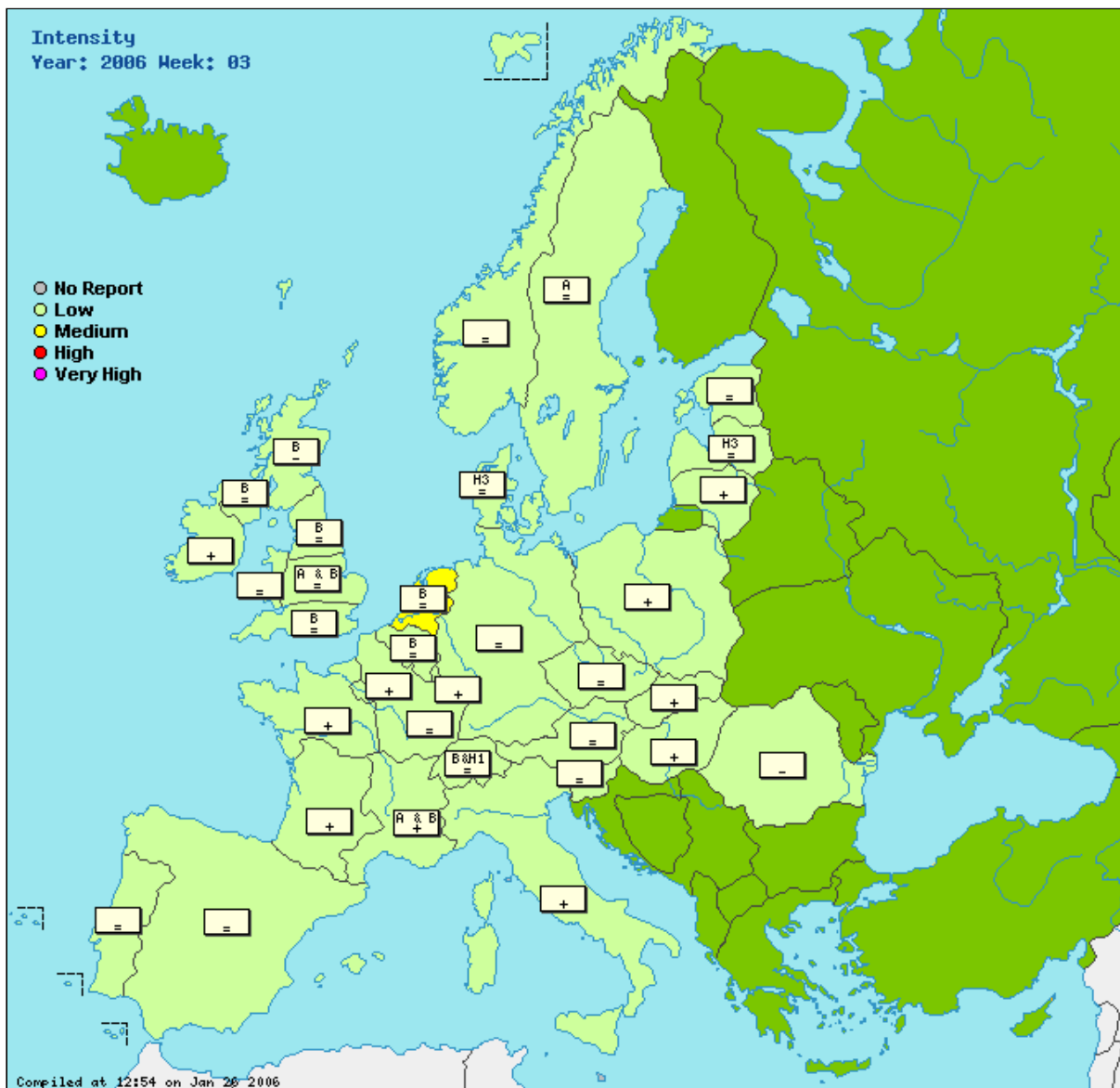
The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

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

Increasing but still low influenza activity. Two cases associated with influenza A/H3N2 subtype were isolated from the Laboratories of Parma (sample collected in week 2) and Trieste. One influenza A type has been detected in the Laboratory of Milano from a 4 yrs patient. Further identification of Respiratory Syncytial viruses were confirmed in Milano.

Switzerland

2 influenza viruses were detected last week : one influenza A not subtyped yet, and one influenza B virus. This one was related to influenza B/Malaysia/2506/05

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
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Austria	Low	Sporadic	114	1.8%	None	844.5 (graphs)		Click here
Belgium	Low	Sporadic	21	14.3%	Type B	107.4 (graphs)	1277.7 (graphs)	Click here
Czech Republic	Low	Sporadic	68	2.9%	None		1217.3 (graphs)	Click here
Denmark	Low	Sporadic	5	0%	Type A, Subtype H3	55.6 (graphs)		Click here
England	Low	Sporadic	28	42.9%	None	16.6 (graphs)	657.1 (graphs)	Click here
Estonia	Low	Sporadic	6	0%	None	341.1 (graphs)		Click here
France	Low	Local	150	14.7%	Type A		1856.7 (graphs)	Click here
Germany	Low	None	47	0%	None		1222.0 (graphs)	Click here
Hungary	Low	None				130.8 (graphs)		Click here
Ireland	Low	None	7	0%	None	17.8 (graphs)		Click here
Italy	Low	Sporadic	108	1.9%	None	142.8 (graphs)		Click here
Latvia	Low	None	2	0%	Type A, Subtype H3		421.2 (graphs)	Click here
Lithuania	Low	None	0	0%	None	4.7 (graphs)	533.1 (graphs)	Click here
Luxembourg	Low	Sporadic	11	9.1%	None	116.3 (graphs)	1837.2 (graphs)	Click here
Netherlands	Medium	Sporadic	9	11.1%	Type B	57.3 (graphs)		Click here
Northern Ireland	Low	Sporadic	4	25.0%	Type B	42.8 (graphs)		Click here
Norway	Low	Sporadic						Click here
Poland	Low	None	39	0%	None	83.0 (graphs)		Click here
Portugal	Low	None	3	0%	None	12.9 (graphs)		Click here
Romania	Low	None	11	0%	None	900.6 (graphs)	0.4 (graphs)	Click here
Scotland	Low	Sporadic	4	50.0%	Type B	25.0 (graphs)		Click here
Slovakia	Low	Sporadic	7	0%	None	620.3 (graphs)		Click here
Slovenia	Low	None	3	0%	None		1048.3 (graphs)	Click here
Spain	Low	None	34	0%	None	30.9 (graphs)		Click here
Sweden	Low	Sporadic	0	0%	Type A			Click here
Switzerland	Low	None	13	15.4%	Type B and Type A, Subtype H1N1	34.3 (graphs)		Click here
Wales	Low	Sporadic	0	0%	None	3.2 (graphs)		Click here
Europe			697	7.2%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

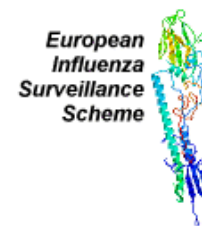
Population: per 100,000 population

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

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Regional influenza activity in France and Norway



Summary: France and Norway reported regional influenza activity and an additional sixteen countries reported sporadic activity in week 04/2006. In France the dominant virus was influenza A(H1) and in Norway influenza B. Since the start of the season, more influenza B viruses (68%) have been reported than influenza A viruses (32%) for Europe as a whole, and the number of B virus detections per week is still increasing whereas the number of A virus detections per week is levelling off. No human cases of influenza A(H5N1) virus have been reported in the 28 countries participating in EISS, which does not include Turkey.

Epidemiological situation - week 04/2006: The Netherlands reported a medium intensity of clinical influenza activity in week 04/2006, with the influenza-like illness (ILI) consultation rate above the baseline threshold of 30 per 100,000 population but only increasing slightly in comparison to weeks 02/2006 and 03/2006 (click [here](#)). All other countries reported a low intensity of influenza activity, meaning the influenza-like illness or acute respiratory infection consultation rate remained below the baseline threshold.

France and Norway reported regional activity. Sixteen countries across Europe reported sporadic influenza activity and the remaining nine countries reported no influenza activity (see table and geographic spread map).

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 04/2006: The total number of respiratory specimens collected by sentinel physicians in week 04/2006 was 668, of which 62 (9.3%) were positive for influenza virus. Of these, 41 (66%) specimens tested positive for influenza B virus and 21 (34%) tested positive for influenza A virus. In addition, 1531 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and 163 (10.7%) tested positive for influenza virus. Of these, 134 (82%) were influenza B and 29 (18%) influenza A. Most of the B viruses (sentinel and non-sentinel) in week 04/2006 (124 of 175; 71%) were detected in England (15%), Norway (42%), and Scotland (14%).

Influenza B was the dominant type in seven countries (see table) in week 04/2006. In three countries it was influenza A and influenza B, in two countries it was influenza A(H3), and in one country it was influenza A(H1) (France). In the other 11 countries no dominant (sub)type was reported.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 04/2006 (N=879), 601 (68%) were influenza B and 278 (32%) were influenza A. Of the total influenza A virus detections (N=278), 187 (68%) were influenza A not-subtyped, 54 (19%) were A(H3) [of which 21 were A(H3N2)] and 37 (13%) were A(H1) [of which nine were A(H1N1)].

Based on the characterisation data of all influenza virus detections up to week 04/2006, 112 have been antigenically and/or genetically characterised: 18 were A/New Caledonia/20/99 (H1N1)-like, 22 were A/California/7/2004 (H3N2)-like, 54 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 18 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage and is currently used in the vaccine) (click [here](#)).

Up to week 04/2006 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS, which does not include Turkey.

Comment: Influenza activity in Europe remains low but there are some signs that it may be increasing in a few countries: France, the Netherlands and Norway. For the first time this season, regional activity – in France and Norway – was reported. In addition, the total number of positive specimens per week for Europe as a whole increased further from 196 in week 03/2006 to 225 in week 04/2006.

Both influenza A and B virus types have been detected in Europe since week 40/2005, but the majority of viruses have been influenza B (68%). As in previous weeks, a high number of influenza B virus detections were reported in England, Norway and Scotland in week 04/2006. However, in Scotland the number of virus detections per week is declining, as is the ILI consultation rate, whilst in England and Norway both indicators are increasing. In contrast to the rest of Europe, where countries have reported either very few virus detections or a mixture of influenza A and B detections, influenza virus detections in England, Norway and Scotland have been predominantly influenza B.

No human cases of influenza A(H5N1) were reported in the 28 European countries participating in EISS in week 04/2006. However, since the start of 2006, Turkey (which does not participate in EISS) reported four fatal cases of influenza A(H5N1) virus infection and 17 additional locally laboratory-confirmed cases. Twelve including all the fatal have now been confirmed by the WHO Collaborating Centre in Mill Hill, London, UK (WHO-CC) (click [here](#)). The WHO-CC confirmed the first human case in Iraq (click [here](#)). Other human cases locally detected by the National Influenza Centre in Iraq are being further investigated by the NIC and the WHO-CC. Further developments concerning A(H5N1), especially in Europe, are being followed carefully by EISS.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 04/2006, 26 countries reported clinical data and 24 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being monitored by EISS in collaboration with the WHO Collaborating Centre in London (United Kingdom) and the European Centre for Disease Prevention and Control.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

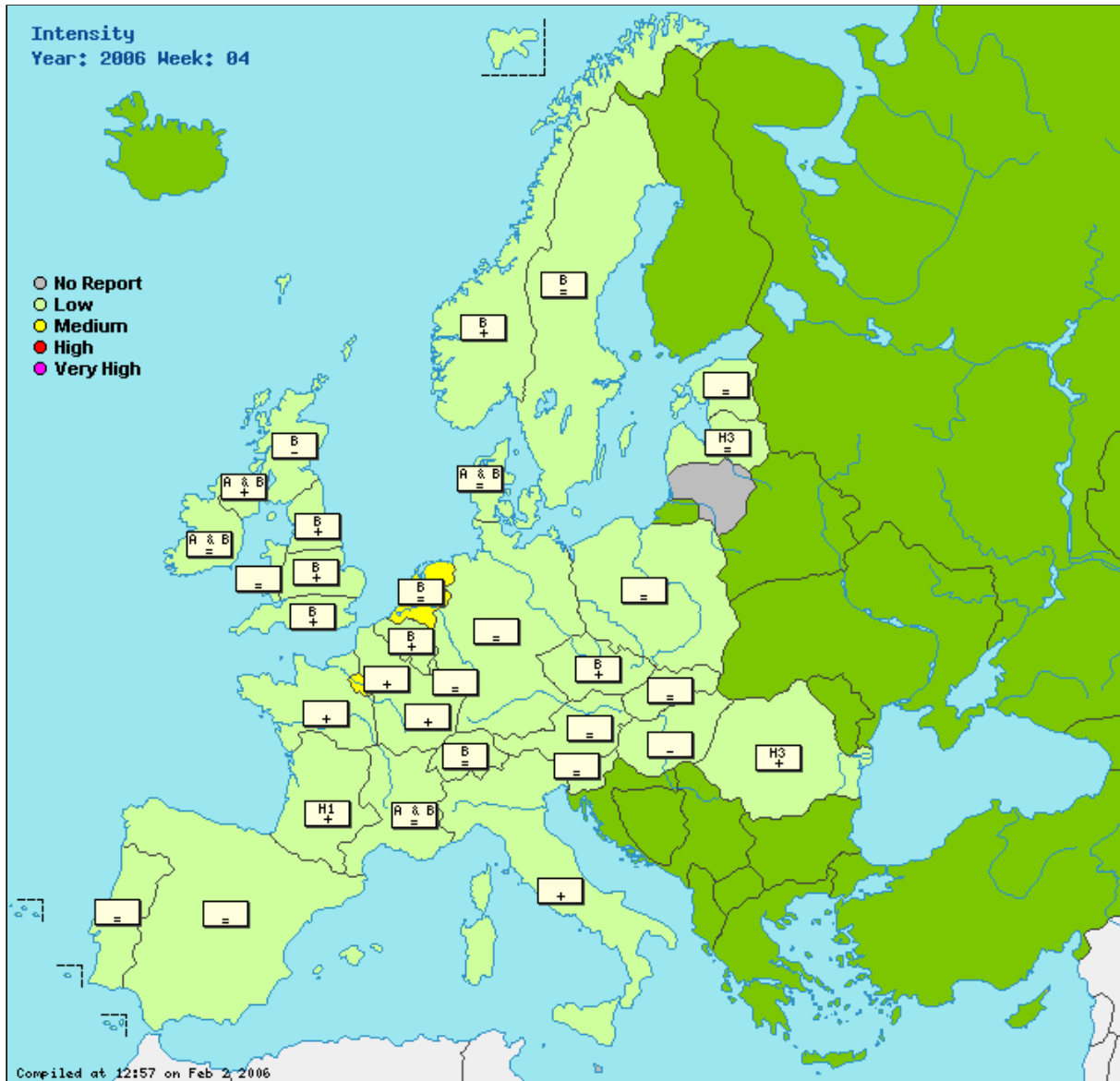
Map

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

Increasing influenza activity. One case associated with influenza B type was isolated from the Laboratory of Milano from a 67 yrs patient. Further detections of Respiratory Syncytial Viruses are reported

Netherlands

In the sentinel surveillance a sample taken in one patient with an acute respiratory infection was typed as influenza B.

Norway

Increasing ILI activity in most of the country, especially in two of five health regions (North and South)

Switzerland

3 influenza B viruses were detected last week. It is the fourth week with influenza virus detection. However, medical consultations remained below 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			128	0.8%	None	782.0 (graphs)		Click here

Belgium	Low	Sporadic	15	20.0%	Type B	163.7 (graphs)	1598.7 (graphs)	Click here
Czech Republic	Low	Sporadic	44	6.8%	Type B	53.7 (graphs)	1270.3 (graphs)	Click here
Denmark	Low	Sporadic	10	40.0%	Type A and B	51.8 (graphs)		Click here
England	Low	Sporadic	45	35.6%	None	18.6 (graphs)	724.7 (graphs)	Click here
Estonia	Low	Sporadic	4	0%	None	1.3 (graphs)		Click here
France	Low	Regional	117	13.7%	Type A, Subtype H1		2174.6 (graphs)	Click here
Germany	Low	None					1378.9 (graphs)	Click here
Hungary	Low	None				125.4 (graphs)		Click here
Ireland	Low	Sporadic	10	30.0%	Type A and B	16.3 (graphs)		Click here
Italy	Low	Sporadic	103	1.9%	None	167.2 (graphs)		Click here
Latvia	Low	None	2	50.0%	Type A, Subtype H3		1124.8 (graphs)	Click here
Luxembourg	Low	Sporadic	10	0%	None	64.8 (graphs)	2353.7 (graphs)	Click here
Netherlands	Medium	Sporadic	14	0%	Type B	67.1 (graphs)		Click here
Northern Ireland	Low	Sporadic	2	50.0%	Type A and B	64.6 (graphs)		Click here
Norway	Low	Regional	8	0%	Type B	71.9 (graphs)		Click here
Poland	Low	None	22	0%	None	82.2 (graphs)		Click here
Portugal	Low	Sporadic	5	40.0%	None	13.8 (graphs)		Click here
Romania	Low	None	32	3.1%	Type A, Subtype H3	1040.4 (graphs)	0.6 (graphs)	Click here
Scotland	Low	Sporadic	12	8.3%	Type B	21.2 (graphs)		Click here
Slovakia	Low	Sporadic	16	0%	None	651.3 (graphs)		Click here
Slovenia	Low	None	2	0%	None		1239.2 (graphs)	Click here
Spain	Low	None	46	0%	None	32.0 (graphs)		Click here
Sweden	Low	Sporadic	0	0%	Type B			Click here
Switzerland	Low	None	16	18.8%	Type B	45.9 (graphs)		Click here
Wales	Low	Sporadic	5	100.0%	None	4.1 (graphs)		Click here
Europe			668	9.3%				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

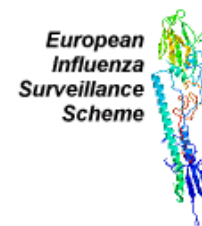
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Flu activity remains low in most countries although a sharp increase was found in England, caused mainly by influenza B virus



Summary: Several countries in Europe reported increasing clinical influenza activity, mainly caused by influenza B, in week 05/2006. In particular, there was a sharp increase in the consultation rate for influenza-like illness in England; from 18.6 in week 04/2006 to 38.2 in week 05/2006. Widespread influenza activity was reported in the Netherlands and Norway and in regions of France and England. Since the start of the season, more influenza B viruses (70%) have been reported than influenza A viruses (30%) for Europe as a whole, and the number of B virus detections per week is still increasing whereas the number of A virus detections per week decreased compared to week 04/2006. No human cases of influenza A(H5N1) virus have been reported in the 28 countries participating in EISS, which does not include Turkey.

Epidemiological situation - week 05/2006: England and the Netherlands reported a medium intensity of clinical influenza activity in week 05/2006. England reported a sharp increase in the consultation rate for influenza-like illness (ILI) compared to week 04/2006; from 18.6 to 38.2 per 100,000 population (click [here](#)). In the Netherlands the increase between weeks 04/2006 and 05/2006 was slightly higher in comparison to between weeks 03/2006 and 04/2006 (click [here](#)). All other countries reported a low intensity of influenza activity, meaning the consultation rates for influenza-like illness or acute respiratory infection (ARI) remained below the baseline threshold.

England South and Central, the Netherlands, Norway and the Paris region of France reported widespread activity. England as a whole and France as a whole reported regional activity. Fifteen countries across Europe reported sporadic influenza activity and the remaining six countries reported no influenza activity this week (see table and geographic spread map).

In England, Norway, Spain and Switzerland the increases in consultation rate for ILI were mainly in the 5-14 year age group. In countries reporting ARI the consultation rates were highest in the under fives.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 05/2006: The total number of respiratory specimens collected by sentinel physicians in week 05/2006 was 917, of which 132 (14%) were positive for influenza virus. Of these, 96 (73%) specimens tested positive for influenza B virus and 36 (27%) tested positive for influenza A virus. In addition, 1,543 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed and 241 (16%) tested positive for influenza virus. Of these, 195 (81%) were influenza B and 46 (19%) influenza A. Most of the B viruses (sentinel and non-sentinel) in week 05/2006 (195 of 291; 67%) were detected in England (15%), Norway (33%), Scotland (13%) and Sweden (7%).

Influenza B was the dominant type in nine countries (see table) in week 05/2006. In three countries it was influenza A and influenza B, in Latvia it was influenza B and A(H3) and in Switzerland it was influenza B and A(H1N1). In the other 13 countries no dominant (sub)type was reported.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 05/2006 (N=1,345), 937 (70%) were influenza B and 408 (30%) were influenza A. Of the total influenza A virus detections (N=408), 272 (67%) were influenza A not-subtyped, 72 (18%) were A(H3) [of which 26 were A(H3N2)] and 64 (16%) were A(H1) [of which 17 were A(H1N1)].

Based on the characterisation data of all influenza virus detections up to week 05/2006, 132 have been antigenically and/or genetically characterised: 20 were A/New Caledonia/20/99 (H1N1)-like, 23 were A/California/7/2004 (H3N2)-like, 69 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 20 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage and is currently used in the vaccine) (click [here](#)).

Up to week 05/2006 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS, which does not include Turkey.

Comment: Influenza activity is increasing in a number of countries in Europe, particularly in England, France, the Netherlands and Norway. However, in most countries the intensity of activity is still low, possibly because the dominant virus in Europe is influenza B and influenza B virus is known to cause on the whole milder infections than influenza A. The proportion of influenza B viruses for Europe as a whole is still increasing, and increased influenza activity caused by influenza B can probably be anticipated the coming weeks.

Although the development of influenza activity for Europe as a whole this season is comparable with that in the US (click [here](#)) and Canada (click [here](#)), there are striking differences in the types, subtypes and strains detected so far. Up to week 05/2006, laboratories in Europe reported 1,345 influenza virus detections of which 70% were influenza B and 30% were influenza A, in contrast to the US where 97% of virus detections were influenza A and only 3% were influenza B (N=3,771) and Canada where influenza A and B viruses were detected in similar proportions (49%A, 51%B; N=748). In addition, in Europe 53% of subtyped isolates were A(H3) and 47% A(H1), whereas the vast majority (>99%) of influenza A viruses in the US and Canada were A(H3) and only less than 1% were A(H1). The characterised B viruses in Europe (n=89) belong mainly to the Victoria lineage of B viruses (78%), in Canada this was even higher (95%; n=55), whereas those from the US (n=11) belonged mainly to the Yamagata lineage of B viruses (73%). Despite these significant differences, the season in both continents of the northern hemisphere has been rather mild till now. A clear explanation for this phenomenon is not available yet.

No human cases of influenza A(H5N1) were reported in the 28 European countries participating in EISS in week 04/2006. Developments concerning A(H5N1), especially in Europe, are being followed carefully by EISS.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 05/2006, 25 countries reported clinical data and 27 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being monitored by EISS in collaboration with the WHO Collaborating Centre in London (United Kingdom) and the European Centre for Disease Prevention and Control.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

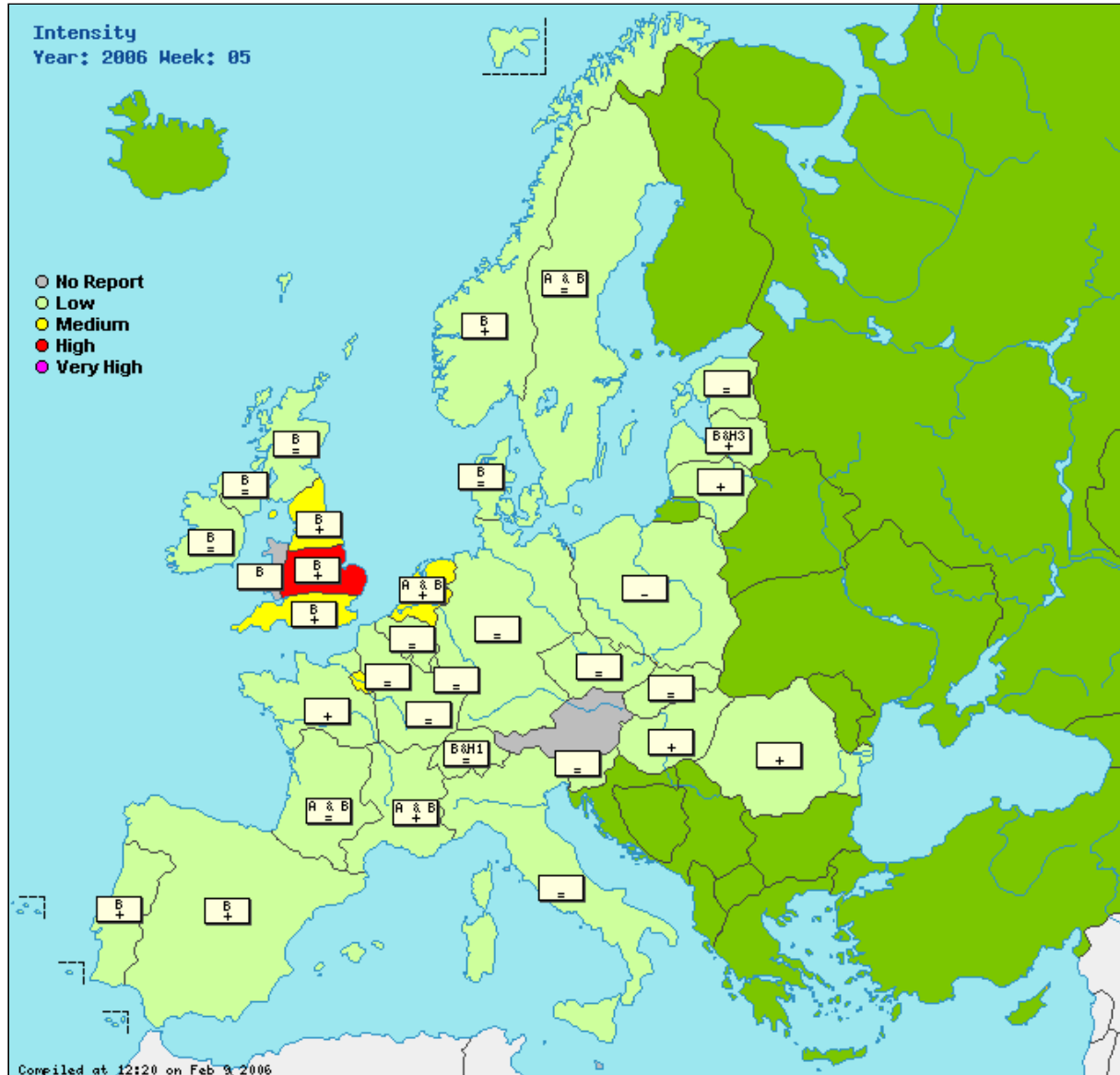
Map

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

Increasing influenza activity is reported. During the last weeks were identified and/or isolated 3 A/H1N1 viruses in Northern Italy (Milano and Torino Centres). Two cases associated with influenza B type were identified in the Laboratory of the University of Milano from children. Two influenza A/H3N2 subtype have been detected in Milano and Trieste, in Northern Italy. Further Respiratory Syncytial Viruses were confirmed in Milano.

Norway

Increasing activity in all five health regions but still of relatively low magnitude. Largest increase in children 5-14 years. High number of influenza B detections in hospital laboratories the last two weeks, and more than 70% of sentinel specimens were influenza B positive this week.

Slovakia

The second isolate of Influenza B virus was detected in the swab taken from 8 year old girl in the laboratory of NIC. The antigenic analyses will follow.

Spain

Influenza activity is increasing in the north part of Spain. The sentinel network of Asturias reported a medium intensity of clinical influenza activity, since the incidence of influenza-like illness was slightly above the baseline threshold. In the rest of the country the activity remains stable at a low level.

Influenza B virus was detected in three sentinel samples from Spain this week.

Switzerland

Influenza viruses are sporadically 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
Austria					119	1.7%	None	(graphs)		Click here
Belgium	Low	Sporadic			22	18.2%	None	117.4 (graphs)	1717.6 (graphs)	Click here
Czech Republic	Low	Sporadic			50	4.0%	None	56.2 (graphs)	1317.2 (graphs)	Click here
Denmark	Low	Sporadic			15	26.7%	Type B	60.0 (graphs)		Click here
England	Medium	Regional			81	64.2%	Type B	38.2 (graphs)	835.1 (graphs)	Click here
Estonia	Low	None			3	0%	None	(graphs)		Click here
France	Low	Regional			162	13.0%	Type A and B		2554.8 (graphs)	Click here
Germany	Low	Sporadic			46	8.7%	None		1402.0 (graphs)	Click here
Hungary	Low	None			34	0%	None	143.3 (graphs)		Click here
Ireland	Low	Sporadic			8	75.0%	Type B	16.1 (graphs)		Click here
Italy	Low	Sporadic			142	3.5%	None	176.7 (graphs)		Click here
Latvia	Low	Sporadic			3	33.3%	Type B and Type A, Subtype H3	6.9 (graphs)	1384.4 (graphs)	Click here
Lithuania	Low	None			0	0%	None	4.8 (graphs)	564.3 (graphs)	Click here
Luxembourg	Low	Sporadic			21	4.8%	None	186.1 (graphs)	2534.9 (graphs)	Click here
Netherlands	Medium	Widespread			18	22.2%	Type A and B	81.5 (graphs)		Click here
Northern Ireland	Low	Sporadic			2	100.0%	Type B	43.3 (graphs)		Click here
Norway	Low	Widespread			11	72.7%	Type B	89.0 (graphs)		Click here
Poland	Low	None			36	0%	None	57.5 (graphs)		Click here
Portugal	Low	Sporadic			12	8.3%	Type B	21.0 (graphs)		Click here
Romania	Low	None			31	0%	None	1083.6 (graphs)	0.4 (graphs)	Click here
Scotland	Low	Sporadic			5	0%	Type B	23.0 (graphs)		Click here
Slovakia	Low	Sporadic			16	6.3%	Type B	677.6 (graphs)		Click here
Slovenia	Low	None			8	0%	None	(graphs)	1345.6 (graphs)	Click here
Spain	Low	Sporadic			42	7.1%	Type B	35.9 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	(graphs)		Click here
Switzerland	Low	Sporadic			14	0%	Type B and Type A, Subtype H1N1	56.7 (graphs)		Click here
Wales					9	77.8%	Type B	(graphs)		Click here
Europe					917	14.5%				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

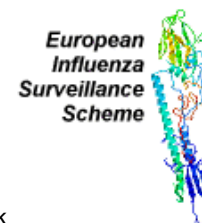
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. José António Maranhão (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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The influenza season seems to have made a careful start in a number of European countries



Summary: Seven countries reported increases in clinical influenza activity of more than 30% compared to last week (week 05), three countries continued to report slightly elevated consultation rates, while 12 countries reported no change or an increase of less than 30%. Five countries reported medium intensity of clinical influenza activity in week 06/2006, which was reported to be widespread in France, the Netherlands and Norway. In England influenza activity was regional and in Lithuania local. The dominant type of virus detected was influenza B. Since the start of the season, more influenza B viruses (70%) have been reported than influenza A viruses (30%) for Europe as a whole. The percentage of B virus detections in sentinel and non-sentinel surveillance remained high, but slightly decreased compared to week 05/2006. A summary of the season so far was published this week in Eurosurveillance (click [here](#)). No human cases of influenza A(H5N1) virus have been reported in the 28 countries participating in EISS. Developments concerning A(H5N1), especially in Europe, are being followed carefully by EISS.

Epidemiological situation - week 06/2006: Belgium, Denmark, Ireland, Latvia, Lithuania, Northern Ireland and Norway, reported an increase of more than 30 percent in the consultation rate for influenza-like illness (ILI) compared to week 05/2006. England, France and the Netherlands continued to report elevated consultation rates.

England, France, Lithuania, the Netherlands, and Norway reported medium intensity of clinical influenza activity in week 06/2006. The other 21 countries reported a low intensity of influenza activity.

France, the Netherlands and Norway reported widespread influenza activity. Belgium and England reported regional activity. Sixteen countries across Europe reported sporadic influenza activity, two (Lithuania and Spain) reported local influenza activity and three no influenza activity this week (see table and geographic spread map).

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 06/2006: The total number of respiratory specimens collected by sentinel physicians in week 06/2006 was 1004, of which 194 (19%) were positive for influenza virus. Of these, 135 (70%) specimens tested positive for influenza B virus and 59 (30%) tested positive for influenza A virus. In addition, 2,278 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed, of which 379 (17%) tested positive for influenza virus. Of these, 285 (75%) were influenza B and 94 (25%) influenza A. Most of the B viruses (sentinel and non-sentinel) in week 06/2006 (335 of 420; 80%) were detected in England (14%), France (14%), Latvia (10%), Norway (26%), Scotland (10%) and Sweden (7%).

Influenza B was the dominant type in thirteen countries (see table) in week 06/2006. In two countries (France and Sweden) it was both influenza A and B, in Luxembourg it was influenza A(H1N1), in Romania influenza A(H3N2) and in Spain it was influenza A. In the other six countries no dominant (sub)type was reported.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 06/2006 (N=2,084), 1463 (70%) were influenza B and 621 (30%) were influenza A. Of the total influenza A virus detections (N=621), 422 (68%) were influenza A not-subtyped, 101 (16%) were A(H1) [of which 26 were A(H1N1)] and 98 (16%) were A(H3) [of which 36 were A(H3N2)].

Based on the characterisation data of all influenza virus detections up to week 06/2006, 236 have been antigenically and/or genetically characterised: 35 were A/New Caledonia/20/99 (H1N1)-like, 35 were A/California/7/2004 (H3N2)-like, 128 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 38 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage and is currently used in the vaccine) (click [here](#)).

Up to week 06/2006 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS, which does not include Turkey.

Comment: Influenza activity is increasing in seven countries in Europe, and medium intensity is reported in England, France, Lithuania, the Netherlands, and Norway. However, in most countries the intensity of activity is still low. This might be because the dominant virus in Europe is influenza B, which is known to cause generally milder infections than influenza A, but it could also be that the real influenza season is only about to start.

In week 06/2006 the proportion of influenza B viruses in Europe was still high, but appears to be slightly decreasing. A summary of the season so far was published this week in Eurosurveillance (click [here](#)).

No human cases of influenza A(H5N1) were reported in the 28 European countries participating in EISS in week 06/2006. Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 06/2006, 26 countries reported clinical data and 25 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being monitored by EISS in collaboration with the WHO Collaborating Centre in London (United Kingdom) and the European Centre for Disease Prevention and Control.

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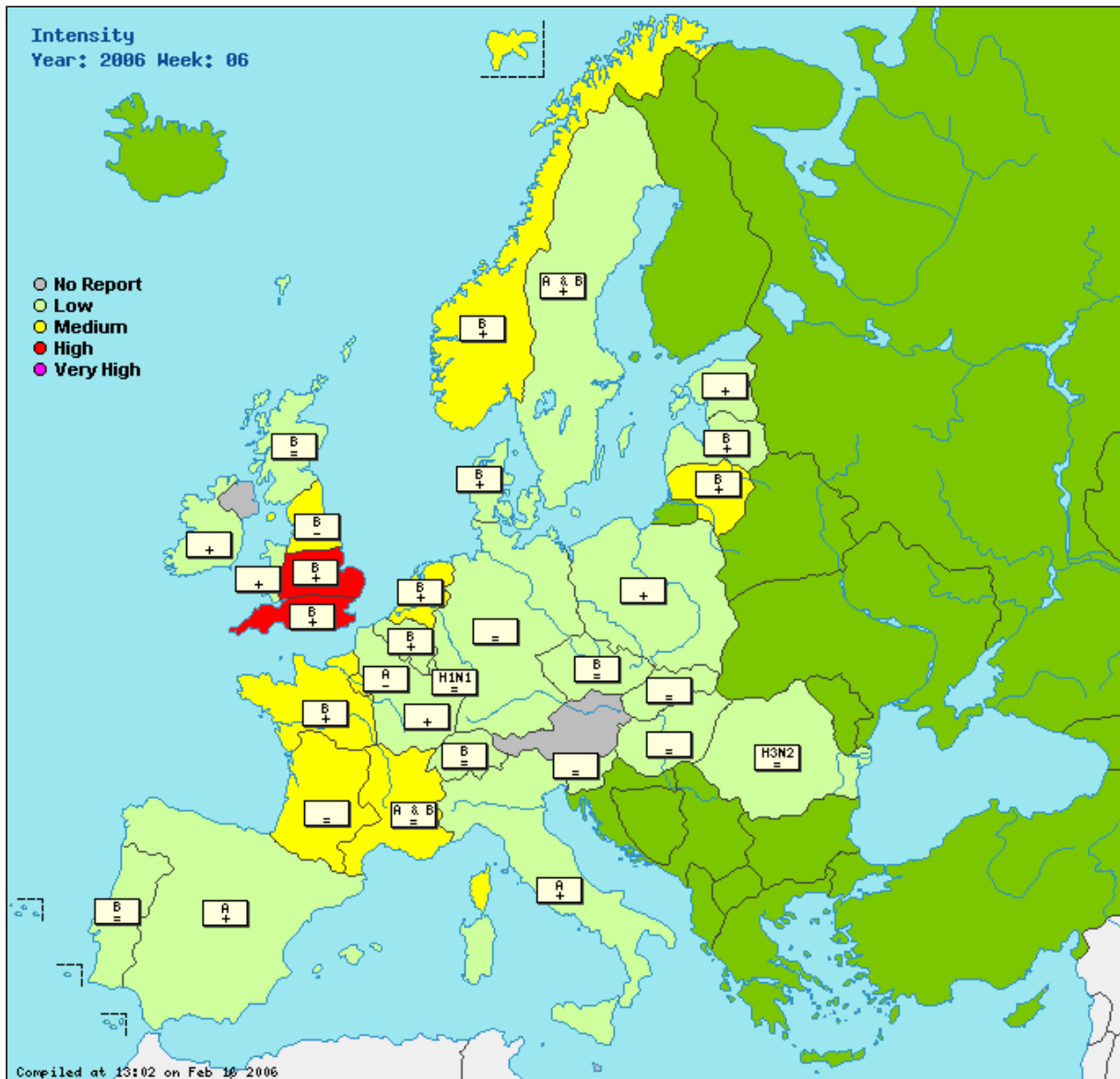
Map

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
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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 remains stable at baseline levels. Influenza A/H3N2 viruses were isolated in three sentinel samples from Firenze and Milano during the last weeks. In the same Centres analyses on some A strains non yet subtyped are in progress. 3 cases associated with A/H1N1 subtype were identified in the Laboratory of Torino in samples collected from non sentinel network. A B strain was isolated from a child in Northern Italy (University of Milano).

Lithuania

There are local outbreaks in 8 districts of Lithuania.

Norway

Widespread influenza B activity of medium intensity. During the last few weeks, the distribution of the influenza B viruses have changed from mostly Jiangsu-like in the beginning to almost exclusively Malaysia-like now.

Poland

The first strain of influenza virus was isolated in Poland in this epidemic season (swab collected in week 05/2006) from woman aged 20. This isolate is antigenically similar to B/Shanghai/361/2002.

Slovenia

On 14. Februar one sample was tested for H5N1 with PCR and it was negative. It will appear in the report for week 7.

Spain

Influenza activity remains at a low level. Sentinel network of Asturias (North of Spain) reported a widespread geographical spread and several other regions notified sporadic spread.

Sporadic isolates of influenza A and B viruses. Influenza A is dominant.

Switzerland

Sporadic detection of influenza viruses 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	Regional			45	40.0%	Type B	212.8 (graphs)	1809.1 (graphs)	Click here
Czech Republic	Low	Sporadic			36	5.6%	Type B	66.1 (graphs)	1329.8 (graphs)	Click here
Denmark	Low	Sporadic			21	61.9%	Type B	98.7 (graphs)		Click here
England	Medium	Regional			89	52.8%	Type B	42.3 (graphs)	700.6 (graphs)	Click here
Estonia	Low	Sporadic			4	0%	None	1.1 (graphs)		Click here
France	Medium	Widespread			253	17.4%	Type A and B		2472.7 (graphs)	Click here
Germany	Low	Sporadic			64	12.5%	None		1487.0 (graphs)	Click here
Hungary	Low	None			22	0%	None	144.8 (graphs)		Click here
Ireland	Low	Sporadic			16	0%	None	31.9 (graphs)		Click here
Italy	Low	Sporadic			141	5.7%	Type A	186.8 (graphs)		Click here
Latvia	Low	Sporadic			3	33.3%	Type B	109.8 (graphs)	1557.6 (graphs)	Click here
Lithuania	Medium	Local			25	8.0%	Type B	55.7 (graphs)	926.8 (graphs)	Click here
Luxembourg	Low	Sporadic			24	4.2%	Type A, Subtype H1N1	100.8 (graphs)	2922.7 (graphs)	Click here
Netherlands	Medium	Widespread			25	12.0%	Type B	94.5 (graphs)		Click here
Northern Ireland	Low	Sporadic			5	60.0%	Type B	59.7 (graphs)		Click here
Norway	Medium	Widespread			18	66.7%	Type B	116.7 (graphs)		Click here
Poland	Low	None			63	0%	None	83.4 (graphs)		Click here
Portugal	Low	Sporadic			6	33.3%	Type B	21.9 (graphs)		Click here
Romania	Low	Sporadic			28	10.7%	Type A, Subtype H3N2	1038.8 (graphs)	2.0 (graphs)	Click here
Scotland	Low	Sporadic			8	12.5%	Type B	20.1 (graphs)		Click here
Slovakia	Low	Sporadic						715.2 (graphs)		Click here
Slovenia	Low	None			1	0%	None	(graphs)	1053.7 (graphs)	Click here
Spain	Low	Local			51	13.7%	Type A	44.5 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	(graphs)		Click here
Switzerland	Low	Sporadic			29	13.8%	Type B	56.4 (graphs)		Click here
Wales	Low	Sporadic			22	68.2%	Type B	16.1 (graphs)		Click here
Europe					1004	19.3%				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

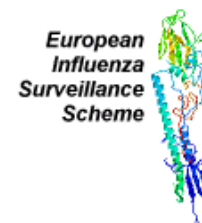
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Increased levels of clinical influenza activity in twelve European countries



Summary: Twelve of 27 countries reported a medium intensity of clinical influenza activity in week 07/2006. Large increases in clinical influenza activity were reported in Latvia, Lithuania, the Netherlands and Norway. Only one country (Hungary) in Europe reported no influenza activity in week 07/2006. Since the start of the season, more influenza B viruses (69%) have been reported than influenza A viruses (31%) for Europe as a whole. No human cases of influenza A(H5N1) virus have been reported in the 28 countries participating in EISS.

Epidemiological situation - week 07/2006: Austria, Belgium, England, France, Ireland, Latvia, Lithuania, Luxembourg, the Netherlands, Northern Ireland, Norway and Switzerland reported a medium intensity of clinical influenza activity in week 07/2006. The other 15 countries reported a low intensity of influenza activity, meaning the consultation rates for influenza-like illness (ILI) or acute respiratory infection remained below the baseline threshold. Large increases (+50%) in the consultation rate for ILI were reported in Latvia and Lithuania, the Netherlands and Norway.

Belgium, France, Luxembourg, the Netherlands and Norway reported widespread influenza activity. England and Switzerland reported regional activity, four countries reported local activity and fifteen countries reported sporadic activity. Only Hungary reported no influenza activity in week 07/2006.

Definitions for the epidemiological indicators can be found [here](#).

Virological situation - week 07/2006: The total number of respiratory specimens collected by sentinel physicians in week 07/2006 was 1149, of which 236 (21%) were positive for influenza virus. Of these, 166 (70%) specimens tested positive for influenza B virus and 70 (30%) tested positive for influenza A virus. In addition, 2244 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed, of which 341 (15%) tested positive for influenza virus. Of these, 216 (63%) were influenza B and 125 (37%) influenza A.

Influenza B was the dominant type in fourteen countries (see table) in week 07/2006. Influenza A and B were dominant in three countries and influenza B and influenza A(H1) were dominant in Portugal. Influenza A was dominant in Ireland, Italy, Luxembourg (H1N1), Romania (H3N2) and Slovenia (H3N2). No dominant (sub)type was reported in Estonia and Hungary.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 07/2006 (N=2777), 1903 (69%) were influenza B and 874 (31%) were influenza A. Of the total influenza A virus detections (N=874), 589 (67%) were influenza A not-subtyped, 161 (18%) were A(H1) [of which 46 were A(H1N1)] and 124 (14%) were A(H3) [of which 50 were A(H3N2)].

Based on the characterisation data of all influenza virus detections up to week 07/2006, 320 have been antigenically and/or genetically characterised: 58 were A/New Caledonia/20/99 (H1N1)-like, 43 were A/California/7/2004 (H3N2)-like, 181 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 38 were B/Jiangsu/10/2003-like (B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 07/2006 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS, which does not include Turkey.

Comment: Twelve countries, mainly in western Europe but also Latvia and Lithuania, reported a medium intensity of clinical influenza activity in week 07/2006. Whilst there is increased influenza activity in many countries, the overall situation in Europe is heterogeneous as a number of countries are reporting very low (Romania and Slovenia) levels of clinical influenza activity or report no influenza activity (Hungary). Clinical influenza activity in France may have peaked and activity associated with influenza B in Scotland appears to be over (click [here](#)).

Most influenza virus detections in week 07/2006 were influenza B (66% of sentinel and non-sentinel specimens), but influenza A is also circulating in Europe. In five countries influenza A was dominant and in four countries influenza A and B were co-dominant in week 07/2006.

Of the 219 influenza B viruses that have been antigenically and/or genetically characterised so far this season, 181 (83%) have been B/Malaysia/2506/2004-like viruses (B/Victoria/2/87-lineage), a strain that is not included in the current vaccine (the current northern hemisphere vaccine contains a B/Shanghai/361/2002-like virus (B/Yamagata/16/88-lineage), of which B/Jiangsu/10/2003 is a representative). The antigenic match between the majority of the European B virus isolates and the B virus vaccine component has therefore been poor. However, serological evidence suggests that the 2005-2006 vaccine will provide reduced but still valuable protection against B/Malaysia/2506/2004-like viruses (click [here](#)).

On 14 February, the WHO published the new recommendations on the composition of influenza vaccines for the use in the northern hemisphere during the 2006-2007 influenza season. In agreement with the antigenic difference between the majority of the European B virus isolates and the B virus vaccine component noted above, the WHO substituted the B/Shanghai/361/2002-like virus for a B/Malaysia/2506/2004-like virus. Because of a significant antigenic drift in the H3N2 viruses, the A/California/7/04-like strain was replaced by an A/Wisconsin/67/05-like virus strain. The H1 virus vaccine strain was retained (click [here](#)).

Since the beginning of February 2006, laboratory-confirmed influenza A(H5N1) virus infection has emerged worldwide in wild and domestic birds in 13 countries, including eight European countries: Austria, Azerbaijan, Bulgaria, France, Germany, Greece, Slovenia and Italy) [click [here](#)]. Up to week 07/2006 no human cases of influenza A(H5N1) have been reported in the 28 European countries participating in EISS (which does not include Turkey).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 07/2006, 27 countries reported clinical data and 25 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe is being monitored by EISS in collaboration with the WHO Collaborating Centre in London (United Kingdom) and the European Centre for Disease Prevention and Control.

Other bulletins: To view national/regional bulletins in Europe and other bulletins from around the world, please click [here](#). For a global update on the influenza A(H5N1) situation, please click [here](#).

Erratum: In the Table below, the 'Percentage positive' for the Netherlands should be 45.5% and not 0% (there were 10 positive sentinel

specimens in week 07/2006: 6 influenza B and 4 influenza A).

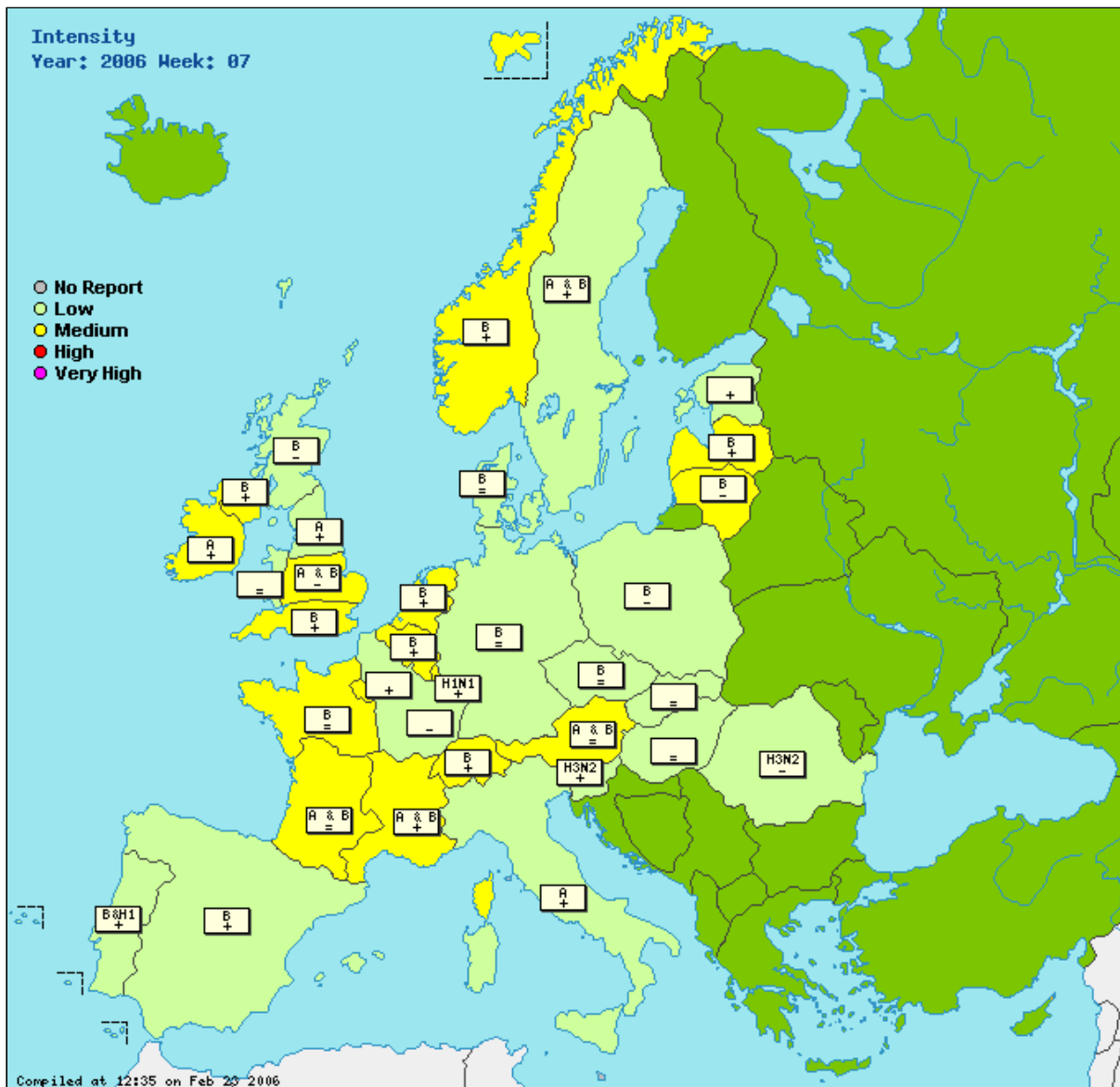
Map

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

Low influenza activity. Sporadic cases associated with influenza type A viruses, not yet subtyped, were identified in samples collected in Milano. A total of six influenza A/H1N1 strains were isolated in the Universities of Firenze and Milano

during the last week. Another B strain was isolated from a child in Northern Italy (University of Milano).

Lithuania

Increased number of ILI consultations per week. There are influenza outbreaks in 17 districts of Lithuania.

Poland

The second influenza strain was isolated in Poland in this epidemic season. This isolate was obtained from girl aged 10 and is antigenically similar to B/Hong Kong/330/01.

Switzerland

Influenza activity increase in Switzerland. Influenza B is predominant.

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	Sporadic			120	5.0%	Type A and B	891.8 (graphs)		Click here
Belgium	Medium	Widespread			95	48.4%	Type B	307.1 (graphs)	2112.5 (graphs)	Click here
Czech Republic	Low	Sporadic			69	5.8%	Type B		(graphs)	Click here
Denmark	Low	Sporadic			12	41.7%	Type B	81.7 (graphs)		Click here
England	Medium	Regional			63	34.9%	Type B	43.7 (graphs)	835.6 (graphs)	Click here
Estonia	Low	Sporadic			8	12.5%	None	1.6 (graphs)		Click here
France	Medium	Widespread			216	22.7%	Type A and B		2185.2 (graphs)	Click here
Germany	Low	Sporadic			78	16.7%	Type B		1462.0 (graphs)	Click here
Hungary	Low	None			25	0%	None	145.4 (graphs)		Click here
Ireland	Medium	Sporadic			15	40.0%	Type A	37.4 (graphs)		Click here
Italy	Low	Sporadic			143	8.4%	Type A	243.3 (graphs)		Click here
Latvia	Medium	Local			5	100.0%	Type B	391.7 (graphs)	1821.2 (graphs)	Click here
Lithuania	Medium	Local			4	25.0%	Type B	141.0 (graphs)	771.9 (graphs)	Click here
Luxembourg	Medium	Widespread			23	39.1%	Type A, Subtype H1N1	186.1 (graphs)	2837.2 (graphs)	Click here
Netherlands	Medium	Widespread			22	0%	Type B	136.0 (graphs)		Click here
Northern Ireland	Medium	Sporadic			3	100.0%	Type B	88.2 (graphs)		Click here
Norway	Medium	Widespread			24	37.5%	Type B	176.5 (graphs)		Click here
Poland	Low	Sporadic			54	11.1%	Type B	65.5 (graphs)		Click here
Portugal	Low	Sporadic			7	28.6%	Type B and Type A, Subtype H1	28.8 (graphs)		Click here
Romania	Low	Sporadic			33	12.1%	Type A, Subtype H3N2	1003.9 (graphs)	1.4 (graphs)	Click here
Scotland	Low	Sporadic			14	7.1%	Type B	12.9 (graphs)		Click here
Slovakia	Low	Sporadic						755.9 (graphs)		Click here
Slovenia	Low	Sporadic			12	25.0%	Type A, Subtype H3N2	2.7 (graphs)	1332.7 (graphs)	Click here
Spain	Low	Local			65	27.7%	Type B	54.8 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	(graphs)		Click here
Switzerland	Medium	Regional			36	22.2%	Type B	86.5 (graphs)		Click here
Wales	Low	Local						14.0 (graphs)		Click here
Europe					1149	20.5%				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

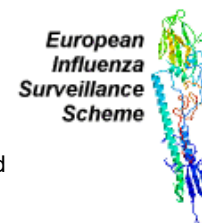
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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High intensity of clinical influenza activity in Lithuania and medium intensity in twelve other European countries



Summary: Lithuania reported a high intensity of clinical influenza activity in week 08/2006. Twelve countries reported a medium intensity and fourteen countries reported a low intensity. Since the start of the season, more influenza B viruses (68%) have been reported than influenza A viruses (32%) for Europe as a whole. Whilst clinical influenza activity is now declining in a number of countries (e.g. France), some countries have seen very little influenza activity so far this season (e.g. Hungary, Poland and Slovenia). No human cases of influenza A(H5N1) virus infection have been reported in the 28 countries participating in EISS.

Epidemiological situation - week 08/2006: Lithuania reported a high intensity of clinical influenza activity in week 08/2006. Twelve countries reported a medium intensity and fourteen countries a low intensity. The highest consultation rates for influenza-like illness (ILI) or acute respiratory infection (ARI) were reported in the 0-4 and 5-14 age groups. In Norway, high consultation rates were also reported in the 15-64 age group.

Belgium, France, Lithuania, Luxembourg, the Netherlands and Norway reported widespread influenza activity. Spain and Switzerland reported regional activity, four countries reported local activity and thirteen countries reported sporadic activity. Poland and Slovenia reported no influenza activity in week 08/2006.

Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2005-2006 season: Clinical influenza activity has been moderate so far this season. Whilst many countries have reported a medium weekly intensity of clinical influenza activity this season, only Lithuania (in week 08/2006) has reported a high intensity (click [here](#)). Increased clinical influenza activity (above baseline levels) was first reported in the Netherlands (in week 01/2006) and England (in week 05/2006) and then affected a number of other countries (Austria, France, Lithuania and Norway in week 06/2006). The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups.

Virological situation - week 08/2006: The total number of respiratory specimens collected by sentinel physicians in week 08/2006 was 1161, of which 283 (24%) were positive for influenza virus. Of these, 180 (64%) specimens tested positive for influenza B virus and 103 (36%) tested positive for influenza A virus. In addition, 2235 non-sentinel specimens (e.g. specimens collected in hospitals) were analysed, of which 527 (24%) tested positive for influenza virus. Of these, 359 (68%) were influenza B and 168 (32%) influenza A.

Influenza B was the dominant type in fourteen countries (see table) in week 08/2006. Influenza A and B were dominant in three countries and influenza B and influenza A(H1N1) were dominant in Luxembourg. Influenza A was dominant in Austria, the Netherlands, Portugal (H1) and Romania (H3N2). No dominant (sub)type was reported in Hungary and Poland.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 08/2006 (N=3816), 2590 (68%) were influenza B and 1226 (32%) were influenza A. Of the total influenza A virus detections (N=1226), 849 (69%) were influenza A not-subtyped, 209 (17%) were A(H1) [of which 70 were A(H1N1)] and 168 (14%) were A(H3) [of which 68 were A(H3N2)].

Based on the characterisation data of all influenza virus detections up to week 08/2006, 375 have been antigenically and/or genetically characterised: 74 were A/New Caledonia/20/99 (H1N1)-like, 58 were A/California/7/2004 (H3N2)-like, 194 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 49 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 08/2006 no human cases of influenza A(H5N1) have been reported in the 28 countries participating in EISS (which does not include Turkey).

Comment: Lithuania reported a high intensity of clinical influenza activity in week 08/2006. Consultation rates for ILI have risen from less than 20 per 100,000 in week 05/2006 to roughly 440 per 100,000 in week 08/2006. Influenza activity in Lithuania is associated with influenza B virus and the consultation rate for ILI is currently higher than during the 2004-2005 season (click [here](#)).

Clinical influenza activity in France is now declining and activity associated with influenza B in Scotland appears to be over. A number of countries have seen low levels of influenza activity so far this season: Estonia (click [here](#)), Hungary (click [here](#)), Poland (click [here](#)), Romania (click [here](#)) and Slovenia (click [here](#)).

Of the 243 influenza B viruses that have been antigenically and/or genetically characterised so far this season, 194 (80%) have been B/Malaysia/2506/2004-like viruses (B/Victoria/2/87-lineage), a strain that is not included in the current vaccine (the current northern hemisphere vaccine contains a B/Shanghai/361/2002-like virus (B/Yamagata/16/88-lineage), of which B/Jiangsu/10/2003 is a representative). The antigenic match between the majority of the European B virus isolates and the B virus vaccine component has therefore been poor. However, serological evidence suggests that the 2005-2006 vaccine will provide reduced but still valuable protection against B/Malaysia/2506/2004-like viruses (click [here](#)).

Up to week 08/2006 no human cases of influenza A(H5N1) have been reported in the 28 European countries participating in EISS (which does not include Turkey). Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries. In week 08/2006, 27 countries reported clinical data and 26 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the WHO Collaborating Centre in London (United Kingdom) and the European Centre for Disease Prevention and Control.

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

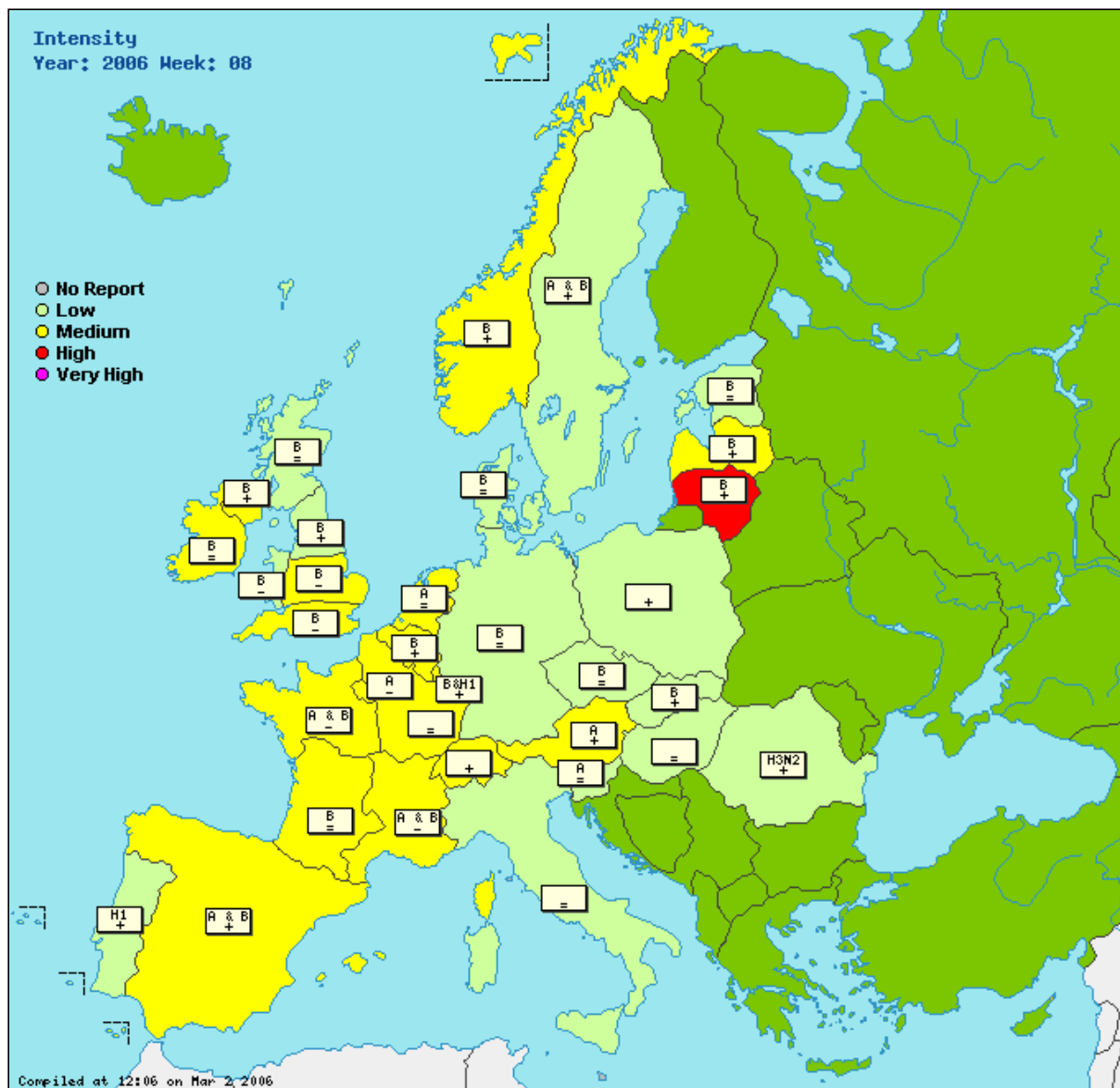
Map

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

Increasing, but still low influenza activity. Few cases associated with influenza type A viruses, not yet subtyped, were identified in samples collected in Milano, Trieste, Parma and Lecce. One influenza A/H3N2 and two B strains were identified in Northern Italy (Trieste and Milano, respectively).

Norway

A high number of influenza B viruses were found in Norway also in week 08, but the number has remained stable over the last three weeks. The number of influenza A viruses is rising, and influenza A(H3) and A(H1) viruses are about equally frequent..

Spain

More intense activity was reported in some sentinel networks of the north and middle part of Spain, associated with isolates of influenza A and B, but morbidity rate remained on the epidemic 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	Medium	Sporadic			133	9.8%	Type A	941.4 (graphs)		Click here
Belgium	Medium	Widespread			96	41.7%	Type B	382.7 (graphs)	1832.6 (graphs)	Click here
Czech Republic	Low	Sporadic			53	11.3%	Type B	63.7 (graphs)	1234.8 (graphs)	Click here
Denmark	Low	Sporadic			12	50.0%	Type B	123.1 (graphs)		Click here
England	Medium	Local			58	48.3%	Type B	30.2 (graphs)	707.2 (graphs)	Click here
Estonia	Low	Sporadic			11	18.2%	Type B	1.3 (graphs)		Click here
France	Medium	Widespread			169	21.3%	Type A and B		1719.3 (graphs)	Click here
Germany	Low	Sporadic			113	19.5%	Type B		1484.0 (graphs)	Click here
Hungary	Low	Sporadic			36	0%	None	143.2 (graphs)		Click here
Ireland	Medium	Local			22	54.6%	Type B	46.4 (graphs)		Click here
Italy	Low	Sporadic			141	9.9%	None	233.0 (graphs)		Click here
Latvia	Medium	Local			11	54.6%	Type B	456.3 (graphs)	1830.4 (graphs)	Click here
Lithuania	High	Widespread			7	14.3%	Type B	443.2 (graphs)	1620.0 (graphs)	Click here
Luxembourg	Medium	Widespread			48	25.0%	Type B and Type A, Subtype H1N1	237.5 (graphs)	3217.5 (graphs)	Click here
Netherlands	Medium	Widespread			26	38.5%	Type A	132.2 (graphs)		Click here
Northern Ireland	Medium	Sporadic			5	80.0%	Type B	97.0 (graphs)		Click here
Norway	Medium	Widespread			19	47.4%	Type B	189.0 (graphs)		Click here
Poland	Low	None			34	2.9%	None	77.7 (graphs)		Click here
Portugal	Low	Sporadic			10	60.0%	Type A, Subtype H1	27.0 (graphs)		Click here
Romania	Low	Local			24	12.5%	Type A, Subtype H3N2	986.1 (graphs)	3.3 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type B	12.9 (graphs)		Click here
Slovakia	Low	Sporadic			18	44.4%	Type B	809.1 (graphs)		Click here
Slovenia	Low	None			5	20.0%	Type A	1.5 (graphs)	1267.4 (graphs)	Click here
Spain	Medium	Regional			97	34.0%	Type A and B	76.3 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	graphs		Click here
Switzerland	Medium	Regional						102.3 (graphs)		Click here
Wales	Low	Sporadic			4	50.0%	Type B	9.4 (graphs)		Click here
Europe					1161	24.4%				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

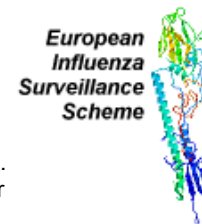
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Medium intensity of clinical influenza activity in twelve countries across Europe



Summary: Twelve countries across Europe reported a medium intensity of clinical influenza activity in week 09/2006. In Belgium, Ireland, Luxembourg, Latvia, the Netherlands, Northern Ireland and Switzerland the consultation rates for influenza-like illness (ILI) were elevated. In England and Lithuania the consultation rate for ILI decreased. Since the start of the season, more influenza B viruses (68%) have been reported than influenza A viruses (32%) for Europe as a whole. No human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Epidemiological situation - week 09/2006: Twelve countries reported a medium intensity and 14 countries a low intensity of clinical influenza activity in week 09/2006. In four countries (Belgium, Luxembourg, Latvia and Switzerland) the consultation rate for influenza-like illness (ILI) was higher than in previous weeks. Spain reported for the first time this winter an increase of the ILI consultation rate above the baseline activity. In Ireland, the Netherlands and Northern Ireland the consultation rate remained at elevated levels compared to previous weeks. The highest consultation rates for ILI or acute respiratory infection (ARI) were reported in the 0-4 and 5-14 age groups.

Belgium, France, Lithuania, Luxembourg, the Netherlands and Switzerland reported widespread influenza activity. Spain reported regional activity, five countries reported local activity and 13 countries reported sporadic activity. Only Slovenia reported no influenza activity in week 09/2006.

Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation – 2005-2006 season: Clinical influenza activity has been moderate so far this season. Except for Lithuania, which reported a high intensity of clinical influenza activity in week 08/2006, the highest intensity level reported by other countries in Europe was medium. Increased consultation rates above the baseline were first reported in the Netherlands (in week 01/2006) and England (in week 05/2006) and subsequently by other countries. Up to week 09/2006, elevated consultation rates for ILI or ARI have been reported in 13 countries across Europe. The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups, whilst in Italy and Norway consultation rates in the 15-65 age group were also high.

Virological situation - week 09/2006: The total number of respiratory specimens collected by sentinel physicians in week 09/2006 was 1191, of which 261 (22%) were positive for influenza virus. Of these, 171 (66%) specimens tested positive for influenza B virus and 90 (34%) tested positive for influenza A virus. In addition, 377 non-sentinel specimens (e.g. specimens collected in hospitals) tested positive for influenza virus, of which 251 (67%) were influenza B and 126 (33%) influenza A. Of the 216 sentinel and non-sentinel specimens positive for influenza A virus, 16 had the H1 and 32 the H3 subtype and 168 were not-subtyped.

Influenza B was the dominant type in 16 countries (see table) in week 09/2006. Influenza A and B were dominant in four countries and influenza B and influenza A(H1) were dominant in Portugal. Influenza A was dominant in Ireland, Romania (H3N2) and Slovenia (H3N2). No dominant (sub)type was reported in Greece, Hungary, Italy and Scotland.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 09/2006 (N=4647), 3155 (68%) were influenza B and 1492 (32%) were influenza A. Of the total influenza A virus detections (N=1492), 1013 (68%) were influenza A not-subtyped, 252 (17%) were A(H1) [of which 76 were A(H1N1)] and 227 (15%) were A(H3) [of which 95 were A(H3N2)].

Based on the characterisation data of all influenza virus detections up to week 09/2006, 754 have been antigenically and/or genetically characterised: 208 were A/New Caledonia/20/99 (H1N1)-like, 72 were A/California/7/2004 (H3N2)-like, 398 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 76 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 09/2006 no human cases of influenza A(H5N1) have been reported in the countries participating in EISS (which does not include Turkey).

Comment: With regard to the start of increased influenza activity and the circulation of influenza virus types and subtypes in Europe, the 2005-2006 season has been very heterogeneous.

Whilst increased influenza activity has often started in the west of Europe in previous seasons and subsequently affected countries in the east (click [here](#)), this winter it has started in the Netherlands and the UK and affected other countries across Europe in a scattered pattern.

Similarly, the dominance of influenza virus types and subtypes was different in many countries, the proportion of influenza A and B viruses varying between mainly influenza A in e.g. Hungary and Italy, a mix of influenza A and B in e.g. France and Sweden and almost exclusively influenza B in e.g. Norway and Scotland. In addition, the detected influenza A subtypes across Europe have also varied considerably from mainly H3 in Austria, to mainly H1 in e.g. France and Portugal.

Also, in some countries there has been a continuous increase in virus detections, e.g. in Germany (click [here](#)), which has not been accompanied (yet) by increased ILI or ARI activity. This may be explained from the use of different case definitions across Europe, especially when influenza activity is low and influenza B viruses are mainly circulating (which are known to cause mainly mild disease).

Ten European Union countries have reported highly pathogenic avian influenza in wild birds (click [here](#)). Up to week 09/2006 no human cases of influenza A(H5N1) have been reported in the European countries participating in EISS (which does not include Turkey). Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries. In week 09/2006, 26 countries reported clinical data and 28 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

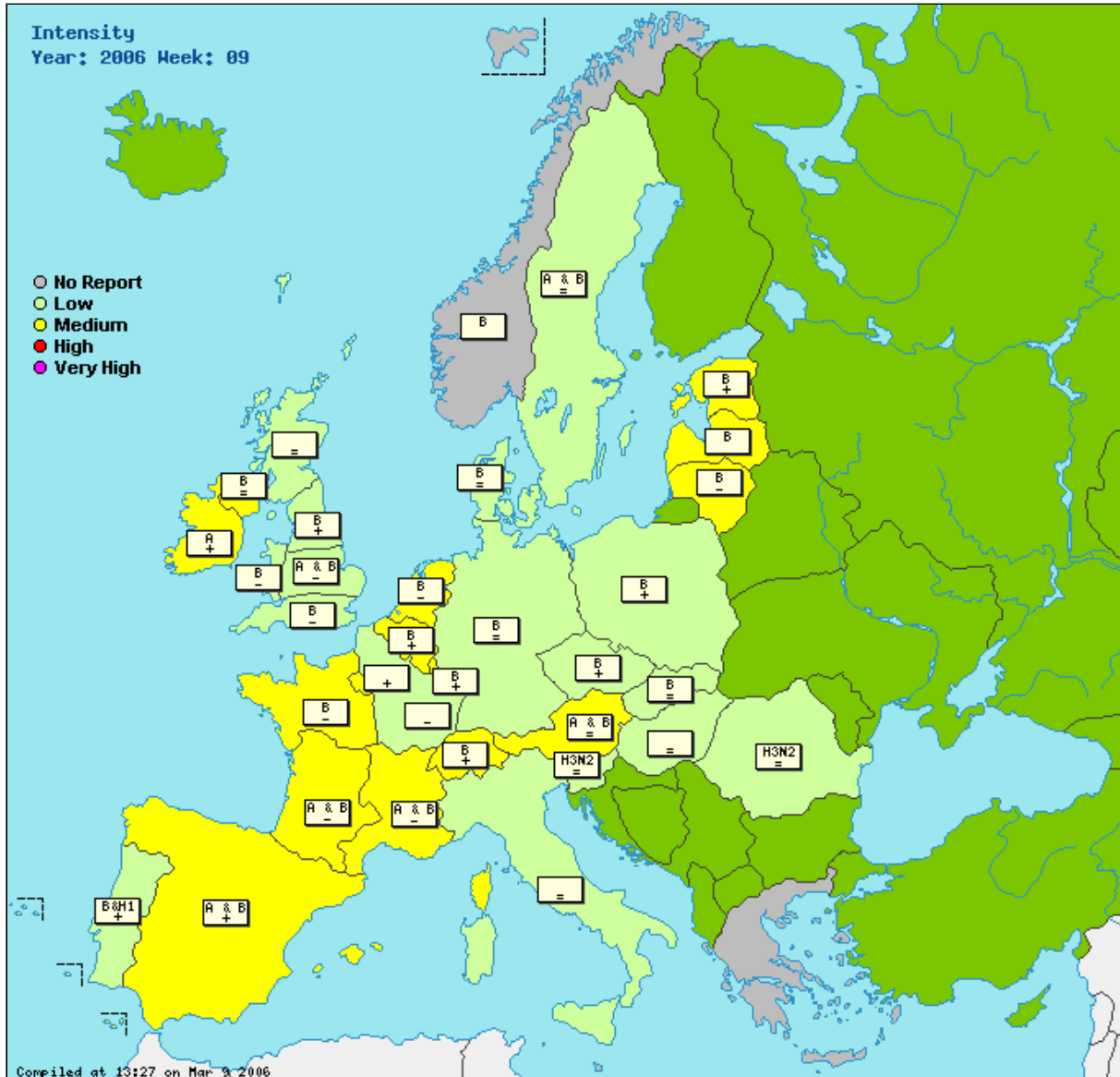
Map

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 at the same levels of the past week. A type viruses still prevalent. Further 16 cases associated with influenza type A viruses, not yet subtyped, are reported in Milano and Lecce. One influenza A/H1N1 was isolated in Parma and 3 B strains were identified in Northern Italy (Torino and Milano).

Norway

Influenza type B remains the predominant virus in Norway, but the proportion of influenza A, particularly subtype H3, is

rising.

Spain

Influenza activity is only a little above the epidemic threshold for the first week

Switzerland

The number of influenza viruses detected increased these last weeks. Influenza B viruses 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	Medium	Sporadic			120	10.8%	Type A and B	916.0 (graphs)		Click here
Belgium	Medium	Widespread			69	26.1%	Type B	451.2 (graphs)	1886.5 (graphs)	Click here
Czech Republic	Low	Sporadic			61	4.9%	Type B	70.8 (graphs)	1294.8 (graphs)	Click here
Denmark	Low	Sporadic			29	58.6%	Type B	128.7 (graphs)		Click here
England	Low	Sporadic			63	23.8%	Type B	24.4 (graphs)	677.5 (graphs)	Click here
Estonia	Medium	Sporadic			13	30.8%	Type B	3.0 (graphs)		Click here
France	Medium	Widespread			131	22.1%	Type A and B		1737.2 (graphs)	Click here
Germany	Low	Sporadic			116	31.9%	Type B		1484.0 (graphs)	Click here
Greece					3	33.3%	None	(graphs)		Click here
Hungary	Low	Sporadic			36	0%	None	146.2 (graphs)		Click here
Ireland	Medium	Local			26	38.5%	Type A	48.8 (graphs)		Click here
Italy	Low	Local			142	11.3%	None	195.8 (graphs)		Click here
Latvia	Medium	Local			10	50.0%	Type B	(graphs)		Click here
Lithuania	Medium	Widespread			14	0%	Type B	273.8 (graphs)	1110.5 (graphs)	Click here
Luxembourg	Medium	Widespread			33	18.2%	Type B	734.3 (graphs)		Click here
Netherlands	Medium	Widespread			31	48.4%	Type B	117.9 (graphs)		Click here
Northern Ireland	Medium	Sporadic			1	100.0%	Type B	86.8 (graphs)		Click here
Norway					13	76.9%	Type B	(graphs)		Click here
Poland	Low	Sporadic			48	2.1%	Type B	110.0 (graphs)		Click here
Portugal	Low	Sporadic			11	63.6%	Type B and Type A, Subtype H1	30.2 (graphs)		Click here
Romania	Low	Local			38	7.9%	Type A, Subtype H3N2	1011.0 (graphs)	0.8 (graphs)	Click here
Scotland	Low	Sporadic			16	0%	None	13.8 (graphs)		Click here
Slovakia	Low	Sporadic			13	23.1%	Type B	761.6 (graphs)		Click here
Slovenia	Low	None			13	38.5%	Type A, Subtype H3N2	(graphs)	1251.5 (graphs)	Click here
Spain	Medium	Regional			104	34.6%	Type A and B	108.7 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	4.7 (graphs)		Click here
Switzerland	Medium	Widespread			32	15.6%	Type B	153.9 (graphs)		Click here
Wales	Low	Local			5	20.0%	Type B	6.2 (graphs)		Click here
Europe					1191	21.9%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in >=50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

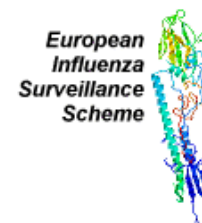
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Medium intensity of clinical influenza activity in the majority of countries across Europe in week 10/2006



Summary: Fifteen of 29 European countries reported a medium intensity of clinical influenza activity in week 10/2006. A medium intensity indicates that clinical activity is above the baseline but at levels usually seen when the influenza virus is circulating in the country based on historical data. Clinical influenza activity increased compared to week 09/2006 in Denmark, Germany, Ireland, Poland and Spain. Since the start of the season, more influenza B viruses (67%) have been reported than influenza A viruses (33%) for Europe as a whole. A number of countries (Austria, Estonia, Hungary, Portugal, Romania, Slovakia, Slovenia and Wales) have reported very low levels of clinical influenza activity so far this season. No human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Epidemiological situation - week 10/2006: Fifteen countries reported a medium intensity and 11 countries a low intensity of clinical influenza activity in week 10/2006. Clinical influenza activity clearly increased compared to week 09/2006 in Denmark, Germany, Ireland, Poland and Spain. In England, France, Latvia, Lithuania, Luxembourg, the Netherlands and Norway, clinical influenza activity continued to decline in week 10/2006. The highest consultation rates for influenza-like illness (ILI) or acute respiratory infection (ARI) were reported in the 0-4 and 5-14 age groups.

Belgium, Denmark, France, the Netherlands, Norway and Switzerland reported widespread influenza activity. Germany and Spain reported regional activity, seven countries reported local activity and nine countries reported sporadic activity. Hungary and Poland reported no influenza activity in week 10/2006.

Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2005-2006 season: Clinical influenza activity has been moderate so far this season. Except for Lithuania, which reported a high intensity of clinical influenza activity in week 08/2006, the highest intensity level reported by countries in Europe has been medium. Consultation rates above the baseline were first reported in the Netherlands (in week 01/2006) and England (in week 05/2006) and subsequently in other countries. Up to week 10/2006, elevated consultation rates for ILI or ARI [meaning a medium or higher intensity of clinical influenza activity] have been reported in 16 countries across Europe. The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups, although consultation rates in Italy and Norway were also high in the 15-65 age group.

Virological situation - week 10/2006: The total number of respiratory specimens collected by sentinel physicians in week 10/2006 was 1146, of which 302 (26%) were positive for influenza virus. Of these, 165 (55%) specimens tested positive for influenza B virus and 137 (45%) tested positive for influenza A virus. In addition, 334 non-sentinel specimens (e.g. specimens collected in hospitals) tested positive for influenza virus, of which 220 (66%) were influenza B and 114 (34%) influenza A. Of the 251 sentinel and non-sentinel specimens positive for influenza A virus, 24 had the H1, 39 had the H3 subtype and 188 were not-subtyped.

Influenza B was the dominant type in 12 countries (see table) in week 10/2006. Influenza A and B were dominant in eight countries (H3 in the Czech Republic and Switzerland; H1 in Spain). Influenza A was dominant in Austria, Portugal (H1), Romania (H3N2) and Slovenia (H3N2). No dominant (sub)type was reported in Greece, Italy and Poland.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 10/2006 (N=5628), 3751 (67%) were influenza B and 1877 (33%) were influenza A. Of the total influenza A virus detections (N=1877), 1263 (67%) were influenza A not-subtyped, 322 (17%) were A(H1) [of which 111 were A(H1N1)] and 292 (16%) were A(H3) [of which 121 were A(H3N2)].

Based on the characterisation data of all influenza virus detections up to week 10/2006, 829 have been antigenically and/or genetically characterised: 220 were A/New Caledonia/20/99 (H1N1)-like, 87 were A/California/7/2004 (H3N2)-like, 440 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 82 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 10/2006 no human cases of influenza A(H5N1) have been reported in the countries participating in EISS (which does not include Turkey).

Comment: The circulation of influenza virus (sub)types in Europe has been very heterogeneous during the 2005-2006 season. Influenza B has circulated almost exclusively in some countries (e.g. Norway and Scotland), a mix of influenza A and B has circulated in some countries (e.g. France and Sweden) and mainly influenza A in others (e.g. Austria and Italy). The intensity of clinical influenza activity has been more homogeneous, with only one country (Lithuania) reporting a high intensity and most countries reporting a medium intensity. Eight countries (Austria, Estonia, Hungary, Portugal, Romania, Slovakia, Slovenia and Wales) have reported very low levels of clinical influenza activity so far this season.

The percentage of sentinel specimens that were positive for influenza virus in week 10/2006 (26%) was the highest so far this season (22% in week 09/2006, 24% in week 08/2006 and 21% in week 07/2006), but remains relatively low in comparison to the 2003-2004 season when influenza A(H3N2) was dominant and 40% of sentinel specimens were positive in week 11/2006 (click [here](#)). The proportion of influenza B specimens among the total number of positive sentinel specimens has gradually decreased in recent weeks, falling from 70% in week 03/2006 to 55% in week 10/2006.

A new feature was added to the Weekly Electronic Bulletin in week 10/2006, with historical clinical data now available for each country (for example, [Spain](#)). The historical graphs are obtained by clicking on the ILI / ARI per 100,000 'graphs' in the table below and then on the button 'Historical data'. Care should be taken when comparing the graphs from different countries as the y-axis is country specific. Countries with ten seasons of data (England, the Netherlands, Spain, Scotland and Wales) are particularly interesting, and it is striking to see how little clinical influenza activity has been recorded in the United Kingdom during the previous six years ([England](#), [Scotland](#) and [Wales](#)). This contrasts with other countries in Europe that have seen high levels of influenza activity in recent seasons e.g. in Spain and the Netherlands.

Up to week 10/2006 no human cases of influenza A(H5N1) have been reported in the European countries participating in EISS (which does not include Turkey). Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries. In week 10/2006, 26

countries reported clinical data and 27 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

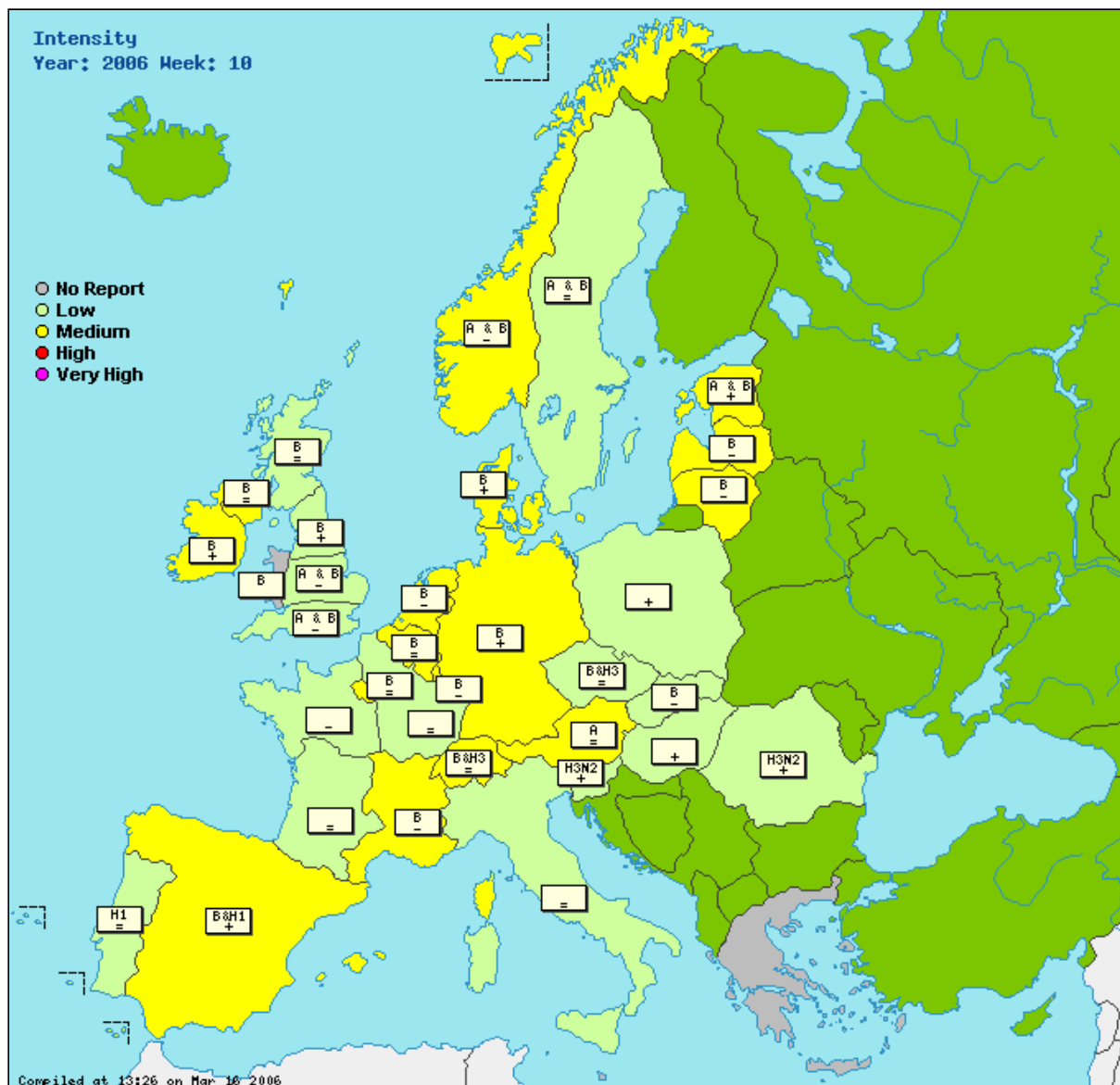
Map

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

Still low influenza activity. One influenza A/H1N1 and 1 B strains were isolated in samples collected in Parma and Torino, respectively, from children.

Norway

While influenza B remains clearly dominant in the north, the number of influenza A detections now practically equals that of influenza B in the population-rich southeastern part of Norway. A(H3) appears to have become more common than A(H1) over the last few weeks.

Switzerland

Influenza activity is widespread in the majority of the regions. Influenza B viruses are mainly detected and related to Malaysia.

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	Sporadic			112	34.8%	Type A	1041.4 (graphs)		Click here
Belgium	Medium	Widespread			57	31.6%	Type B	429.0 (graphs)	1731.6 (graphs)	Click here
Czech Republic	Low	Sporadic			58	10.3%	Type B and Type A, Subtype H3	73.8 (graphs)	1272.6 (graphs)	Click here
Denmark	Medium	Widespread			52	48.1%	Type B	210.1 (graphs)		Click here
England	Low	Sporadic			34	26.5%	Type A and B	22.0 (graphs)	661.0 (graphs)	Click here
Estonia	Medium	Local			17	23.5%	Type A and B	2.7 (graphs)		Click here
France	Medium	Widespread			117	19.7%	Type A and B		1662.5 (graphs)	Click here
Germany	Medium	Regional			121	32.2%	Type B		1654.0 (graphs)	Click here
Greece					4	50.0%	None	graphs		Click here
Hungary	Low	None						168.7 (graphs)		Click here
Ireland	Medium	Local			38	34.2%	Type B	82.9 (graphs)		Click here
Italy	Low	Local			119	0.8%	None	graphs		Click here
Latvia	Medium	Local			8	50.0%	Type B	151.5 (graphs)	1165.4 (graphs)	Click here
Lithuania	Medium	Local			19	26.3%	Type B	244.8 (graphs)	1032.6 (graphs)	Click here
Luxembourg	Medium	Local			41	7.3%	Type B	252.0 (graphs)	2620.3 (graphs)	Click here
Netherlands	Medium	Widespread			27	44.4%	Type B	83.2 (graphs)		Click here
Northern Ireland	Medium	Sporadic			13	84.6%	Type B	101.3 (graphs)		Click here
Norway	Medium	Widespread			4	75.0%	Type A and B	109.4 (graphs)		Click here
Poland	Low	None			69	0%	None	171.9 (graphs)		Click here
Portugal	Low	Sporadic			1	0%	Type A, Subtype H1	24.2 (graphs)		Click here
Romania	Low	Local			53	18.9%	Type A, Subtype H3N2	1043.3 (graphs)	3.3 (graphs)	Click here
Scotland	Low	Sporadic			3	0%	Type B	17.5 (graphs)		Click here
Slovakia	Low	Sporadic			13	46.2%	Type B	671.4 (graphs)		Click here
Slovenia	Low	Sporadic			16	12.5%	Type A, Subtype H3N2	4.5 (graphs)	1353.4 (graphs)	Click here
Spain	Medium	Regional			140	36.4%	Type B and Type A, Subtype H1	149.2 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	10.0 (graphs)		Click here
Switzerland	Medium	Widespread			0	0%	Type B and Type A, Subtype H3	164.2 (graphs)		Click here
Wales					10	20.0%	Type B	graphs		Click here
Europe					1146	26.4%				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

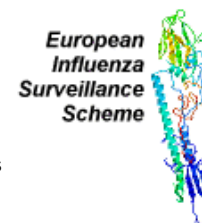
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Decreasing clinical influenza activity in some European countries and increasing in others



Summary: The seasonal influenza epidemics started late this year in Europe and there is now a mixed pattern across countries contributing data. Clinical influenza activity was stable in 12 countries, increasing in seven countries (Denmark, Estonia, Hungary, Northern Ireland, Poland, Spain and Switzerland) and decreasing in another four. Unusually this year influenza B has predominated. Since the start of the season, more influenza B viruses (65%) have been reported than influenza A viruses (35%) for Europe as a whole. This is not true for individual countries: in some countries influenza B viruses are dominating, in some influenza A virus, and in others have a mixture of influenza A and B viruses. No human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Epidemiological situation - week 11/2006: Fourteen countries reported low intensity of clinical influenza activity in week 11/2006, 11 countries reported medium intensity, and Estonia high intensity. Clinical influenza activity was increased compared to week 10/2006 in Denmark, Estonia, Hungary, Northern Ireland, Poland, Spain and Switzerland. In Belgium, Ireland, Lithuania and Norway, clinical influenza activity declined in week 11/2006. Twelve countries experienced stable levels of influenza activity. The highest consultation rates for influenza-like illness (ILI) or acute respiratory infection (ARI) were reported in the 0-4 and 5-14 age groups, although consultation rates in Norway were also high in the 15-65 age group.

Belgium, Denmark, the Netherlands, Norway and Switzerland reported widespread influenza activity. France, Germany and Spain reported regional activity, six countries reported local outbreaks and 12 countries reported sporadic activity.

Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2005-2006 season: Clinical influenza activity has been moderate so far this season. Only Lithuania and Estonia have reported a high intensity of clinical influenza activity, respectively in week 8/2006 and week 11/2006. The highest intensity level reported by the other countries in Europe has been medium. Consultation rates above the baseline were first reported in the Netherlands (in week 01/2006) and England (in week 05/2006) and subsequently in other countries. Up to week 11/2006, elevated consultation rates for ILI or ARI [meaning a medium or higher intensity of clinical influenza activity] have been reported in 16 countries across Europe. The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups, although consultation rates in Italy and Norway were also high in the 15-64 age group.

Virological situation - week 11/2006: The total number of respiratory specimens collected by sentinel physicians in week 11/2006 was 1208, of which 340 (28%) were positive for influenza virus. Of these, 215 (63%) specimens tested positive for influenza B virus and 125 (37%) tested positive for influenza A virus. In addition, 280 non-sentinel specimens (e.g. specimens collected in hospitals) tested positive for influenza virus, of which 140 (50%) were influenza B and 140 (50%) influenza A. Of the 265 sentinel and non-sentinel specimens positive for influenza A virus, 14 had the H1 subtype, 56 had the H3 subtype and 195 were not-subtyped.

Influenza B was the dominant virus type in eight countries (see table) in week 11/2006. Influenza A and B viruses were dominant in ten countries (H3 in the Denmark, Latvia and Switzerland; H1 in Spain). Influenza A was dominant in England, Italy (H1), Romania (H3N2) and Slovenia (H3N2). No dominant (sub)type was reported in five countries.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 11/2006 (N=6458), 4225 (65%) were influenza B and 2233 (35%) were influenza A. Of the total influenza A virus detections (N=2233), 1511 (68%) were influenza A not-subtyped, 356 (16%) were A(H1) [of which 122 were A(H1N1), and 2 H1N2] and 366 (16%) were A(H3) [of which 149 were A(H3N2)].

Based on the characterisation data of all influenza virus detections up to week 11/2006, 1280 have been antigenically and/or genetically characterised: 250 were A/New Caledonia/20/99 (H1N1)-like, 118 were A/California/7/2004 (H3N2)-like, 824 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 88 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 11/2006 no human cases of influenza A(H5N1) have been reported in the countries participating in EISS.

Comment: The circulation of influenza virus (sub)types in Europe has been very heterogeneous during the 2005-2006 season. In some countries the influenza season seems to have already passed, whereas in others the seasonal influenza activity is still at the beginning phase (Estonia, Hungary, Poland and Spain). Until now, no clear pattern of spread has become apparent, compared to last year when a clear west-east and south-west spread was documented (click [here](#)). Influenza B has been very frequently detected at the start of the season. For the whole season, it has been the dominant virus in 16 countries. However, the number of countries reporting co-dominance of influenza A and B viruses is increasing, and some countries have reported predominantly influenza A (Austria, Italy, Romania and Slovenia).

Up to week 11/2006 no human cases of influenza A(H5N1) have been reported in the European countries participating in EISS. Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries. In week 11/2006, 26 countries reported clinical data and 28 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

Map

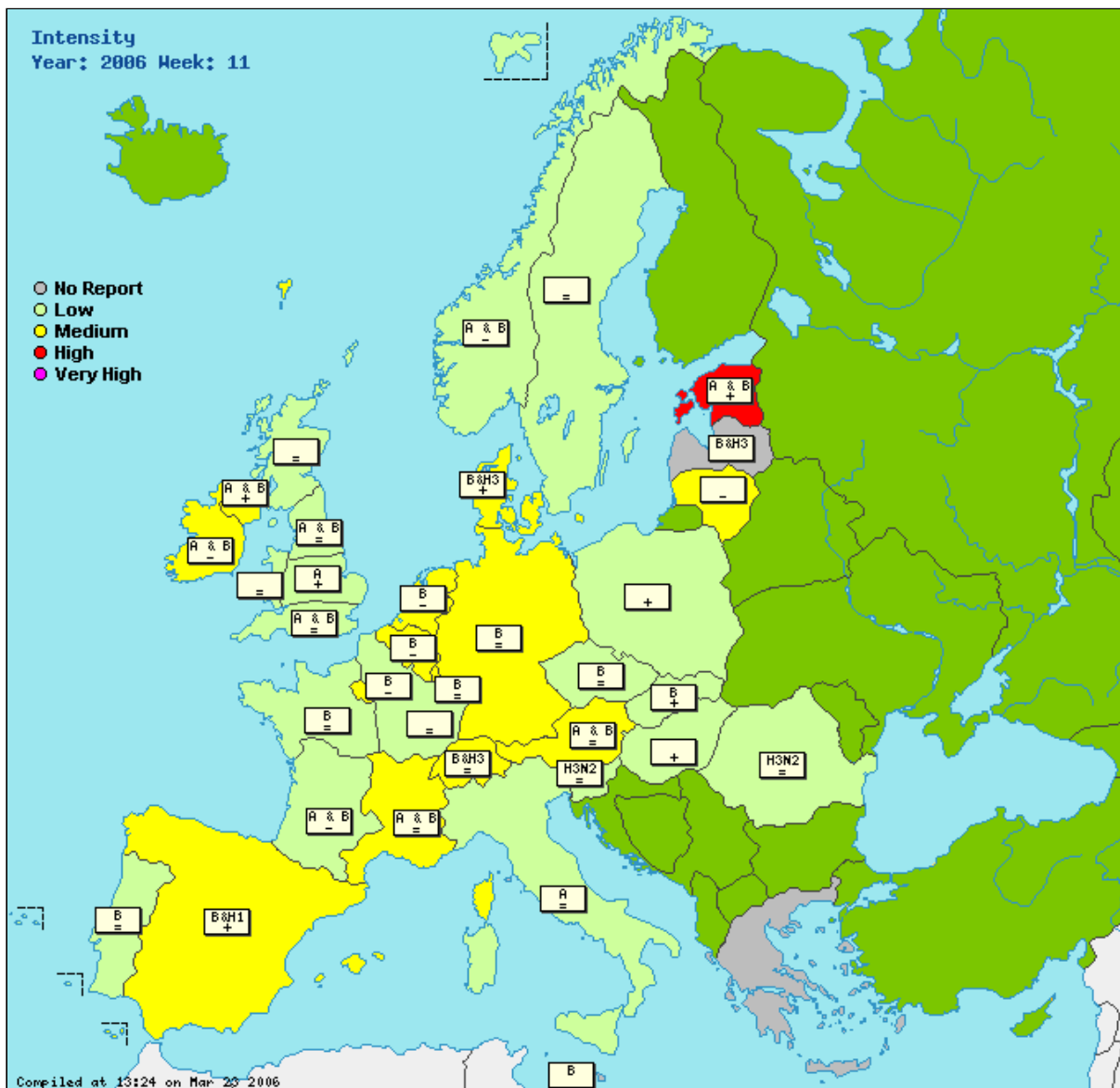
The map presents the qualitative indicators of influenza activity (intensity, trend, geographical spread and impact) and the dominant virus as assessed by each of the countries.

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 at the same level of the past weeks. Influenza A remains clearly prevalent. Cases of RSV still reported, mostly among children.

Switzerland

Influenza activity is still above the threshold in Switzerland. Influenza B viruses are mainly detected. Viruses are antigenically related to influenza B/Malaysia/2506/2004.

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	Sporadic			160	20.0%	Type A and B	1079.7 (graphs)		Click here

Belgium	Medium	Widespread	41	36.6%	Type B	372.0 (graphs)	1781.9 (graphs)	Click here
Czech Republic	Low	Sporadic	68	5.9%	Type B	80.0 (graphs)	1293.6 (graphs)	Click here
Denmark	Medium	Widespread	27	59.3%	Type B and Type A, Subtype H3	249.6 (graphs)		Click here
England	Low	Sporadic	48	29.2%	Type A	23.9 (graphs)	656.6 (graphs)	Click here
Estonia	High	Local	24	8.3%	Type A and B	5.9 (graphs)	785.2 (graphs)	Click here
France	Low	Regional	120	20.0%	Type A and B		1705.4 (graphs)	Click here
Germany	Medium	Regional	192	45.8%	Type B		1495.0 (graphs)	Click here
Greece			8	25.0%	None	(graphs)		Click here
Hungary	Low	Sporadic	47	12.8%	None	182.2 (graphs)		Click here
Ireland	Medium	Local	29	44.8%	Type A and B	40.3 (graphs)		Click here
Italy	Low	Local	15	133.3%	Type A	211.3 (graphs)		Click here
Latvia			3	33.3%	Type B and Type A, Subtype H3	(graphs)		Click here
Lithuania	Medium	Local	0	0%	None	129.3 (graphs)	664.0 (graphs)	Click here
Luxembourg	Medium	Local	31	9.7%	Type B	352.7 (graphs)	2847.1 (graphs)	Click here
Malta			2	0%	Type B	(graphs)		Click here
Netherlands	Medium	Widespread	16	43.8%	Type B	93.4 (graphs)		Click here
Northern Ireland	Medium	Sporadic	1	100.0%	Type A and B	109.5 (graphs)		Click here
Norway	Low	Widespread	1	100.0%	Type A and B	95.3 (graphs)		Click here
Poland	Low	Sporadic	126	0.8%	None	222.3 (graphs)		Click here
Portugal	Low	Sporadic	8	25.0%	Type B	27.2 (graphs)		Click here
Romania	Low	Local	20	45.0%	Type A, Subtype H3N2	1032.0 (graphs)	2.4 (graphs)	Click here
Scotland	Low	Sporadic	5	0%	None	16.7 (graphs)		Click here
Slovakia	Low	Sporadic	20	40.0%	Type B	772.4 (graphs)		Click here
Slovenia	Low	Sporadic	26	34.6%	Type A, Subtype H3N2	(graphs)	1466.4 (graphs)	Click here
Spain	Medium	Regional	135	40.7%	Type B and Type A, Subtype H1	177.8 (graphs)		Click here
Sweden	Low	Sporadic	0	0%	None	7.6 (graphs)		Click here
Switzerland	Medium	Widespread	35	20.0%	Type B and Type A, Subtype H3	190.2 (graphs)		Click here
Wales	Low	Sporadic				4.2 (graphs)		Click here
Europe			1208	28.2%				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

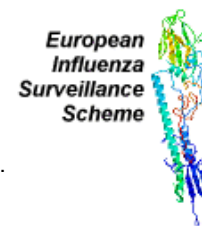
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Clinical influenza activity still increasing in a number of countries across Europe



Summary: Seasonal influenza epidemics have started late in countries across Europe during the 2005-2006 season. Since the start of the season, influenza activity has mainly been associated with influenza B viruses (64%) rather than influenza A viruses (36%) for Europe as a whole. In week 12/2006, the consultation rates for influenza-like illness (ILI) continued to increase in the Czech Republic, Denmark, Hungary, Slovakia and Slovenia. Three countries - Belgium, Ireland and the Netherlands - experienced an increase in the consultation rate for ILI, after it had peaked in previous weeks. The consultation rate was stable, at baseline or elevated levels, in 13 countries and decreasing in six. In week 12/2006, for the first time since week 51/2005, the weekly total number of influenza A viruses was higher than influenza B viruses for Europe as a whole. No human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Epidemiological situation - week 12/2006: Estonia reported high intensity of clinical influenza activity. Thirteen countries reported a medium and 12 countries a low intensity of clinical influenza activity.

Belgium, Denmark, Hungary, the Netherlands, Norway and Slovenia reported widespread influenza activity. France, Germany and Spain reported regional activity, six countries reported local outbreaks, ten countries reported sporadic activity and Northern Ireland reported no activity.

In the Czech Republic, Denmark, Hungary, Slovakia and Slovenia the consultation rate for ILI continued to increase. In Belgium, Ireland and the Netherlands, the consultation rate for ILI increased after it had already peaked in previous weeks. The consultation rate for ILI or acute respiratory infection (ARI) was stable, at baseline or elevated levels, in 13 countries and decreasing in six. The highest consultation rates for ILI or ARI were reported in the 0-4 and 5-14 age groups.

Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2005-2006 season: Clinical influenza activity has been moderate so far this season. Only Estonia (in week 11-12/2006) and Lithuania (in week 08/2006) have reported a high intensity of clinical influenza activity. The highest intensity level reported by the other countries in Europe has been medium. Consultation rates above the baseline were first reported in the Netherlands (in week 01/2006) and England and Greece (in week 05/2006) and subsequently in other countries. Up to week 12/2006, elevated consultation rates for ILI or ARI [meaning a medium or higher intensity of clinical influenza activity] have been reported in 17 countries across Europe. The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups, although consultation rates in Italy and Norway were also high in the 15-65 age group.

Virological situation - week 12/2006: The total number of respiratory specimens collected by sentinel physicians in week 12/2006 was 1340, of which 387 (29%) were positive for influenza virus. Of these, 236 (61%) specimens tested positive for influenza B virus and 151 (39%) tested positive for influenza A virus. In addition, 348 non-sentinel specimens (e.g. specimens collected in hospitals) tested positive for influenza virus, of which 137 (39%) were type B and 211 (61%) type A. Of the 362 sentinel and non-sentinel specimens positive for influenza A virus, 25 had the H1 subtype, 74 the H3 subtype and 263 were not-subtyped.

Influenza B was the dominant type in six countries (see table) in week 12/2006. Influenza A and B were dominant in eight countries (H3N2 in Austria and Denmark and H3 Switzerland). Influenza A was dominant in England, Ireland, Latvia (H3), Romania (H3N2), Slovenia (H3N2) and Spain (H1N1). No dominant (sub)type was reported in Hungary, Italy, Lithuania, Northern Ireland, Poland, Scotland and Wales.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 12/2006 (N=7252), 4225 (64%) were influenza B and 2614 (36%) were influenza A. Of the total influenza A virus detections (N=2614), 1736 (66%) were influenza A not-subtyped, 389 (15%) were A(H1) [of which 143 were A(H1N1), and 2 A(H1N2)] and 489 (19%) were A(H3) [of which 226 were A(H3N2)].

Based on the characterisation data of all influenza virus detections up to week 12/2006, 1406 have been antigenically and/or genetically characterised: 272 were A/New Caledonia/20/99 (H1N1)-like, 126 were A/California/7/2004 (H3N2)-like, 904 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 104 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 12/2006 no human cases of influenza A(H5N1) have been reported in the countries participating in EISS.

Comment: The heterogeneous pattern of elevated influenza activity and circulating (sub)types across Europe, as outlined in previous bulletins, continues. Whereas there has not been elevated influenza activity in a number of countries across Europe up until now (e.g. Portugal and Germany), the peak has already been passed in some countries (Latvia and Lithuania) and in others the consultation rate for ILI or ARI is still increasing (e.g. Denmark and Slovenia). In addition, elevated influenza activity started late in the season for all affected countries.

In Belgium, Ireland and the Netherlands, the consultation rate increased again in week 12/2006 after it had peaked in previous weeks, and in England, Norway and Poland it remained above the baseline level. The increased circulation of influenza A virus as compared to previous weeks (click [here](#)) might partially explain this phenomenon. The number of influenza A virus detections increased considerably in week 12/2006 compared to week 11/2006, especially in England, Norway, Slovenia, Spain and Sweden, while the number of influenza B virus detections was stable or decreasing. In other countries, e.g. Germany, Hungary, Slovakia and Italy, the number of influenza B virus detections continued to increase. Nevertheless, for Europe as a whole this pattern resulted in a higher weekly total of influenza A viruses than influenza B viruses in week 12/2006. This was the first time since week 51/2005.

Up to week 12/2006 no human cases of influenza A(H5N1) have been reported in the European countries participating in EISS. Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries. In week 12/2006, 26 countries reported clinical data and 29 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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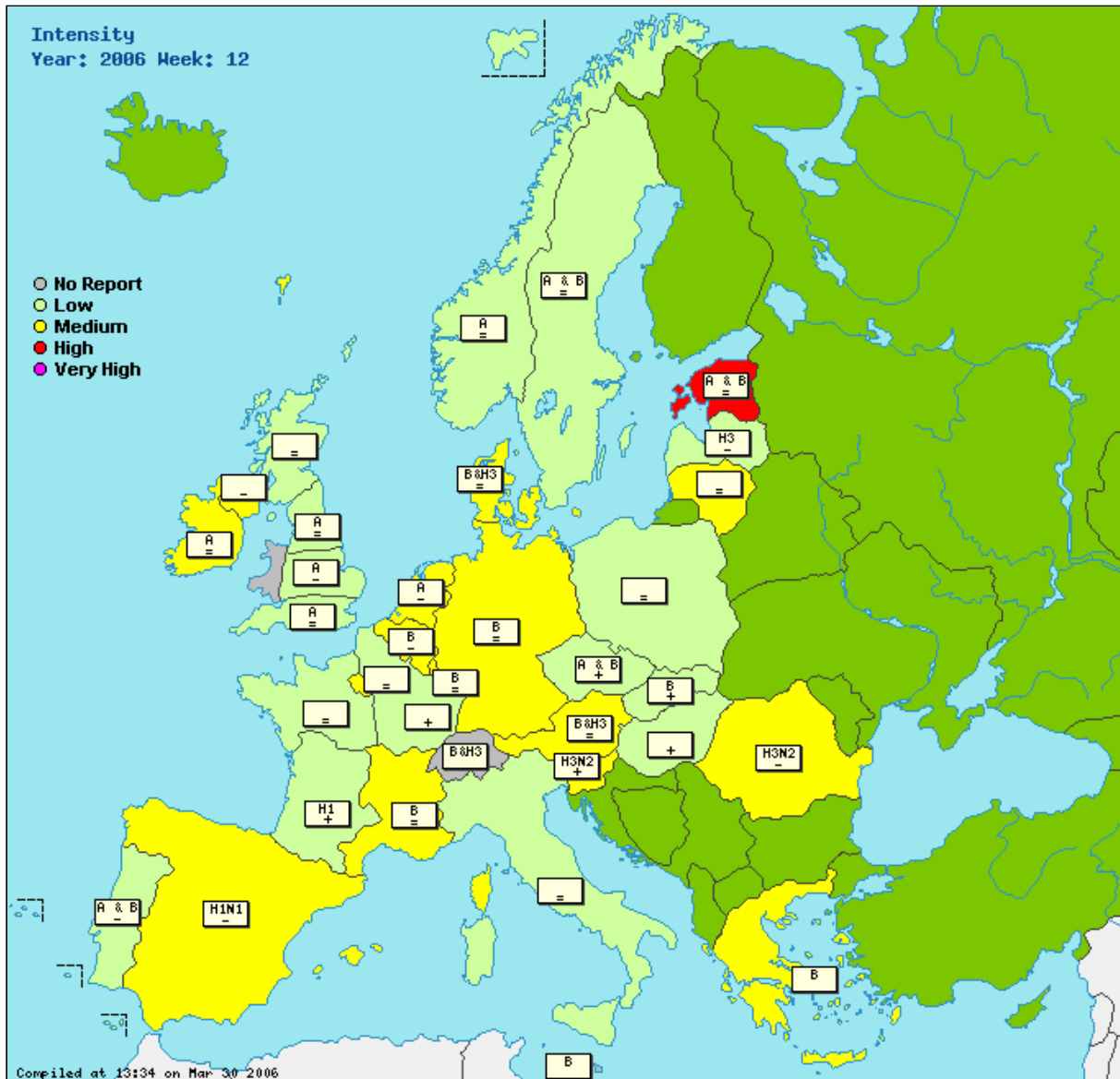
Map

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 at the same level of the past weeks. During this week, both influenza A and B viruses have been detected equally.

Norway

While the number of influenza B findings is falling, there was a marked rise in influenza A detections in Norway in week 12.

Spain

Decreasing influenza activity in Spain. The morbidity rate has declined this week for the first time.

Switzerland

Influenza activity increased again last week. Influenza A and B viruses are detected. However, an increased percentage of influenza A viruses is 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	Medium	Sporadic			191	20.9%	Type B and Type A, Subtype H3N2	895.2 (graphs)		Click here
Belgium	Medium	Widespread			77	33.8%	Type B	426.3 (graphs)	1723.5 (graphs)	Click here
Czech Republic	Low	Sporadic			83	15.7%	Type A and B	88.8 (graphs)	1315.7 (graphs)	Click here
Denmark	Medium	Widespread			35	60.0%	Type B and Type A, Subtype H3N2	253.5 (graphs)		Click here
England	Low	Sporadic			36	30.6%	Type A	21.3 (graphs)	736.1 (graphs)	Click here
Estonia	High	Local			23	4.4%	Type A and B	3.8 (graphs)	727.7 (graphs)	Click here
France	Low	Regional			142	16.9%	Type A and B		1672.6 (graphs)	Click here
Germany	Medium	Regional			184	63.0%	Type B		1445.0 (graphs)	Click here
Greece	Medium	Local			7	14.3%	Type B	107.9 (graphs)		Click here
Hungary	Low	Widespread			23	43.5%	None	210.0 (graphs)		Click here
Ireland	Medium	Sporadic			24	54.2%	Type A	49.9 (graphs)		Click here
Italy	Low	Local			81	16.1%	None	234.6 (graphs)		Click here
Latvia	Low	Sporadic			0	0%	Type A, Subtype H3	10.9 (graphs)	811.4 (graphs)	Click here
Lithuania	Medium	Local			5	40.0%	None	75.2 (graphs)	582.3 (graphs)	Click here
Luxembourg	Medium	Local			41	9.8%	Type B	232.6 (graphs)	3069.8 (graphs)	Click here
Malta					1	0%	Type B	graphs		Click here
Netherlands	Medium	Widespread			25	32.0%	Type A	92.3 (graphs)		Click here
Northern Ireland	Medium	None			2	0%	None	46.5 (graphs)		Click here
Norway	Low	Widespread			0	0%	Type A	95.0 (graphs)		Click here
Poland	Low	Sporadic			107	0.9%	None	229.7 (graphs)		Click here
Portugal	Low	Sporadic			6	16.7%	Type A and B	14.4 (graphs)		Click here
Romania	Medium	Local			50	14.0%	Type A, Subtype H3N2	924.2 (graphs)	0.9 (graphs)	Click here
Scotland	Low	Sporadic			3	0%	None	15.5 (graphs)		Click here
Slovakia	Low	Sporadic			25	40.0%	Type B	988.2 (graphs)		Click here
Slovenia	Medium	Widespread			20	70.0%	Type A, Subtype H3N2	45.3 (graphs)	1552.0 (graphs)	Click here
Spain	Medium	Regional			103	42.7%	Type A, Subtype H1N1	162.1 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	7.6 (graphs)		Click here
Switzerland					46	15.2%	Type B and Type A, Subtype H3	graphs		Click here
Wales					0	0%	None	graphs		Click here
Europe					1340	28.9%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in ≥50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

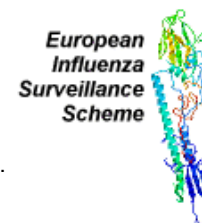
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Seasonal influenza activity in most European countries seems to be over



Summary: Seasonal influenza epidemics have started late in countries across Europe during the 2005-2006 season. Since the start of the season, influenza activity in Europe as a whole has mainly been associated with influenza B viruses (62% of total detections). In week 13/2006, the consultation rate for influenza-like illness (ILI) continued to increase in only two countries in Europe (the Czech Republic and Slovakia). In all other countries, the consultation rate for ILI or acute respiratory infections (ARI) was either declining or at baseline levels, indicating that seasonal influenza activity in Europe is probably coming to an end for this winter. No human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Epidemiological situation - week 13/2006: Thirteen countries reported a medium intensity of clinical influenza activity in week 13/2006 and 14 countries a low intensity of clinical influenza activity.

Denmark, Hungary, the Netherlands, Norway and Slovenia reported widespread influenza activity. Belgium, Germany, Spain and Switzerland reported regional activity, four countries reported local outbreaks and 14 countries reported sporadic activity.

The consultation rate for ILI only continued to increase in the Czech Republic (slightly) and Slovakia in week 13/2006. In all other countries, the consultation rate for ILI or ARI was either declining or at baseline levels. The highest consultation rates were reported in the 0-4 and 5-14 age groups.

Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2005-2006 season: Clinical influenza activity has been moderate so far this season. Only Estonia (in week 11-12/2006) and Lithuania (in week 08/2006) have reported a high intensity of clinical influenza activity. Consultation rates above the baseline were first reported in the Netherlands (in week 01/2006), England (in week 05/2006) and subsequently in other countries. Up to week 13/2006, elevated consultation rates for ILI or ARI [meaning a medium or higher intensity of clinical influenza activity] have been reported in 21 countries across Europe. The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups, although consultation rates in Norway were also high in the 15-65 age group.

Virological situation - week 13/2006: The total number of respiratory specimens collected by sentinel physicians in week 13/2006 was 1248, of which 359 (29%) were positive for influenza virus. Of these, 198 (55%) specimens tested positive for influenza B virus and 161 (45%) tested positive for influenza A virus. In addition, 249 non-sentinel specimens (e.g. specimens collected in hospitals) tested positive for influenza virus, of which 107 (43%) were type B and 142 (57%) type A. Of the 303 sentinel and non-sentinel specimens positive for influenza A virus, 16 had the H1 subtype, 74 the H3 subtype and 213 were not-subtyped.

Influenza B virus was dominant in six countries (see table) in week 13/2006. Influenza A and B viruses were dominant in eleven countries (H3N2 in Austria, Denmark, Slovenia and Switzerland, and H3 in the Czech Republic and Latvia). Influenza A virus was dominant in England, Ireland, Italy, Latvia (H3), the Netherlands, Norway (H1 and H3), Romania, Spain (H1) and Wales. No dominant (sub)type was reported in Greece, Poland and Scotland.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 13/2006 (N=8103), 5058 (62%) were influenza B and 3045 (38%) were influenza A. Of the total influenza A virus detections (N=3045), 2020 (66%) were influenza A not-subtyped, 424 (14%) were A(H1) [of which 169 were A(H1N1), and 2 A(H1N2)] and 601 (20%) were A(H3) [of which 264 were A(H3N2)].

Based on the characterisation data of all influenza virus detections up to week 13/2006, 1632 have been antigenically and/or genetically characterised: 294 were A/New Caledonia/20/99 (H1N1)-like, 160 were A/California/7/2004 (H3N2)-like, 1059 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 119 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 13/2006 no human cases of influenza A(H5N1) have been reported in the countries participating in EISS.

Comment: Influenza activity in Europe during the 2005-2006 season has been moderate and has been mainly associated with influenza B viruses. Many countries have had a co-circulation of influenza A and B viruses, and influenza A has become more frequent at the end of the season. In most countries, the consultation rate for ILI or ARI is now either declining or at baseline levels, indicating that seasonal influenza activity in Europe is probably coming to an end. Only in the Czech Republic and Slovakia did the consultation rate for ILI continue to increase in week 13/2006. A number of countries – Austria, Germany, Hungary, Portugal, Scotland, Romania and Wales – have seen very low overall levels of clinical influenza activity this season.

Historical data available in the EISS database allows a comparison of clinical influenza activity during the 2005-2006 season with previous seasons. Fourteen European countries have reported five or more seasons of clinical data, and the consultation rates for ILI or ARI during the 2005-2006 season in these countries have been among the lowest compared to previous season e.g. [Spain](#). Only in [Lithuania](#) and [Northern Ireland](#) were the consultation rates for ILI during the 2005-2006 season the second highest reported in five seasons.

For a comment about the effectiveness of the 2005-2006 northern hemisphere vaccine, please click [here](#) [Comment section].

Up to week 13/2006 no human cases of influenza A(H5N1) have been reported in the European countries participating in EISS. Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries. In week 13/2006, 27 countries reported clinical data and 29 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

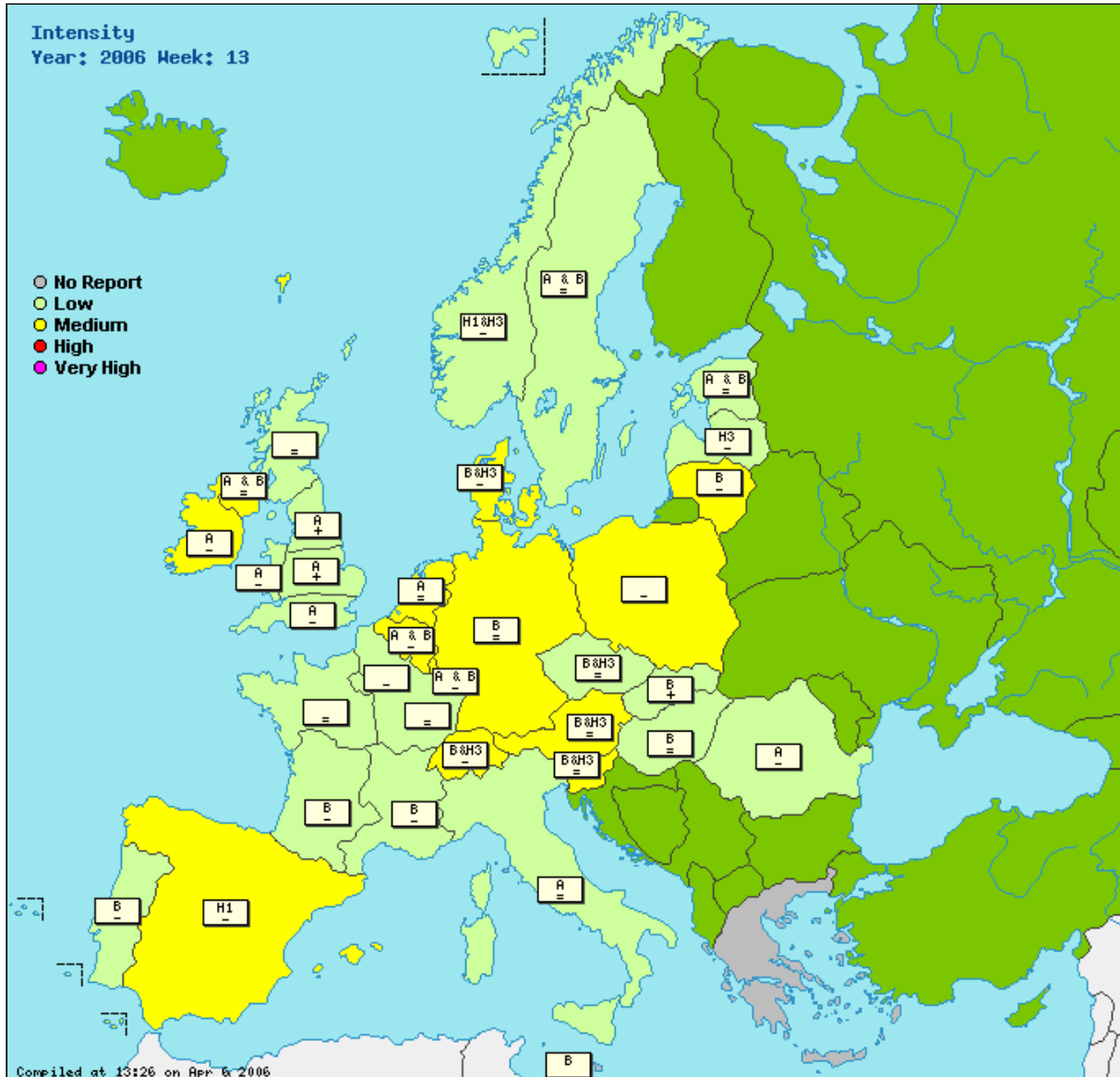
Map

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

Still low influenza activity is reported. Further detections of both influenza A and B viruses, with A viruses prevalent.

Switzerland

Medical consultations decreased for the first week since the beginning of the season. They were even below the threshold. The number of influenza viruses detected remained high with a majority of influenza B viruses.

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	Sporadic			178	31.5%	Type B and Type A, Subtype H3N2	901.2 (graphs)		Click here
Belgium	Medium	Regional			35	25.7%	Type A and B	280.7 (graphs)	1428.4 (graphs)	Click here
Czech Republic	Low	Sporadic			85	1.2%	Type B and Type A, Subtype H3	92.2 (graphs)	1335.0 (graphs)	Click here
Denmark	Medium	Widespread			26	53.9%	Type B and Type A, Subtype H3N2	214.9 (graphs)		Click here
England	Low	Sporadic			37	46.0%	Type A	24.4 (graphs)	708.6 (graphs)	Click here
Estonia	Low	Local			10	10.0%	Type A and B	4.0 (graphs)	728.1 (graphs)	Click here
France	Low	Local			90	15.6%	Type A and B		1601.5 (graphs)	Click here
Germany	Medium	Regional			215	59.1%	Type B		1473.0 (graphs)	Click here
Greece					11	63.6%	Type B	(graphs)		Click here
Hungary	Low	Widespread			40	30.0%	Type B	205.5 (graphs)		Click here
Ireland	Medium	Sporadic			20	45.0%	Type A	41.1 (graphs)		Click here
Italy	Low	Local			109	22.0%	Type A	77.0 (graphs)		Click here
Latvia	Low	Sporadic			0	0%	Type A, Subtype H3	4.6 (graphs)	859.4 (graphs)	Click here
Lithuania	Medium	Sporadic			1	0%	Type B	46.7 (graphs)	475.2 (graphs)	Click here
Luxembourg	Medium	Sporadic			34	8.8%	Type A and B	69.8 (graphs)	3348.8 (graphs)	Click here
Malta					0	0%	Type B	(graphs)		Click here
Netherlands	Medium	Widespread			12	66.7%	Type A	80.0 (graphs)		Click here
Northern Ireland	Medium	Sporadic			5	40.0%	Type A and B	69.2 (graphs)		Click here
Norway	Low	Widespread			1	0%	Type A, Subtype H1 and H3	84.2 (graphs)		Click here
Poland	Medium	Sporadic			122	1.6%	None	195.6 (graphs)		Click here
Portugal	Low	Sporadic			5	40.0%	Type B	19.2 (graphs)		Click here
Romania	Low	Local			55	7.3%	Type A	1014.0 (graphs)	3.7 (graphs)	Click here
Scotland	Low	Sporadic			9	0%	None	15.6 (graphs)		Click here
Slovakia	Low	Sporadic			16	43.8%	Type B	1063.3 (graphs)		Click here
Slovenia	Medium	Widespread			30	43.3%	Type B and Type A, Subtype H3N2	44.9 (graphs)	1506.4 (graphs)	Click here
Spain	Medium	Regional			71	36.6%	Type A, Subtype H1	113.0 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	7.2 (graphs)		Click here
Switzerland	Medium	Regional			30	0%	Type B and Type A, Subtype H3N2	122.3 (graphs)		Click here
Wales	Low	Sporadic			1	100.0%	Type A	1.3 (graphs)		Click here
Europe					1248	28.8%				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

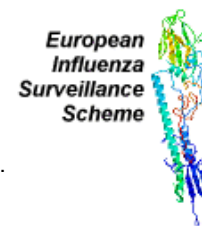
Population: per 100,000 population

*: 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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Seasonal influenza activity in Europe is over in most countries



Summary: Seasonal influenza epidemics have started late in countries across Europe during the 2005-2006 season. Since the start of the season, influenza activity in Europe as a whole has been associated with influenza B viruses (62% of total detections). In two thirds of the countries influenza B was detected in the majority of the specimens examined. In all countries, the consultation rate for influenza-like illness (ILI) or acute respiratory infection (ARI) was either declining or at baseline levels in week 14/2006, except for Northern Ireland, where a slight increase was observed. This indicates that seasonal influenza activity is about over now in most European countries. No human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Epidemiological situation - week 14/2006: Seven countries reported a medium intensity of clinical influenza activity in week 14/2006 and 20 countries a low intensity of clinical influenza activity. Norway and Slovenia reported widespread influenza activity. Germany and the Netherlands reported regional activity, six countries reported local outbreaks, 13 countries reported sporadic activity and four countries no activity.

In all countries, the consultation rate for ILI or ARI was either declining or at baseline levels, except for Northern Ireland, where a slight increase was observed in week 14/2006. The highest consultation rates in week 14/2006 were reported in the 0-4 and 5-14 age groups, although consultation rates were also elevated in the 15-65 age group in Norway. Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2005-2006 season: Clinical influenza activity has been moderate so far this season. Only Estonia (in week 11-12/2006) and Lithuania (in week 08/2006) have reported a high intensity of clinical influenza activity. Consultation rates above the baseline were first reported in the Netherlands (in week 01/2006) and England (in week 05/2006), and subsequently in other countries. Up to week 14/2006, elevated consultation rates for ILI or ARI [meaning a medium or higher intensity of clinical influenza activity] have been reported in 21 countries across Europe. The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups, although in the 15-65 age group consultation rates in Norway were also high and slightly elevated in England.

Virological situation - week 14/2006: The total number of respiratory specimens collected by sentinel physicians in week 14/2006 was 734, of which 210 (29%) were positive for influenza virus. Of these, 132 (63%) specimens tested positive for influenza B virus and 78 (37%) tested positive for influenza A virus. In addition, 235 non-sentinel specimens (e.g. specimens collected in hospitals) tested positive for influenza virus, of which 64 (27%) were type B and 171 (73%) type A. Of the 249 sentinel and non-sentinel specimens positive for influenza A virus, 10 had the H1 subtype (of which 1 was H1N1), 59 the H3 subtype (of which 35 were H3N2) and 180 were not-subtyped.

Influenza B virus was dominant in six countries (see table) in week 14/2006. Influenza A (H3N2 in Belgium, England and Germany) and B viruses were dominant in five countries. Influenza A virus was dominant in eight countries: England, Estonia, Greece, Latvia (H3), the Netherlands, Northern Ireland, Norway (H1 and H3) and Slovenia (H3N2). No dominant (sub)type was reported in eight countries.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 14/2006 (N=8691), 5344 (62%) were influenza B and 3347 (38%) were influenza A. Of the total influenza A virus detections (N=3347), 2183 (65%) were influenza A not-subtyped, 449 (13%) were A(H1) [of which 184 were A(H1N1), and 2 A(H1N2)] and 715 (21%) were A(H3) [of which 417 were A(H3N2)]. The higher proportion of type A/H3 viruses detected in non-sentinel specimens than in sentinel specimens has been observed earlier (Claas ECJ et al., Influenza types and patient population. Lancet 1995;346:180) and is probably related to the generally more severe course of infections with the type A/H3 viruses compared with type B viruses.

Based on the characterisation data of all influenza virus detections up to week 14/2006, 1823 have been antigenically and/or genetically characterised: 311 were A/New Caledonia/20/99 (H1N1)-like, 206 were A/California/7/2004 (H3N2)-like, 1181 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 125 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 14/2006 no human cases of influenza A(H5N1) have been reported in the countries participating in EISS.

Comment: Influenza activity in Europe during the 2005-2006 season has been moderate and has been mainly associated with influenza B viruses. However, considerable differences between the countries were observed in the percentage of influenza B viruses detected for the whole season, ranging from 24 to 96%. Influenza B has been more frequent than influenza A in 18 of the 27 countries. In seven countries the influenza B virus was detected in more than 80% of all specimens examined (the Czech Republic, Lithuania, Poland, Scotland, Slovenia, Switzerland and Wales). In ten countries influenza B was found in 60 to 80% of the specimens; in nine countries in 40 to 60% of the specimens, and in four countries in less than 30% of the specimens (Austria, Italy, Romania and Slovenia).

In most countries, the consultation rate for ILI or ARI is now either declining or at baseline levels, indicating that seasonal influenza activity in Europe is almost over. Only in Northern Ireland was there a small increase in the consultation rate for ILI reported in week 14/2006. A number of countries – Austria, Germany, Hungary, Portugal, Scotland, Romania and Wales – have seen very low overall levels of clinical influenza activity this season. An overview of influenza activity in Europe in the 2005 –2006 season can be found in Eurosurveillance Weekly click [here](#).

Up to week 14/2006 no human cases of influenza A(H5N1) have been reported in the European countries participating in EISS. Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries. In week 14/2006, 27 countries reported clinical data and 27 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United

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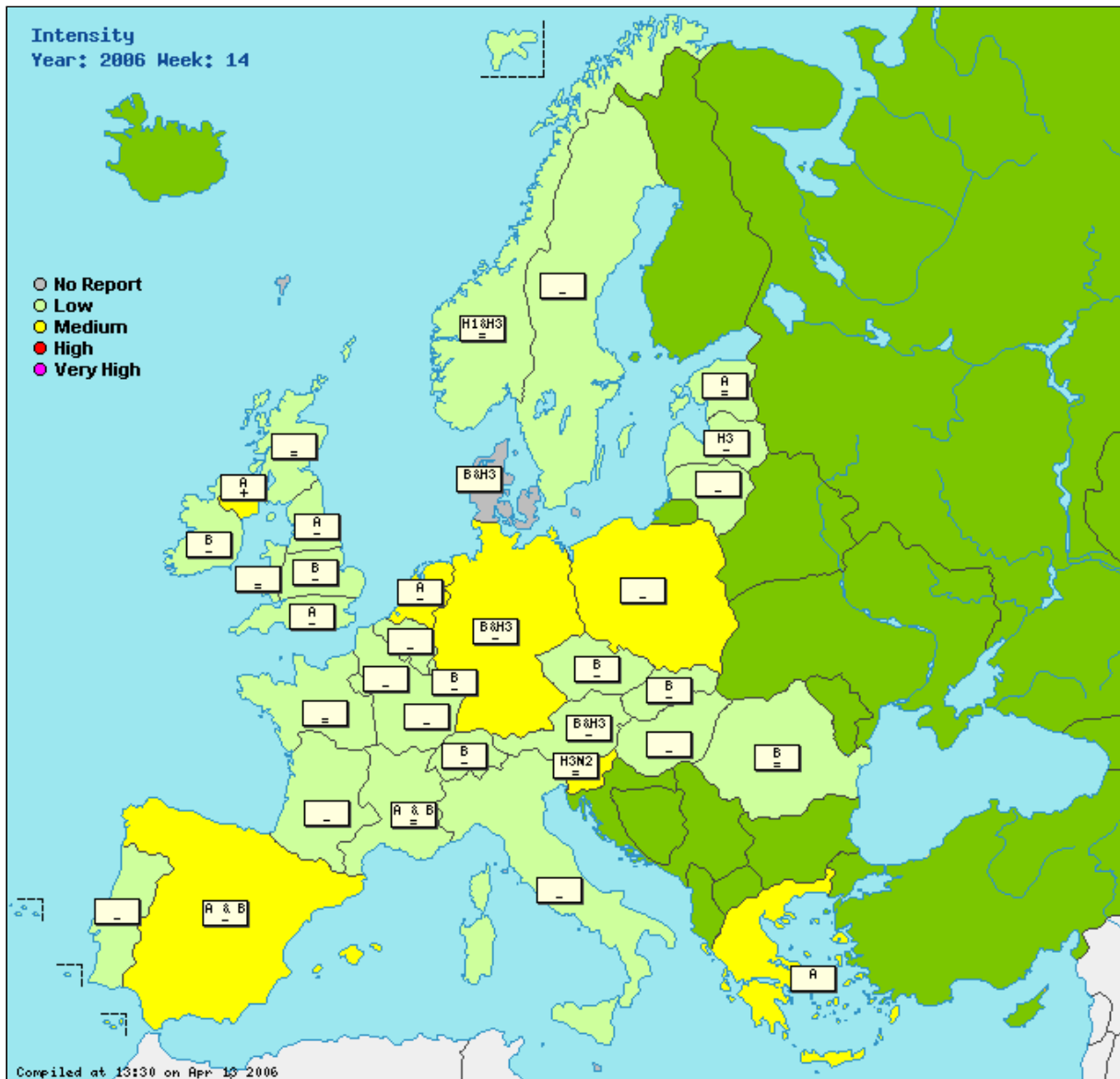
Map

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

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)

Norway

The number of reported influenza A cases remains high. Over recent weeks we've seen roughly equal numbers of A(H1) and A(H3) viruses. Data are incomplete due to Easter holidays.

Switzerland

Influenza activity is decreasing now in Switzerland. Influenza B virus are still predominant.

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			129	16.3%	Type B and Type A, Subtype H3N2	426.5 (graphs)		Click here
Belgium	Low	Sporadic			16	18.8%	None	89.2 (graphs)	1146.9 (graphs)	Click here
Czech Republic	Low	Sporadic			67	10.5%	Type B	69.0 (graphs)	1205.4 (graphs)	Click here
Denmark					17	58.8%	Type B and Type A, Subtype H3N2	(graphs)		Click here
England	Low	Sporadic			29	31.0%	Type A	16.0 (graphs)	611.6 (graphs)	Click here
Estonia	Low	Sporadic			2	0%	Type A	3.8 (graphs)	570.0 (graphs)	Click here
France	Low	Local			72	15.3%	Type A and B		1309.0 (graphs)	Click here
Germany	Medium	Regional			176	46.6%	Type B and Type A, Subtype H3N2		1394.0 (graphs)	Click here
Greece	Medium	Local			4	50.0%	Type A	122.7 (graphs)		Click here
Hungary	Low	Local			26	26.9%	None	154.7 (graphs)		Click here
Ireland	Low	Sporadic			12	50.0%	Type B	23.7 (graphs)		Click here
Italy	Low	Sporadic						178.6 (graphs)		Click here
Latvia	Low	Sporadic			0	0%	Type A, Subtype H3	2.3 (graphs)	837.1 (graphs)	Click here
Lithuania	Low	Sporadic			4	0%	None	20.7 (graphs)	411.4 (graphs)	Click here
Luxembourg	Low	Sporadic			8	25.0%	Type B	(graphs)	2821.9 (graphs)	Click here
Netherlands	Medium	Regional			9	11.1%	Type A	51.1 (graphs)		Click here
Northern Ireland	Medium	Sporadic			3	66.7%	Type A	73.8 (graphs)		Click here
Norway	Low	Widespread			0	0%	Type A, Subtype H1 and H3	79.9 (graphs)		Click here
Poland	Medium	None			16	0%	None	112.3 (graphs)		Click here
Portugal	Low	None			0	0%	None	4.5 (graphs)		Click here
Romania	Low	Local			43	16.3%	Type B	1049.4 (graphs)	3.7 (graphs)	Click here
Scotland	Low	Sporadic			6	0%	None	15.0 (graphs)		Click here
Slovakia	Low	Sporadic			10	70.0%	Type B	870.6 (graphs)		Click here
Slovenia	Medium	Widespread			19	52.6%	Type A, Subtype H3N2	36.3 (graphs)	1432.8 (graphs)	Click here
Spain	Medium	Local			48	35.4%	Type A and B	72.0 (graphs)		Click here
Sweden	Low	None			0	0%	None	5.1 (graphs)		Click here
Switzerland	Low	Local			18	33.3%	Type B	77.2 (graphs)		Click here
Wales	Low	None			0	0%	None	2.2 (graphs)		Click here
Europe					734	28.6%				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

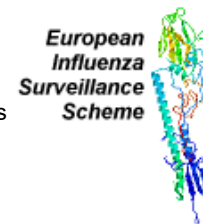
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Low and decreasing levels of influenza activity in Europe



Summary: During the 2005/2006 winter season influenza activity has only been moderate in the majority of countries in Europe and has further decreased or returned to baseline levels in week 15/2006. During this season influenza B virus has seemingly been dominant accounting for 61% of total detections in Europe and accounted for the majority of positive specimens in two thirds of the countries.

Epidemiological situation - week 15/2006: Three countries (Greece, Ireland and Poland) reported medium intensity of clinical influenza activity in week 15/2006 and 23 countries reported low intensity. Geographically, six countries reported local influenza activity, 15 countries sporadic activity and five countries no activity. In all countries, the consultation rate for ILI or ARI declined further compared to the previous week or had already returned to baseline levels. Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2005-2006 season: Clinical influenza activity has been moderate this season. Only Estonia (in week 11-12/2006) and Lithuania (in week 08/2006) have reported a high intensity of clinical influenza activity. Consultation rates above the baseline were first reported in the Netherlands (in week 01/2006) and England (in week 05/2006), and subsequently in other countries. Medium or high intensity of clinical influenza activity has been reported in 21 countries across Europe. For a total of eight countries (Czech Republic, Hungary, Italy, Portugal, Scotland, Slovakia, Sweden and Wales), a low level of influenza activity have been reported during the 2005-2006 influenza season. The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups, although in the 15-65 age group consultation rates in Norway were also high and slightly elevated in England.

Virological situation - week 15/2006: The total number of respiratory specimens collected by sentinel physicians in week 15/2006 was 532, of which 127 (24%) were positive for influenza virus. Of these, 66 (52%) specimens tested positive for influenza B virus and 61 (48%) tested positive for influenza A virus. In addition 118 non-sentinel specimens (e.g. specimens collected in hospitals) tested positive for influenza virus, of which 40 (34%) were type B and 78 (66%) type A. Of the 139 sentinel and non-sentinel specimens positive for influenza A virus, 12 had the H1 subtype (of six also the N-subtype was determined which was N1 in all cases), 38 the H3 subtype (of 15 also the N-subtype was determined which was N2 in all cases) and 89 were not subtyped.

Influenza A virus was dominant in eight countries in week 15/2006: Denmark (H3N2), England, the Netherlands, Norway (H1N1 and H3N2), Romania, Scotland, Slovenia (H3N2) and Spain (H1N1). Influenza B virus was dominant in four countries. Both influenza virus type A and B were dominant in five countries. No dominant (sub)type was reported in ten countries.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 15/2006 (N=9248), 5679 (61%) were influenza B and 3569 (39%) were influenza A. Of the total influenza A virus detections (N=3569), 2317 (65%) were influenza A not-subtyped, 469 (13%) were A(H1) [of 195 also the N-subtype was determined which was N1 in 193 cases and N2 in two cases] and 783 (22%) were A(H3) [of 438 also the N-subtype was determined which was N2 in all cases].

Of all 9248 influenza virus detections up to week 15/2006, 1939 have been antigenically and/or genetically characterised: 330 were A/New Caledonia/20/99 (H1N1)-like, 238 were A/California/7/2004 (H3N2)-like, 1235 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 136 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/361/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 15/2006 no human cases of influenza A(H5N1) have been reported in the countries participating in EISS.

Comment: Influenza activity has been patchy across Europe during the 2005-2006 season. With the exception of Lithuania, lower or similar levels of clinical influenza activity were observed compared to the previous influenza season for all countries in Europe. Eight countries reported very low consultation rates for ILI or ARI. The consultation rates for ILI or ARI in all countries are now either further declining or at baseline levels meaning the influenza season is coming to an end. Overall, the influenza activity has been mainly associated with influenza B viruses. However, considerable differences between the countries were observed in the percentage of influenza B viruses detected for the whole season. In weeks 14 and 15 the proportion of influenza A virus detections increased slightly and exceeded that of influenza B virus (click [here](#)).

Up to week 15/2006 no human cases of influenza A(H5N1) have been reported in the European countries participating in EISS. Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC and WHO as well as those responsible for animal health.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries. In week 15/2006, 26 countries reported clinical data and 27 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

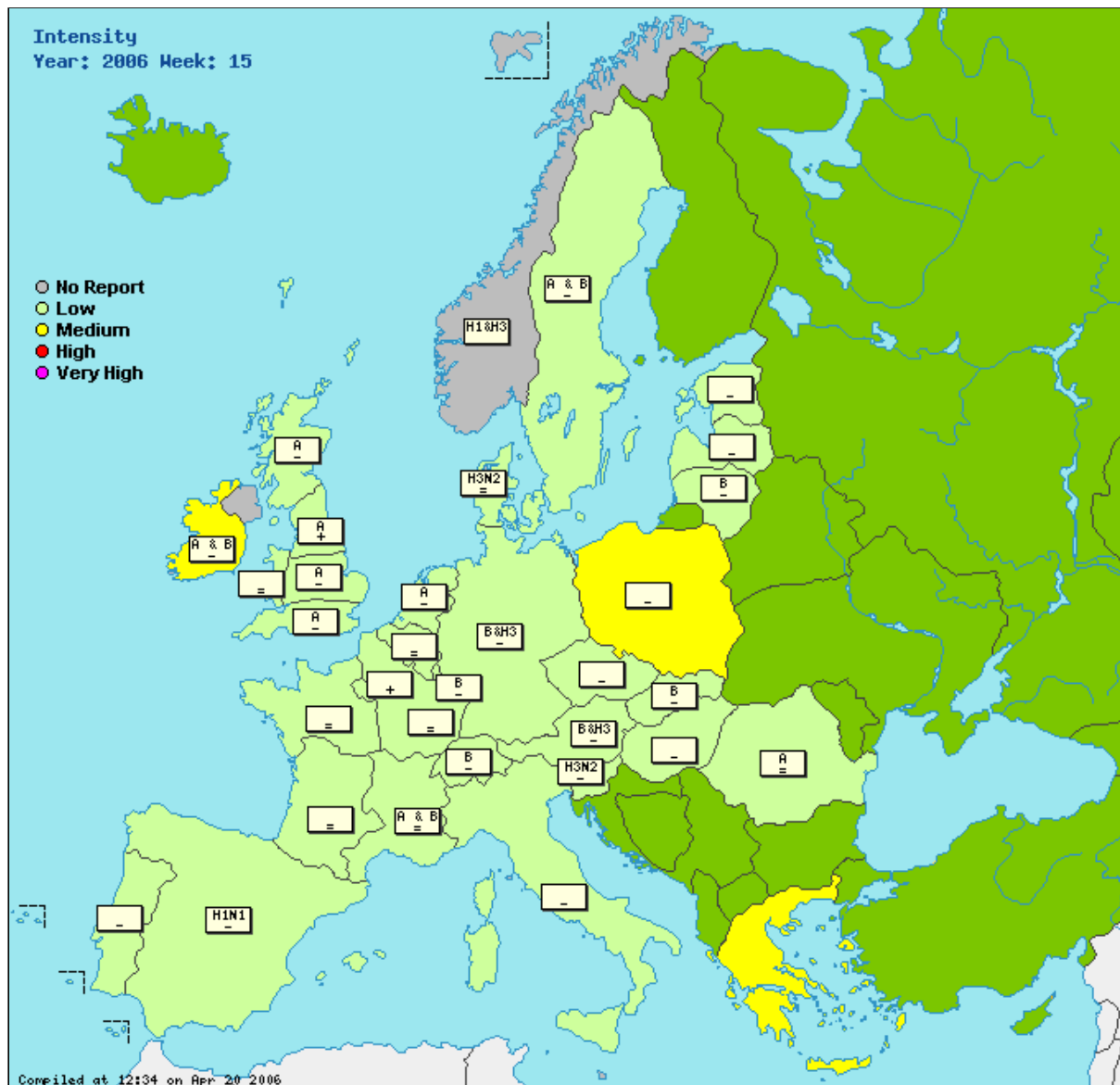
Map

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

Low influenza activity reported. Just one influenza B virus has been isolated in Parma (Central Italy).

Switzerland

Medical consultations decreased again this week and are far below the threshold now.

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		99	13.1%	Type B and Type A, Subtype H3N2	(graphs)		Click here
Belgium	Low	Sporadic		3	33.3%	None	40.2 (graphs)	971.5 (graphs)	Click here
Czech Republic	Low	Sporadic		37	8.1%	None	45.4 (graphs)	948.1 (graphs)	Click here
Denmark	Low	None		2	0%	Type A, Subtype H3N2	59.5 (graphs)		Click here

England	Low	Sporadic	13	23.1%	Type A	7.8 (graphs)	498.5 (graphs)	Click here
Estonia	Low	Sporadic	4	25.0%	None	1.0 (graphs)	399.5 (graphs)	Click here
France	Low	Sporadic	41	12.2%	Type A and B		1127.2 (graphs)	Click here
Germany	Low	Local	132	46.2%	Type B and Type A, Subtype H3		1004.0 (graphs)	Click here
Greece	Medium	Local	8	25.0%	None	110.3 (graphs)		Click here
Hungary	Low	Local	25	28.0%	None	97.6 (graphs)		Click here
Ireland	Medium	Sporadic	4	75.0%	Type A and B	7.6 (graphs)		Click here
Italy	Low	Sporadic	55	1.8%	None	139.5 (graphs)		Click here
Latvia	Low	Sporadic	0	0%	None	0.6 (graphs)	693.0 (graphs)	Click here
Lithuania	Low	Sporadic	3	0%	Type B	5.7 (graphs)	310.1 (graphs)	Click here
Luxembourg	Low	Sporadic	9	11.1%	Type B	129.6 (graphs)	1771.1 (graphs)	Click here
Netherlands	Low	Sporadic	7	14.3%	Type A	29.3 (graphs)		Click here
Norway			0	0%	Type A, Subtype H1N1 and H3N2	(graphs)		Click here
Poland	Medium	None	22	0%	None	70.4 (graphs)		Click here
Portugal	Low	None	0	0%	None	5.1 (graphs)		Click here
Romania	Low	Local	13	84.6%	Type A	1018.8 (graphs)	2.6 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	Type A	10.6 (graphs)		Click here
Slovakia	Low	Sporadic	8	12.5%	Type B	523.5 (graphs)		Click here
Slovenia	Low	Local	16	37.5%	Type A, Subtype H3N2	34.2 (graphs)	1366.4 (graphs)	Click here
Spain	Low	Local	19	36.8%	Type A, Subtype H1N1	28.3 (graphs)		Click here
Sweden	Low	None	0	0%	Type A and B	4.2 (graphs)		Click here
Switzerland	Low	Sporadic	12	0%	Type B	52.6 (graphs)		Click here
Wales	Low	None	0	0%	None	1.7 (graphs)		Click here
Europe			532	23.9%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium= usual levels of influenza activity; High = higher than usual levels of influenza activity; Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in ≥50% of the administrative units of the country (or reporting sites).

Impact: Low = demands on health-care services are not above usual levels; Moderate = demands on health-care services are above the usual demand levels but still below the maximum capacity of those services; Severe = demands on health care services exceed the capacity of those services.

Trend: Increasing = evidence that the level of respiratory disease activity is increasing compared with the previous week; Stable = evidence that the level of respiratory disease activity is unchanged compared with the previous week; Decreasing = evidence that the level of respiratory disease activity is decreasing compared with the previous week.

Percentage positive: percentage of sentinel swabs that tested positive for influenza A or B

Dominant type: this assessment is based on data from sentinel and non-sentinel sources

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

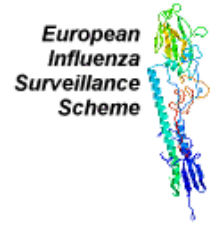
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Low levels of influenza activity in Europe



Summary: During the 2005-2006 winter season, influenza activity has been moderate in the majority of countries in Europe and it further decreased or returned to baseline levels in week 16/2006. During this season, influenza B virus has been the dominant virus in Europe, accounting for 60% of total detections and it has represented the majority of positive specimens in two-thirds of the countries. A number of countries – Austria, Germany, Hungary, Portugal, Scotland, Romania and Wales – have seen very low overall levels of clinical influenza activity this season. No human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Epidemiological situation - week 16/2006: Slovenia and Poland reported a medium intensity of clinical influenza activity in week 16/2006 and 24 countries reported a low intensity. Geographically, Slovenia reported local influenza activity, 13 countries sporadic activity and twelve countries no activity. Whilst clinical activity remained stable in Slovenia, in all other countries the consultation rate for influenza-like illness (ILI) or acute respiratory infections (ARI) continued to decline compared to the previous week or was at baseline levels. Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2005-2006 season: Clinical influenza activity has been moderate this season. Only Estonia (in week 11-12/2006) and Lithuania (in week 08/2006) have reported a high intensity of clinical influenza activity. Consultation rates above the baseline were first reported in the Netherlands (in week 01/2006), France (in week 05-2006) and England (in week 05/2006), and subsequently in other countries.

A medium or high intensity of clinical influenza activity has been reported in 21 countries across Europe this season. Eight countries (the Czech Republic, Hungary, Italy, Portugal, Scotland, Slovakia, Sweden and Wales) have reported a low intensity of clinical influenza activity during the whole of the 2005-2006 influenza season. The highest consultation rates for ILI and ARI have usually been reported in the 0-4 and 5-14 age groups, although consultation rates in Norway were also high in the 15-65 age group.

Virological situation - week 16/2006: The total number of respiratory specimens collected by sentinel physicians in week 16/2006 was 307, of which 46 (15%) were positive for influenza virus. Of these, 22 (48%) specimens tested positive for influenza B virus and 24 (52%) tested positive for influenza A virus. In addition 117 non-sentinel specimens (e.g. specimens collected in hospitals) tested positive for influenza virus, of which 23 (20%) were type B and 94 (80%) type A. Of the 163 sentinel and non-sentinel specimens positive for influenza A virus, two had the H1 subtype (the N-subtype was determined in one of these cases and it was N1), 21 the H3 subtype (the N-subtype was determined in four of these cases and they were all N2) and 95 were not subtyped.

No dominant (sub)type was reported in fourteen countries in week 16/2006. Influenza A virus was dominant in five countries: Austria, England, Latvia (H3), Norway (H1N1 and H3N2) and Scotland. Influenza B virus was dominant in Slovakia and Switzerland, and both influenza A and B were dominant in France, Germany (H3), the Netherlands, Romania, Slovenia (H3) and Sweden.

Virological situation - 2005-2006 season: Based on (sub)typing data of all influenza virus detections from sentinel and non-sentinel sources up to week 16/2006 (N=9671), 5787 (60%) were influenza B and 3884 (40%) were influenza A. Of the total influenza A virus detections (N=3884), 2508 (65%) were influenza A not-subtyped, 518 (13%) were A(H1) [of which the N-subtype was determined in 236: 234 were N1 and two were N2] and 858 (22%) were A(H3) [the N-subtype was determined in 452 and all were N2].

Of all 9671 influenza virus detections up to week 16/2006, 2195 have been antigenically and/or genetically characterised: 368 were A/New Caledonia/20/99 (H1N1)-like, 296 were A/California/7/2004 (H3N2)-like, 1386 were B/Malaysia/2506/2004-like (B/Victoria/2/87-lineage) and 145 were B/Jiangsu/10/2003-like (B/Jiangsu/10/2003 is a B/Shanghai/3611/2002-like virus from the B/Yamagata/16/88-lineage) (click [here](#)).

Up to week 16/2006 no human cases of influenza A(H5N1) have been reported in the countries participating in EISS.

Comment: Influenza activity has been patchy across Europe during the 2005-2006 season. With the exception of Lithuania, lower or similar levels of clinical influenza activity were observed compared to the 2004-2005 season for all countries in Europe. Seven countries – Austria, Germany, Hungary, Portugal, Scotland, Romania and Wales – have reported very low national consultation rates for ILI or ARI this season. Whilst consultation rates for ILI remained stable in Slovenia in week 16/2006, clinical influenza activity was declining or at baseline levels in all other countries, indicating the influenza season in Europe is coming to an end.

A spatial analysis of the spread of influenza activity in Europe carried out at the end of the 2004-2005 season revealed a west-east spread of influenza activity during the past four influenza seasons (2001-2005) (click [here](#) [Comment section]). The spatial analysis for the 2005-2006 season is affected by the large number of countries that had to be excluded as their consultation rate for ILI or ARI did not go above the baseline. This means that the analysis for the 2005-2006 season is only based on data from 15 countries versus 22 countries for the 2004-2005 season. In contrast to the previous four seasons, the spatial analysis for the 2005-2006 season indicated that there was no significant west-east ($p=0.575$) spread. There was also no significant south-north spread ($p=0.559$).

Overall, influenza activity in Europe has been mainly associated with influenza B viruses. However, considerable differences between countries were observed in the percentage of influenza B viruses detected for the whole season. The total number of influenza A and B virus detections for Europe as a whole is declining and there have been more detections of influenza A virus than influenza B virus since week 14/2006 (click [here](#)).

For a comment about the effectiveness of the 2005-2006 northern hemisphere vaccine, please click [here](#) [Comment section].

Up to week 16/2006 no human cases of influenza A(H5N1) have been reported in the European countries participating in EISS. Developments concerning influenza A(H5N1), especially in Europe, are being followed carefully by EISS, ECDC, national experts, including those responsible for animal health, and WHO.

This is the last Weekly Electronic Bulletin of the 2005-2006 influenza season. Many surveillance networks are no longer actively monitoring clinical 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 and this surveillance data (e.g. laboratory reports of influenza viruses) can be viewed via the national/regional websites (click [here](#)). The EISS Weekly Electronic Bulletin will resume publication in October 2006, at the beginning of the 2006-2007 influenza season.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries. In week 16/2006, 26 countries reported clinical data and 27 countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

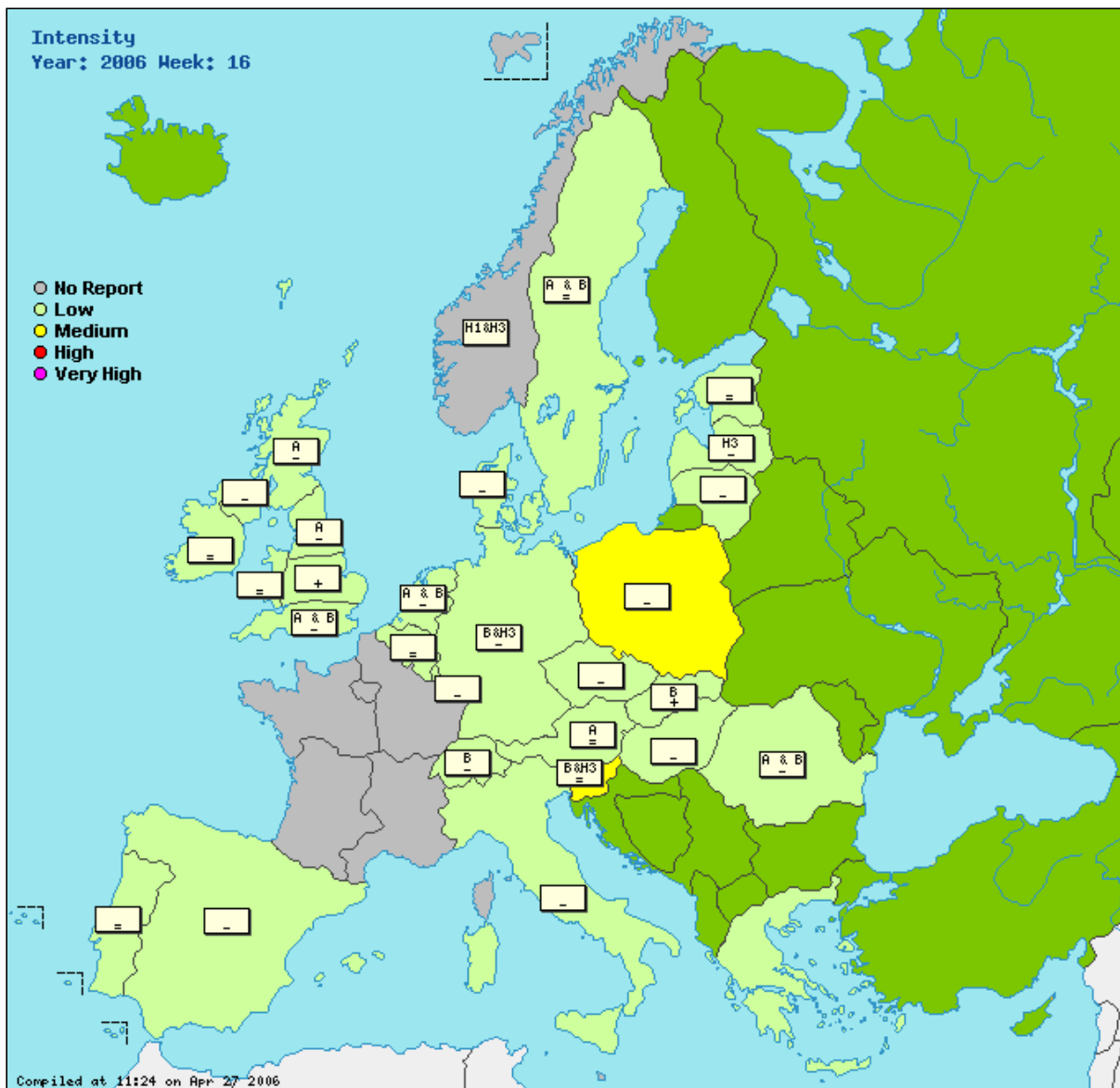
Map

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

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,

+ : increasing clinical activity
 -: decreasing clinical activity

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

Very low influenza activity is reported. No virus isolation and/or identification is reported

Norway

The number of virus detections have declined, but influenza viruses are still commonly found. While B viruses also circulate, influenza A is in clear majority. We've seen roughly equal numbers of A(H1N1) and A(H3N2) viruses.

Switzerland

A low influenza activity is now observed in Switzerland. Medical consultations are below threshold and virus isolation is sporadic in 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	Low	None			88	6.8%	Type A	(graphs)		Click here
Belgium	Low	Sporadic			4	0%	None	77.4 (graphs)	958.7 (graphs)	Click here
Czech Republic	Low	Sporadic			28	7.1%	None	40.1 (graphs)	945.5 (graphs)	Click here
Denmark	Low	None			1	0%	None	60.2 (graphs)		Click here
England	Low	Sporadic			12	0%	Type A	7.5 (graphs)	465.9 (graphs)	Click here
Estonia	Low	Sporadic			5	0%	None	1.1 (graphs)	429.5 (graphs)	Click here
France					16	25.0%	Type A and B		(graphs)	Click here
Germany	Low	Sporadic			56	37.5%	Type B and Type A, Subtype H3		824.0 (graphs)	Click here
Greece	Low	Sporadic			4	0%	None	60.2 (graphs)		Click here
Hungary	Low	None						58.2 (graphs)		Click here
Ireland	Low	None			5	0%	None	7.8 (graphs)		Click here
Italy	Low	None			43	0%	None	76.4 (graphs)		Click here
Latvia	Low	None			1	100.0%	Type A, Subtype H3	(graphs)	733.6 (graphs)	Click here
Lithuania	Low	None			0	0%	None	2.0 (graphs)	221.8 (graphs)	Click here
Luxembourg	Low	None			1	0%	None	(graphs)	1965.2 (graphs)	Click here
Netherlands	Low	Sporadic			2	50.0%	Type A and B	15.8 (graphs)		Click here
Northern Ireland	Low	None			2	0%	None	33.5 (graphs)		Click here
Norway					0	0%	Type A, Subtype H1N1 and H3N2	(graphs)		Click here
Poland	Medium	None			8	0%	None	39.3 (graphs)		Click here
Portugal	Low	None			1	0%	None	10.4 (graphs)		Click here
Romania	Low	Sporadic			5	120.0%	Type A and B	739.9 (graphs)	1.0 (graphs)	Click here
Scotland	Low	Sporadic			0	0%	Type A	7.9 (graphs)		Click here
Slovakia	Low	Sporadic			3	0%	Type B	545.1 (graphs)		Click here
Slovenia	Medium	Local			6	33.3%	Type B and Type A, Subtype H3	39.2 (graphs)	1033.8 (graphs)	Click here
Spain	Low	Sporadic			15	20.0%	None	26.1 (graphs)		Click here
Sweden	Low	Sporadic			0	0%	Type A and B	3.5 (graphs)		Click here
Switzerland	Low	Sporadic			1	0%	Type B	23.4 (graphs)		Click here
Wales	Low	None			0	0%	None	1.2 (graphs)		Click here
Europe					307	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

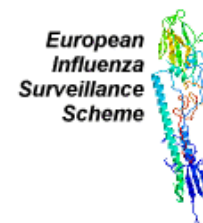
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falco (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Only sporadic laboratory confirmed cases of influenza in Europe in recent weeks



Summary: This is the first inter-season bulletin of 2006. Nine countries reported virological data to the European Influenza Surveillance Scheme (EISS) in week 23/2006. Four countries, including Germany, reported no influenza activity. Romania reported sporadic activity, meaning there were isolated cases of laboratory confirmed influenza infection. In week 23/2006 two specimens from Romania were positive, one with influenza A virus and one with influenza B virus. In week 22/2006 there was one positive specimen and in week 21/2006 two positive specimens; all three influenza A from Latvia. There were no reports of unusual influenza outbreaks in Europe in week 23/2006.

Influenza A(H5N1): During the 2005-2006 season and inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity in 29 European countries based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

In week 23/2006, nine countries reported virological data to EISS. The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

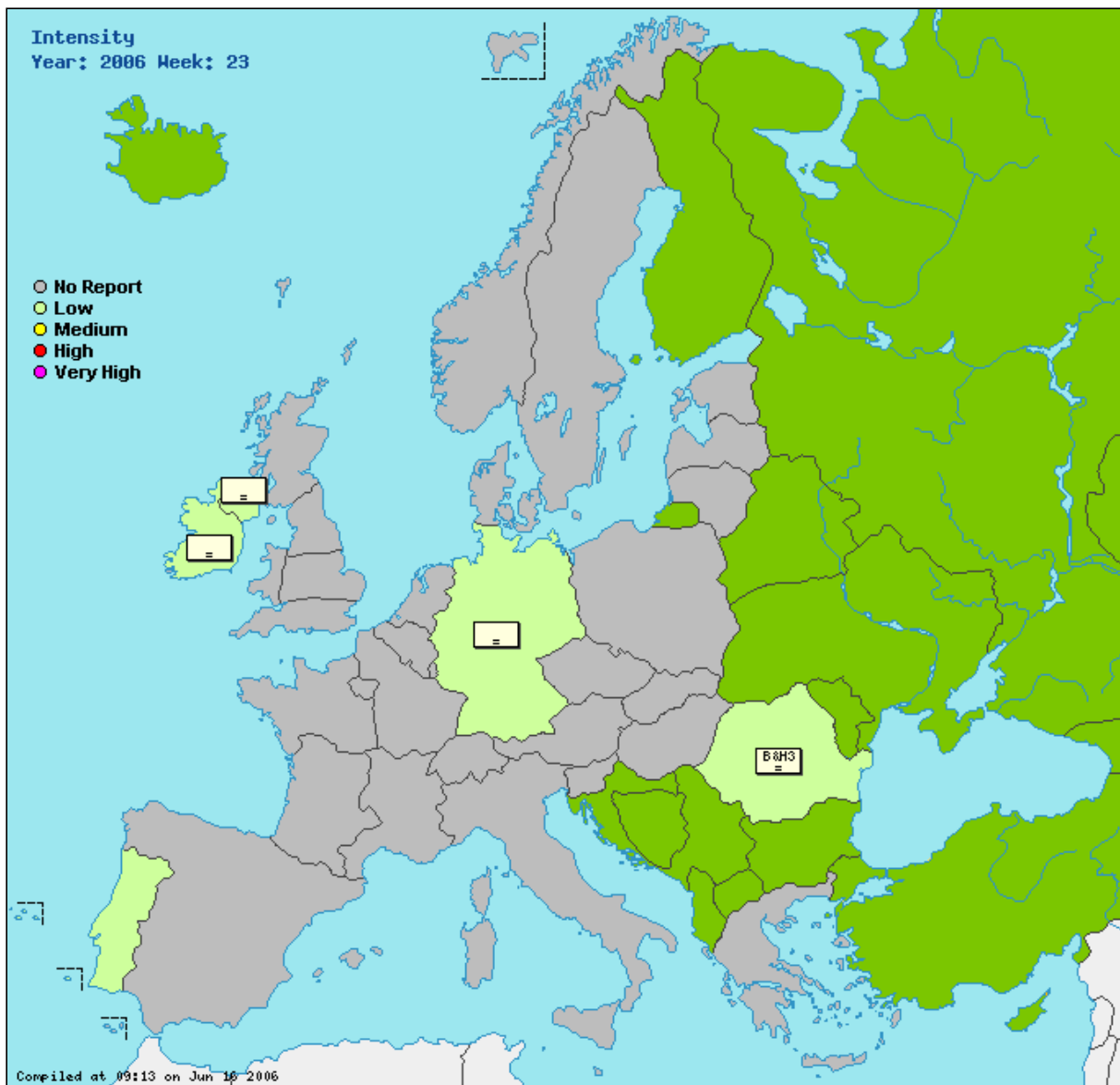
Map

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)

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
Estonia					0	0%	None	(graphs)		Click here
Germany	Low	None							694.0	(graphs) Click here
Ireland	Low	None						1.6	(graphs)	Click here
Latvia					0	0%	None	(graphs)		Click here
Netherlands					1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	6.0	(graphs)	Click here
Portugal	Low	None			0	0%	None	(graphs)		Click here
Romania	Low	Sporadic			23	8.7%	Type B and Type A, Subtype H3N2	764.3	(graphs)	0.2 (graphs) Click here
Slovenia					2	0%	None	(graphs)		Click here
Europe					40	5.0%				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

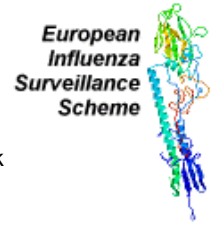
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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EISS : Weekly Electronic Bulletin

Sporadic laboratory confirmed cases of influenza in three European countries in recent weeks



Summary: Twelve countries reported virological data to the European Influenza Surveillance Scheme (EISS) in week 24/2006. Seven countries, including Germany, reported an assessment of the geographical spread of influenza activity; all reported no influenza activity. Norway reported three positive specimens in week 24/2006 (all influenza A (not subtyped)) and four positive specimens in week 23/2006 (all influenza A (not subtyped)).

Since week 21/2006, there has been a total of 17 positive specimens (16 influenza A viruses and one influenza B virus; see graph) reported to EISS: Norway (12), Latvia (3) and Romania (2). There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 24/2006, twelve countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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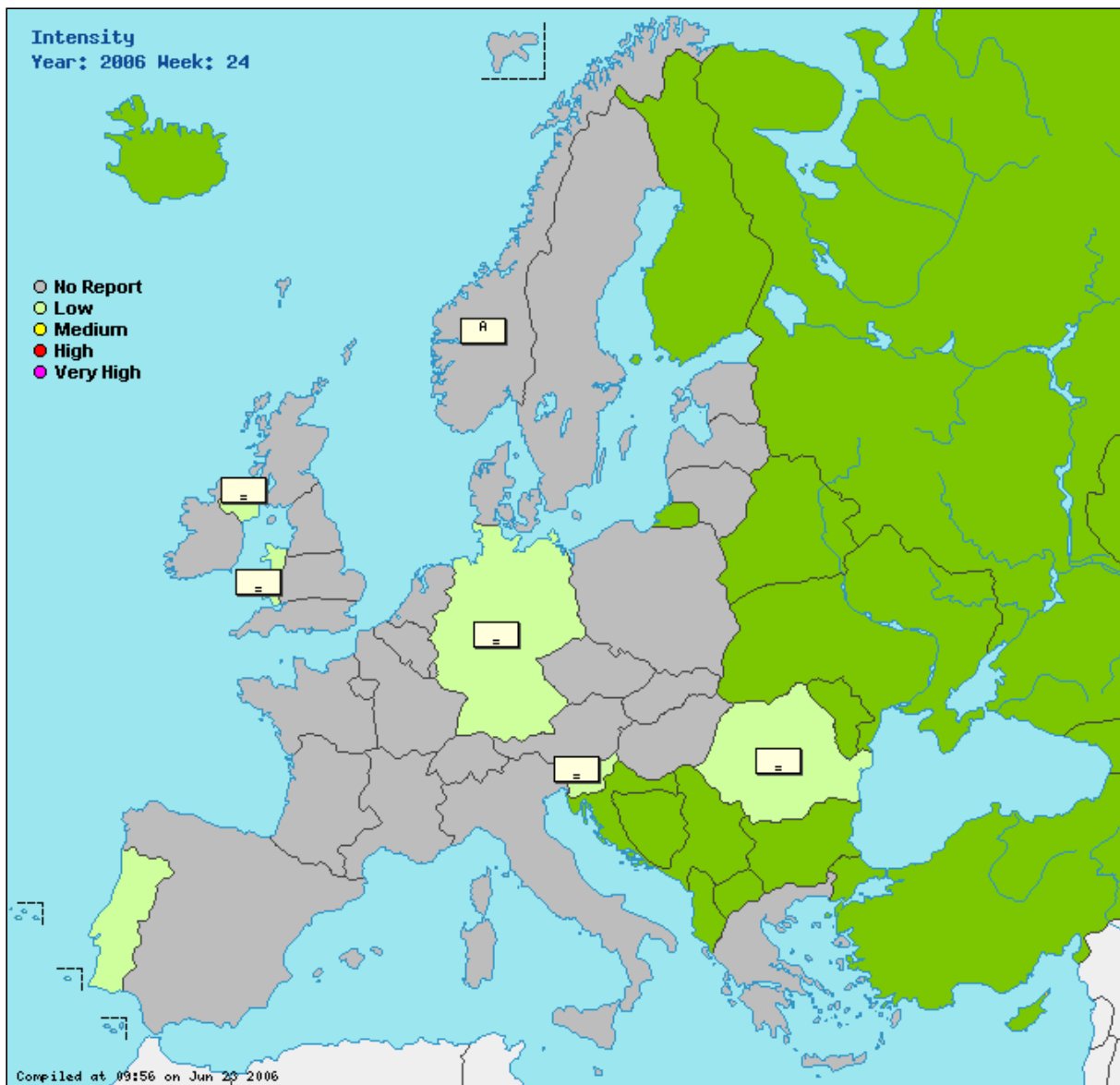
Map

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)

Latvia

No influenza activity. ARI cases are due mainly Ad virusis circulation

Norway

The majority of the sporadic influenza A cases during the last few weeks have been subtype A(H3)

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
Estonia					0	0%	None	(graphs)		Click here
Germany	Low	None							626.0 (graphs)	Click here
Latvia					0	0%	None	(graphs)		Click here
Netherlands					1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	4.7 (graphs)		Click here
Norway					0	0%	Type A	(graphs)		Click here
Portugal	Low	None			0	0%	None	(graphs)		Click here
Romania	Low	None			1	0%	None	704.5 (graphs)	0.2 (graphs)	Click here
Slovakia					1	0%	None	(graphs)		Click here

Slovenia	Low	None	0	0%	None	(graphs)	681.3	(graphs)	Click here
Switzerland		None				(graphs)	5.8	(graphs)	Click here
Wales	Low	None				(graphs)	1.2	(graphs)	Click here
Europe			14	7.1%					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

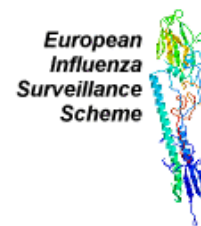
Population: per 100,000 population

*: 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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Few cases of laboratory confirmed influenza in Europe in recent weeks



Summary: Of the nine countries reporting virological data to the European Influenza Surveillance Scheme (EISS) in week 25/2006 only Sweden reported a positive specimen (influenza A not subtyped). Five countries, including Germany, reported an assessment of the geographical spread of influenza activity; all reported no influenza activity.

Since week 21/2006, a total of 24 positive specimens (22 influenza A viruses and two influenza B viruses; see graph) have been reported to EISS: Norway (12), France (4), Latvia (3), Sweden (2), Romania (2) and Ireland (1). Four specimens were reported from sentinel sources (two influenza A and two influenza B viruses). There has been no report of any unusual influenza outbreak in Europe since the start of the inter-season reporting period.

Influenza A(H5N1): During the 2005-2006 season and inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 25/2006, nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

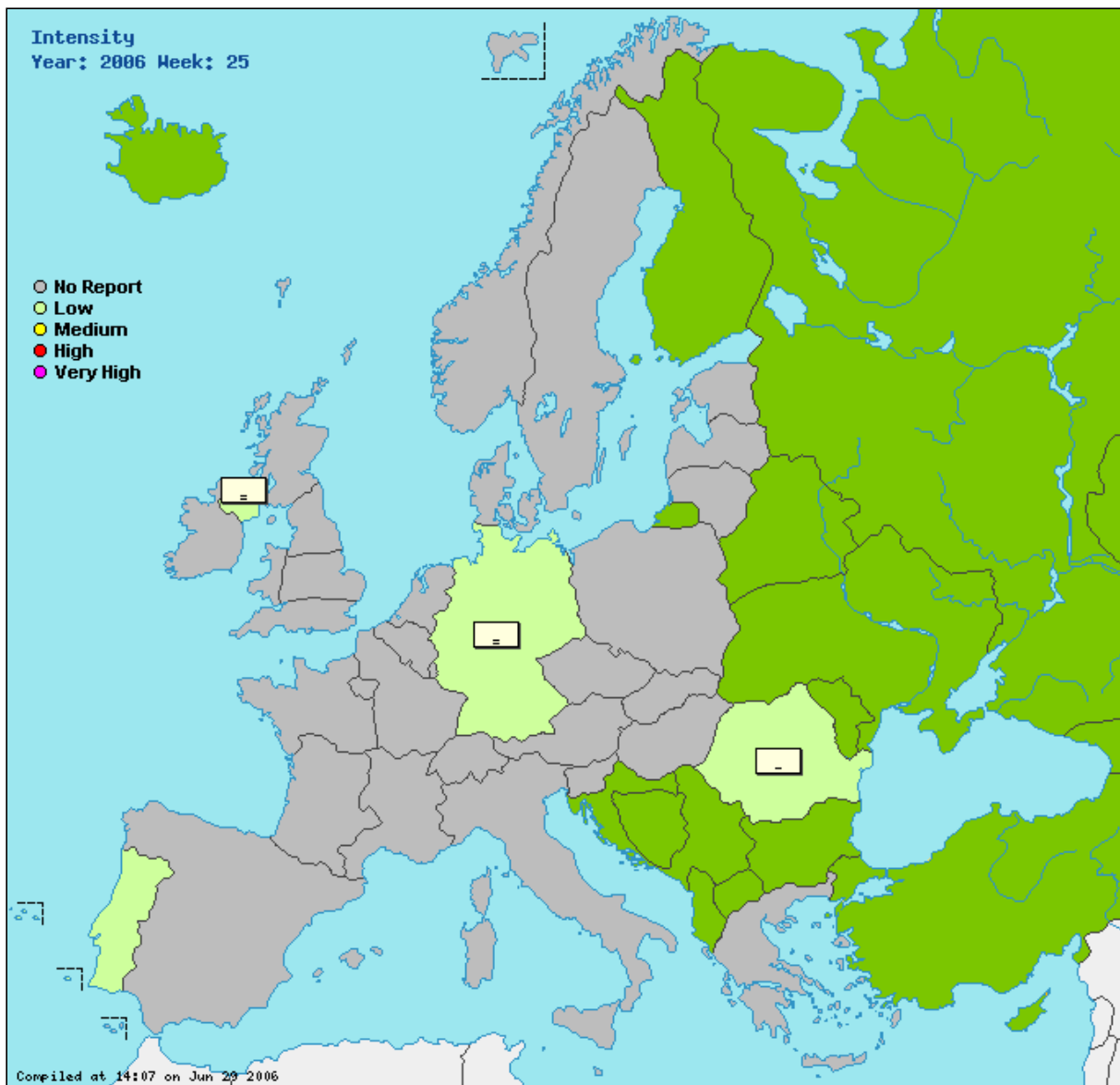
Map

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)

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
Estonia					0	0%	None	(graphs)		Click here
Germany	Low	None							607.0 (graphs)	Click here
Ireland					0	0%	None	(graphs)		Click here
Netherlands					0	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	13.3 (graphs)		Click here
Portugal	Low	None			0	0%	None	64.2 (graphs)		Click here
Romania	Low	None			0	0%	None		(graphs)	Click here
Sweden					0	0%	None	(graphs)		Click here
Switzerland		None						3.7 (graphs)		Click here
Europe					10	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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EISS : Weekly Electronic Bulletin

Sporadic cases of laboratory confirmed influenza in Europe in recent weeks



Summary: Ten countries reported virological data to the European Influenza Surveillance Scheme (EISS) in week 26/2006. Five countries reported an assessment of the geographical spread of influenza activity; all reported no influenza activity. Only France reported a positive specimen in week 26/2006 (influenza A not subtyped).

Since week 21/2006, there have been a total of 37 positive specimens (35 influenza A viruses and two influenza B viruses; see graph) reported to EISS: Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (1 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (1 A), Norway (12 A), Romania (1 A(H3N2), 1 B) and Sweden (2 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel system. There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 26/2006, ten countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the WHO Collaborating Centre in London (United Kingdom) and the European Centre for Disease Prevention and Control in Stockholm (Sweden).

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

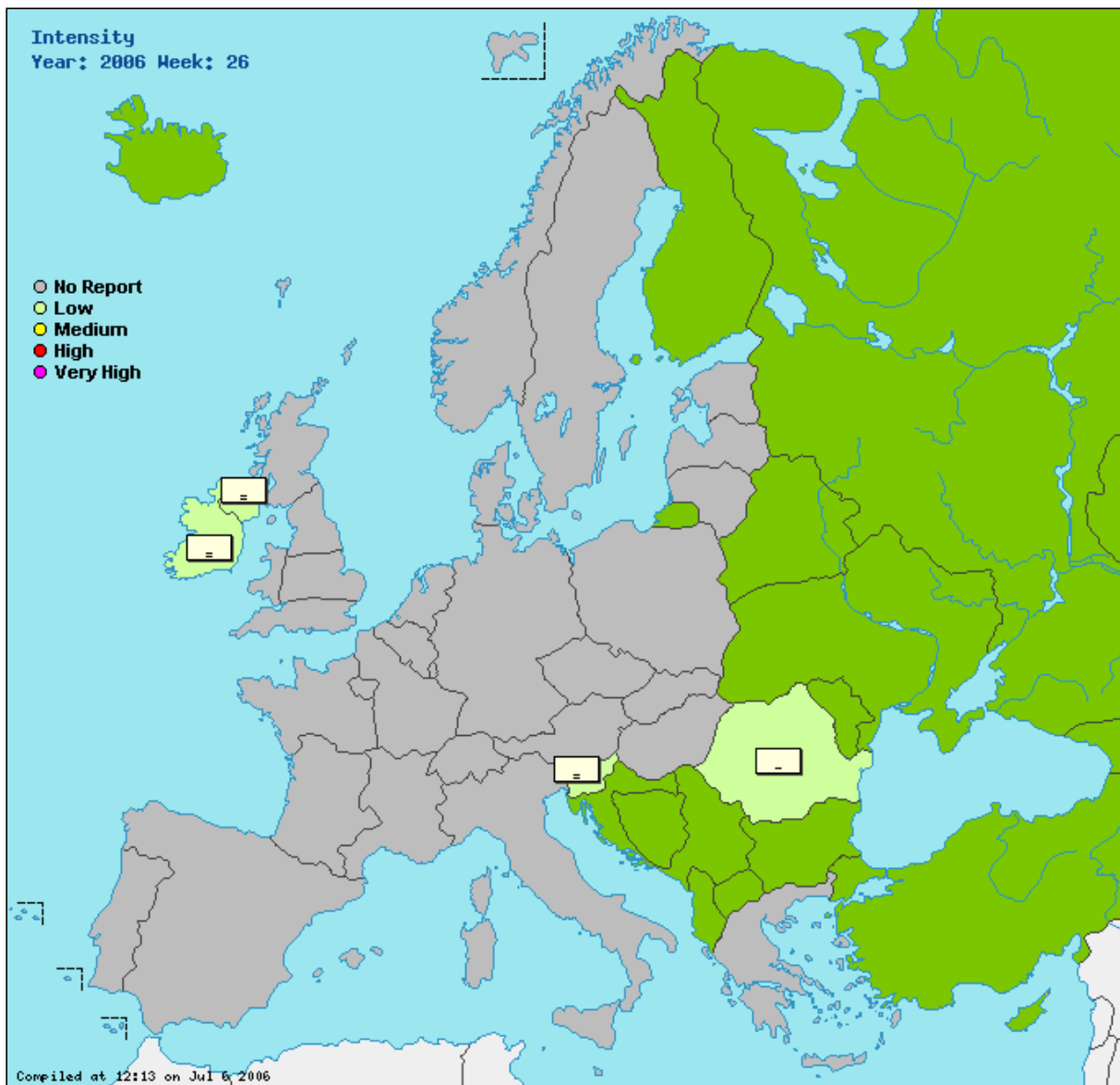
Map

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
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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)

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
Estonia					0	0%	None	(graphs)		Click here
France					6	0%	None		(graphs)	Click here
Ireland	Low	None						0.9 (graphs)		Click here
Netherlands					2	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	11.3 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Romania	Low	None			3	0%	None	582.9 (graphs)	0.4 (graphs)	Click here
Slovakia					0	0%	None	(graphs)		Click here
Slovenia	Low	None						(graphs)	335.5 (graphs)	Click here
Switzerland		None						5.0 (graphs)		Click here
Europe					25	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

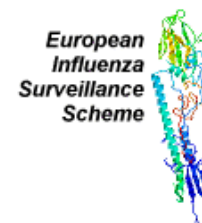
Population: per 100,000 population

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No cases of laboratory confirmed influenza in Europe in week 27/2006



Summary: No positive respiratory specimens were reported by the nine countries which reported virological data to the European Influenza Surveillance Scheme (EISS) in week 27/2006. Seven countries reported an assessment of the geographical spread of influenza activity; all reported no influenza activity.

Since week 21/2006, there have been a total of 37 positive specimens (35 influenza A viruses and two influenza B viruses; see graph) reported to EISS: Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (1 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (1 A), Norway (12 A), Romania (1 A(H3N2), 1 B) and Sweden (2 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel system. There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period as well, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 27/2006, nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

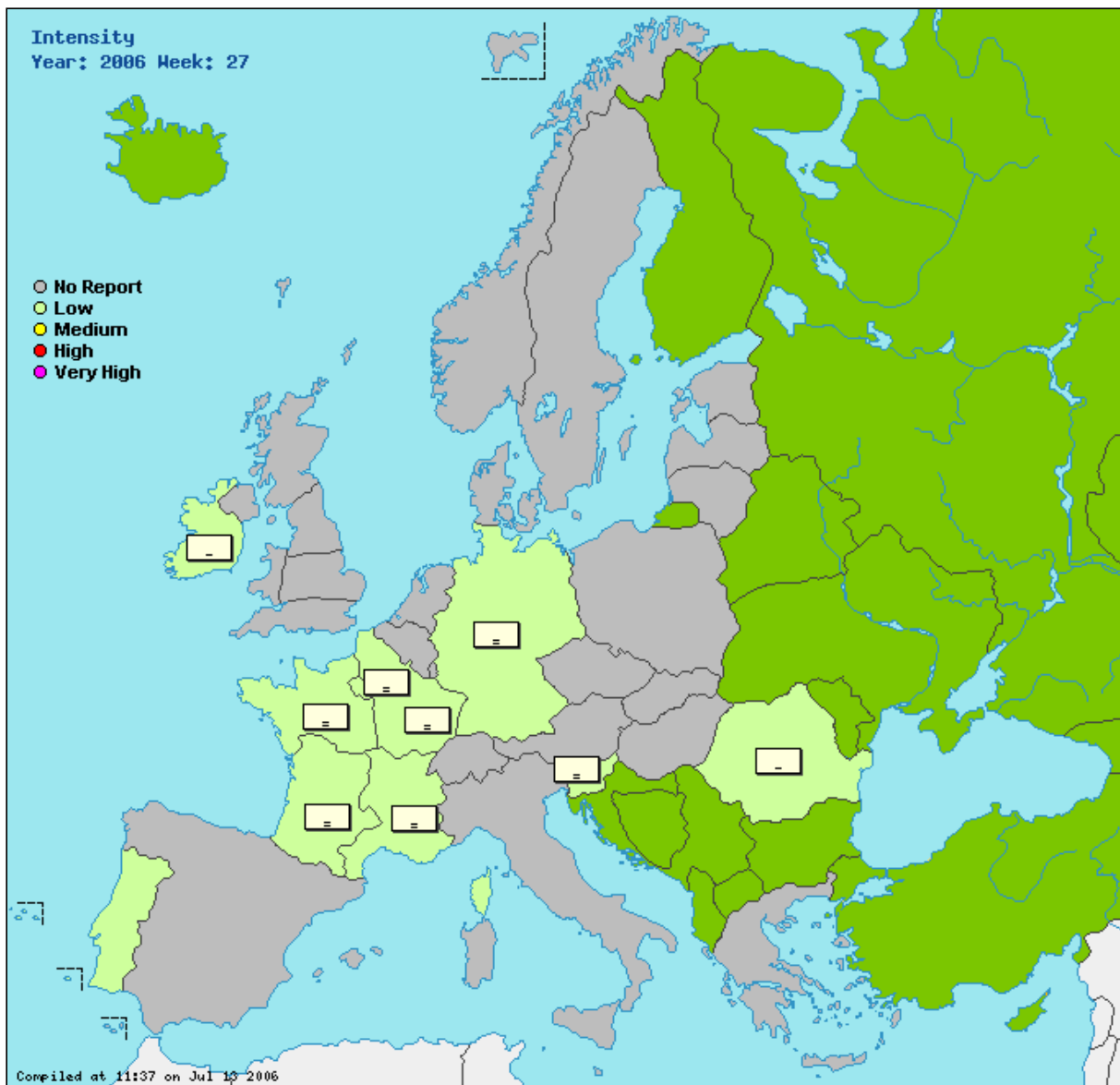
Map

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)

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
Estonia					0	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Germany	Low	None						499.0	(graphs)	Click here
Ireland	Low	None			0	0%	None	0.8	(graphs)	Click here
Netherlands					0	0%	None	(graphs)		Click here
Portugal	Low	None			0	0%	None	(graphs)		Click here
Romania	Low	None			0	0%	None		(graphs)	Click here
Slovenia	Low	None			0	0%	None	(graphs)	625.5	(graphs) Click here
Switzerland		None						7.6	(graphs)	Click here
Europe					21	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

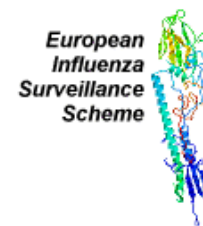
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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EISS : Weekly Electronic Bulletin

Decreasing trend in the number of laboratory confirmed cases of influenza in Europe in recent weeks



Summary: No positive respiratory specimens were reported by the nine countries which reported virological data to the European Influenza Surveillance Scheme (EISS) in weeks 28/2006 and 29/2006. In week 29/2006, six countries reported an assessment of the geographical spread of influenza activity; all reported no influenza activity.

Since week 21/2006, there have been a total of 37 positive specimens (35 influenza A viruses and two influenza B viruses; see graph) reported to EISS: Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (1 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (1 A), Norway (12 A), Romania (1 A(H3N2), 1 B) and Sweden (2 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

There has been a decreasing trend in the number of laboratory confirmed cases of influenza since week 23/2006 (see graph). There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 29/2006, nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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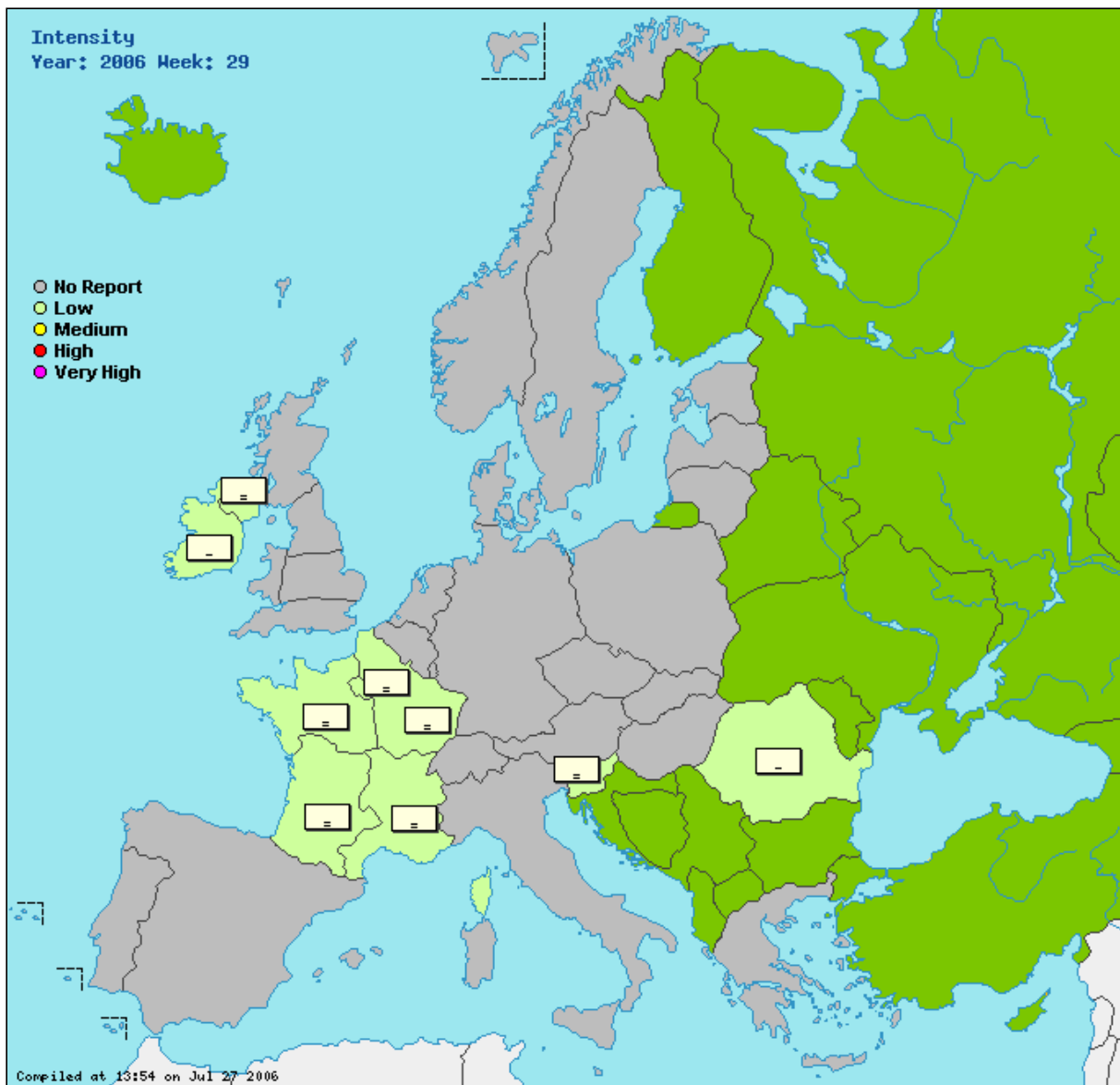
Map

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)

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
England					1	0%	None	(graphs)		Click here
Estonia					0	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Ireland	Low	None			0	0%	None	(graphs)		Click here
Netherlands					0	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	2.1 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Romania	Low	None			0	0%	None	483.8 (graphs)	1.2 (graphs)	Click here
Slovakia					0	0%	None	(graphs)		Click here
Slovenia	Low	None			0	0%	None	(graphs)	1204.1 (graphs)	Click here
Switzerland		None						5.4 (graphs)		Click here
Europe					32	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

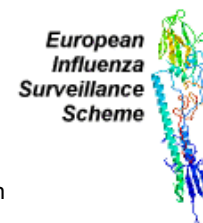
Population: per 100,000 population

*: 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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The number of laboratory confirmed cases of influenza in Europe remains low



Summary: Eleven countries reported virological data to the European Influenza Surveillance Scheme (EISS) in weeks 30/2006 and 31/2006. England reported one positive specimen in week 31/2006 (influenza A not subtyped). In week 31/2006, five countries reported an assessment of the geographical spread of influenza activity; all reported no influenza activity.

Since week 21/2006, there have been a total of 38 positive specimens (36 influenza A viruses and two influenza B viruses; see graph) reported to EISS: Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (1 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (1 A), Norway (12 A), Romania (1 A(H3N2), 1 B), Sweden (2 A) and England (1 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

The trend in confirmed cases declined from week 23/2006 to week 27/2006 and since then has been close to zero for the countries reporting (see graph). There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 29/2006, nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

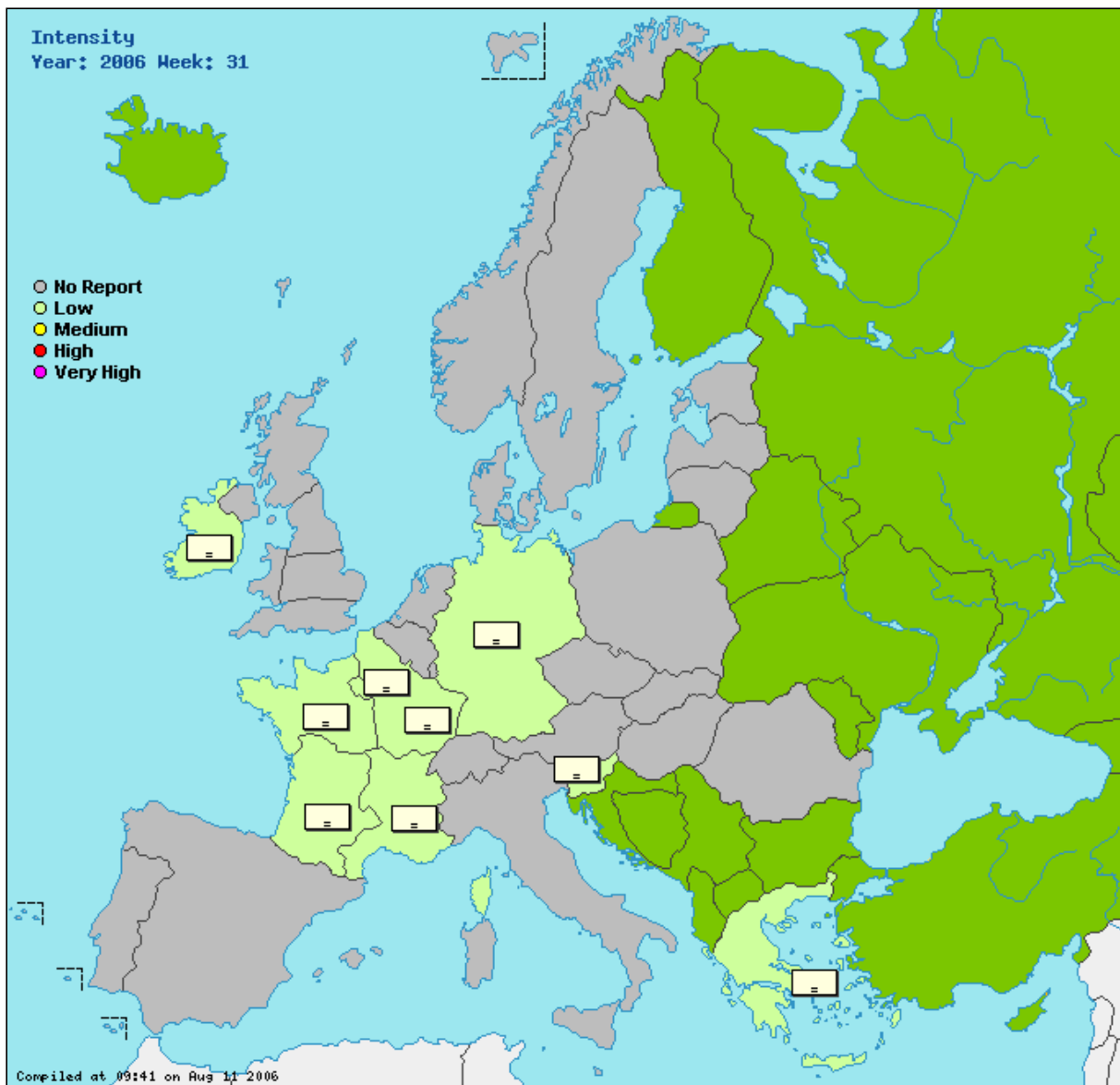
Map

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)

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
England					0	0%	None	(graphs)		Click here
Estonia					0	0%	None	(graphs)		Click here
France	Low	None			0	0%	None		(graphs)	Click here
Germany	Low	None			0	0%	None		504.0 (graphs)	Click here
Greece	Low	None			0	0%	None	9.2 (graphs)		Click here
Ireland	Low	None			0	0%	None	2.0 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Romania					0	0%	None		(graphs)	Click here
Slovenia	Low	None			0	0%	None	(graphs)	453.2 (graphs)	Click here
Europe					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

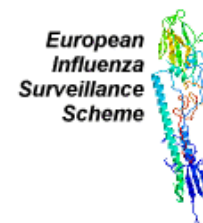
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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EISS : Weekly Electronic Bulletin

Only sporadic laboratory confirmed cases of influenza in Europe since week 25/2006



Summary: In week 32/2006 one influenza A(H3) positive specimen and in week 33 one influenza A(H3N2) positive specimen were reported by the Netherlands. No further positive specimens were reported to the European Influenza Surveillance Scheme (EISS) by the other 11 countries that reported in weeks 32/2006 and 33/2006. Six of these countries reported an assessment of the geographical spread of influenza activity in week 33/2006; all reported no influenza activity.

Since week 21/2006, there has been a total of 55 positive specimens (52 influenza A viruses and 3 influenza B viruses; see graph) reported to EISS: England (13 A of which 5 H1 and 1 H3, 1 B), Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (2 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (4 A of which 2 H3 and 1 H3N2), Norway (12 A), Romania (1 A(H3N2), 1 B) and Sweden (2 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

The five English influenza A(H1) isolates were antigenically characterised as being similar to the A/New Caledonia/20/99 (H1N1) reference strain, which is included in the vaccine of the coming winter. The Romanian influenza B isolate was antigenically and genetically characterised as being similar to the B/Malaysia/2506/2004 reference strain, which is also included in the vaccine of the coming winter. The Romanian influenza A(H3N2) isolate was antigenically and genetically characterised as being similar to the A/California/7/2004 (H3N2) reference strain of which the closely related strain A/Wisconsin/67/2005 (H3N2) is included in the vaccine of the coming winter.

The reporting of laboratory confirmed cases of influenza has remained sporadic throughout Europe since week 25/2006 (see graph). There have been no reports of unusual influenza outbreaks since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 32/2006 and 33/2006, a total of 12 countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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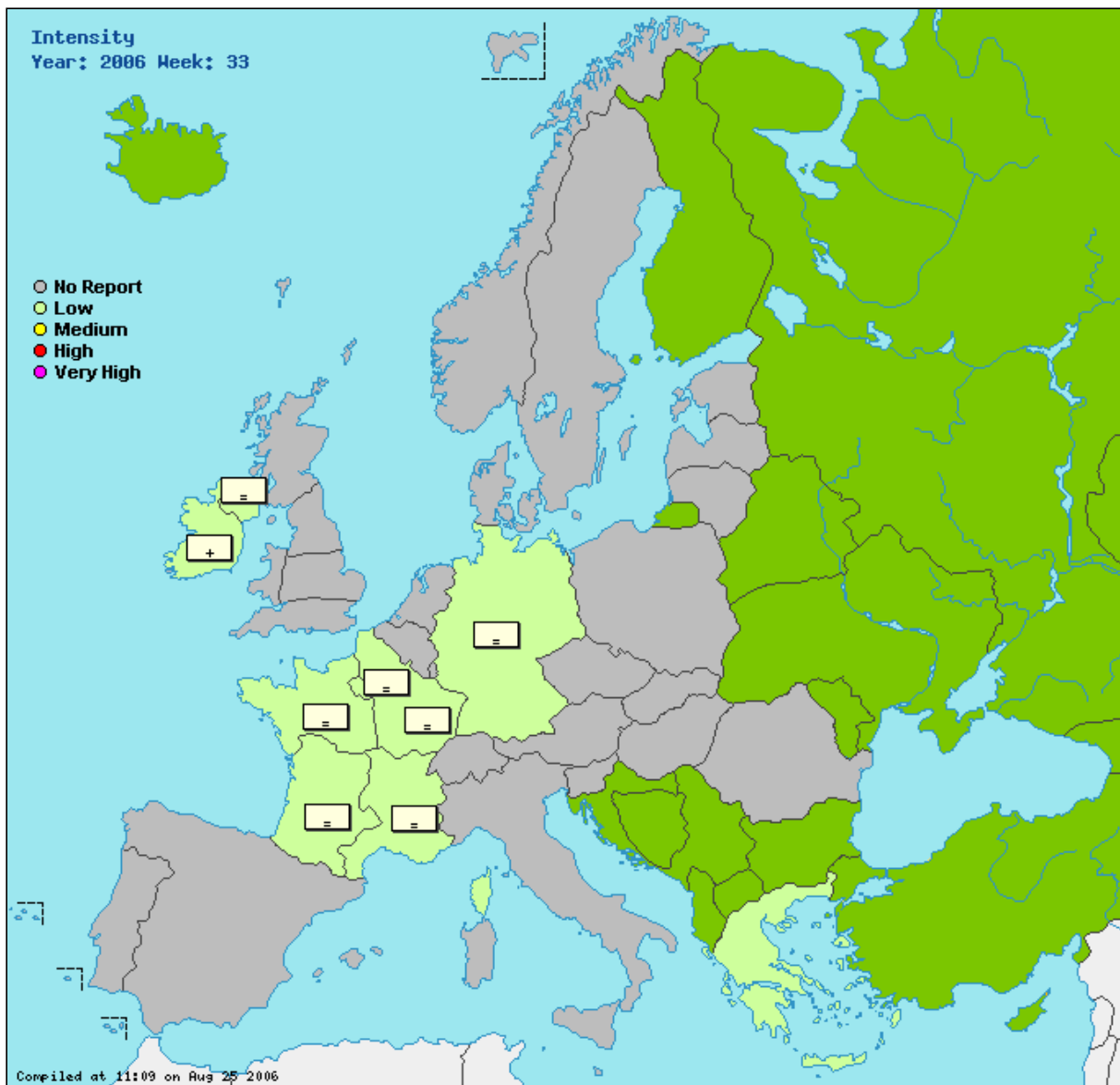
Map

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
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Low = no influenza activity or influenza at baseline levels
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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)

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
England					0	0%	None	(graphs)		Click here
Estonia					0	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Germany	Low	None							564.0 (graphs)	Click here
Greece	Low	None						41.5 (graphs)		Click here
Ireland	Low	None			1	0%	None	4.4 (graphs)		Click here
Netherlands					1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	2.7 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Romania					3	0%	None		(graphs)	Click here
Slovenia					0	0%	None	(graphs)		Click here
Switzerland		None						8.0 (graphs)		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

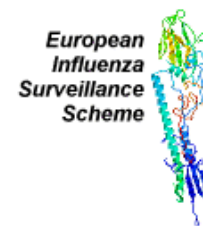
Population: per 100,000 population

*: 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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Few laboratory confirmed cases of influenza in Europe



Summary: In week 34/2006 and 35/2006 no influenza positive specimens were reported to the European Influenza Surveillance Scheme (EISS). A total of nine countries reported data to EISS and six of them reported an assessment of the geographical spread of influenza activity for week 35/2006; all reported no influenza activity.

Since week 21/2006, a total of 59 positive specimens (54 influenza A viruses and 5 influenza B viruses; see graph) have been reported to EISS: England (13 A of which 5 H1 and 1 H3, 1 B), Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Germany (1 A(H1)), Ireland (2 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (4 A of which 2 H3 and 1 H3N2), Norway (12 A of which 1 H1 and 1 H3, 2 B), Romania (1 A(H3N2), 1 B) and Sweden (3 A of which 1 H3). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

Isolates that have been characterised up to week 35 were similar to the strains included in the vaccine of the coming winter (data not shown).

Few laboratory confirmed cases of influenza have been reported throughout Europe since week 25/2006 (see graph). There have been no reports of unusual influenza outbreaks since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 34/2006 and 35/2006, a total of nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

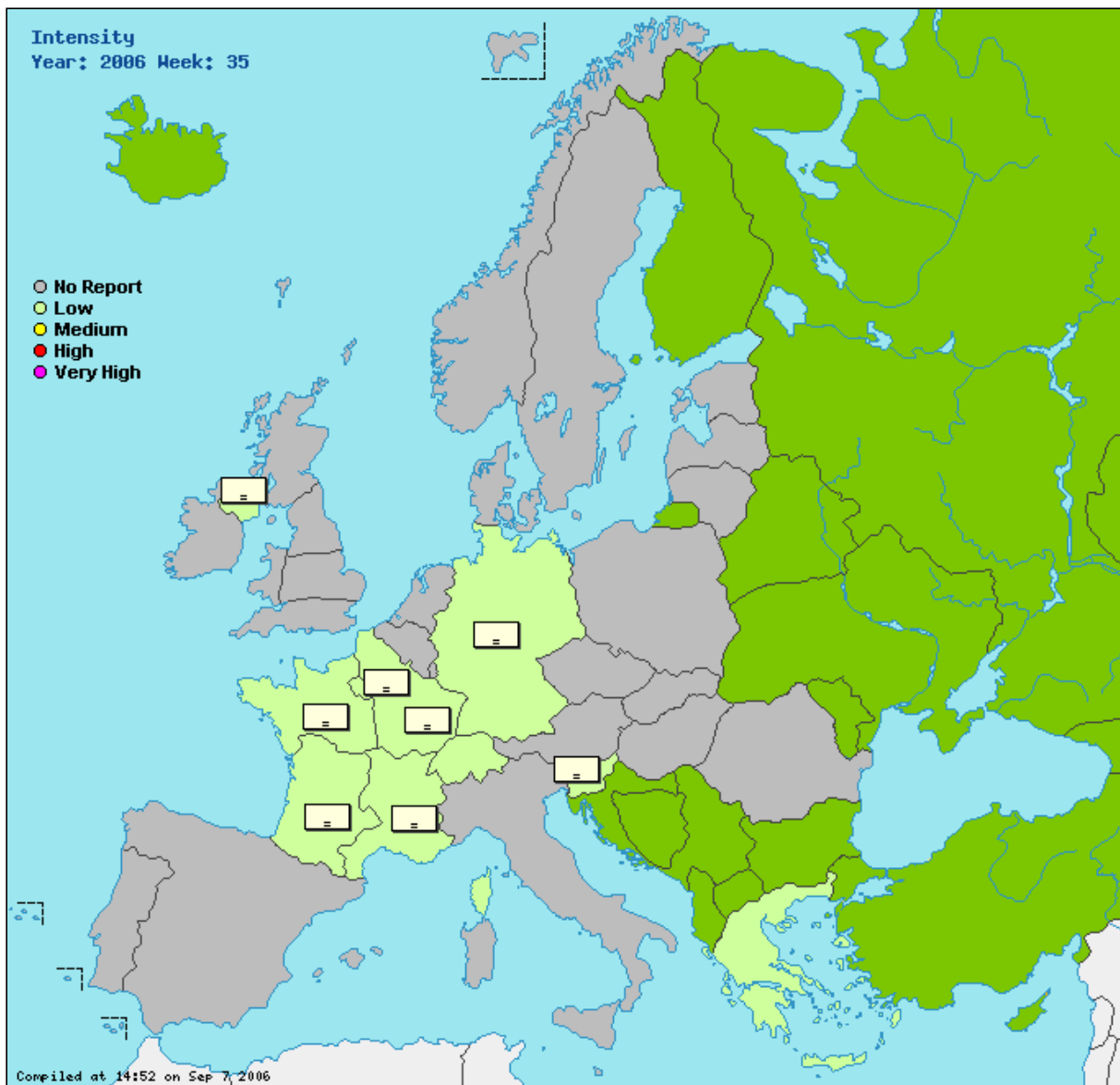
Map

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)

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
France	Low	None							(graphs)	Click here
Germany	Low	None			5	0%	None		655.0 (graphs)	Click here
Greece	Low	None						20.1 (graphs)		Click here
Netherlands					1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	8.4 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Slovenia	Low	None			0	0%	None	(graphs)	513.4 (graphs)	Click here
Switzerland	Low	None						2.1 (graphs)		Click here
Europe					8	0%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium = usual levels of influenza activity; High = higher than usual levels of influenza activity;

Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in $\geq 50\%$ 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

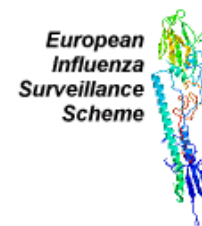
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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EISS : Weekly Electronic Bulletin

One laboratory confirmed case of influenza in Europe in recent weeks



Summary: In week 36/2006 and 37/2006 ten countries reported data to the European Influenza Surveillance Scheme (EISS). Switzerland reported one positive specimen in week 36/2006 (influenza A (H3N2)). Five countries reported an assessment of the geographical spread of influenza activity for week 37/2006; all reported no influenza activity.

Since week 21/2006, a total of 62 positive specimens (57 influenza A viruses and 5 influenza B viruses; see graph) have been reported to EISS: England (13 A of which 5 H1 and 1 H3, 1 B), Finland (11 A; not displayed in the graph), France (5 A of which 1 H1N1, 1 B), Germany (1 A(H1)), Ireland (2 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (3A of which 2 H3 and 1 H3N2), Norway (14 A of which 1 H1 and 1 H3, 2 B), Romania (1 A(H3N2), 1 B), Sweden (3 A of which 1 H3) and Switzerland (1 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

Isolates that have been characterised up to week 37 were similar to the strains included in the vaccine of the coming winter.

The reporting of laboratory confirmed cases of influenza has remained sporadic throughout Europe since week 25/2006 (see graph). There have been no reports of unusual influenza outbreaks since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 36/2006 and 37/2006, a total of ten countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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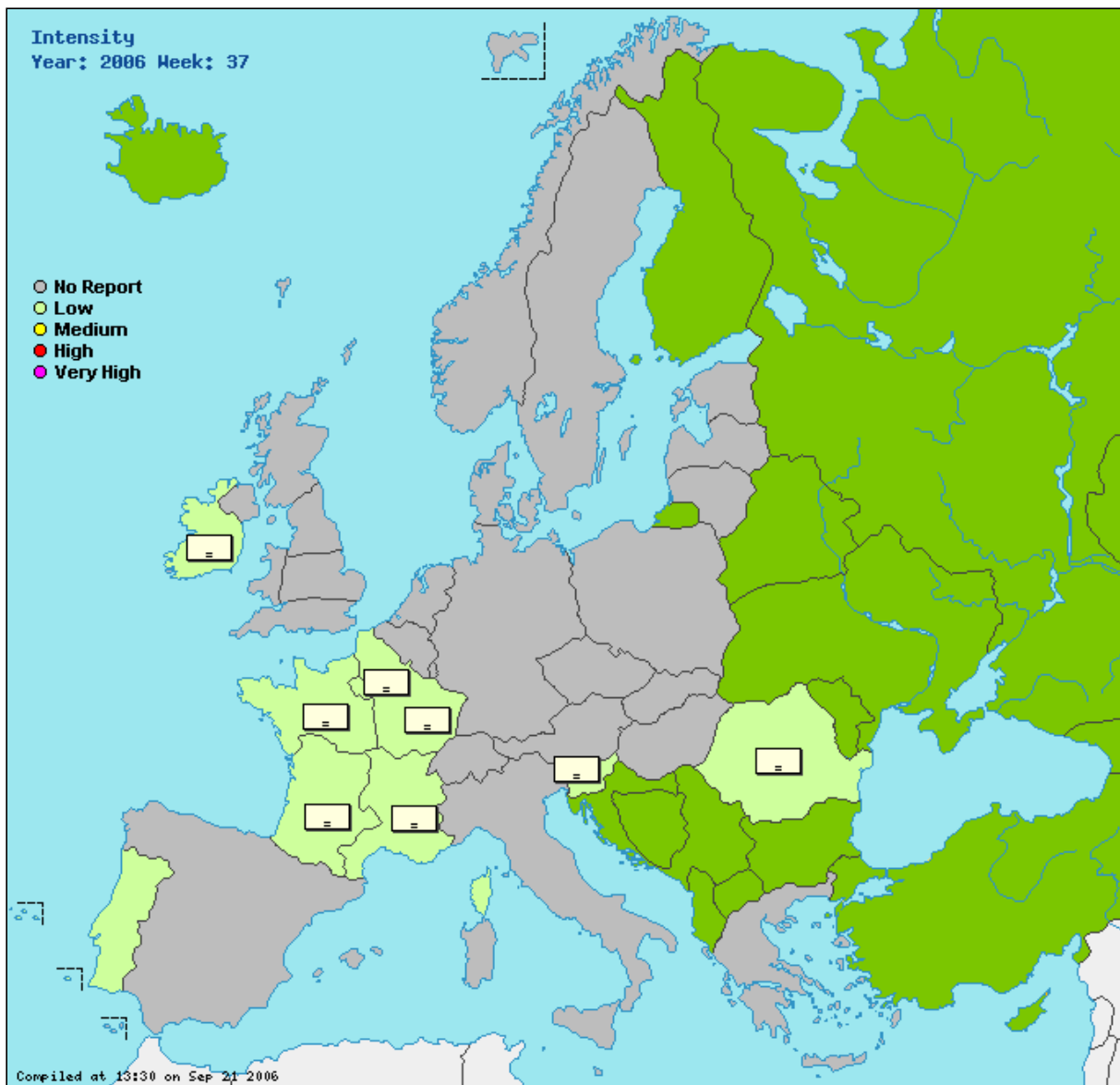
Map

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)

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
England					0	0%	None	(graphs)		Click here
Estonia					0	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Ireland	Low	None			2	0%	None	3.7 (graphs)		Click here
Netherlands					2	0%	None	(graphs)		Click here
Portugal	Low	None			0	0%	None	1.5 (graphs)		Click here
Romania	Low	None			0	0%	None		(graphs)	Click here
Slovenia	Low	None			2	0%	None	(graphs)	824.7 (graphs)	Click here
Europe					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 $\geq 50\%$ 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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EISS : Weekly Electronic Bulletin

Sporadic laboratory confirmed cases of influenza in Europe in recent weeks



Summary: In week 38/2006 and 39/2006 eleven countries reported data to the European Influenza Surveillance Scheme (EISS). The Netherlands reported one positive specimen in week 39/2006 (influenza A(H1)). Six countries reported an assessment of the geographical spread of influenza activity for week 39/2006 and all reported no influenza activity.

Virological data: Since week 21/2006, a total of 86 sentinel and at least 3854 non-sentinel (e.g. specimens from hospitals) respiratory specimens have been tested for the influenza virus. There were six (7.1%) positive cases in the sentinel specimens (4 A [of which 1 H3N2] and 2 B) and sixty (less than 1.6%) positive cases in the non-sentinel specimens (56 A [of which 10 H1, 1 H1N1, 7 H3 and 2 H3N2] and 4B). A number of these cases were infections acquired outside of Europe (e.g. a person returning from holiday in Asia).

The graph below indicates when the 66 positive specimens (60 influenza A viruses and 6 influenza B viruses) were detected. The specimens were reported in the following countries: Belgium (3 A [of which 1 H1 and 2 H3]), England (13 A [of which 5 H1 and 1 H3] and 1 B), Finland (11 A; not displayed in the graph), France (5 A [of which 1 H1N1] and 1 B), Germany (1 A(H1)), Ireland (2 A), Latvia (3 A [of which 1 H1 and 1 H3]), the Netherlands (4 A [of which 1 H3, 1 H1 and 1 H3N2]), Norway (12 A [of which 1 H1 and 1 H3] and 2 B), Romania (1 A(H3N2) and 1 B), Portugal (1 B), Sweden (4 A [of which 1 H3]) and Switzerland (1 A(H3N2)).

One isolate was antigenically characterised in week 39/2006 and this was an A/New Caledonia/20/99 (H1N1)-like virus in Germany. All of the isolates characterised since week 21/2006 (N=10) have been similar to the strains included in the vaccine of the coming winter.

The reporting of laboratory confirmed cases of influenza has remained sporadic throughout Europe since week 25/2006 (see graph). There have been no reports of unusual influenza outbreaks since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 38/2006 and 39/2006, a total of eleven countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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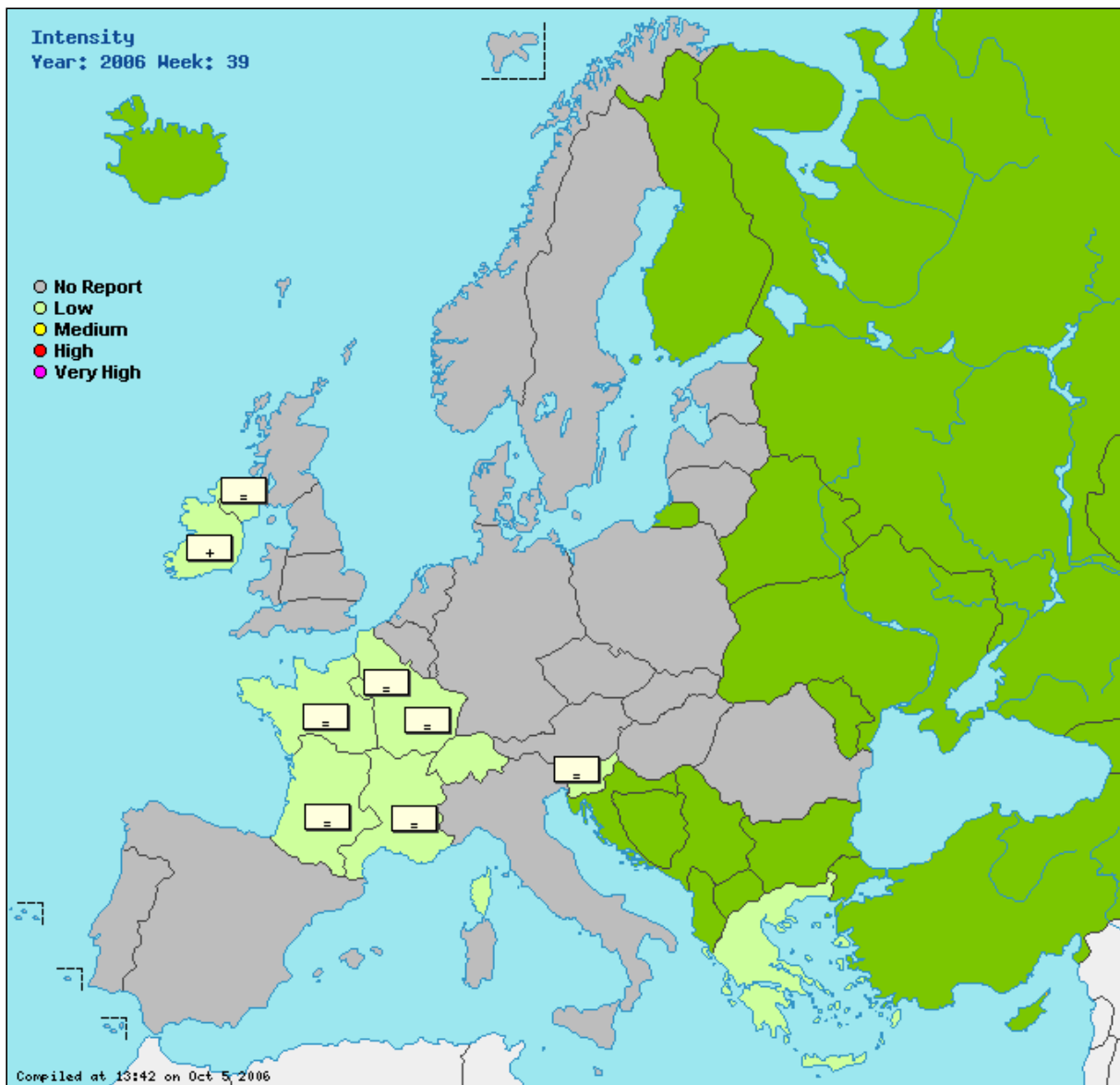
Map

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

No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
Sporadic = isolated cases of laboratory confirmed influenza infection
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)

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
France	Low	None							(graphs)	Click here
Germany					7	0%	None		(graphs)	Click here
Greece	Low	None						62.9 (graphs)		Click here
Ireland	Low	None			0	0%	None	6.2 (graphs)		Click here
Netherlands					1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	11.3 (graphs)		Click here
Slovenia	Low	None			2	0%	None	(graphs)	898.9 (graphs)	Click here
Switzerland	Low	None						9.7 (graphs)		Click here
Europe					13	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 $\geq 50\%$ 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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EISS : Weekly Electronic Bulletin

Sporadic cases of laboratory confirmed influenza in Europe in recent weeks



Summary: Ten countries reported virological data to the European Influenza Surveillance Scheme (EISS) in week 26/2006. Five countries reported an assessment of the geographical spread of influenza activity; all reported no influenza activity. Only France reported a positive specimen in week 26/2006 (influenza A not subtyped).

Since week 21/2006, there have been a total of 37 positive specimens (35 influenza A viruses and two influenza B viruses; see graph) reported to EISS: Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (1 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (1 A), Norway (12 A), Romania (1 A(H3N2), 1 B) and Sweden (2 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel system. There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 26/2006, ten countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the WHO Collaborating Centre in London (United Kingdom) and the European Centre for Disease Prevention and Control in Stockholm (Sweden).

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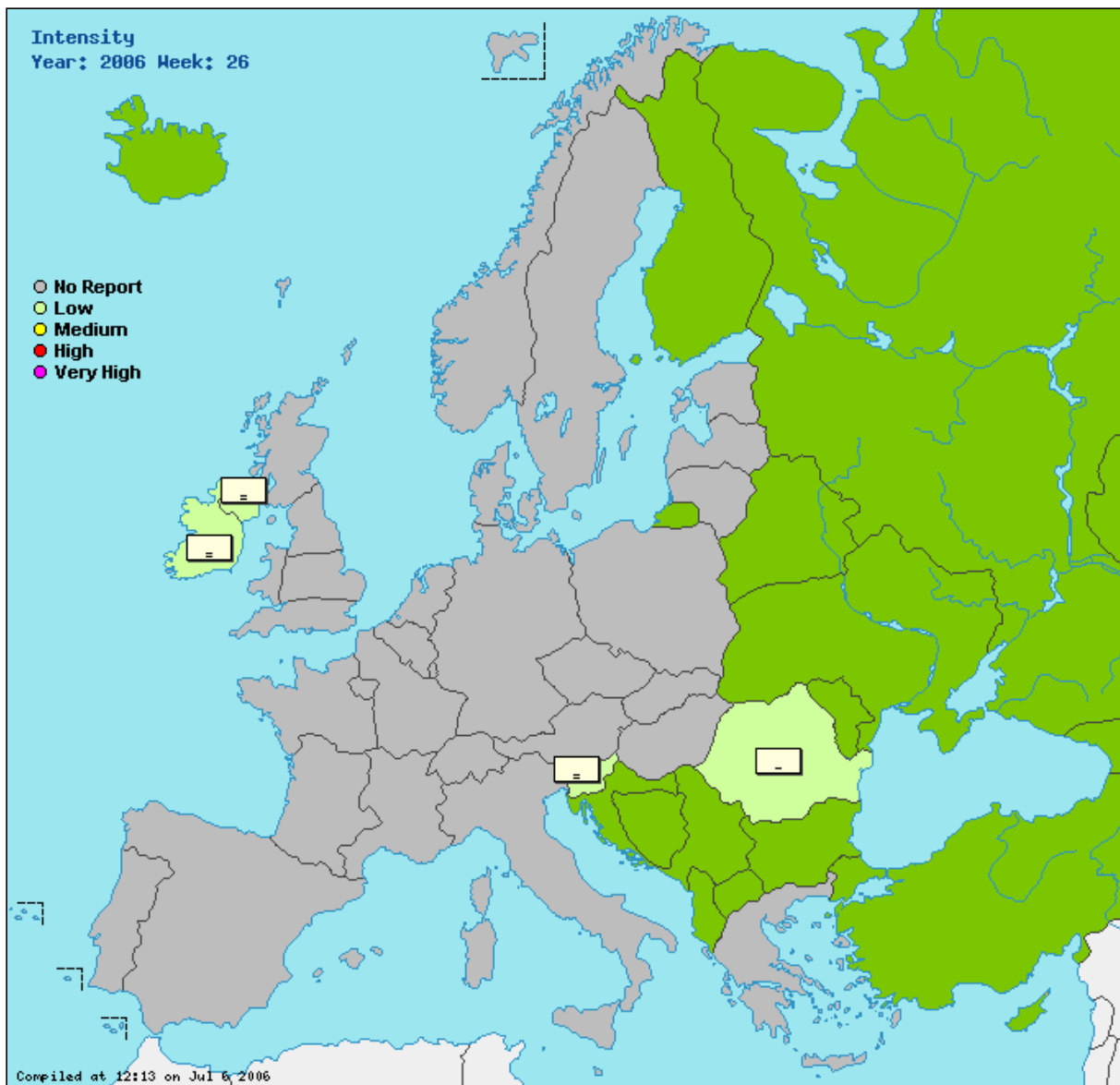
Map

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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)
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Country comments (where available)

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
Estonia					0	0%	None	(graphs)		Click here
France					6	0%	None		(graphs)	Click here
Ireland	Low	None						0.9 (graphs)		Click here
Netherlands					2	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	11.3 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Romania	Low	None			3	0%	None	582.9 (graphs)	0.4 (graphs)	Click here
Slovakia					0	0%	None	(graphs)		Click here
Slovenia	Low	None						(graphs)	335.5 (graphs)	Click here
Switzerland		None						5.0 (graphs)		Click here
Europe					25	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

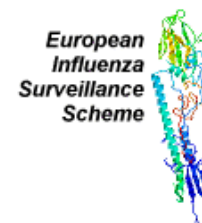
Population: per 100,000 population

*: 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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No cases of laboratory confirmed influenza in Europe in week 27/2006



Summary: No positive respiratory specimens were reported by the nine countries which reported virological data to the European Influenza Surveillance Scheme (EISS) in week 27/2006. Seven countries reported an assessment of the geographical spread of influenza activity; all reported no influenza activity.

Since week 21/2006, there have been a total of 37 positive specimens (35 influenza A viruses and two influenza B viruses; see graph) reported to EISS: Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (1 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (1 A), Norway (12 A), Romania (1 A(H3N2), 1 B) and Sweden (2 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel system. There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period as well, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 27/2006, nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

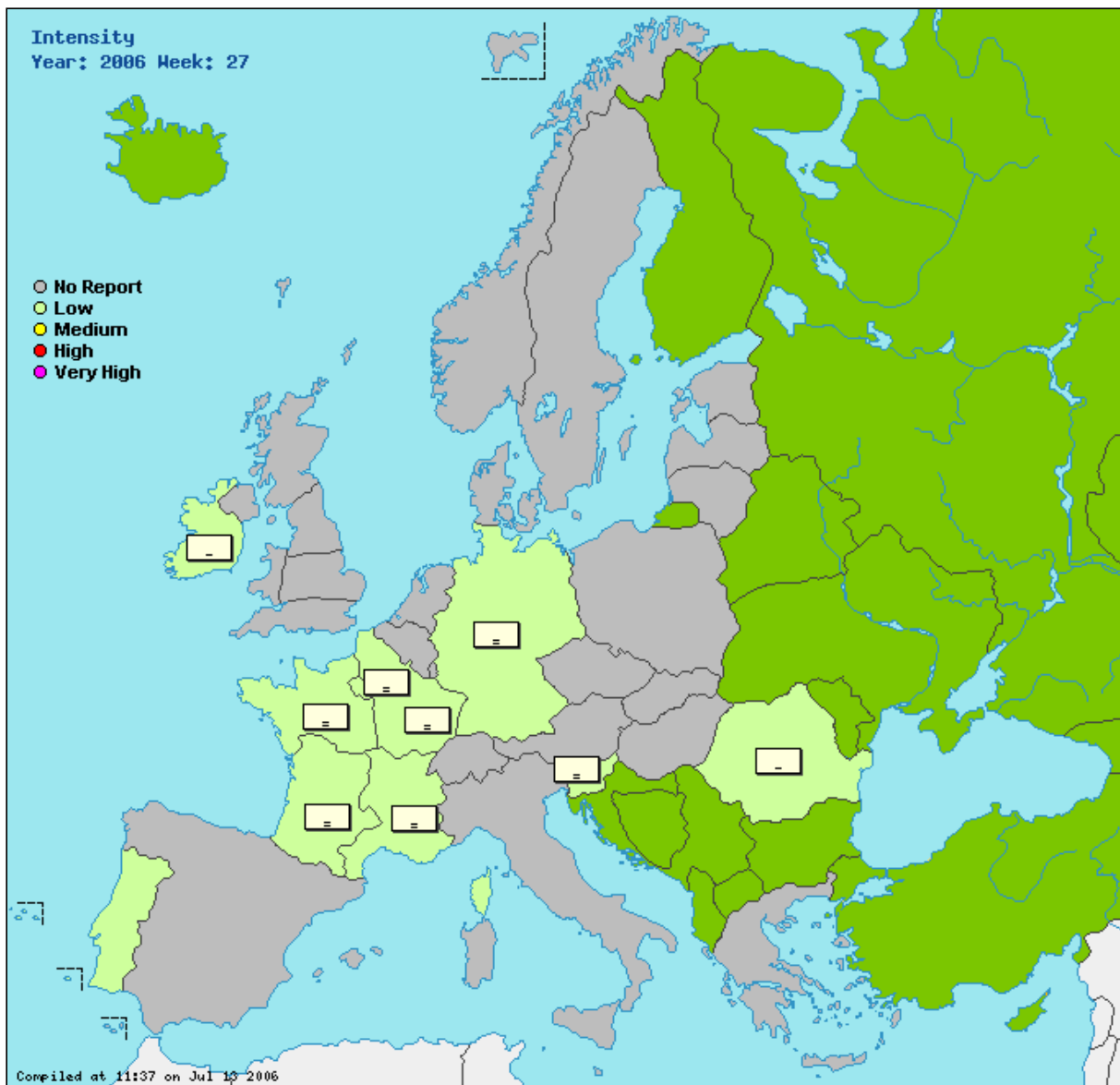
Map

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)

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
Estonia					0	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Germany	Low	None						499.0	(graphs)	Click here
Ireland	Low	None			0	0%	None	0.8	(graphs)	Click here
Netherlands					0	0%	None	(graphs)		Click here
Portugal	Low	None			0	0%	None	(graphs)		Click here
Romania	Low	None			0	0%	None		(graphs)	Click here
Slovenia	Low	None			0	0%	None	(graphs)	625.5	(graphs) Click here
Switzerland		None						7.6	(graphs)	Click here
Europe					21	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

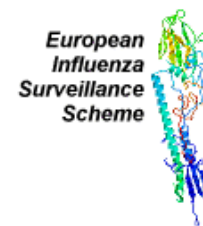
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. JosÁ© Marinho FalcÁ©o (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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EISS : Weekly Electronic Bulletin

Decreasing trend in the number of laboratory confirmed cases of influenza in Europe in recent weeks



Summary: No positive respiratory specimens were reported by the nine countries which reported virological data to the European Influenza Surveillance Scheme (EISS) in weeks 28/2006 and 29/2006. In week 29/2006, six countries reported an assessment of the geographical spread of influenza activity; all reported no influenza activity.

Since week 21/2006, there have been a total of 37 positive specimens (35 influenza A viruses and two influenza B viruses; see graph) reported to EISS: Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (1 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (1 A), Norway (12 A), Romania (1 A(H3N2), 1 B) and Sweden (2 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

There has been a decreasing trend in the number of laboratory confirmed cases of influenza since week 23/2006 (see graph). There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 29/2006, nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

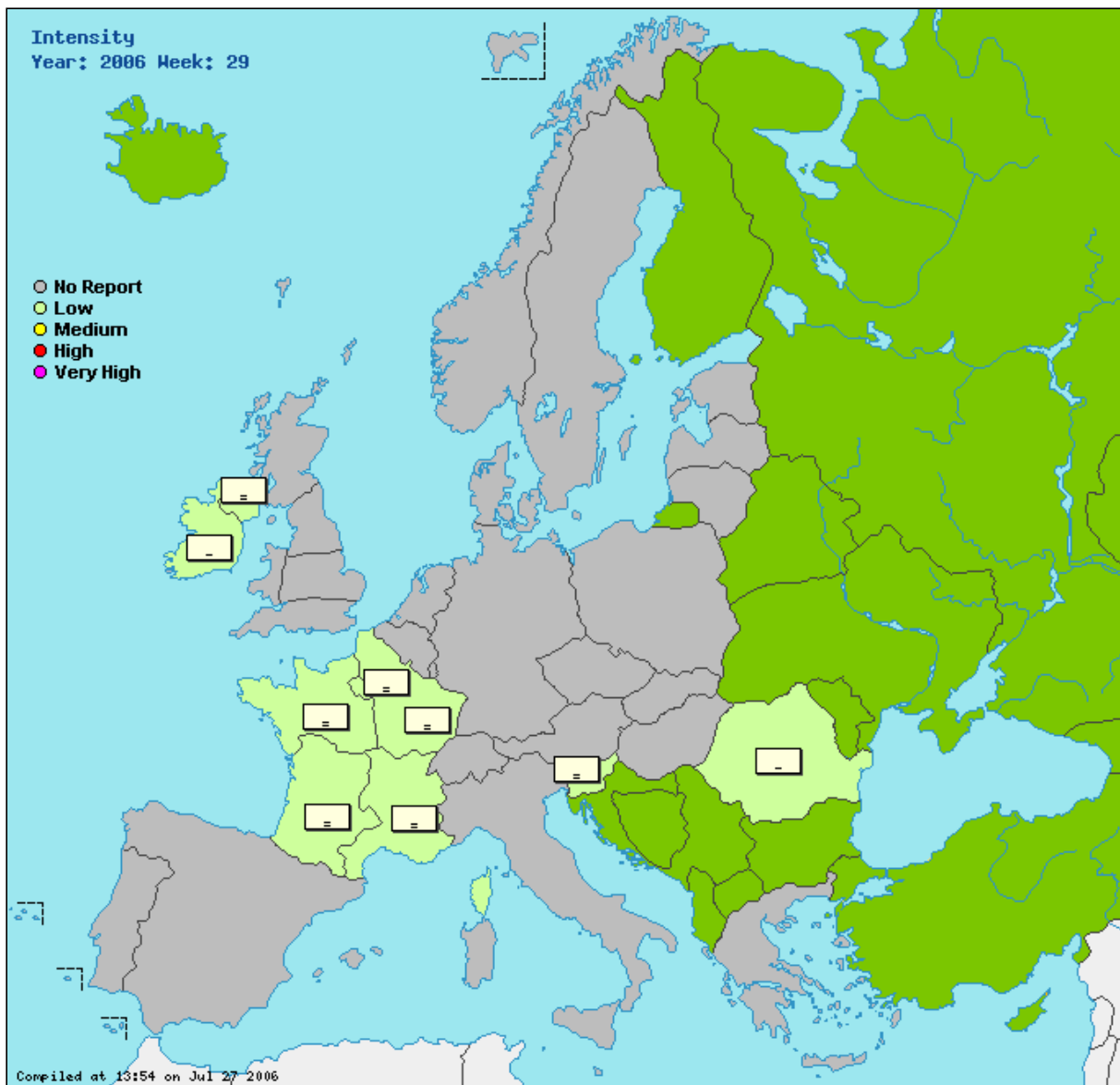
Map

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)

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
England					1	0%	None	(graphs)		Click here
Estonia					0	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Ireland	Low	None			0	0%	None	(graphs)		Click here
Netherlands					0	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	2.1 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Romania	Low	None			0	0%	None	483.8 (graphs)	1.2 (graphs)	Click here
Slovakia					0	0%	None	(graphs)		Click here
Slovenia	Low	None			0	0%	None	(graphs)	1204.1 (graphs)	Click here
Switzerland		None						5.4 (graphs)		Click here
Europe					32	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

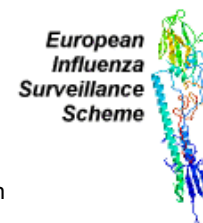
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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The number of laboratory confirmed cases of influenza in Europe remains low



Summary: Eleven countries reported virological data to the European Influenza Surveillance Scheme (EISS) in weeks 30/2006 and 31/2006. England reported one positive specimen in week 31/2006 (influenza A not subtyped). In week 31/2006, five countries reported an assessment of the geographical spread of influenza activity; all reported no influenza activity.

Since week 21/2006, there have been a total of 38 positive specimens (36 influenza A viruses and two influenza B viruses; see graph) reported to EISS: Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (1 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (1 A), Norway (12 A), Romania (1 A(H3N2), 1 B), Sweden (2 A) and England (1 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

The trend in confirmed cases declined from week 23/2006 to week 27/2006 and since then has been close to zero for the countries reporting (see graph). There have been no reports of unusual influenza outbreaks in Europe since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In week 29/2006, nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

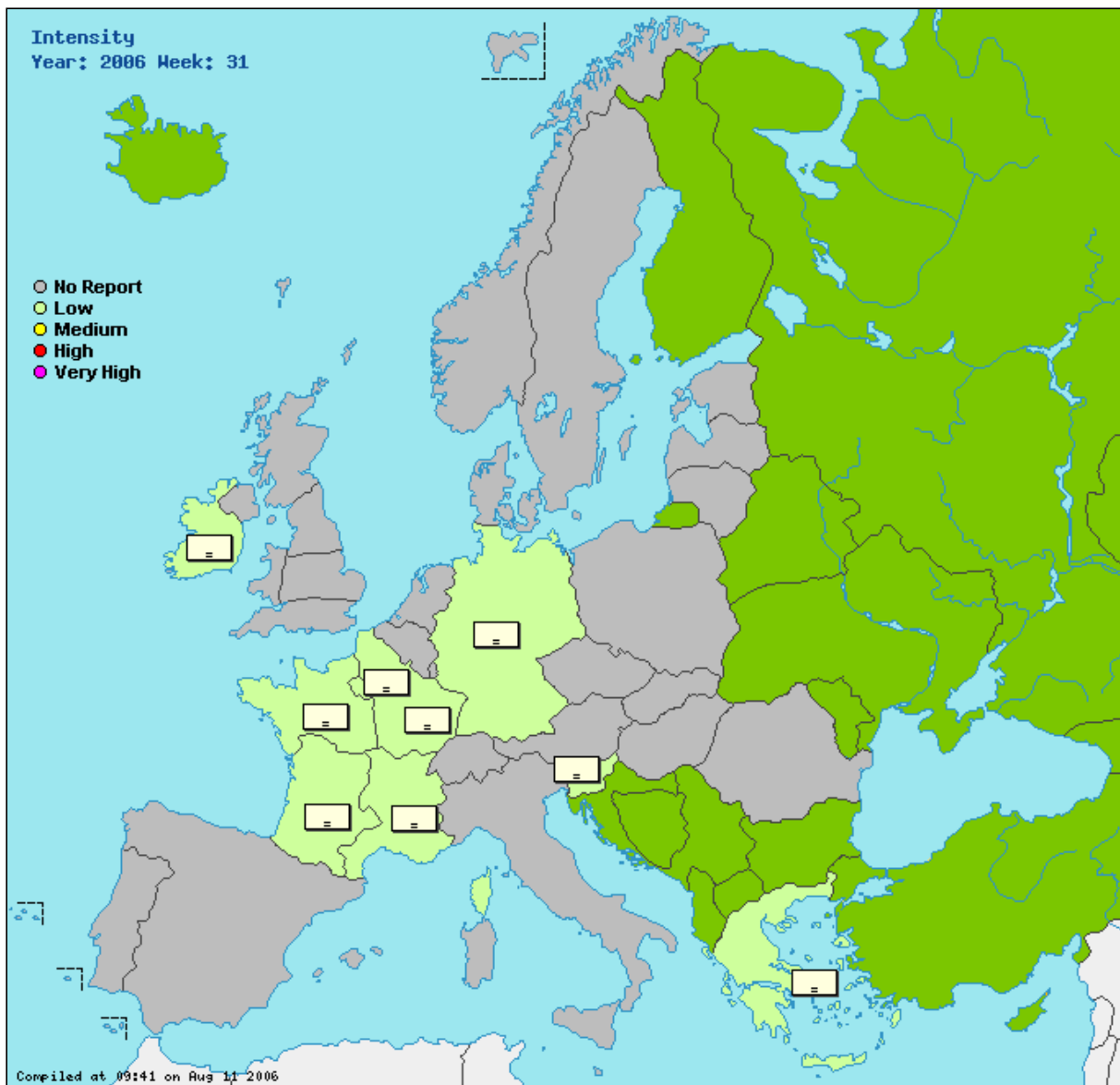
Map

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)

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
England					0	0%	None	(graphs)		Click here
Estonia					0	0%	None	(graphs)		Click here
France	Low	None			0	0%	None		(graphs)	Click here
Germany	Low	None							504.0 (graphs)	Click here
Greece	Low	None						9.2 (graphs)		Click here
Ireland	Low	None			0	0%	None	2.0 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Romania					0	0%	None		(graphs)	Click here
Slovenia	Low	None			0	0%	None	(graphs)	453.2 (graphs)	Click here
Europe					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

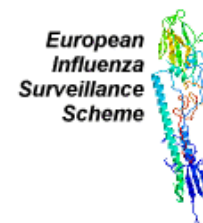
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

The bulletin text was written by the EISS Co-ordination Centre (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Joso Marinho Falcao (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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EISS : Weekly Electronic Bulletin

Only sporadic laboratory confirmed cases of influenza in Europe since week 25/2006



Summary: In week 32/2006 one influenza A(H3) positive specimen and in week 33 one influenza A(H3N2) positive specimen were reported by the Netherlands. No further positive specimens were reported to the European Influenza Surveillance Scheme (EISS) by the other 11 countries that reported in weeks 32/2006 and 33/2006. Six of these countries reported an assessment of the geographical spread of influenza activity in week 33/2006; all reported no influenza activity.

Since week 21/2006, there has been a total of 55 positive specimens (52 influenza A viruses and 3 influenza B viruses; see graph) reported to EISS: England (13 A of which 5 H1 and 1 H3, 1 B), Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Ireland (2 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (4 A of which 2 H3 and 1 H3N2), Norway (12 A), Romania (1 A(H3N2), 1 B) and Sweden (2 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

The five English influenza A(H1) isolates were antigenically characterised as being similar to the A/New Caledonia/20/99 (H1N1) reference strain, which is included in the vaccine of the coming winter. The Romanian influenza B isolate was antigenically and genetically characterised as being similar to the B/Malaysia/2506/2004 reference strain, which is also included in the vaccine of the coming winter. The Romanian influenza A(H3N2) isolate was antigenically and genetically characterised as being similar to the A/California/7/2004 (H3N2) reference strain of which the closely related strain A/Wisconsin/67/2005 (H3N2) is included in the vaccine of the coming winter.

The reporting of laboratory confirmed cases of influenza has remained sporadic throughout Europe since week 25/2006 (see graph). There have been no reports of unusual influenza outbreaks since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 32/2006 and 33/2006, a total of 12 countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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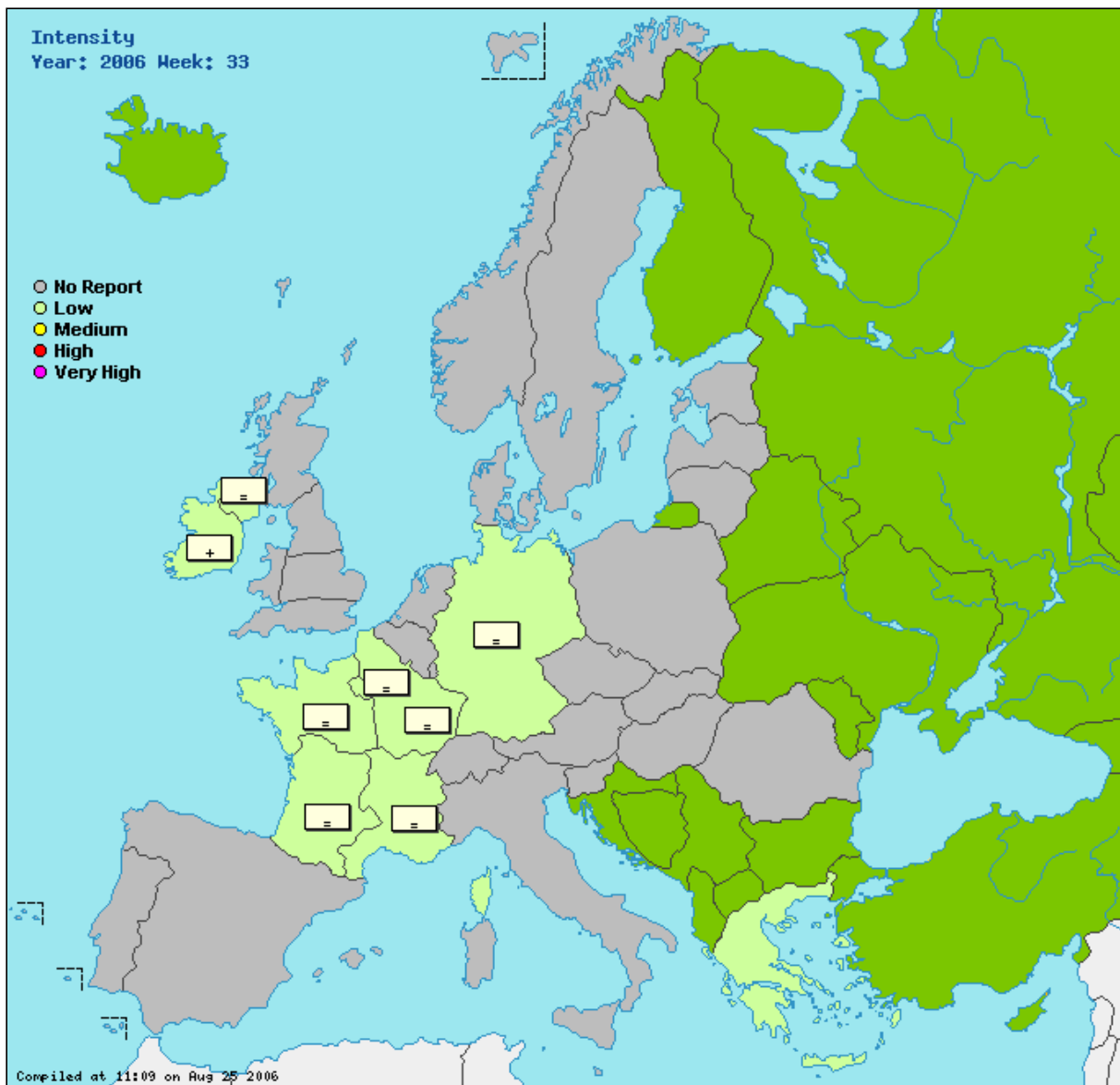
Map

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)

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
England					0	0%	None	(graphs)		Click here
Estonia					0	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Germany	Low	None							564.0 (graphs)	Click here
Greece	Low	None						41.5 (graphs)		Click here
Ireland	Low	None			1	0%	None	4.4 (graphs)		Click here
Netherlands					1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	2.7 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Romania					3	0%	None		(graphs)	Click here
Slovenia					0	0%	None	(graphs)		Click here
Switzerland		None						8.0 (graphs)		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

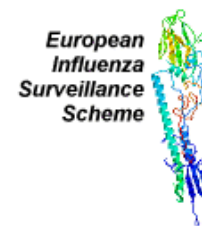
Population: per 100,000 population

*: 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 (Tamara Meerhoff, Liesbeth Meuwissen, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Jos  o Falc  o (National Institute of Health, Lisbon, Portugal), Dr. Jan Kyncl (National Institute of Public Health, Prague, Czech Republic) and Dr. Jan de Jong (Erasmus Medical Centre, Rotterdam, the Netherlands) on behalf of the EISS Working Group. The bulletin text is also reviewed by the [European Centre for Disease Prevention and Control](#).

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Few laboratory confirmed cases of influenza in Europe



Summary: In week 34/2006 and 35/2006 no influenza positive specimens were reported to the European Influenza Surveillance Scheme (EISS). A total of nine countries reported data to EISS and six of them reported an assessment of the geographical spread of influenza activity for week 35/2006; all reported no influenza activity.

Since week 21/2006, a total of 59 positive specimens (54 influenza A viruses and 5 influenza B viruses; see graph) have been reported to EISS: England (13 A of which 5 H1 and 1 H3, 1 B), Finland (11 A; not displayed in the graph), France (4 A of which 1 H1N1, 1 B), Germany (1 A(H1)), Ireland (2 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (4 A of which 2 H3 and 1 H3N2), Norway (12 A of which 1 H1 and 1 H3, 2 B), Romania (1 A(H3N2), 1 B) and Sweden (3 A of which 1 H3). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

Isolates that have been characterised up to week 35 were similar to the strains included in the vaccine of the coming winter (data not shown).

Few laboratory confirmed cases of influenza have been reported throughout Europe since week 25/2006 (see graph). There have been no reports of unusual influenza outbreaks since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 34/2006 and 35/2006, a total of nine countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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

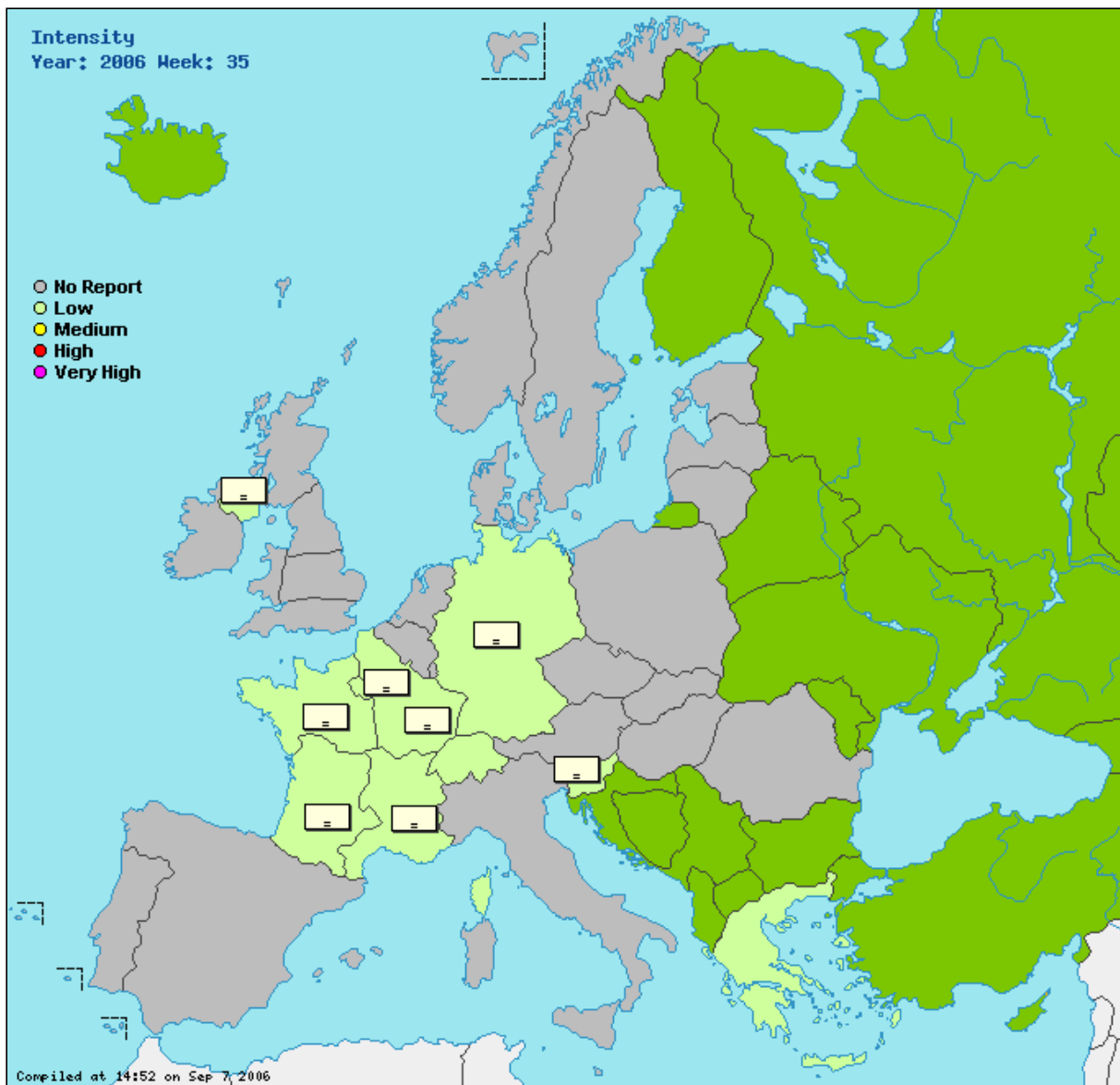
Map

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)

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
France	Low	None							(graphs)	Click here
Germany	Low	None			5	0%	None		655.0 (graphs)	Click here
Greece	Low	None						20.1 (graphs)		Click here
Netherlands					1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	8.4 (graphs)		Click here
Portugal					0	0%	None	(graphs)		Click here
Slovenia	Low	None			0	0%	None	(graphs)	513.4 (graphs)	Click here
Switzerland	Low	None						2.1 (graphs)		Click here
Europe					8	0%				Click here

Preliminary data

Intensity: Low = no influenza activity or influenza activity at baseline level; Medium = usual levels of influenza activity; High = higher than usual levels of influenza activity;

Very high = particularly severe levels of influenza activity.

Geographical spread: No activity = no laboratory-confirmed cases, or evidence of increased or unusual respiratory disease activity; Sporadic = isolated cases of laboratory-confirmed influenza infection; Localized = limited to one administrative unit in the country (or reporting site) only; Regional = appearing in multiple but <50% of the administrative units of the country (or reporting sites); Widespread = appearing in $\geq 50\%$ 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

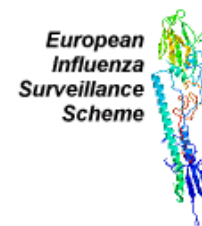
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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EISS : Weekly Electronic Bulletin

One laboratory confirmed case of influenza in Europe in recent weeks



Summary: In week 36/2006 and 37/2006 ten countries reported data to the European Influenza Surveillance Scheme (EISS). Switzerland reported one positive specimen in week 36/2006 (influenza A (H3N2)). Five countries reported an assessment of the geographical spread of influenza activity for week 37/2006; all reported no influenza activity.

Since week 21/2006, a total of 62 positive specimens (57 influenza A viruses and 5 influenza B viruses; see graph) have been reported to EISS: England (13 A of which 5 H1 and 1 H3, 1 B), Finland (11 A; not displayed in the graph), France (5 A of which 1 H1N1, 1 B), Germany (1 A(H1)), Ireland (2 A), Latvia (3 A of which 1 H1 and 1 H3), the Netherlands (3A of which 2 H3 and 1 H3N2), Norway (14 A of which 1 H1 and 1 H3, 2 B), Romania (1 A(H3N2), 1 B), Sweden (3 A of which 1 H3) and Switzerland (1 A). Six specimens (4 A of which 1 H3N2, 2 B) were reported by the sentinel surveillance systems.

Isolates that have been characterised up to week 37 were similar to the strains included in the vaccine of the coming winter.

The reporting of laboratory confirmed cases of influenza has remained sporadic throughout Europe since week 25/2006 (see graph). There have been no reports of unusual influenza outbreaks since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 36/2006 and 37/2006, a total of ten countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

The spread of influenza virus strains and their epidemiological impact in Europe are being monitored by EISS in collaboration with the [WHO Collaborating Centre](#) in London (United Kingdom) and the [European Centre for Disease Prevention and Control](#) in Stockholm (Sweden).

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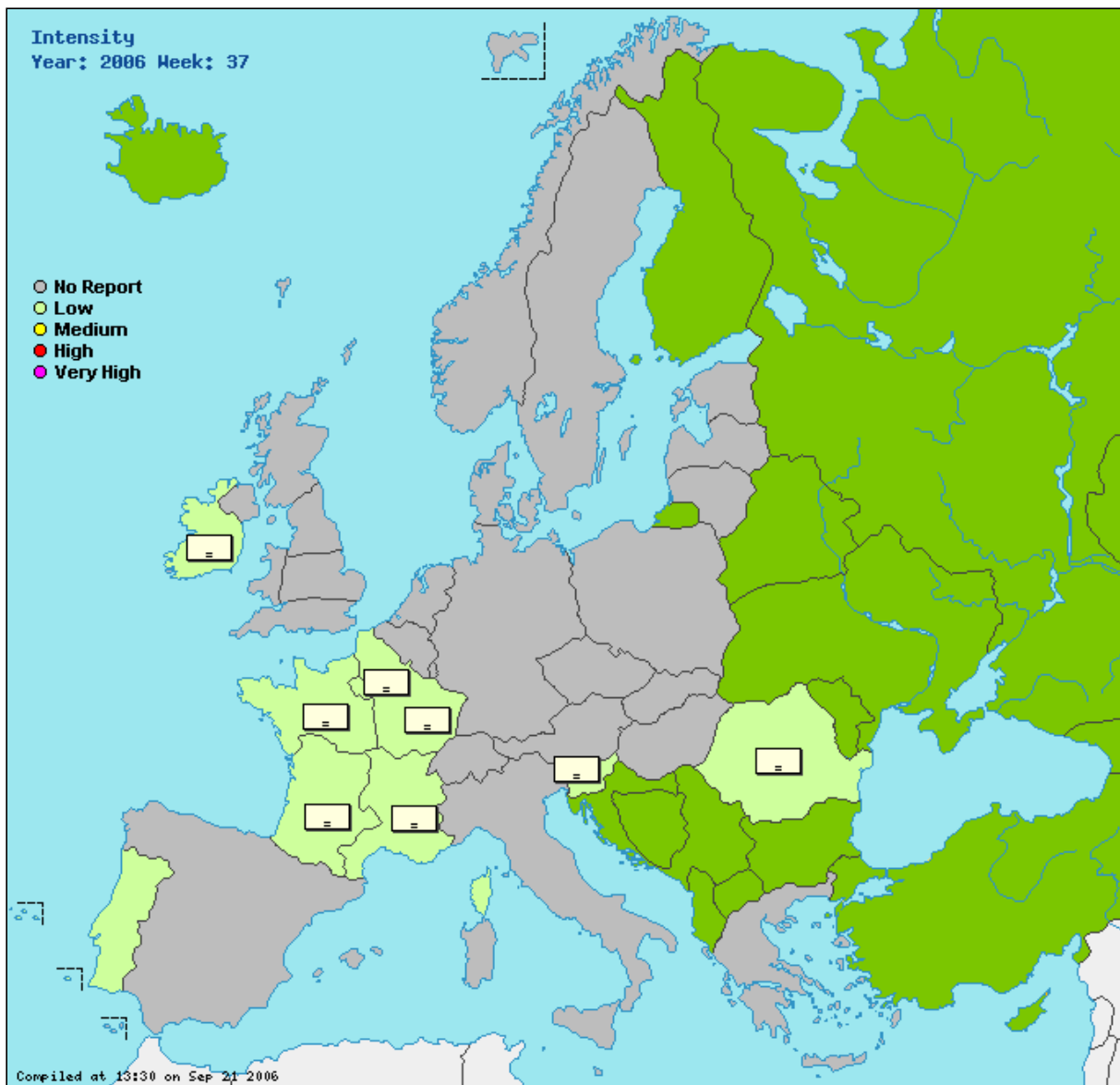
Map

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)

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
England					0	0%	None	(graphs)		Click here
Estonia					0	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Ireland	Low	None			2	0%	None	3.7 (graphs)		Click here
Netherlands					2	0%	None	(graphs)		Click here
Portugal	Low	None			0	0%	None	1.5 (graphs)		Click here
Romania	Low	None			0	0%	None		(graphs)	Click here
Slovenia	Low	None			2	0%	None	(graphs)	824.7 (graphs)	Click here
Europe					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 $\geq 50\%$ 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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Sporadic laboratory confirmed cases of influenza in Europe in recent weeks



Summary: In week 38/2006 and 39/2006 eleven countries reported data to the European Influenza Surveillance Scheme (EISS). The Netherlands reported one positive specimen in week 39/2006 (influenza A(H1)). Six countries reported an assessment of the geographical spread of influenza activity for week 39/2006 and all reported no influenza activity.

Virological data: Since week 21/2006, a total of 86 sentinel and at least 3854 non-sentinel (e.g. specimens from hospitals) respiratory specimens have been tested for the influenza virus. There were six (7.1%) positive cases in the sentinel specimens (4 A [of which 1 H3N2] and 2 B) and sixty (less than 1.6%) positive cases in the non-sentinel specimens (56 A [of which 10 H1, 1 H1N1, 7 H3 and 2 H3N2] and 4B). A number of these cases were infections acquired outside of Europe (e.g. a person returning from holiday in Asia).

The graph below indicates when the 66 positive specimens (60 influenza A viruses and 6 influenza B viruses) were detected. The specimens were reported in the following countries: Belgium (3 A [of which 1 H1 and 2 H3]), England (13 A [of which 5 H1 and 1 H3] and 1 B), Finland (11 A; not displayed in the graph), France (5 A [of which 1 H1N1] and 1 B), Germany (1 A(H1)), Ireland (2 A), Latvia (3 A [of which 1 H1 and 1 H3]), the Netherlands (4 A [of which 1 H3, 1 H1 and 1 H3N2]), Norway (12 A [of which 1 H1 and 1 H3] and 2 B), Romania (1 A(H3N2) and 1 B), Portugal (1 B), Sweden (4 A [of which 1 H3]) and Switzerland (1 A(H3N2)).

One isolate was antigenically characterised in week 39/2006 and this was an A/New Caledonia/20/99 (H1N1)-like virus in Germany. All of the isolates characterised since week 21/2006 (N=10) have been similar to the strains included in the vaccine of the coming winter.

The reporting of laboratory confirmed cases of influenza has remained sporadic throughout Europe since week 25/2006 (see graph). There have been no reports of unusual influenza outbreaks since week 21/2006.

Influenza A(H5N1): During the 2005-2006 season and the inter-season period, no human cases of influenza A(H5N1) virus infection have been reported in the countries participating in EISS.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 38/2006 and 39/2006, a total of eleven countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2006 and week 39/2006.

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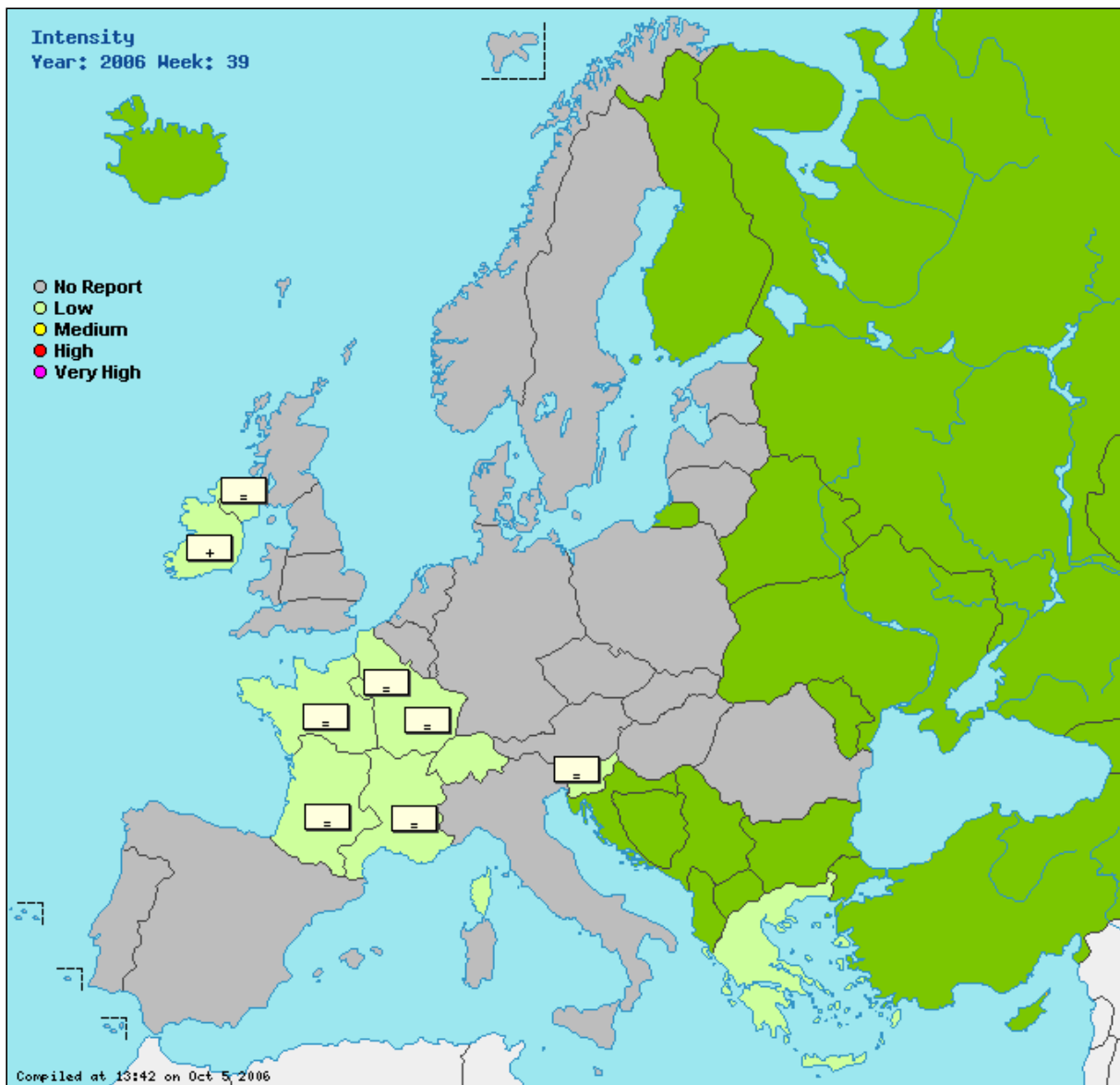
Map

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)
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Country comments (where available)

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
France	Low	None								(graphs) Click here
Germany					7	0%	None			(graphs) Click here
Greece	Low	None						62.9 (graphs)		Click here
Ireland	Low	None			0	0%	None	6.2 (graphs)		Click here
Netherlands					1	0%	None	(graphs)		Click here
Northern Ireland	Low	None			0	0%	None	11.3 (graphs)		Click here
Slovenia	Low	None			2	0%	None	(graphs)	898.9 (graphs)	Click here
Switzerland	Low	None						9.7 (graphs)		Click here
Europe					13	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 $\geq 50\%$ 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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