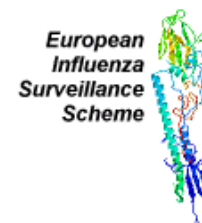


Low levels of influenza activity in Europe



Summary: The intensity of clinical influenza activity in Europe is currently low. There have only been sporadic laboratory confirmed cases of influenza reported in the past seven weeks: 13 cases of influenza A and one case of influenza B.

Epidemiological situation - week 41/2006: The intensity of clinical activity was low in all 23 countries that reported clinical data to the European Influenza Surveillance Scheme (EISS). For the geographical spread of influenza, France reported sporadic activity (which means that isolated cases of laboratory confirmed influenza infection have been found) and all other countries reported no activity. Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2006-2007 season (week 35-41/2006): So far this season, the consultation rates for influenza-like illness ILI and / or acute respiratory infection ARI have been at baseline levels across the whole of Europe.

Virological situation - week 41/2006: The total number of respiratory specimens collected by sentinel physicians in week 41/2006 was 116, of which one (0.9%) was influenza virus positive (influenza A untyped). In addition, 544 non-sentinel specimens (e.g. specimens collected in hospitals) were analyzed and four (0.7%) of these were positive (all influenza A untyped).

Twenty countries reported no dominant influenza type in week 41/2006 and Sweden reported that influenza A was dominant.

Virological situation - 2006-2007 season (week 35-41/2006): Based on (sub)typing data of all influenza virus detections from week 35 to 41/2006 (N=14; sentinel and non-sentinel data), seven (50%) were A (not subtyped), three (21%) were A(H3), three (21%) were A(H1) and one (7%) was B. The influenza virus detections have been made in the following countries: France (4), Belgium (3), the Netherlands (2), England (1), Norway (1), Portugal (1), Sweden (1) and Switzerland (1).

No viruses have been antigenically and/or genically characterized since week 40/2006. Detailed virological surveillance data for weeks 23-39/2006 can be viewed [here](#).

Comment: Influenza activity in Europe is currently low and there have only been sporadic laboratory confirmed cases of influenza. A number of these cases were infections acquired outside of Europe (e.g. a person returning from holiday in Asia). Over 90% of the laboratory confirmed cases since week 35/2006 (N=14) have been influenza A, but it is too early to say which virus type or subtype will become dominant in Europe this season.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in the 29 European countries that are members of EISS. In week 41/2006, 21 countries reported clinical data and 21 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](#).

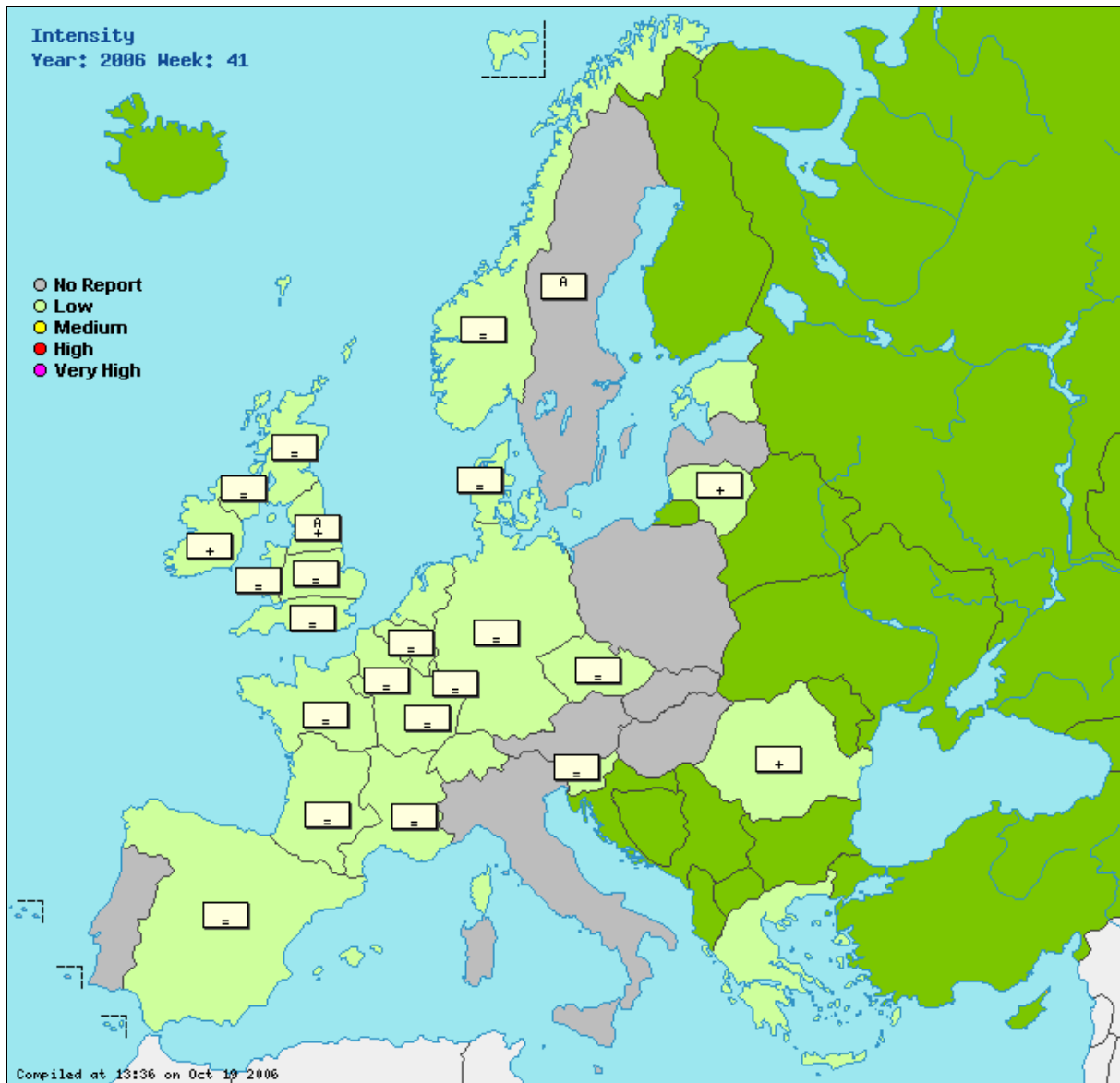
Map

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)

France

First cases of influenza A in two children in North of France.

First detections of influenza A in North of France. Two sporadic cases of influenza have been detected in children during week 41.

Norway

One influenza A virus detected in a patient suffering from urticaria. No reported history of travel abroad.

Sweden

Imported case, traveller from Czech Republic

Switzerland

No influenza virus detected in Switzerland.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Low	None			4	0%	None	5.3 (graphs)	1222.5 (graphs)	Click here
Czech Republic	Low	None			13	0%	None	27.7 (graphs)	940.7 (graphs)	Click here
Denmark	Low	None			0	0%	None	26.0 (graphs)		Click here

England	Low	None	2	0%	None	5.3 (graphs)	495.0 (graphs)	Click here
Estonia	Low	None	7	0%	None	0.6 (graphs)	382.5 (graphs)	Click here
France	Low	Sporadic	35	2.9%	None		1279.2 (graphs)	Click here
Germany	Low	None	11	0%	None		990.0 (graphs)	Click here
Greece	Low	None	0	0%	None	54.9 (graphs)		Click here
Ireland	Low	None	7	0%	None	10.1 (graphs)		Click here
Latvia		None					791.6 (graphs)	Click here
Lithuania	Low	None				0.1 (graphs)	390.1 (graphs)	Click here
Luxembourg	Low	None	7	0%	None	46.5 (graphs)	2744.2 (graphs)	Click here
Malta			0	0%	None	(graphs)		Click here
Netherlands	Low	None	6	0%	None	(graphs)		Click here
Northern Ireland	Low	None	0	0%	None	31.2 (graphs)		Click here
Norway	Low	None	0	0%	None	68.1 (graphs)		Click here
Portugal			1	0%	None	(graphs)		Click here
Romania	Low	None	0	0%	None	848.8 (graphs)	0.2 (graphs)	Click here
Scotland	Low	None	3	0%	None	2.8 (graphs)		Click here
Slovenia	Low	None	2	0%	None	(graphs)	942.9 (graphs)	Click here
Spain	Low	None	12	0%	None	8.7 (graphs)		Click here
Sweden		None	0	0%	Type A	0.7 (graphs)		Click here
Switzerland	Low	None	6	0%	None	7.9 (graphs)		Click here
Wales	Low	None				1.2 (graphs)		Click here
Europe			116	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

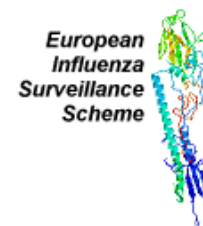
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 levels of influenza activity in Europe



Summary: The intensity of clinical influenza activity in Europe is currently low. There have only been sporadic laboratory confirmed cases of influenza reported since the start of the 2006-2007 season: from week 40 to 42 in total 10 cases of influenza A.

Epidemiological situation - week 42/2006: National network levels of the intensity of clinical activity of influenza-like illness (ILI) and / or acute respiratory infection (ARI) were at a low level in 23 of 25 countries that reported clinical data to the European Influenza Surveillance Scheme (EISS). The other two countries did not report on the intensity. Regional geographic spread data from France indicated some sporadic activity (which means that isolated cases of laboratory confirmed influenza infection have been found) whilst all other countries reported no activity. Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2006-2007 season (week 40-42/2006): So far this season, the consultation rates for ILI and / or ARI have been at baseline levels across the whole of Europe.

Virological situation - week 42/2006: The total number of respiratory specimens collected by sentinel physicians in week 42/2006 was 220, of which one was positive for influenza A virus (not subtyped). In addition, one non-sentinel specimen (e.g. specimens collected in hospitals) was positive for influenza A virus (not subtyped). Both positive specimens were from France.

Twenty-four countries reported no dominant influenza virus type in week 42/2006.

Virological situation - 2006-2007 season (week 40-42/2006): Based on (sub)typing data of all influenza virus detections (N=10; sentinel and non-sentinel data), nine (90%) were A(not subtyped) and one (10%) was A(H1N1).

No viruses have been antigenically and/or genetically characterized since week 40/2006.

Comment: Influenza activity in Europe is currently low and there have only been sporadic laboratory confirmed cases of influenza A in England (1), France (4), the Netherlands (2), Norway (1), Poland (1) and Sweden (1). Some of these cases were probably infections acquired outside of Europe, e.g. the patient with influenza A(H1N1) in the Netherlands became ill with ILI after return from Bombay. Further noticeable is that all four cases of influenza A in France were children.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 42/2006, 25 countries reported clinical data and 24 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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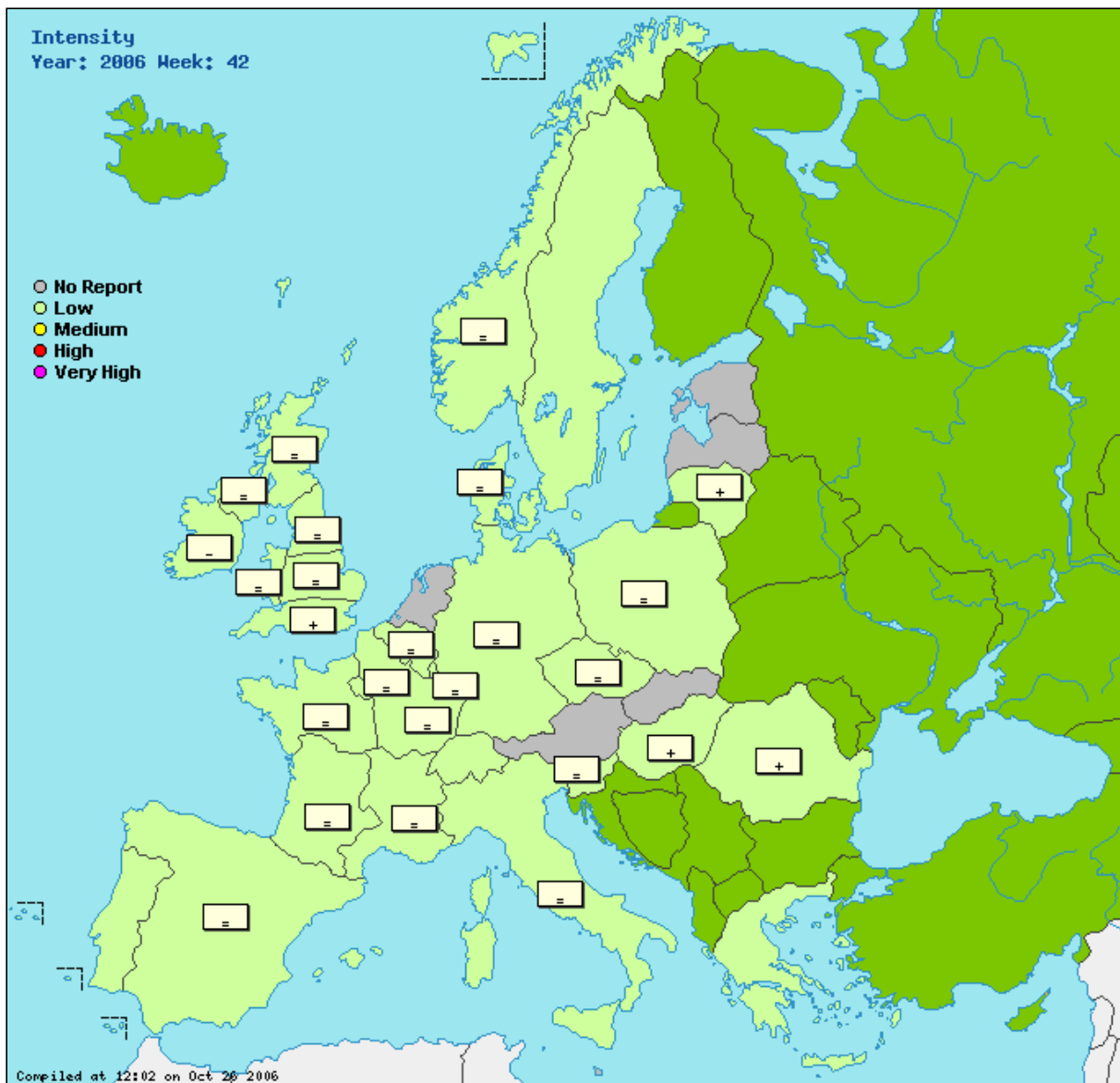
Map

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)

Latvia

No isolation, nor detection of influenza so far

Switzerland

No influenza viruses detected and very few samples received.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Low	None			3	0%	None	28.0 (graphs)	1241.3 (graphs)	Click here
Czech Republic	Low	None			8	0%	None	34.0 (graphs)	1060.2 (graphs)	Click here
Denmark	Low	None			0	0%	None	34.5 (graphs)		Click here
England	Low	None			4	0%	None	8.8 (graphs)	508.5 (graphs)	Click here
Estonia		None			2	0%	None	0.5 (graphs)	400.1 (graphs)	Click here
France	Low	Sporadic			98	1.0%	None		1530.1 (graphs)	Click here
Germany	Low	None			22	0%	None		1084.0 (graphs)	Click here
Greece	Low	None						37.0 (graphs)		Click here
Hungary	Low	None			9	0%	None	63.2 (graphs)		Click here

Ireland	Low	None	3	0%	None	2.7 (graphs)		Click here
Italy	Low	None				(graphs)		Click here
Latvia		None	0	0%	None	(graphs)	912.9 (graphs)	Click here
Lithuania	Low	None				0.1 (graphs)	446.6 (graphs)	Click here
Luxembourg	Low	None	5	0%	None	21.6 (graphs)	2202.6 (graphs)	Click here
Malta			1	0%	None	(graphs)		Click here
Netherlands			2	0%	None	(graphs)		Click here
Northern Ireland	Low	None	0	0%	None	66.7 (graphs)		Click here
Norway	Low	None	0	0%	None	26.1 (graphs)		Click here
Poland	Low	None	20	0%	None	40.0 (graphs)		Click here
Portugal	Low	None	2	0%	None	5.4 (graphs)		Click here
Romania	Low	None	0	0%	None	928.0 (graphs)	0.5 (graphs)	Click here
Scotland	Low	None	0	0%	None	3.6 (graphs)		Click here
Slovakia			0	0%	None	(graphs)		Click here
Slovenia	Low	None	1	0%	None	(graphs)	1042.9 (graphs)	Click here
Spain	Low	None	12	0%	None	10.8 (graphs)		Click here
Sweden	Low	None	26	0%	None	0.7 (graphs)		Click here
Switzerland	Low	None	2	0%	None	6.2 (graphs)		Click here
Wales	Low	None				0.4 (graphs)		Click here
Europe			220	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

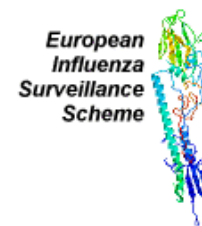
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS Co-ordination Centre (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 levels of influenza activity in Europe



Summary: Clinical influenza activity in Europe is currently low. There have only been sporadic laboratory confirmed cases of influenza reported since the start of the 2006-2007 season: a total of 12 cases of influenza A and two cases of influenza B from week 40 to 43.

Epidemiological situation - week 43/2006: National network levels of clinical activity of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in 24 countries that reported the intensity indicator to the European Influenza Surveillance Scheme (EISS); one country did not report a clinical activity level. For the geographic spread indicator, regional data from France, Scotland and Sweden indicated some sporadic activity (which means that isolated cases of laboratory confirmed influenza infection have been found) whilst 22 countries reported no activity. Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2006-2007 season (week 40-43/2006): So far this season, the consultation rates for ILI and/or ARI have been at baseline levels across the whole of Europe.

Virological situation - week 43/2006: The total number of respiratory specimens collected in 22 countries by sentinel physicians in week 43/2006 was 210, none of which were positive for influenza virus. One non-sentinel specimen (e.g. specimens collected in hospitals) from Spain was positive for influenza A virus (not subtyped).

Twenty-two countries reported the presence of no dominant influenza virus type in week 43/2006.

Virological situation - 2006-2007 season (week 40-43/2006): Based on (sub)typing data of all influenza virus detections (N=14; sentinel and non-sentinel data), ten (72%) were type A(not subtyped), two (14%) were type A subtype H1, of which one was subtype H1N1, and two (14%) were type B.

No viruses have been antigenically and/or genetically characterised since week 40/2006.

Comment: Influenza activity in Europe is currently low and there have only been sporadic laboratory confirmed cases of influenza since week 40/2006: England (1 type A), France (4 type A and 1 type B), the Netherlands (1 type A subtype H1N1, 1 type A subtype H1 and 1 type B), Norway (1 type A), Poland (1 type A), Spain (2 type A) and Sweden (1 type A).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 43/2006, 25 countries reported clinical data and 22 countries reported virological data. 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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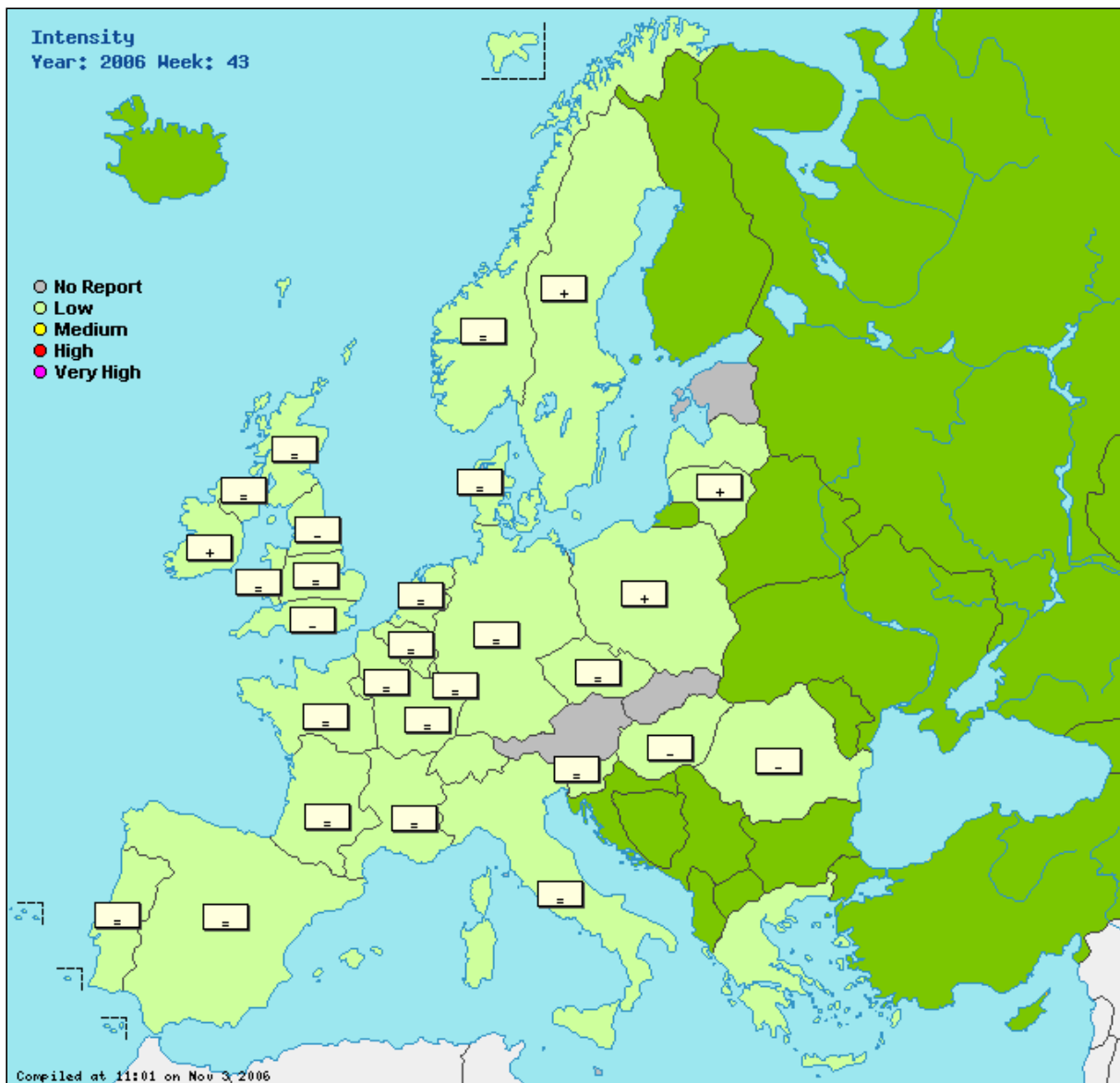
Map

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
Belgium	Low	None			8	0%	None	34.0 (graphs)	1099.2 (graphs)	Click here
Czech Republic	Low	None			13	0%	None	29.0 (graphs)	1037.4 (graphs)	Click here
Denmark	Low	None			0	0%	None	62.5 (graphs)		Click here
England	Low	None			22	0%	None	5.4 (graphs)	475.2 (graphs)	Click here
Estonia		None			6	0%	None	0.1 (graphs)	402.5 (graphs)	Click here
France	Low	Sporadic			63	0%	None		1346.0 (graphs)	Click here
Germany	Low	None			19	0%	None		1086.0 (graphs)	Click here
Greece	Low	None						51.6 (graphs)		Click here
Hungary	Low	None			5	0%	None	52.2 (graphs)		Click here
Ireland	Low	None			2	0%	None	7.8 (graphs)		Click here
Italy	Low	None						41.1 (graphs)		Click here
Latvia	Low	None			0	0%	None	(graphs)	990.9 (graphs)	Click here

Lithuania	Low	None	0	0%	None	0.3 (graphs)	457.3 (graphs)	Click here
Luxembourg	Low	None	4	0%	None	23.3 (graphs)	2162.8 (graphs)	Click here
Netherlands	Low	None	2	0%	None	12.4 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	52.6 (graphs)		Click here
Norway	Low	None	0	0%	None	34.0 (graphs)		Click here
Poland	Low	None	30	0%	None	74.9 (graphs)		Click here
Portugal	Low	None	4	0%	None	6.4 (graphs)		Click here
Romania	Low	None	7	0%	None	839.5 (graphs)	0.7 (graphs)	Click here
Scotland	Low	Sporadic	2	0%	None	6.9 (graphs)		Click here
Slovenia	Low	None	1	0%	None	(graphs)	955.0 (graphs)	Click here
Spain	Low	None	22	0%	None	14.4 (graphs)		Click here
Sweden	Low	Sporadic	0	0%	None	3.5 (graphs)		Click here
Switzerland	Low	None				6.9 (graphs)		Click here
Wales	Low	None				0.9 (graphs)		Click here
Europe			210	0%				Click here

Preliminary data

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

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

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

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

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

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

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

Population: per 100,000 population

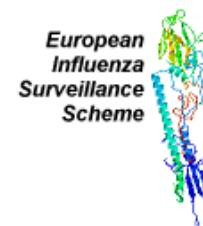
*: the value in the table for these countries reflects the percent (e.g. from 0.0 to 100.0) of total outpatient encounters that were due to ILI/ARI rather than a consultation rate per 100,000

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Low levels of influenza activity in Europe

Summary: The intensity of clinical influenza activity in Europe is currently low. There have only been sporadic laboratory confirmed cases of influenza reported since the start of the 2006-2007 season: a total of 16 cases of influenza A and four cases of influenza B from week 40 to 44.



Epidemiological situation - week 44/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in 26 countries that reported the intensity indicator to the European Influenza Surveillance Scheme (EISS). Two countries did not report the intensity and the geographic spread indicator (Malta and Sweden). For the geographic spread indicator, regional data from France indicated some sporadic activity (which means that isolated cases of laboratory confirmed influenza infection have been found) whilst 25 countries reported no activity, which means that influenza activity is at baseline level. Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2006-2007 season (week 40-44/2006): So far this season, the consultation rates for ILI and/or ARI have been at baseline levels across the whole of Europe.

Virological situation - week 44/2006: The total number of respiratory specimens collected by sentinel physicians in week 44/2006 was 199, of which two (1.0%) were positive for influenza virus. Of these, one specimen from Spain was tested positive for influenza A virus and one from Spain tested positive for influenza B virus. In addition, one non-sentinel specimen (e.g. specimens collected in hospitals) from England was positive for influenza A virus (not subtyped).

Twenty-two countries reported no dominant influenza virus type in week 44/2006. Malta reported influenza B as dominant (sub)type (based on serological data).

Virological situation - 2006-2007 season (week 40-44/2006): Based on (sub)typing data of all influenza virus detections (N=20; sentinel and non-sentinel data), 14 (70%) were A (not subtyped), two (10%) were type A subtype H1 of which one was type A subtype H1N1, and four (20%) were B.

No viruses have been antigenically and/or genetically characterized since week 40/2006.

Comment: Influenza activity in Europe is still low and there have only been sporadic laboratory confirmed cases of influenza in England (2 type A), France (4 type A and 1 type B), the Netherlands (1 type A subtype H1N1, 1 type A subtype H1 and 1 type B), Norway (1 type A and 1 type B), Poland (1 type A), Spain (4 type A and 1 type B) and Sweden (2 type A).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries that are members of EISS. In week 44/2006, 26 countries reported clinical data and 23 countries reported virological data. 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](#).

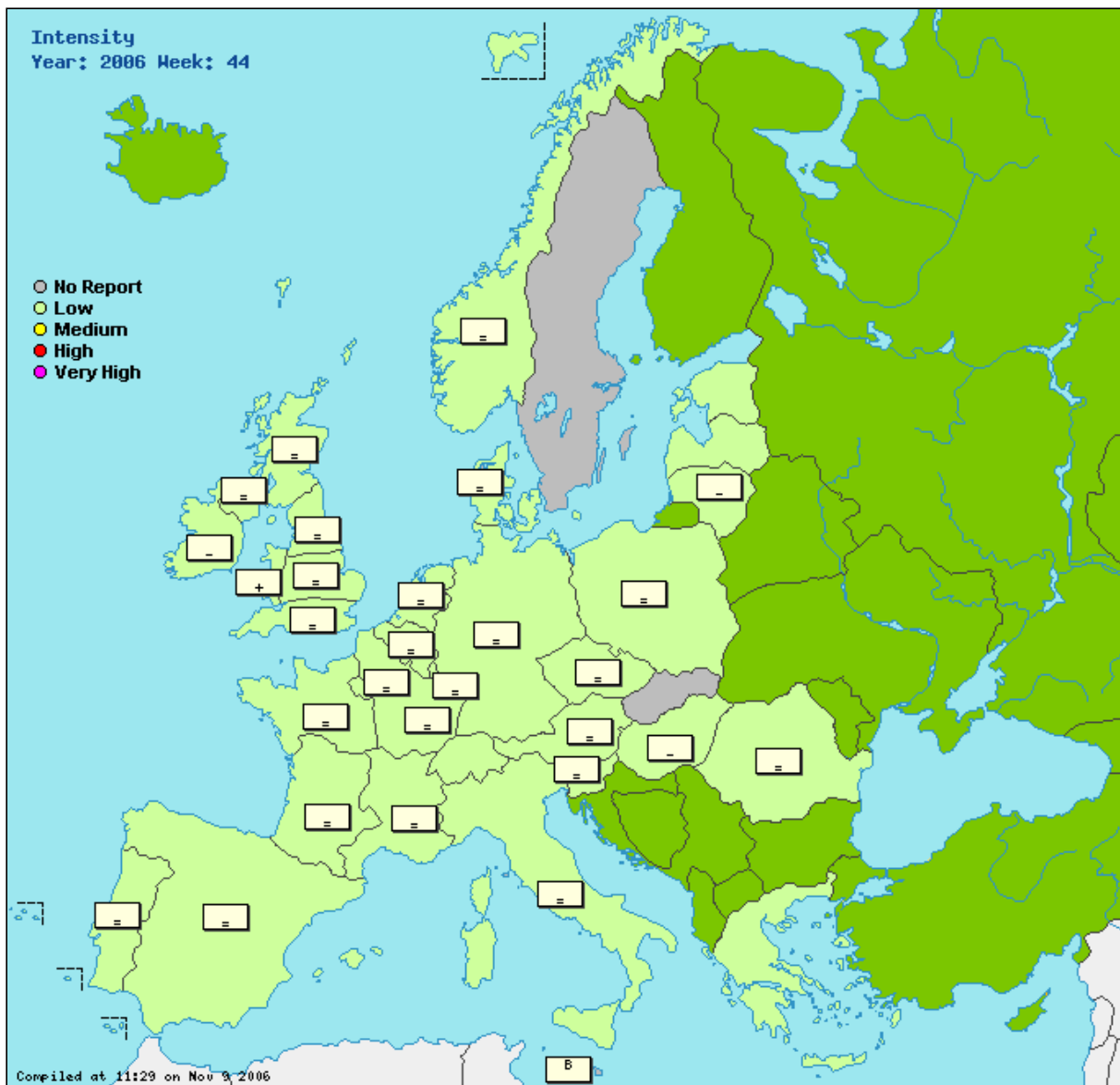
Map

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)

Spain

Two influenza virus (A not subtyped and B) were isolated from a sentinel source in the northern part of Spain (Asturias)

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			58	0%	None	708.7 (graphs)		Click here
Belgium	Low	None			3	0%	None	38.8 (graphs)	1183.6 (graphs)	Click here
Czech Republic	Low	None						40.6 (graphs)	1154.1 (graphs)	Click here
Denmark	Low	None			0	0%	None	28.5 (graphs)		Click here
England	Low	None			30	0%	None	6.6 (graphs)	516.3 (graphs)	Click here
Estonia	Low	None			6	0%	None	0.1 (graphs)	301.8 (graphs)	Click here
France	Low	Sporadic			23	0%	None		1089.5 (graphs)	Click here
Germany	Low	None							961.0 (graphs)	Click here
Greece	Low	None			0	0%	None	52.4 (graphs)		Click here
Hungary	Low	None			9	0%	None	41.9 (graphs)		Click here
Ireland	Low	None			1	0%	None	3.4 (graphs)		Click here

Italy	Low	None				28.5 (graphs)		Click here
Latvia	Low	None	0	0%	None	(graphs)	958.9 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.3 (graphs)	343.4 (graphs)	Click here
Luxembourg	Low	None	0	0%	None	69.8 (graphs)	2116.3 (graphs)	Click here
Malta			0	0%	Type B	(graphs)		Click here
Netherlands	Low	None	1	0%	None	15.8 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	43.8 (graphs)		Click here
Norway	Low	None	2	0%	None	23.8 (graphs)		Click here
Poland	Low	None	14	0%	None	55.5 (graphs)		Click here
Portugal	Low	None	1	0%	None	2.8 (graphs)		Click here
Romania	Low	None	7	0%	None	858.1 (graphs)	0.9 (graphs)	Click here
Scotland	Low	None	6	0%	None	9.7 (graphs)		Click here
Slovenia	Low	None	1	0%	None	(graphs)	469.4 (graphs)	Click here
Spain	Low	None	24	8.3%	None	8.5 (graphs)		Click here
Sweden			13	0%	None	1.0 (graphs)		Click here
Switzerland	Low	None				11.9 (graphs)		Click here
Wales	Low	None				1.9 (graphs)		Click here
Europe			199	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

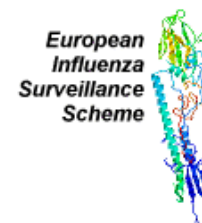
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS Co-ordination Centre (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Anselmi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 at low levels in Europe



Summary: Clinical influenza activity in Europe is currently at baseline levels. There have only been sporadic laboratory confirmed cases of influenza reported since the start of the 2006-2007 season: a total 28 cases of influenza A and three cases of influenza B from week 40 to 45.

Epidemiological situation - week 45/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in the 27 countries that reported the intensity indicator to the European Influenza Surveillance Scheme (EISS). For the geographical spread indicator, regional data from England and France indicated some sporadic activity (which means that isolated cases of laboratory confirmed influenza infection have been found) whilst 24 countries reported no activity (which means that influenza activity is a baseline levels). Definitions for the epidemiological indicators can be found [here](#).

Epidemiological situation - 2006-2007 season (week 40-45/2006): So far this season, the consultation rates for ILI and/or ARI have been at baseline levels across the whole of Europe.

Virological situation - week 45/2006: The total number of respiratory specimens collected by sentinel physicians was 374, of which two (0.5%) were positive for influenza virus. Of these, one specimen from the Czech Republic was positive for influenza A virus (not subtyped) and one from England was positive for influenza A virus (subtype H3). In addition, five non-sentinel specimens (e.g. specimens collected in hospitals) were positive for influenza A virus (not subtyped). Of these, two specimens were collected in France, two in Sweden and one in Hungary.

Twenty-five countries reported no dominant influenza virus type. Sweden reported influenza A as dominant (sub)type.

Virological situation - 2006-2007 season (week 40-45/2006): Based on (sub)typing data of all influenza virus detections (N=31; sentinel and non-sentinel data), 22 (71%) were A (not subtyped), five (16%) were type A subtype H1 of which one was type A subtype H1N1, one (3%) was type A subtype H3, and three (10%) were B.

No viruses have been antigenically and/or genetically characterized since week 40/2006.

Comment: Influenza activity in Europe is still low and there have only been sporadic laboratory confirmed cases of influenza since week 40/2006: in the Czech Republic (1 type A), England (2 type A, 1 type A subtype H3 and 1 type A subtype H1), France (9 type A and 1 type B), Hungary (1 type A), the Netherlands (1 type A subtype H1N1, 1 type A subtype H1 and 1 type B), Norway (1 type B), Poland (1 type A), Spain (4 type A) and Sweden (4 type A and 2 type A subtype H1).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 45/2006, 27 countries reported clinical data and 26 countries reported virological data. 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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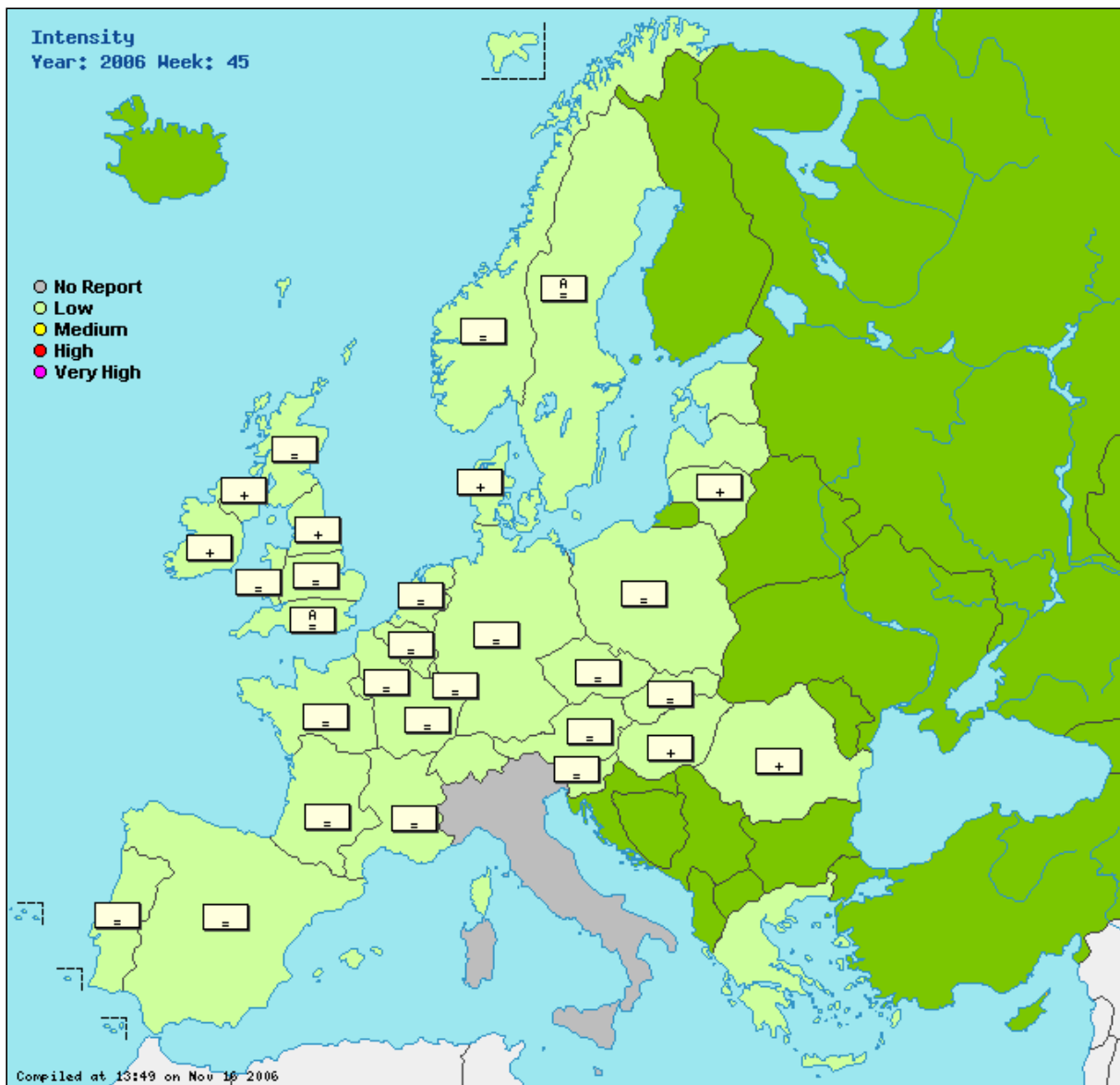
Map

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)

Spain

It has not been confirmed the isolate B from the previous week. All isolates notified since the start of the 2006-2007 season have been A not subtyped.

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			60	0%	None	822.5 (graphs)		Click here
Belgium	Low	None			3	0%	None	12.1 (graphs)	1101.4 (graphs)	Click here
Czech Republic	Low	None			38	2.6%	None	35.9 (graphs)	1155.8 (graphs)	Click here
Denmark	Low	None			0	0%	None	80.0 (graphs)		Click here
England	Low	Sporadic			57	1.8%	None	7.9 (graphs)	551.1 (graphs)	Click here
Estonia	Low	None			7	0%	None	graphs)	381.1 (graphs)	Click here
France	Low	Sporadic			50	0%	None		1181.4 (graphs)	Click here
Germany	Low	None			25	0%	None		1053.0 (graphs)	Click here
Greece	Low	None			0	0%	None	62.9 (graphs)		Click here
Hungary	Low	None			7	0%	None	51.3 (graphs)		Click here

Ireland	Low	None	8	0%	None	5.0 (graphs)		Click here
Latvia	Low	None	1	0%	None	(graphs)	1133.7 (graphs)	Click here
Lithuania	Low	None	2	0%	None	1.9 (graphs)	452.3 (graphs)	Click here
Luxembourg	Low	None	2	0%	None	27.5 (graphs)	2061.0 (graphs)	Click here
Malta			0	0%	None	(graphs)		Click here
Netherlands	Low	None	4	0%	None	29.3 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	72.7 (graphs)		Click here
Norway	Low	None	4	0%	None	31.1 (graphs)		Click here
Poland	Low	None	19	0%	None	58.2 (graphs)		Click here
Portugal	Low	None	3	0%	None	11.7 (graphs)		Click here
Romania	Low		15	0%	None	911.5 (graphs)	0.2 (graphs)	Click here
Scotland	Low	None	6	0%	None	10.2 (graphs)		Click here
Slovakia	Low	None	3	0%	None	206.1 (graphs)		Click here
Slovenia	Low	None	1	0%	None	1.8 (graphs)	888.5 (graphs)	Click here
Spain	Low	None	36	0%	None	18.6 (graphs)		Click here
Sweden	Low	None	23	0%	Type A	1.7 (graphs)		Click here
Switzerland	Low	None				15.7 (graphs)		Click here
Wales	Low	None				2.2 (graphs)		Click here
Europe			374	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

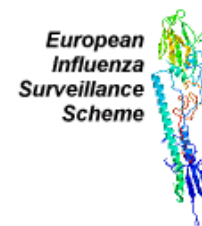
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS Co-ordination Centre (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 across Europe



Summary: Clinical influenza activity is currently at baseline levels in Europe which is typical for this time of the year. There have only been sporadic laboratory confirmed cases of influenza reported since the start of the 2006-2007 season: a total 45 cases of influenza A and three cases of influenza B since the beginning of October.

Epidemiological situation - week 46/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in the 27 countries that reported the intensity indicator to the European Influenza Surveillance Scheme (EISS). For the geographical spread indicator, regional data from France and Scotland indicated some sporadic activity (which means that isolated cases of laboratory confirmed influenza infection have been found) whilst 25 countries reported no activity (which means that influenza activity is at baseline levels). Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (week 40-46/2006): So far this season, the consultation rates for ILI and/or ARI have been at baseline levels across the whole of Europe.

Virological situation - week 46/2006: The total number of respiratory specimens collected by sentinel physicians was 449, of which six (1.3%) were positive for influenza virus. Of these, four specimens (Austria (1), the Czech Republic (1) and France (2)) were positive for influenza A virus (not subtyped), one was positive for influenza A(H3) (Greece) and one was positive for influenza A(H3N2) (Spain). In addition, six non-sentinel specimens (e.g. specimens collected in hospitals) collected in France (1), Sweden (4) and Switzerland (1) were positive for influenza A virus (not subtyped).

Twenty-two countries reported no dominant influenza virus type. England and Sweden reported influenza A was dominant, and Greece reported that influenza A(H3) was dominant.

Cumulative virological situation - 2006-2007 season (week 40-46/2006): Based on (sub)typing data of all influenza virus detections (N=48; sentinel and non-sentinel data), 35 (73%) were A (not subtyped), six (13%) were A(H1) [of which two were A(H1N1)], four (8%) were influenza A(H3) [of which two were A(H3N2)] and three (6%) were B.

Of the 48 influenza virus detections up to week 46/2006, five have been antigenically and/or genetically characterized (three in Scotland and two in England): one was A/New Caledonia/20/99 (H1N1)-like, three were A/Wisconsin/67/2005 (H3N2)-like and one was A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus] (click [here](#)).

Comment: Influenza activity in Europe remains low which is typical for this time of the year. There have been only sporadic laboratory confirmed cases of influenza since week 40/2006 and these have been reported across the whole of Europe: in Austria, the Czech Republic, England, France, Germany, Greece, Hungary, the Netherlands, Norway, Poland, Scotland (see 'Network comment'), Spain, Sweden, Switzerland and Wales. Ninety-four percent of the laboratory confirmed cases (N=48) have been influenza A.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 46/2006, 27 countries reported clinical data and 25 countries reported virological data. 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](#).

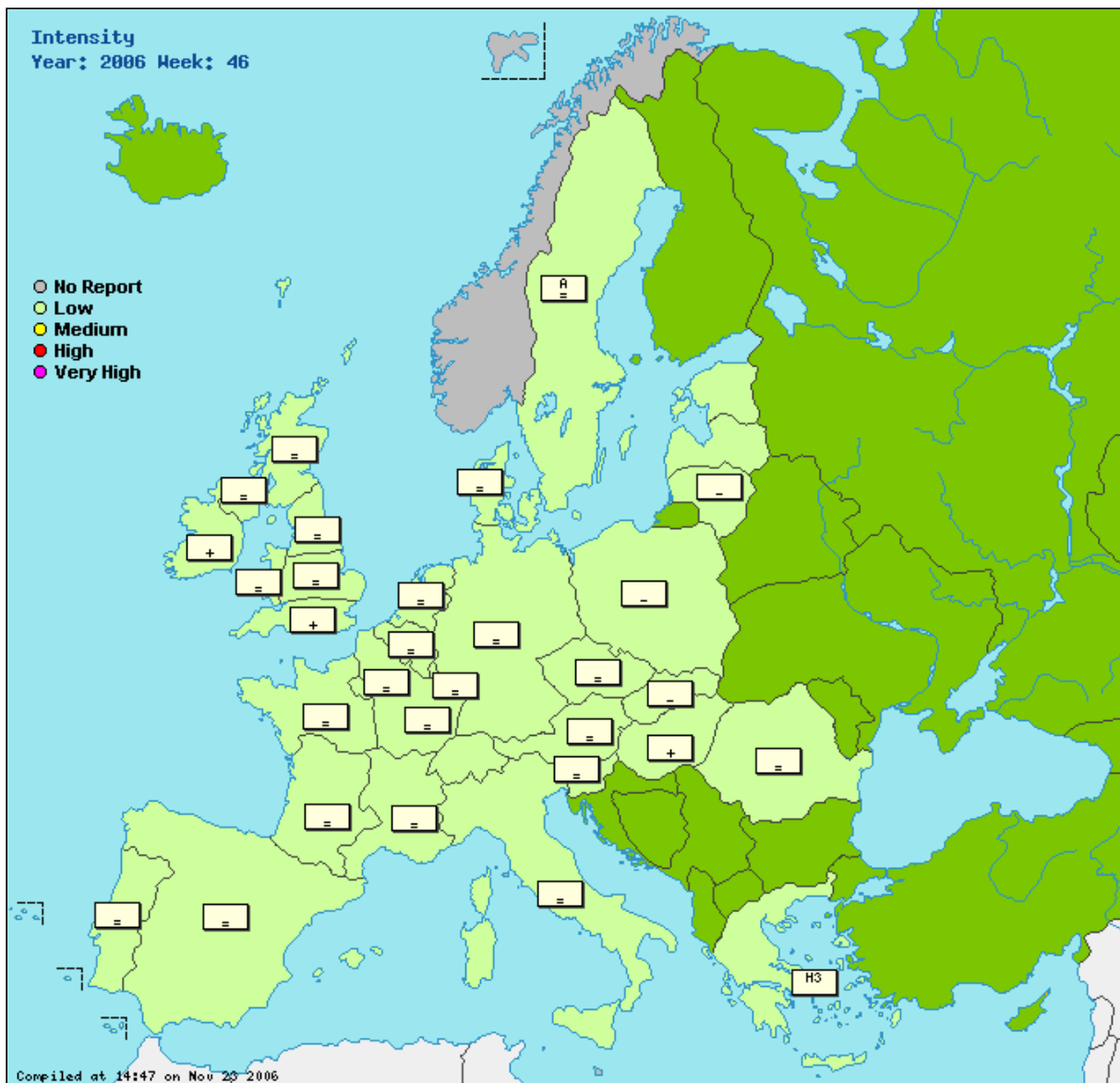
Map

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)

Norway

One case of influenza A(H1N1) infection in Northern Norway in week 44 has been verified this week. This is the first confirmed influenza case in Norway this season.

Scotland

A cluster of cases (four) of influenza like illness were rereported from Greater Glasgow & Clyde NHS Board area during week 46. Tests at the West of Scotland Specialist Virology Centre (WofSSVC) revealed that they were suffering from influenza A/Wisconsin/67/2005 (H3)- like virus. It is unclear where they contracted the infection as they are not indigenous to Scotland but belong to a group of people from Central Europe who have taken up residence in Glasgow and may have travelled to or from their home country recently

Spain

One influenza virus AH3N2 was isolated from a sentinel source in the BasqueCountry

Switzerland

No influenza virus detected in Switzerland.

Table and graphs (where available)

Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
-----------	-------------------	--------	-------	----------------	---------------------	---------------	-----------------	-----------------	------------------------------

Austria	Low	None	71	1.4%	None	780.6 (graphs)		Click here
Belgium	Low	None	6	0%	None	17.3 (graphs)	1286.2 (graphs)	Click here
Czech Republic	Low	None	34	2.9%	None	29.6 (graphs)	1050.4 (graphs)	Click here
Denmark	Low	None	0	0%	None	30.1 (graphs)		Click here
England	Low	None	39	0%	Type A	10.2 (graphs)	578.7 (graphs)	Click here
Estonia	Low	None	21	0%	None	(graphs)	378.7 (graphs)	Click here
France	Low	Sporadic	98	2.0%	None		1385.9 (graphs)	Click here
Germany	Low	None	25	0%	None		1203.0 (graphs)	Click here
Greece	Low	None	1	100.0%	Type A, Subtype H3	63.4 (graphs)		Click here
Hungary	Low	None	14	0%	None	65.0 (graphs)		Click here
Ireland	Low	None	6	0%	None	7.1 (graphs)		Click here
Italy	Low	None				44.5 (graphs)		Click here
Latvia	Low	None	0	0%	None	(graphs)	1192.4 (graphs)	Click here
Lithuania	Low	None	1	0%	None	1.0 (graphs)	424.4 (graphs)	Click here
Luxembourg	Low	None	3	0%	None	23.3 (graphs)	2209.3 (graphs)	Click here
Netherlands	Low	None	8	0%	None	27.6 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	65.1 (graphs)		Click here
Norway			7	0%	None	(graphs)		Click here
Poland	Low	None	19	0%	None	49.7 (graphs)		Click here
Portugal	Low	None	0	0%	None	2.8 (graphs)		Click here
Romania	Low	None	16	0%	None	925.5 (graphs)	0.4 (graphs)	Click here
Scotland	Low	Sporadic	7	0%	None	11.1 (graphs)		Click here
Slovakia	Low	None	4	0%	None	211.8 (graphs)		Click here
Slovenia	Low	None	5	0%	None	(graphs)	975.9 (graphs)	Click here
Spain	Low	None	40	2.5%	None	19.2 (graphs)		Click here
Sweden	Low	None	16	0%	Type A	1.9 (graphs)		Click here
Switzerland	Low	None	8	0%	None	18.6 (graphs)		Click here
Wales	Low	None				2.3 (graphs)		Click here
Europe			449	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

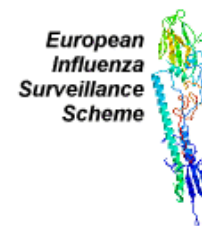
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS Co-ordination Centre (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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: Clinical influenza activity remains at baseline levels in Europe which is typical for this time of the year. There have only been sporadic laboratory confirmed cases of influenza reported since the start of the 2006-2007 season: a total 63 cases of influenza A and five cases of influenza B since the beginning of October.

Epidemiological situation - week 47/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in all 26 countries that reported the intensity indicator to the European Influenza Surveillance Scheme (EISS). Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (week 40-47/2006): So far this season, the consultation rates for ILI and / or ARI have been at baseline levels across the whole of Europe.

Virological situation - week 47/2006: The total number of respiratory specimens collected by sentinel physicians was 394, of which ten (2.5%) were positive for influenza virus. The positive specimens were collected in the Czech Republic (two), France (one), Italy (two), Poland (one), Spain (one) and Sweden (one). In addition, ten non-sentinel specimens (e.g. specimens collected in hospitals), collected in France (one), Hungary (one) and Sweden (eight), were positive for influenza virus.

Sweden reported that influenza A was dominant and twenty-four countries reported no dominant influenza virus type.

Cumulative virological situation - 2006-2007 season (week 40-47/2006): Based on (sub)typing data of all influenza virus detections (N=68; sentinel and non-sentinel data), 52 (76%) were A (not subtyped), six (9%) were A(H1) [of which two were A(H1N1)], five (7%) were influenza A(H3) [of which four were A(H3N2)] and five (7%) were B.

No antigenic and/or genetic strain characterisations were reported to EISS in week 47/2006 (click [here](#)). However, based on reports made in week 46/2006, of the 68 influenza virus detections up to week 47/2006, five have been antigenically and/or genetically characterised (three in Scotland and two in England): one was A/New Caledonia/20/99 (H1N1)-like, three were A/Wisconsin/67/2005 (H3N2)-like and one was A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus] (click [here](#)).

Comment: Influenza activity is currently at baseline levels in Europe. There have been only sporadic laboratory confirmed cases of influenza since week 40/2006, and these have been reported across the whole of Europe: in Austria, the Czech Republic, England, France, Germany, Greece, Hungary, Italy, the Netherlands, Norway, Poland, Scotland (see 'Network comment' of week 46/2006), Spain, Sweden, Switzerland and Wales. Ninety-three percent of the laboratory confirmed cases (N=68) have been influenza A, although the total number of detections is still low compared to previous seasons (click [here](#)) [second graph].

Detections of the respiratory syncytial virus (RSV), a respiratory virus with clinical symptoms that are similar to influenza, have been gradually increasing in a number of European countries (e.g. in [France](#) [second graph] and [the Netherlands](#)).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 28 European countries that are members of EISS. In week 47/2006, 26 countries reported clinical data and 25 countries reported virological data. 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](#).

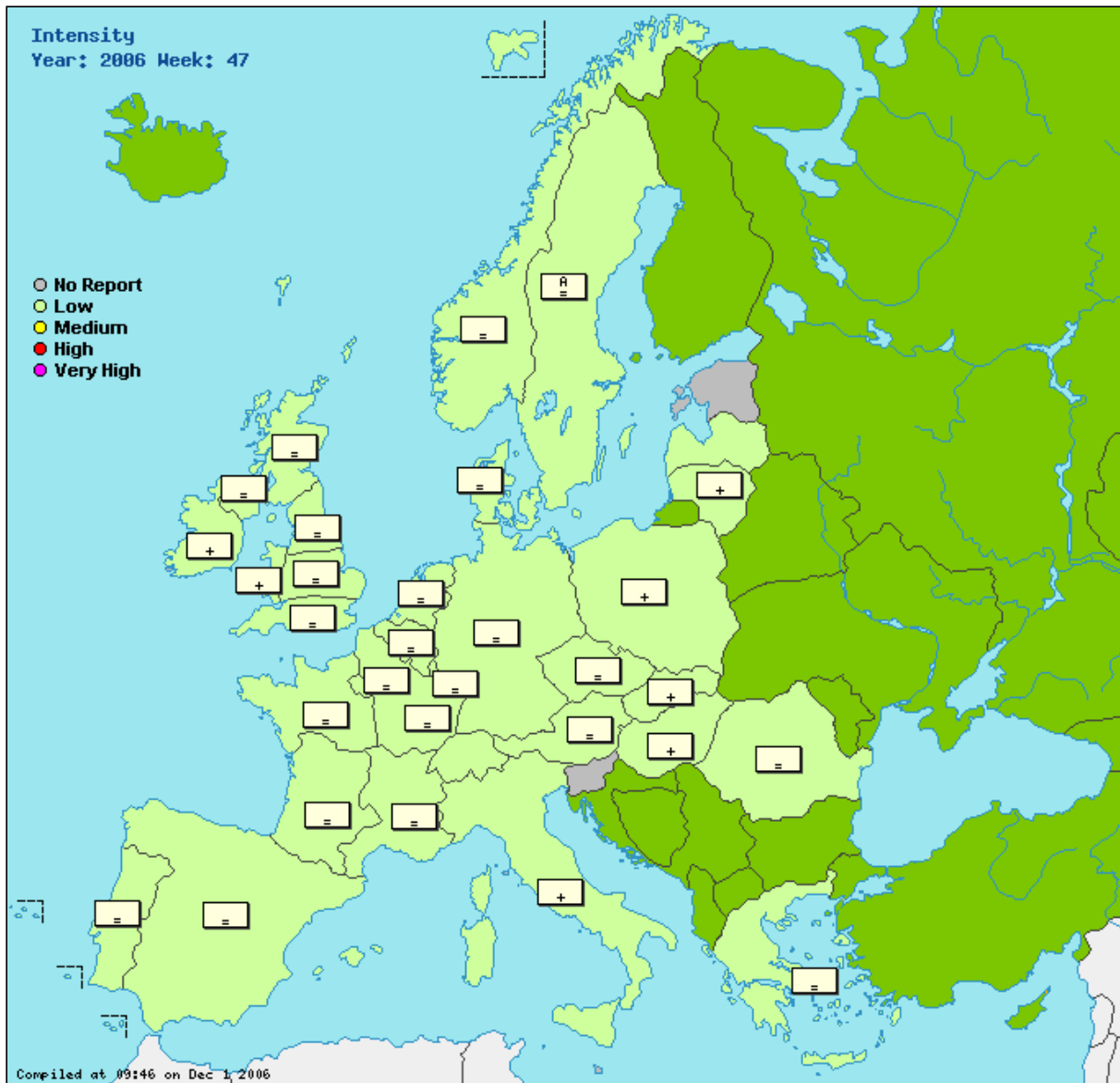
Map

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 remains at low levels. First two cases of influenza B type were identified in Milano, from a 71 and a 65 years old patient, respectively. Laboratory analyses are in progress.

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			78	0%	None	784.1 (graphs)		Click here
Belgium	Low	None			0	0%	None	30.4 (graphs)	1366.8 (graphs)	Click here
Czech Republic	Low	None			40	5.0%	None	36.4 (graphs)	1156.3 (graphs)	Click here
Denmark	Low	None			0	0%	None	56.4 (graphs)		Click here
England	Low	Sporadic						10.2 (graphs)	569.6 (graphs)	Click here
Estonia					24	0%	None	(graphs)		Click here
France	Low	Sporadic			79	1.3%	None		1544.7 (graphs)	Click here
Germany	Low	None							1146.0 (graphs)	Click here

Greece	Low	None	7	0%	None	46.8 (graphs)		Click here
Hungary	Low	Sporadic	8	0%	None	70.2 (graphs)		Click here
Ireland	Low	None	10	0%	None	9.0 (graphs)		Click here
Italy	Low	Sporadic	12	16.7%	None	52.3 (graphs)		Click here
Latvia	Low	None				(graphs)	1257.4 (graphs)	Click here
Lithuania	Low	None	1	0%	None	0.6 (graphs)	448.4 (graphs)	Click here
Luxembourg	Low	None	4	0%	None	21.6 (graphs)	2116.2 (graphs)	Click here
Netherlands	Low	None	6	0%	None	35.7 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	66.1 (graphs)		Click here
Norway	Low	None	4	0%	None	33.4 (graphs)		Click here
Poland	Low	None	31	3.2%	None	59.3 (graphs)		Click here
Portugal	Low	None	2	0%	None	5.7 (graphs)		Click here
Romania	Low	None	7	0%	None	933.8 (graphs)	0.2 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	None	11.1 (graphs)		Click here
Slovakia	Low	None	1	0%	None	214.6 (graphs)		Click here
Slovenia			1	0%	None	(graphs)		Click here
Spain	Low	None	35	5.7%	None	20.2 (graphs)		Click here
Sweden	Low	None	21	9.5%	Type A	2.2 (graphs)		Click here
Switzerland	Low	None	16	0%	None	21.9 (graphs)		Click here
Wales	Low	None				4.1 (graphs)		Click here
Europe			394	2.5%				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

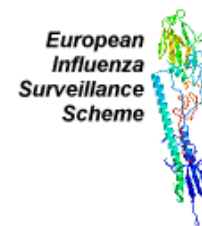
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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: Clinical influenza activity remains at baseline levels in Europe. There have only been sporadic laboratory confirmed cases of influenza reported since the start of the 2006-2007 season: a total of 93 cases of influenza A and 10 cases of influenza B since week 40. In a number of European countries RSV detections have been increasing in recent weeks.

Epidemiological situation - week 48/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in all 27 countries. Data from England, France, Hungary, Italy and Sweden indicated some sporadic activity (isolated cases of laboratory confirmed influenza) whilst 21 countries reported no activity. Definitions of epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (week 40-48/2006): So far this season, the consultation rates for ILI and/or ARI have been at baseline levels across the whole of Europe.

Virological situation - week 48/2006: The total number of respiratory specimens collected by sentinel physicians was 447, of which nine (2.0%) were positive for influenza virus. The positive specimens were collected in England (three), France (three), Spain (two) and Switzerland (one). In addition, 14 influenza positive specimens from non-sentinel sources were reported (e.g. specimens collected in hospitals) including England (one), Hungary (one), Sweden (seven) and Switzerland (five). All specimens from Switzerland were influenza A.

Cumulative virological situation - 2006-2007 season (week 40-48/2006): Based on (sub)typing data of all influenza virus detections (N=103; sentinel and non-sentinel data), 72 (70%) were A (not subtyped), six (6%) were A(H1) [of which two were A(H1N1)], 15 (14%) were influenza A(H3) [of which ten were A(H3N2)] and ten (10%) were B.

Based on the characterisation data of all influenza virus detections up to week 48/2006 three have been antigenically and/or genetically characterized (two in England and one in Austria): one was A/New Caledonia/20/99 (H1N1)-like, one was A/Wisconsin/67/2005 (H3N2)-like and one was A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus] (click [here](#)). In addition, based on reports made in week 46/2006, three virus detections from Scotland have been characterised as A/Wisconsin/67/2005 (H3N2)-like.

Comment: Of the 103 influenza positive specimens reported so far this season, 33 (32%) are from Sweden. Other countries with five or more detections are: France (21), Switzerland (ten), England (nine) and Spain (nine). In all of these countries, including Sweden (click [here](#)), clinical influenza activity is low.

Detections of the respiratory syncytial virus (RSV), a respiratory virus with clinical symptoms that are similar to influenza, have been gradually increasing in a number of European countries (e.g. in [England](#) [second graph], [France](#), [Ireland](#), [the Netherlands](#) and [Scotland](#)).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 48/2006, 27 countries reported clinical data and 28 countries reported virological data. 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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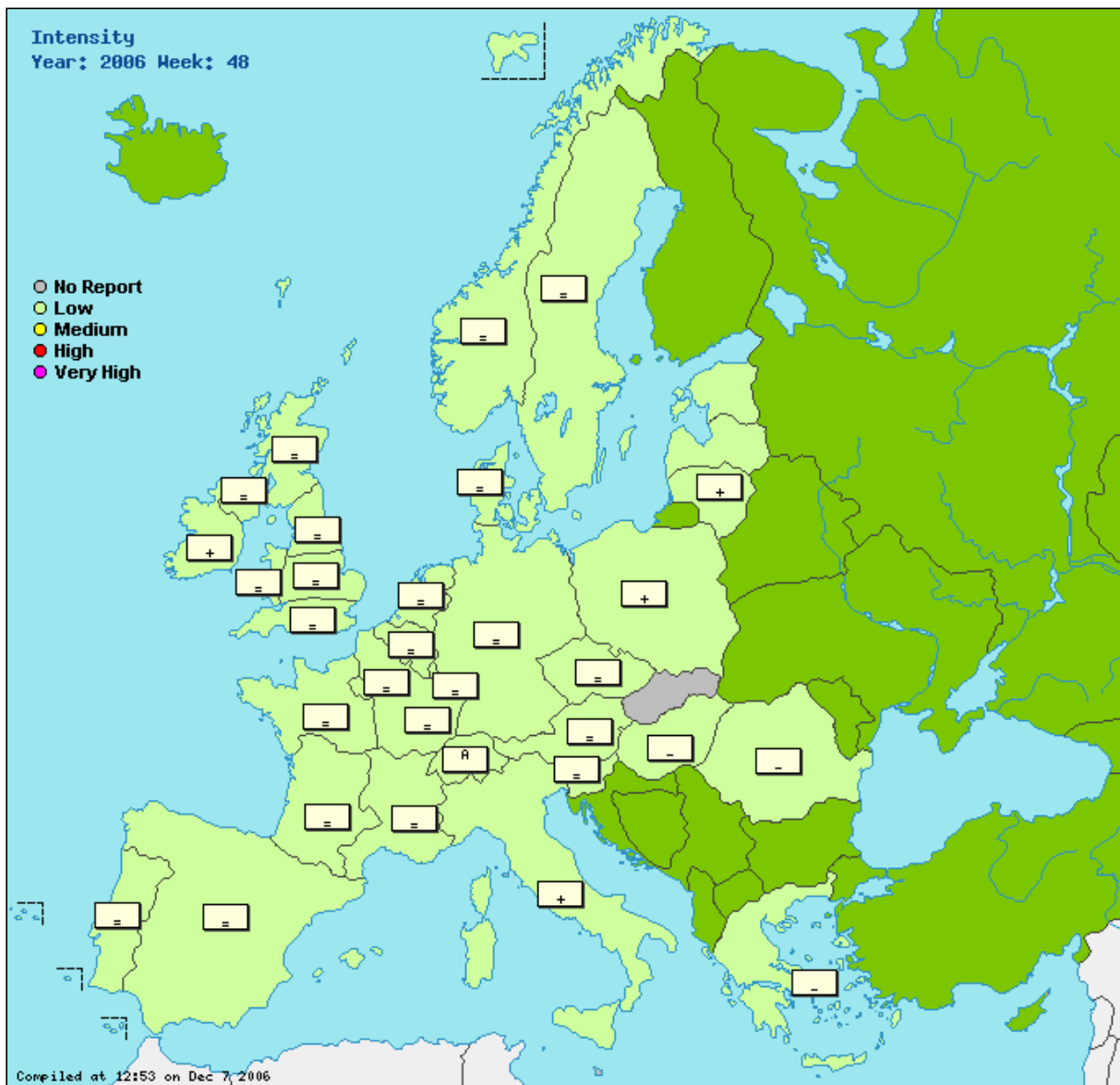
Map

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

Still low levels of Influenza activity are reported. Analyses of the samples collected are still in progress. No influenza positive samples have been detected during this week.

Sweden

The first case of influenza B this season

Switzerland

An influenza A virus was detected in a sample taken in a 5 years old patient living in the South-East part of Switzerland. Sub-typisation analysis is under process.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria	Low	None			84	0%	None	874.4 (graphs)		Click here
Belgium	Low	None			6	0%	None	39.6 (graphs)	1305.1 (graphs)	Click here
Czech Republic	Low	None						38.3 (graphs)	1172.1 (graphs)	Click here
Denmark	Low	None			5	0%	None	62.2 (graphs)		Click here
England	Low	Sporadic			61	4.9%	None	10.4 (graphs)	630.9 (graphs)	Click here

Estonia	Low		25	0%	None	15.6 (graphs)	348.3 (graphs)	Click here
France	Low	Sporadic	93	3.2%	None		1502.5 (graphs)	Click here
Germany	Low	None	15	0%	None		1170.0 (graphs)	Click here
Greece	Low	None	8	0%	None	40.9 (graphs)		Click here
Hungary	Low	Sporadic	19	0%	None	64.3 (graphs)		Click here
Ireland	Low	None	6	0%	None	9.5 (graphs)		Click here
Italy	Low	Sporadic	7	0%	None	(graphs)		Click here
Latvia	Low	None	0	0%	None	(graphs)	853.5 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.3 (graphs)	452.1 (graphs)	Click here
Luxembourg	Low	None	5	0%	None	21.6 (graphs)	2202.6 (graphs)	Click here
Malta			0	0%	None	(graphs)		Click here
Netherlands	Low	None	5	0%	None	33.2 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	49.7 (graphs)		Click here
Norway	Low	None	2	0%	None	31.0 (graphs)		Click here
Poland	Low	None	24	0%	None	56.1 (graphs)		Click here
Portugal	Low	None	2	0%	None	6.8 (graphs)		Click here
Romania	Low	None	8	0%	None	852.9 (graphs)	0.7 (graphs)	Click here
Scotland	Low	None	5	0%	None	8.8 (graphs)		Click here
Slovakia			1	0%	None	(graphs)		Click here
Slovenia	Low	None	8	0%	None	(graphs)	925.6 (graphs)	Click here
Spain	Low	None	23	8.7%	None	23.6 (graphs)		Click here
Sweden	Low	Sporadic	23	0%	None	3.4 (graphs)		Click here
Switzerland	Low	None	9	11.1%	Type A	17.9 (graphs)		Click here
Wales	Low	None	3	0%	None	3.3 (graphs)		Click here
Europe			447	2.0%				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

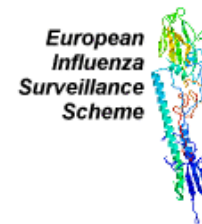
Population: per 100,000 population

*: 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 with sporadic cases of laboratory confirmed influenza in Europe



Summary: Clinical influenza activity in Europe remains at baseline levels. In the last three weeks (weeks 47-49) an increased number of laboratory confirmed cases of influenza have been reported for Europe as a whole. Since the start of the 2006-2007 season a total of 134 cases of influenza A and 12 cases of influenza B have been detected.

Epidemiological situation - week 49/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in 26 countries. Data from France, Luxembourg, Norway, Romania, Scotland and Switzerland indicated sporadic activity (isolated cases of laboratory confirmed influenza) whilst 22 countries reported no activity. Definitions of epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (week 40-49/2006): So far this season, the consultation rates for ILI and/or ARI have been at baseline levels across the whole of Europe.

Virological situation - week 49/2006: The total number of respiratory specimens collected by sentinel physicians was 503, of which ten (2.0%) were positive for influenza virus. The positive specimens were collected in Austria (one), the Czech Republic (one), France (two), Luxembourg (one), Romania (one), Sweden (one) and Switzerland (three). In addition, 22 influenza virus positive specimens from non-sentinel sources (e.g. specimens collected in hospitals) were reported [Norway (five), France (two), Scotland (six), Sweden (eight) and Switzerland (one)]. All positive specimens except for one from Romania were influenza A.

Cumulative virological situation - 2006-2007 season (week 40-49/2006): Based on (sub)typing data of all influenza virus detections (N=146; sentinel and non-sentinel data), 87 (60%) were A (not subtyped), nine (6%) were A(H1) [of which three were A(H1N1)], 38 (26%) were influenza A(H3) [of which 18 were A(H3N2)] and 12 (8%) were B.

Based on the characterisation data of all influenza virus detections up to week 49/2006, 17 have been antigenically and/or genetically characterized (one in Austria, two in England, 12 in France, one in Luxembourg and one in Norway). Fourteen were A/Wisconsin/67/2005 (H3N2)-like (one from Austria, 11 from France, one from Luxembourg and one from Norway), two were A/New Caledonia/20/99 (H1N1)-like (one from England and one from France) and one (from England) was A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus] (click [here](#)).

Comment: Influenza activity in Europe remains at baseline levels. Although clinical influenza activity in Northern Ireland is increasing, there is no laboratory evidence for influenza infection in this country. Laboratory confirmed cases of influenza have been found sporadically throughout Europe since week 40/2006. However, from week 47 onwards the number of positive isolates per week has been increasing (click [here](#)). So far this season, 92% of the virus isolates were influenza A.

Detections of the respiratory syncytial virus (RSV), a respiratory virus with clinical symptoms that are similar to influenza, have been gradually increasing in a number of European countries (e.g. in [Czech Republic](#) [second graph], [England](#), [France](#), [Netherlands](#) and [Northern Ireland](#)) whereas in Scotland RSV remains stable (click [here](#)) and in Ireland RSV is possibly over its peak (click [here](#)).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 48/2006, 27 countries reported clinical data and 29 countries reported virological data. 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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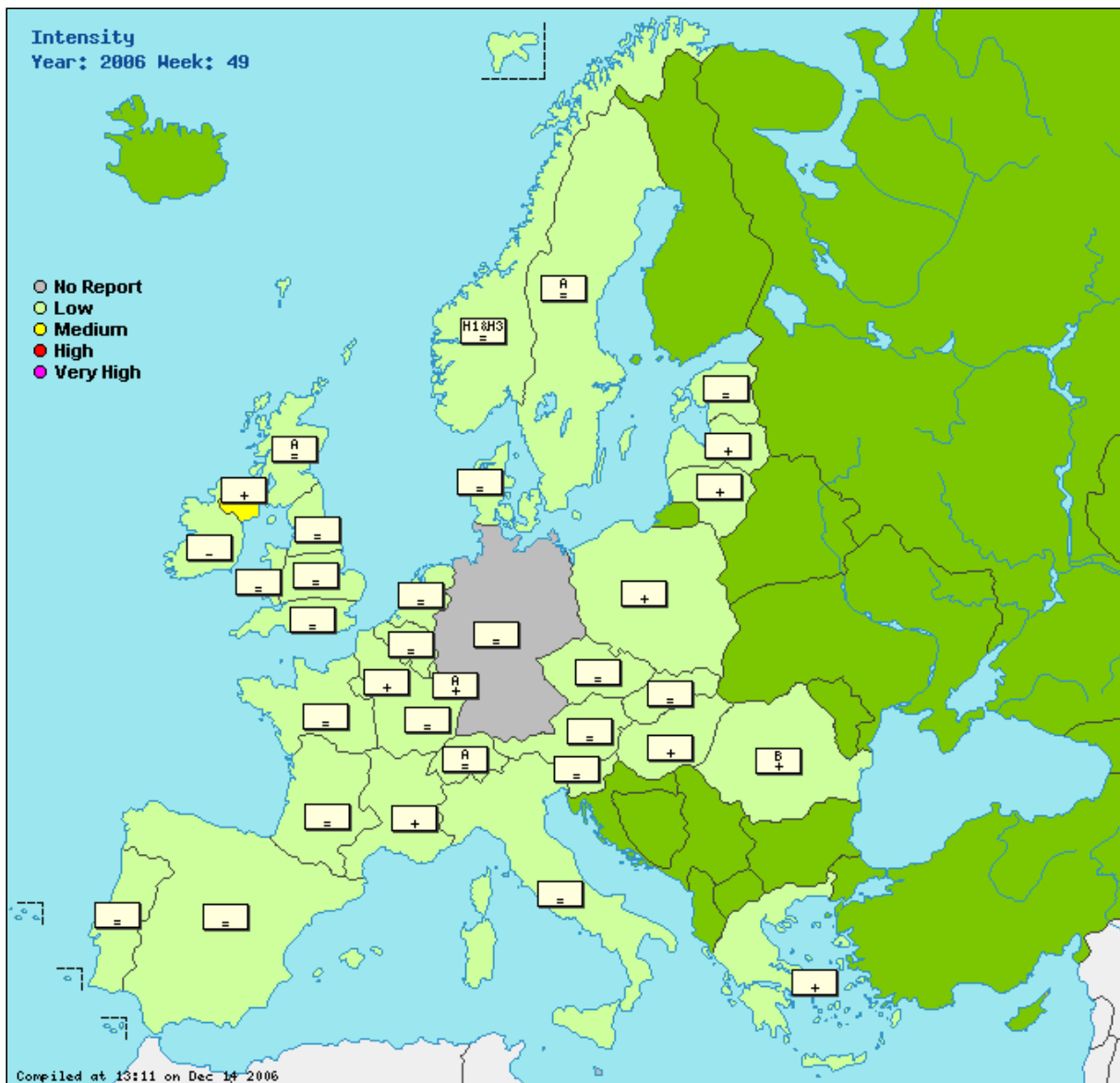
Map

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 remains at low levels. No virus isolation and/or identification is reported.

Norway

Four influenza A(H3) cases in SE Norway, one A(H1) case in N Norway where A(H1) was also detected in week 44.

Sweden

Six more laboratory confirmed Influenza A cases (week 47) were reported. Total number of Inf A now was 15 cases, all of them in the northern region of Sweden.

Switzerland

3 influenza A viruses were detected in 3 different region of the country. Activity remained low this week.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria	Low	None			67	1.5%	None	780.4 (graphs)		Click here
Belgium	Low	None			7	0%	None	40.8 (graphs)	1457.6 (graphs)	Click here
Czech Republic	Low	None			66	1.5%	None	34.3 (graphs)	1178.2 (graphs)	Click here
Denmark	Low	None			1	0%	None	63.0 (graphs)		Click here

England	Low	None	44	0%	None	10.4 (graphs)	614.8 (graphs)	Click here
Estonia	Low	None	23	0%	None	0.5 (graphs)	376.7 (graphs)	Click here
France	Low	Sporadic	108	1.9%	None		1692.4 (graphs)	Click here
Germany		None	29	0%	None		1150.0 (graphs)	Click here
Greece	Low	None	5	0%	None	47.7 (graphs)		Click here
Hungary	Low	None	8	0%	None	76.5 (graphs)		Click here
Ireland	Low	None	3	0%	None	3.9 (graphs)		Click here
Italy	Low	None	5	0%	None	48.6 (graphs)		Click here
Latvia	Low	None	0	0%	None	(graphs)	1198.3 (graphs)	Click here
Lithuania	Low	None	0	0%	None	1.3 (graphs)	534.1 (graphs)	Click here
Luxembourg	Low	Sporadic	7	14.3%	Type A	25.2 (graphs)	2821.9 (graphs)	Click here
Malta			0	0%	None	(graphs)		Click here
Netherlands	Low	None	10	0%	None	37.5 (graphs)		Click here
Northern Ireland	Medium	None	2	0%	None	106.1 (graphs)		Click here
Norway	Low	Sporadic	2	0%	Type A, Subtype H1 and H3	22.5 (graphs)		Click here
Poland	Low	None	17	0%	None	72.3 (graphs)		Click here
Portugal	Low	None	0	0%	None	2.5 (graphs)		Click here
Romania	Low	Sporadic	14	7.1%	Type B	1033.2 (graphs)	0.9 (graphs)	Click here
Scotland	Low	Sporadic	9	0%	Type A	(graphs)		Click here
Slovakia	Low	None	3	0%	None	232.4 (graphs)		Click here
Slovenia	Low	None	8	0%	None	(graphs)	1027.6 (graphs)	Click here
Spain	Low	None	13	0%	None	14.1 (graphs)		Click here
Sweden	Low	None	38	2.6%	Type A	3.1 (graphs)		Click here
Switzerland	Low	Sporadic	14	21.4%	Type A	16.4 (graphs)		Click here
Wales	Low	None	0	0%	None	1.8 (graphs)		Click here
Europe			503	2.0%				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

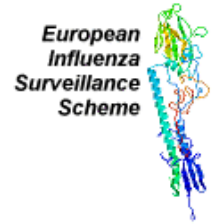
Population: per 100,000 population

*: 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

The bulletin text was written by the EISS Co-ordination Centre (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 countries across Europe remained at baseline levels in week 50/2006. The number of laboratory confirmed cases of influenza continued to increase for Europe as a whole, but the percentage of respiratory specimens testing positive is still low at about 2%. Since the start of the 2006-2007 season a total of 194 cases of influenza A and 16 cases of influenza B have been detected across Europe, of which 71% were from France, Sweden, Switzerland and the United Kingdom.

Epidemiological situation - week 50/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in 25 countries. Northern Ireland reported a medium intensity of influenza activity, but this was not confirmed by influenza virus detections. Regional data indicated sporadic activity in ten countries, meaning that isolated cases of laboratory confirmed influenza were detected, whilst 17 countries reported no activity. Definitions of epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (week 40-50/2006): So far this season, the consultation rates for ILI and/or ARI have been below baseline levels across Europe.

Virological situation - week 50/2006: The total number of respiratory specimens collected by sentinel physicians was 515, of which 20 (3.9%) were positive for influenza virus. Of these, 18 (90%) specimens tested positive for influenza A virus and 2 (10%) tested positive for influenza B virus. In addition, 38 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 35 (92%) were influenza A and 3 (8%) influenza B. Of the 58 sentinel and non-sentinel specimens positive for influenza A virus, 4 had the H1 and 5 the H3 subtype and 44 were not subtyped.

Cumulative virological situation - 2006-2007 season (week 40-50/2006): Based on (sub)typing data of all influenza virus detections (N=210; sentinel and non-sentinel data), 136 (65%) were type A not subtyped, 14 (7%) were type A subtype H1 of which three were subtype H1N1, 44 (21%) were type A subtype H3 of which 19 were subtype H3N2, and 16 (8%) were type B.

Based on the characterisation data of all influenza virus detections up to week 50/2006, 43 have been antigenically and/or genetically characterized. Thirty five were A/Wisconsin/67/2005 (H3N2)-like, five were A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus], two were A/New Caledonia/20/99 (H1N1)-like and one was B/Malaysia/2506/2004-like (click [here](#)).

Comment: Influenza activity in Europe remains at baseline levels. For Europe as a whole (click [here](#)) and in a number of countries (England, France, Norway, Sweden and Switzerland) the number of laboratory confirmed cases reported per week continued to increase. However, this is not reflected in clearly increased consultation rates for ILI or ARI in these countries. In contrast, although clinical influenza activity in Northern Ireland is at a same level as in the peak of the two previous seasons (click [here](#)), there has been only one influenza A virus detection reported (in week 50/2006) in this country.

So far this season, 92% of the virus detections were influenza A. Most of the virus detections, 71% of all virus reports, have been reported from France (20%), Sweden (29%), Switzerland (12%) and the United Kingdom (10%).

A number of countries also report detections of respiratory syncytial virus (RSV) to EISS. An infection with RSV shows clinical symptoms that are similar to influenza. For Europe as a whole, the total number of RSV detections is low compared to week 50 of the 2005-2006 season (click [here](#)). In a number of countries, RSV detections are still sporadic or are just starting to increase. In others it is similar (e.g. France and the Netherlands) or at moderate (e.g. England) levels compared to the same week of the previous season. In Ireland RSV reports are now declining.

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 coming two weeks. This probably means that the current low levels of influenza activity will continue during the Christmas and New Year period.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 50/2006, 27 countries reported clinical data and 26 countries reported virological data. 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](#).

The European Influenza Surveillance Scheme wishes you a Merry Christmas.

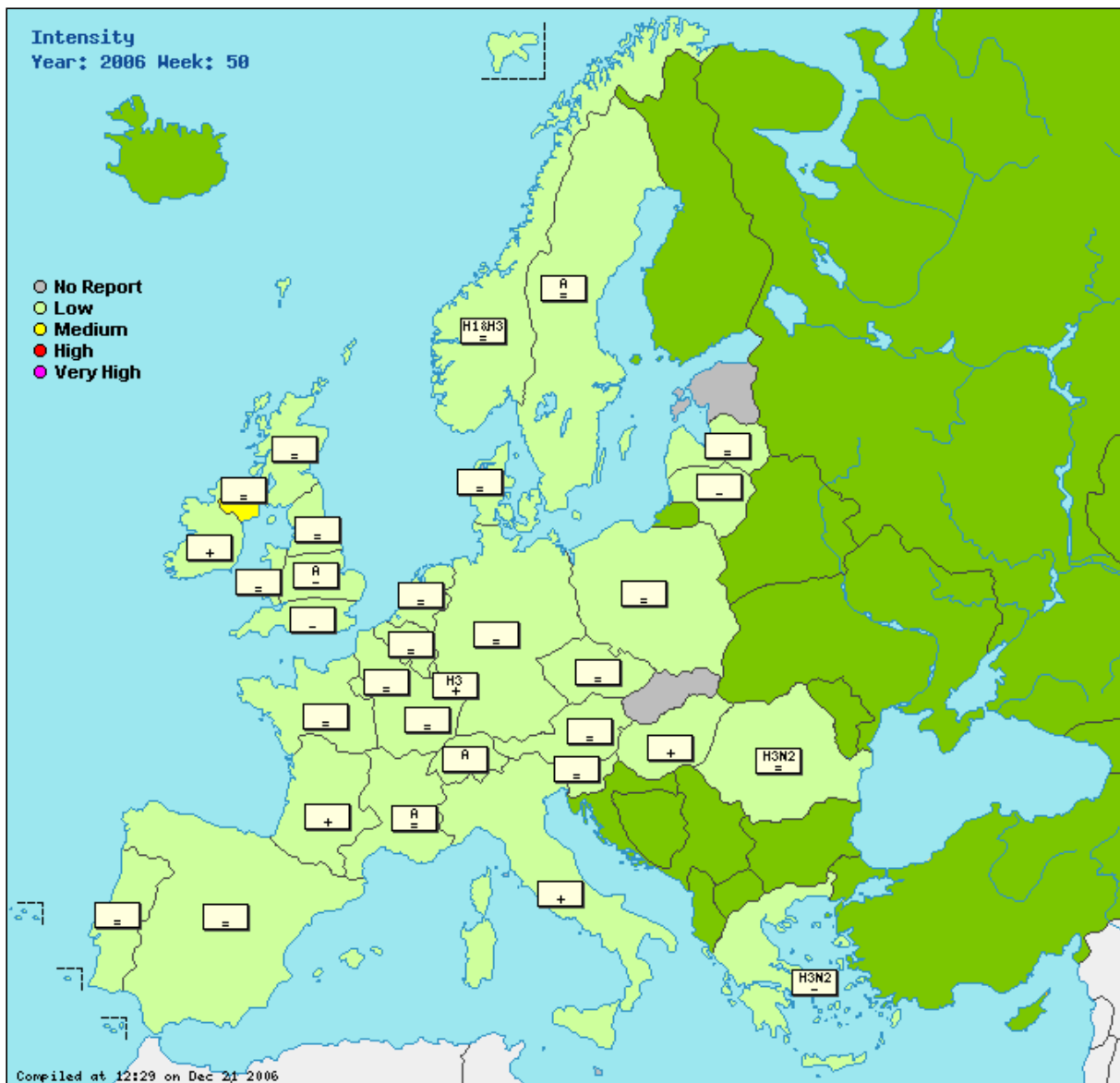
Map

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

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

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

You may select the type of map : Intensity Geographical spread



Country comments (where available)

Italy

Still low influenza activity is reported. One influenza A virus, not yet subtyped, was isolated by University of Florence. One further case of RSV was reported by University of Genoa.

Scotland

First influenza isolates from sentinel system reported (samples submitted during week49)

Sweden

One of the influenza A cases has been traveling in Pakistan

Switzerland

Influenza A viruses are detected regularly since the beginning of the season. Influenza activity remained low until this week.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria	Low	None			99	0%	None	851.6 (graphs)		Click here
Belgium	Low	None			7	0%	None	21.5 (graphs)	778.6 (graphs)	Click here
Czech Republic	Low	None						39.4 (graphs)	1217.2 (graphs)	Click here

Denmark	Low	None	1	0%	None	65.8 (graphs)		Click here
England	Low	Sporadic	52	3.9%	None	8.1 (graphs)	615.0 (graphs)	Click here
Estonia		None	20	0%	None	10.1 (graphs)	380.0 (graphs)	Click here
France	Low	Sporadic	121	5.8%	None		1811.5 (graphs)	Click here
Germany	Low	None	29	0%	None		992.0 (graphs)	Click here
Greece	Low	Sporadic	6	33.3%	Type A, Subtype H3N2	37.6 (graphs)		Click here
Hungary	Low	None				83.9 (graphs)		Click here
Ireland	Low	None	5	0%	None	7.7 (graphs)		Click here
Italy	Low	Sporadic	30	3.3%	None	63.9 (graphs)		Click here
Latvia	Low	None	0	0%	None	(graphs)	1194.1 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.7 (graphs)	523.7 (graphs)	Click here
Luxembourg	Low	Sporadic	18	5.6%	Type A, Subtype H3	60.4 (graphs)	3182.9 (graphs)	Click here
Netherlands	Low	None	4	0%	None	30.0 (graphs)		Click here
Northern Ireland	Medium	Sporadic	1	0%	None	84.4 (graphs)		Click here
Norway	Low	Sporadic	5	20.0%	Type A, Subtype H1N1 and H3N2	28.2 (graphs)		Click here
Poland	Low	None	22	0%	None	69.8 (graphs)		Click here
Portugal	Low	None	1	0%	None	5.4 (graphs)		Click here
Romania	Low	Sporadic	6	16.7%	Type A, Subtype H3N2	1029.3 (graphs)	1.8 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	None	11.0 (graphs)		Click here
Slovakia		None	5	0%	None	(graphs)		Click here
Slovenia	Low	None	5	0%	None	2.0 (graphs)	1154.7 (graphs)	Click here
Spain	Low	None	40	2.5%	None	28.3 (graphs)		Click here
Sweden	Low	None	16	12.5%	Type A	1.3 (graphs)		Click here
Switzerland	Low	Sporadic	17	11.8%	Type A	24.5 (graphs)		Click here
Wales	Low	None	5	0%	None	2.8 (graphs)		Click here
Europe			515	3.9%				Click here

Preliminary data

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

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

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

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

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

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

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

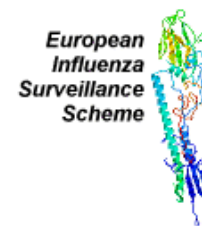
Population: per 100,000 population

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Low levels of influenza activity over Christmas in Europe



Summary: Clinical influenza activity in countries across Europe remained below baseline levels in week 51/2006. Sweden is experiencing a local outbreak of influenza type A subtype H3 in the northern part of the country. The number of respiratory specimens testing positive for influenza virus in Europe as a whole is still low at about 3%. Since the start of the 2006-2007 season a total of 258 cases of influenza A and 18 cases of influenza B have been detected across Europe, of which 75% were from France, Sweden, Switzerland and the United Kingdom.

Epidemiological situation - week 51/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in 21 countries. Sweden reported a medium intensity of influenza activity with regional activity in the north. Sporadic regional activity (i.e. isolated cases of laboratory confirmed influenza) was reported in eight countries; 13 countries reported no activity. Definitions of epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (week 40-51/2006): So far this season, the consultation rates for ILI and/or ARI have been below baseline levels across Europe.

Virological situation - week 51/2006: The total number of respiratory specimens collected by sentinel physicians was 457, of which 22 (4.8%) were positive for influenza virus, which were all type A. In addition, 34 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 32 (94%) were influenza A and two (6%) influenza B. Of the 54 sentinel and non-sentinel specimens positive for influenza A virus only three have been subtyped (H3).

Cumulative virological situation - 2006-2007 season (week 40-51/2006): Based on (sub)typing data of all influenza virus detections (N=276; sentinel and non-sentinel data), 195 (71%) were type A not subtyped, 16 (6%) were type A subtype H1 of which six were subtype H1N1, 47 (17%) were type A subtype H3 of which 23 were subtype H3N2, and 18 (7%) were type B.

Based on the characterisation data of all influenza virus detections, 54 have been antigenically and/or genetically characterized. Forty five were A/Wisconsin/67/2005 (H3N2)-like, five were A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus], three were A/New Caledonia/20/99 (H1N1)-like and one was B/Malaysia/2506/2004-like (click [here](#)).

Comment: Influenza activity in Europe remains below baseline levels. Sweden reported a regional outbreak of influenza in the northern part of the country where influenza virus detections were all type A subtype H3 and similar to the A(H3N2) vaccine strain A/Wisconsin/67/2005 by sequencing (personal communication Prof. A. Linde).

So far this season, 93% of the virus detections were influenza A. Most of the virus detections, 75% of all virus reports, have been reported from France (20%), Sweden (30%), Switzerland (9%) and the United Kingdom (16%).

A number of countries also report detections of respiratory syncytial virus (RSV) to EISS. An infection with RSV shows clinical symptoms that are similar to influenza. For Europe as a whole, the number of RSV detections is low compared to week 51 of the 2005-2006 season (click [here](#)). In a number of countries, RSV detections are still sporadic or are just starting to increase (e.g. Czech Republic). In others it is similar (e.g. France and the Netherlands) or at moderate (e.g. England) levels compared to the same week of the previous season.

As over Christmas the influenza activity was low across Europe, this probably means that the current low levels of influenza activity will continue during the New Year holiday period.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 51/2006, 23 countries reported clinical data and 27 countries reported virological data. 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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The European Influenza Surveillance Scheme wishes you a Happy New Year.

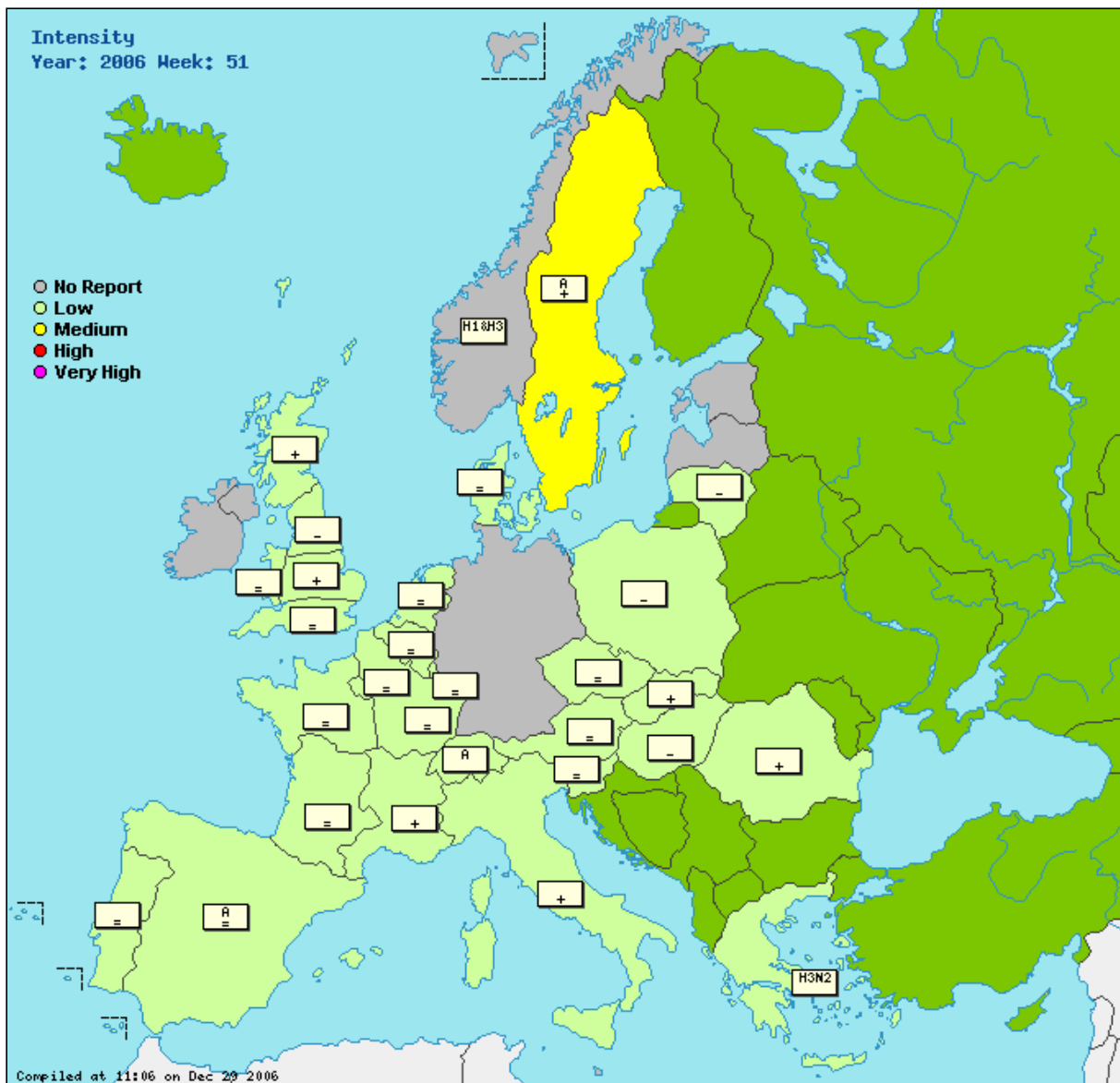
Map

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

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

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

You may select the type of map : Intensity Geographical spread



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

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

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

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

Country comments (where available)

Italy

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

Sweden

The data has been updated, 4 additional cases. This week, 7 of the clinical cases and 5 of the sentinel cases has been reported from the northern region of Sweden.

The data has been updated, 2 additional cases this week. 13 of the total laboratory confirmed influenza A-diagnoses and 4 sentinel diagnoses have been reported from northern region of Sweden.

Switzerland

Low influenza activity is still observed in Switzerland. 2 Influenza A/Wisconsin strains have been characterised.

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			95	2.1%	None	760.5 (graphs)		Click here
Belgium	Low	None			3	0%	None	graphs		Click here
Czech Republic	Low	None			57	0%	None	39.1 (graphs)	1183.5 (graphs)	Click here

Denmark	Low	None	3	0%	None	75.0 (graphs)		Click here
England	Low	Sporadic	43	2.3%	None	9.5 (graphs)	847.7 (graphs)	Click here
Estonia			12	0%	None	5.9 (graphs)	295.5 (graphs)	Click here
France	Low	Sporadic	84	7.1%	None		1457.2 (graphs)	Click here
Germany			12	0%	None		graphs	Click here
Greece	Low	Sporadic	8	50.0%	Type A, Subtype H3N2	37.7 (graphs)		Click here
Hungary	Low	None	14	0%	None	61.8 (graphs)		Click here
Italy	Low	Sporadic	2	0%	None	91.8 (graphs)		Click here
Latvia			0	0%	None	graphs		Click here
Lithuania	Low	None				0.7 (graphs)	384.3 (graphs)	Click here
Luxembourg	Low	None	12	0%	None	100.8 (graphs)	2660.2 (graphs)	Click here
Malta			0	0%	None	graphs		Click here
Netherlands	Low	None	4	0%	None	43.1 (graphs)		Click here
Northern Ireland			0	0%	None	graphs		Click here
Norway			1	0%	Type A, Subtype H1N1 and H3N2	graphs		Click here
Poland	Low	None	18	0%	None	49.6 (graphs)		Click here
Portugal	Low	None	1	0%	None	2.3 (graphs)		Click here
Romania	Low	Sporadic	4	0%	None	1186.9 (graphs)	3.0 (graphs)	Click here
Scotland	Low	Sporadic	4	25.0%	None	21.3 (graphs)		Click here
Slovakia	Low	None	4	0%	None	310.3 (graphs)		Click here
Slovenia	Low	None	6	0%	None	graphs	1076.7 (graphs)	Click here
Spain	Low	Sporadic	44	6.8%	Type A	27.6 (graphs)		Click here
Sweden	Medium	Regional	13	30.8%	Type A	5.3 (graphs)		Click here
Switzerland	Low	Sporadic	12	8.3%	Type A	20.3 (graphs)		Click here
Wales	Low	None	1	0%	None	graphs		Click here
Europe			457	4.8%				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

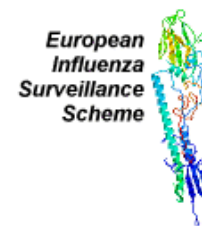
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 some northern parts of Europe between Christmas and New Year



Summary: There is currently increased influenza activity in Northern Ireland and Scotland, and a regional outbreak of influenza in the north of Sweden. In the rest of Europe, clinical activity of influenza-like illness or acute respiratory infection remains below the baseline level. The percentage of respiratory specimens testing positive for influenza virus in Europe remains low at about 7%. Since the start of the 2006-2007 season a total of 441 (95%) cases of influenza A and 22 (5%) cases of influenza B have been detected across Europe.

Epidemiological situation - week 52/2006: National network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were at a low level in 22 countries. A medium intensity of influenza activity was reported in Northern Ireland, Scotland and Sweden. In Sweden, even though national ILI consultation rates remain relatively low (click [here](#)), a regional outbreak of influenza is occurring in the northern part of the country.

For the geographical spread indicator, no influenza activity was reported in fourteen countries; sporadic activity (i.e. isolated cases of laboratory confirmed influenza) was reported in eight countries, local activity in Norway and regional activity in Scotland. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): So far this season, the consultation rates for ILI and/or ARI have been below baseline levels in most countries in Europe. Only in Northern Ireland and Scotland have they been well above the national baseline level.

Virological situation - week 52/2006: The total number of respiratory specimens collected by sentinel physicians was 216, of which 38 (17.6%) were positive for influenza virus (all type A). In addition, 93 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 90 (97%) were influenza A and three (3%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=463; sentinel and non-sentinel data), 331 (71%) were type A not subtyped, 25 (5%) were type A subtype H1 [of which eight were subtype H1N1], 85 (18%) were type A subtype H3 [of which 42 were subtype H3N2] and 22 (5%) were type B.

Based on the characterisation data of all influenza virus detections, 92 have been antigenically and/or genetically characterized. Seventy-nine were A/Wisconsin/67/2005 (H3N2)-like, eight were A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus], and five were A/New Caledonia/20/99 (H1N1)-like (click [here](#)).

Comment: ILI and ARI consultation rates reported in all countries are affected by the seasonal holidays. Since this report is based on a week which includes both Christmas and Boxing days (December 25 and 26) usual patterns of access to primary care and patient swabbing procedures were substantially disrupted and thus the reported consultation rates are likely to be lower than an equivalent non-holiday week. Reported rates should be interpreted cautiously.

In contrast to the United States, where the predominant subtype is A(H1N1) (>95% of subtyped type A viruses since 1 October 2006 [click [here](#)]), the predominant subtype in Europe has been A(H3N2) [A/Wisconsin/67/2005 (H3N2)-like viruses] so far this season.

A number of countries also report detections of respiratory syncytial virus (RSV) to EISS. An infection with RSV shows clinical symptoms that are similar to influenza. For Europe as a whole, the number of RSV detections is low compared to week 52 of the 2005-2006 season (click [here](#)). Current trends suggest that RSV detections are now on the decline in Europe and that there will be fewer detections than during the 2005-2006 season.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 52/2006, 24 countries reported clinical data and 25 countries reported virological data. 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

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Low	Sporadic			5	0%	None	51.3 (graphs)	2160.4 (graphs)	Click here
Czech Republic	Low	None			11	0%	None	23.2 (graphs)	823.7 (graphs)	Click here
Denmark	Low	None			0	0%	None	45.0 (graphs)		Click here
England	Low	Sporadic			38	18.4%	Type A, Subtype H3	8.0 (graphs)	560.6 (graphs)	Click here
Estonia					1	0%	None	(graphs)		Click here
France	Low	Local			69	26.1%	Type A		1171.8 (graphs)	Click here
Germany	Low	Sporadic			4	50.0%	None		1165.0 (graphs)	Click here
Greece	Low	Sporadic			4	75.0%	None	30.3 (graphs)		Click here
Hungary	Low	None			11	0%	None	47.0 (graphs)		Click here
Ireland	Low	None			3	0%	None	12.7 (graphs)		Click here
Italy	Low	Sporadic			11	18.2%	None	89.3 (graphs)		Click here
Latvia	Low	None			0	0%	None	(graphs)	626.0 (graphs)	Click here
Lithuania	Low	None			0	0%	None	0.5 (graphs)	194.3 (graphs)	Click here
Luxembourg	Low	None			9	0%	None	120.9 (graphs)	4050.8 (graphs)	Click here
Netherlands	Low	None			7	0%	None	44.9 (graphs)		Click here
Northern Ireland	Medium	None			0	0%	None	128.0 (graphs)		Click here
Norway	Low	Local			0	0%	Type A, Subtype H1 and H3	15.3 (graphs)		Click here
Poland	Low	None			5	0%	None	35.1 (graphs)		Click here
Portugal	Low	None			2	50.0%	None	15.0 (graphs)		Click here
Scotland	Medium	Regional			0	0%	Type A, Subtype H3	66.6 (graphs)		Click here
Slovakia	Low	None			0	0%	None	244.1 (graphs)	1581.9 (graphs)	Click here
Slovenia	Low	None			0	0%	None	(graphs)	1206.0 (graphs)	Click here
Spain	Low	Sporadic			18	16.7%	None	37.4 (graphs)		Click here
Sweden	Medium	Sporadic			7	28.6%	Type A	3.2 (graphs)		Click here
Switzerland	Low	Sporadic			11	0%	Type A	13.8 (graphs)		Click here
Wales	Low	None						3.3 (graphs)		Click here
Europe					216	17.6%				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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Increased levels of influenza activity in Greece, Northern Ireland and Scotland



Summary: There is currently increased influenza activity in Greece, Northern Ireland and Scotland. In the rest of Europe, clinical activity of influenza-like illness or acute respiratory infection remains at baseline levels. The percentage of respiratory specimens testing positive for influenza virus in Europe remains low at about 7%. Since the start of the 2006-2007 season a total of 655 (96%) cases of influenza A and 26 (5%) cases of influenza B have been detected across Europe.

Epidemiological situation - week 01/2007: For the intensity indicator, national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were medium in Greece, Northern Ireland and Scotland. In the other 23 countries the intensity was low.

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): So far this season, the consultation rates for ILI and/or ARI have been below the baseline threshold in most countries in Europe. They have been at increased levels in Northern Ireland since week 49/2006 and well above the national baseline threshold in Greece and Scotland in week 01/2007.

Virological situation - week 01/2007: The total number of respiratory specimens collected by sentinel physicians was 463, of which 74 (16%) were positive for influenza virus (all type A). In addition, 82 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 81 (99%) were influenza A and one (1%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=681; sentinel and non-sentinel data), 467 (69%) were type A not subtyped, 31 (5%) were type A subtype H1 [of which nine were subtype H1N1], 157 (23%) were type A subtype H3 [of which 77 were subtype H3N2] and 26 (4%) were type B.

Based on the characterisation data of all influenza virus detections, 122 have been antigenically and/or genetically characterized: 105 were A/Wisconsin/67/2005 (H3N2)-like, eight were A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus], eight were A/New Caledonia/20/99 (H1N1)-like and one was B/Malaysia/2506/2004-like (click [here](#)).

Comment: Consultation rates for ILI and ARI reported in all countries are affected by the seasonal holidays. Since this report is based on a week which includes New Year's Day (1 January) usual patterns of access to primary care and patient swabbing procedures were probably disrupted and the reported consultation rates could be lower than an equivalent non-holiday week. Reported rates should be interpreted cautiously.

A number of countries also report detections of respiratory syncytial virus (RSV) to EISS. An infection with RSV shows clinical symptoms that are similar to influenza. For Europe as a whole, the number of RSV detections so far this season is low compared to the 2005-2006 season (click [here](#) [second graph]).

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 01/2007, 26 countries reported clinical data and 28 countries reported virological data. 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).

Definitions for the indicators of influenza activity can be found [here](#).

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

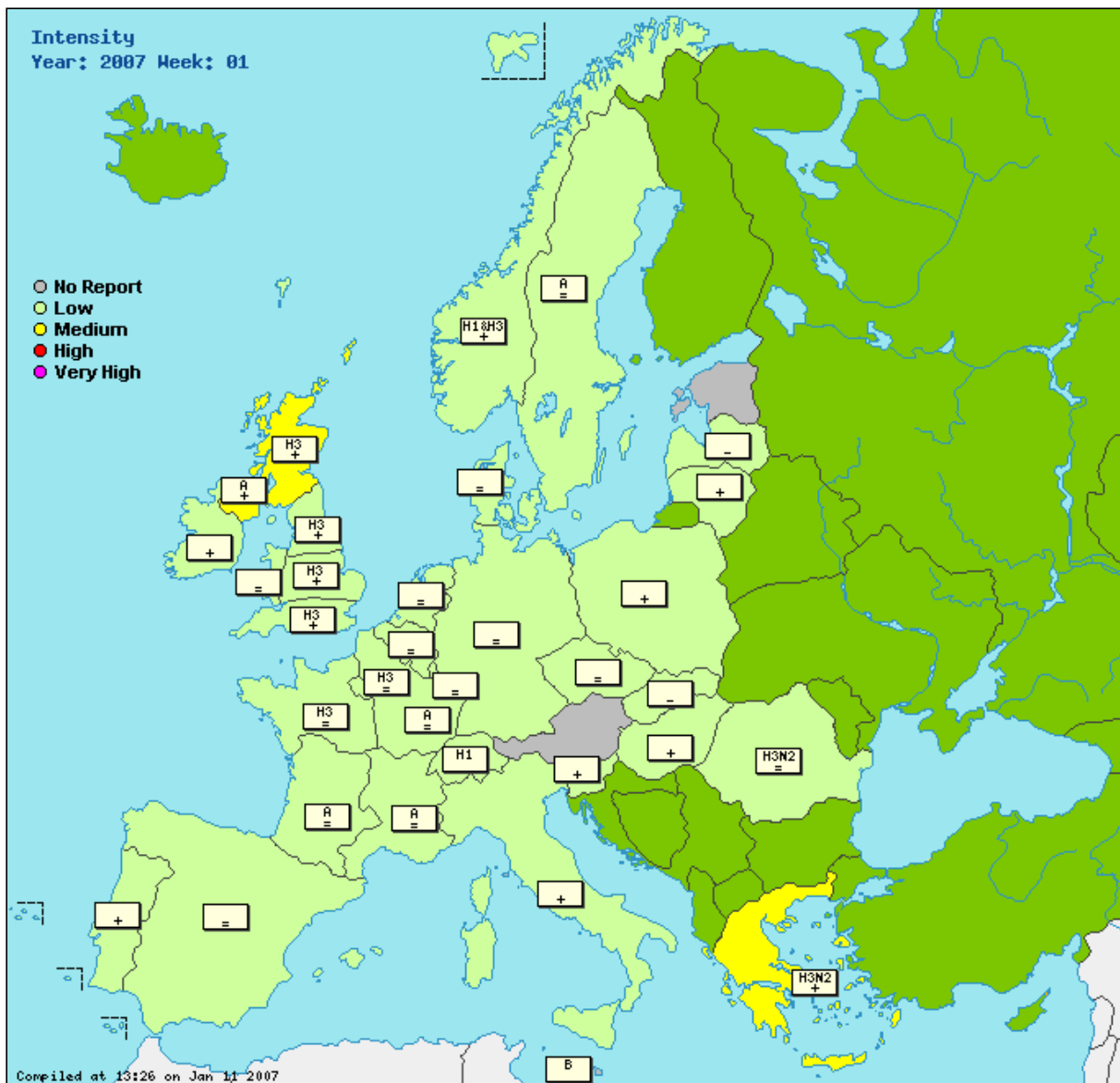
Map

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

Increasing influenza activity is reported. During the last week, 13 influenza A viruses, from Northern and Central Italy, were identified and/or isolated. Among them, five have been subtyped as H3N2 and one as H1N1. The University of Parma reports the isolation of two further A/H1N1 viruses of the previous weeks.

Norway

Increasing ILI activity in several regions.

The pattern of A(H1N1) in the north and A(H3N2) in southern Norway is maintained.

Scotland

none of the sentinel samples obtained during week one have been reported on as yet. Updated virological information for weeks 51 and 52 show 29.4% and 48.4% of samples influenza positive with all that are subtyped being H3.

Sweden

Due to some technical problems we can't report data of Denominator 2 this week. The data will be updated as soon as possible.

Switzerland

Influenza activity increased slowly. Influenza A (H1N1) is mainly detected 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
Belgium	Low	Sporadic			7	0%	None	31.4 (graphs)	1506.2 (graphs)	Click here
Czech Republic	Low	Sporadic			40	2.5%	None	46.1 (graphs)	1240.8 (graphs)	Click here
Denmark	Low	None			5	0%	None	88.9 (graphs)		Click here
England	Low				64	20.3%	Type A, Subtype H3	17.2 (graphs)	828.8 (graphs)	Click here
Estonia					10	0%	None	(graphs)		Click here
France	Low	Local			96	14.6%	Type A		1533.7 (graphs)	Click here
Germany	Low	Sporadic			25	20.0%	None		1125.0 (graphs)	Click here
Greece	Medium	Sporadic			11	72.7%	Type A, Subtype H3N2	213.9 (graphs)		Click here
Hungary	Low	None			2	0%	None	91.8 (graphs)		Click here
Ireland	Low	None			9	0%	None	13.9 (graphs)		Click here
Italy	Low	Sporadic			37	27.0%	None	109.6 (graphs)		Click here
Latvia	Low	None			0	0%	None	(graphs)	616.7 (graphs)	Click here
Lithuania	Low	None			0	0%	None	1.2 (graphs)	326.3 (graphs)	Click here
Luxembourg	Low	None			4	0%	None	113.4 (graphs)	2834.5 (graphs)	Click here
Malta					0	0%	Type B	(graphs)		Click here
Netherlands	Low	None			4	0%	None	55.9 (graphs)		Click here
Northern Ireland	Medium	Sporadic			5	100.0%	Type A	107.5 (graphs)		Click here
Norway	Low	Local			10	20.0%	Type A, Subtype H1N1 and H3N2	46.0 (graphs)		Click here
Poland	Low	None			17	5.9%	None	51.0 (graphs)		Click here
Portugal	Low	Sporadic			3	0%	None	43.4 (graphs)		Click here
Romania	Low	Sporadic			32	15.6%	Type A, Subtype H3N2	1074.6 (graphs)	3.8 (graphs)	Click here
Scotland	Medium	Regional			0	0%	Type A, Subtype H3	140.0 (graphs)		Click here
Slovakia	Low	None			1	0%	None	308.4 (graphs)	1958.2 (graphs)	Click here
Slovenia	Low	Sporadic			3	0%	None	32.8 (graphs)	1204.3 (graphs)	Click here
Spain	Low	Sporadic			25	28.0%	None	40.0 (graphs)		Click here
Sweden	Low	Sporadic			35	2.9%	Type A	(graphs)		Click here
Switzerland	Low	Sporadic			18	11.1%	Type A, Subtype H1	40.4 (graphs)		Click here
Wales	Low	None						3.0 (graphs)		Click here
Europe					463	16.0%				Click here

Preliminary data

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

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

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

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

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

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

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

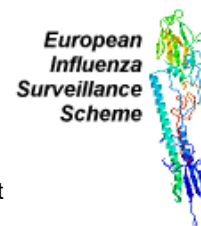
Population: per 100,000 population

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

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Medium intensity of influenza activity in five countries across Europe



Summary: Currently increased influenza activity is reported from Greece, the Netherlands, Northern Ireland, Spain and Switzerland. In the rest of Europe, clinical activity of influenza-like illness or acute respiratory infection remains at baseline levels. The total number of positive specimens has steadily increased from less than 100 per week in week 50/2006 to 357 positive specimens in week 02/2007. Since the start of the 2006-2007 season a total of 1095 (97%) cases of influenza A and 35 (3%) cases of influenza B have been detected across Europe.

Epidemiological situation - week 02/2007: For the intensity indicator, the national network level of influenza-like illness (ILI) and/or acute respiratory infection (ARI) was medium in Greece, the Netherlands, Northern Ireland, Spain and Switzerland, whilst it remained low in 20 other countries that reported this indicator.

For the geographical spread indicator, local activity was reported in five countries (Czech Republic, France, Greece, Romania and Spain), sporadic activity (i.e. isolated cases of laboratory confirmed influenza) in 12 countries and no influenza activity in six countries. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): So far this season, the consultation rates for ILI and/or ARI have been below the baseline threshold in most European countries. They have been at increased levels in Northern Ireland since week 49/2006 and above the national baseline threshold in Greece (since week 01/2007), the Netherlands and Spain (both since week 02/2007).

Virological situation - week 02/2007: The total number of respiratory specimens collected by sentinel physicians was 913, of which 187 (20.5%) were positive for influenza virus. Of these, 180 (96%) specimens tested positive for influenza A virus and seven (4%) were influenza B. In addition, 170 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 167 (98%) were influenza A and three (2%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=1131; sentinel and non-sentinel data), 720 (64%) were type A not subtyped, 49 (4%) were type A subtype H1 [of which 21 were subtype H1N1], 327 (29%) were type A subtype H3 [of which 154 were subtype H3N2] and 35 (3%) were type B.

Based on the characterisation data of all influenza virus detections, 194 have been antigenically and/or genetically characterized: 142 were A/Wisconsin/67/2005 (H3N2)-like, 38 were A/California/7/2004 (H3)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus], 13 were A/New Caledonia/20/99 (H1N1)-like and one was B/Malaysia/2506/2004-like (click [here](#)).

Comment: Current trends suggest that influenza activity in Europe as a whole is increasing. (click [here](#) [second graph]). Except for Greece, the Netherlands, Northern Ireland, Spain and Switzerland, clinical influenza activity remains at baseline levels in most European countries. The total number of specimens tested positive for influenza virus increased in week 02/2007 compared to previous weeks. In some countries (i.e. Greece click [here](#) and Spain click [here](#)) clinical influenza activity is accompanied by a high number of virus isolates. The dominant virus in Europe is influenza A. Of the (sub)typed influenza A viruses 97% is subtype H3 and 3% subtype H1.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 02/2007, 25 countries reported clinical data and 27 countries reported virological data. 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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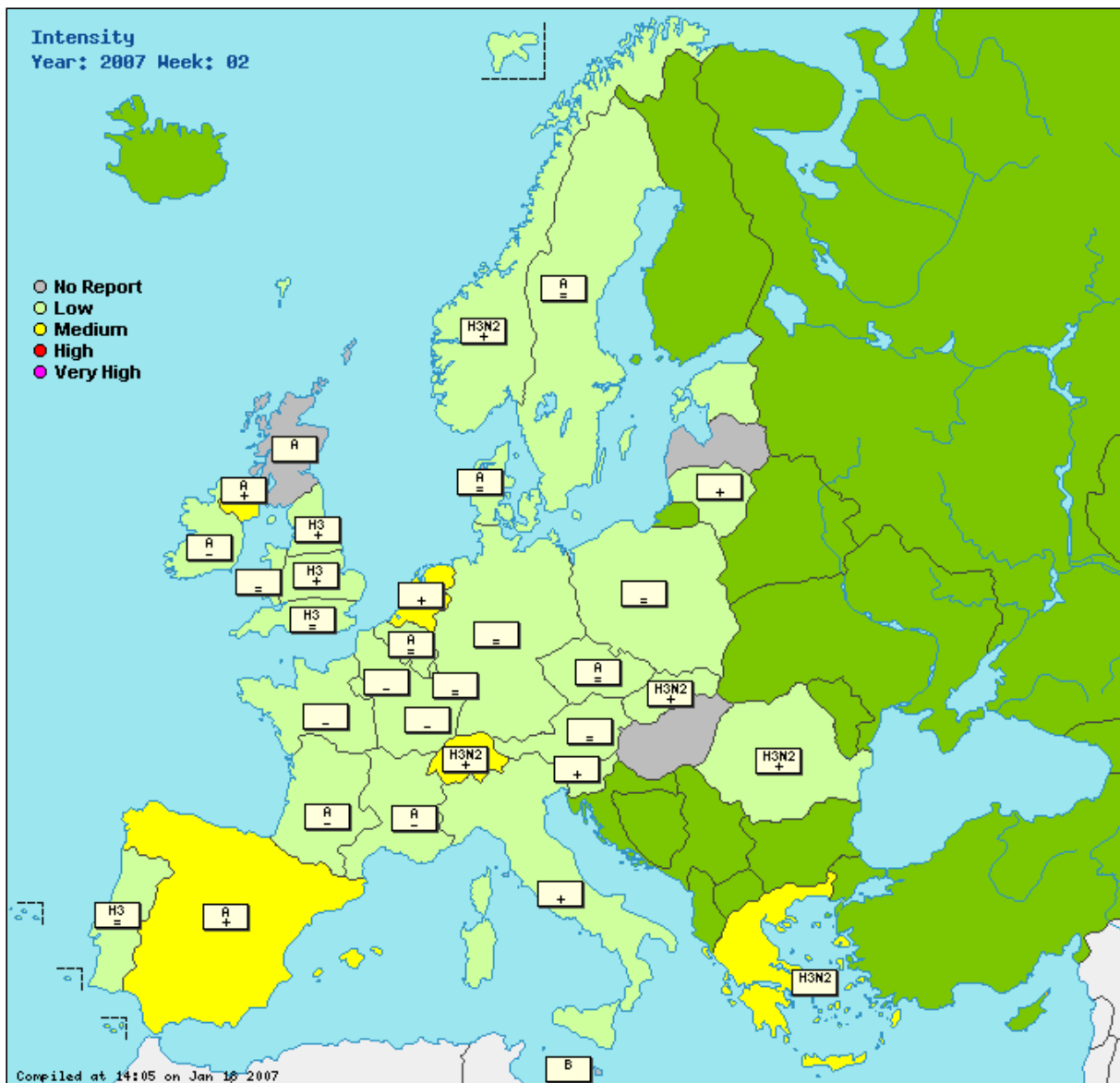
Map

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)

Estonia

First case of A (H3N2) influenza 50 years old man

In Estonia the first influenzavirus (A/H3N2) of this season was detected in week 2.

Italy

Still increasing influenza activity is reported. During this week, further 13 influenza viruses were identified and/or isolated: 8 A/H3, 4 A/H1 and one A virus not yet subtyped. All the viruses were collected in Northern and Central Italy.

Latvia

Since the start of the 2006-07 season the 3 first cases of influenza A have been detected in Latvia, among them, two cases were imported from France. Increasing cases of RSV detections.

Netherlands

The first sentinel influenza virus this season was isolated from a 65 years old patient with ILI. The virus is of the A(H1) subtype.

Slovakia

Four influenza A strains were isolated in Slovakia (NIC laboratory). The nose and throat swabs were taken by sentinel physicians from 12,13,18 and 24 year old patients. The strains were amplified in MDCK cells and one strain also in embryonated eggs. The multiplex RT-PCR determined isolates as A H3N2.

Spain

Increasing influenza activity. Clinical morbidity rates above baseline values by first time in the season. Influenza A is the predominant virus.

Sweden

Due to some technical problems we can't report the population denominator this week. The data will be updated as soon as possible.

Switzerland

Influenza activity increased in region 1 (roman part of Switzerland). Influenza A (H3N2) viruses are mainly detected these 2 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			103	1.0%	None	876.9 (graphs)		Click here
Belgium	Low	Sporadic			13	23.1%	Type A	77.6 (graphs)	1388.4 (graphs)	Click here
Czech Republic	Low	Local			65	21.5%	Type A	55.4 (graphs)	1430.0 (graphs)	Click here
Denmark	Low	Sporadic			12	16.7%	Type A	93.0 (graphs)		Click here
England	Low	Sporadic			117	23.9%	Type A, Subtype H3	20.7 (graphs)	784.8 (graphs)	Click here
Estonia	Low				9	11.1%	None	7.7 (graphs)	341.5 (graphs)	Click here
France	Low	Local			178	15.2%	Type A		1754.4 (graphs)	Click here
Germany	Low	Sporadic			45	20.0%	None		901.0 (graphs)	Click here
Greece	Medium	Local			35	80.0%	Type A, Subtype H3N2	316.7 (graphs)		Click here
Hungary					8	0%	None	(graphs)		Click here
Ireland	Low	Sporadic			11	36.4%	Type A	16.9 (graphs)		Click here
Italy	Low	Sporadic			57	22.8%	None	177.9 (graphs)		Click here
Latvia					2	100.0%	None	(graphs)		Click here
Lithuania	Low	None						1.5 (graphs)	432.1 (graphs)	Click here
Luxembourg	Low	None			9	0%	None	207.8 (graphs)		Click here
Malta					6	16.7%	Type B	(graphs)		Click here
Netherlands	Medium	Sporadic			10	10.0%	None	57.4 (graphs)		Click here
Northern Ireland	Medium	Sporadic			11	18.2%	Type A	136.4 (graphs)		Click here
Norway	Low	Regional			10	30.0%	Type A, Subtype H3N2	51.0 (graphs)		Click here
Poland	Low	None			8	0%	None	56.0 (graphs)		Click here
Portugal	Low	Sporadic			7	71.4%	Type A, Subtype H3	16.0 (graphs)		Click here
Romania	Low	Local			54	5.6%	Type A, Subtype H3N2	1353.6 (graphs)	7.3 (graphs)	Click here
Scotland					7	114.3%	Type A	(graphs)		Click here
Slovakia	Low	None			13	30.8%	Type A, Subtype H3N2	415.3 (graphs)	2252.2 (graphs)	Click here
Slovenia	Low	Sporadic			12	8.3%	None	16.0 (graphs)	1592.0 (graphs)	Click here
Spain	Medium	Local			66	27.3%	Type A	86.9 (graphs)		Click here
Sweden	Low	Sporadic			13	0%	Type A	(graphs)		Click here
Switzerland	Medium	Sporadic			32	28.1%	Type A, Subtype H3N2	59.7 (graphs)		Click here
Wales	Low	None						5.1 (graphs)		Click here
Europe					913	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

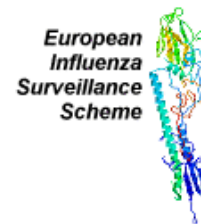
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 virus detections continue to increase in Europe



Summary: Influenza virus detections are currently increasing in Europe. The total number of positive specimens has steadily increased from less than 100 in week 50/2006 to 626 positive specimens in week 03/2007. Countries with increased levels of influenza activity are Greece, Luxembourg, the Netherlands, Northern Ireland, Scotland, Spain and Switzerland. In Scotland consultation rates for influenza-like illness peaked in week 02/2007 and now appear to be on the decline.

Epidemiological situation - week 03/2007: For the intensity indicator, the national network level of influenza-like illness (ILI) and/or acute respiratory infection (ARI) was medium in Greece, Luxembourg, the Netherlands, Northern Ireland, Scotland, Spain and Switzerland*, whilst it remained low in 18 other countries.

For the geographical spread indicator, regional activity was reported in four countries (the Czech Republic, Norway, Scotland and Spain), local activity in seven countries, sporadic activity in 12 countries and no activity in three countries (Hungary, Lithuania and Poland). Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): So far this season, the consultation rates for ILI and/or ARI have been at increased levels in Northern Ireland (since week 49/2006), and above the national baseline threshold in Greece (since week 01/2007), Scotland (since week 01/2007), Luxembourg (since week 02/2007), Spain (since week 02/2007), Switzerland (since week 03/2007) and the Netherlands. In the other countries influenza activity has remained at baseline levels.

Virological situation - week 03/2007: The total number of respiratory specimens collected by sentinel physicians was 1290, of which 320 (24.8%) were positive for influenza virus. Of these, 315 (98%) specimens tested positive for influenza A virus and five (2%) were influenza B. In addition, 306 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 300 (98%) were influenza A and six (2%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=1881; sentinel and non-sentinel data), 1191 (63%) were type A not subtyped, 59 (3%) were type A subtype H1 [of which 28 were subtype H1N1], 583 (31%) were type A subtype H3 [of which 310 were subtype H3N2] and 48 (3%) were type B.

Based on the characterisation data of all influenza virus detections, 325 have been antigenically and/or genetically characterized: 250 were A/Wisconsin/67/2005 (H3N2)-like, 52 were A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus], 21 were A/New Caledonia/20/99 (H1N1)-like, one was B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage) and one was B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)).

Comment: Influenza virus detections are currently increasing in Europe (click [here](#) [second graph]). Whilst influenza activity appears to have peaked in Scotland, in most other European countries the epidemiological and/or virological indicators indicate it is increasing. Based on historical data, the consultation rates in Scotland were the highest observed in the last seven seasons but were not exceptionally high (for example, compared to the 1999-2000 season) (click [here](#)). It is expected that influenza activity will continue to increase in Europe in the coming weeks.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 03/2007, 26 countries reported clinical data and 29 countries reported virological data. 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](#).

* **Erratum:** The intensity of influenza activity in Slovenia was low and not medium in week 03/2007.

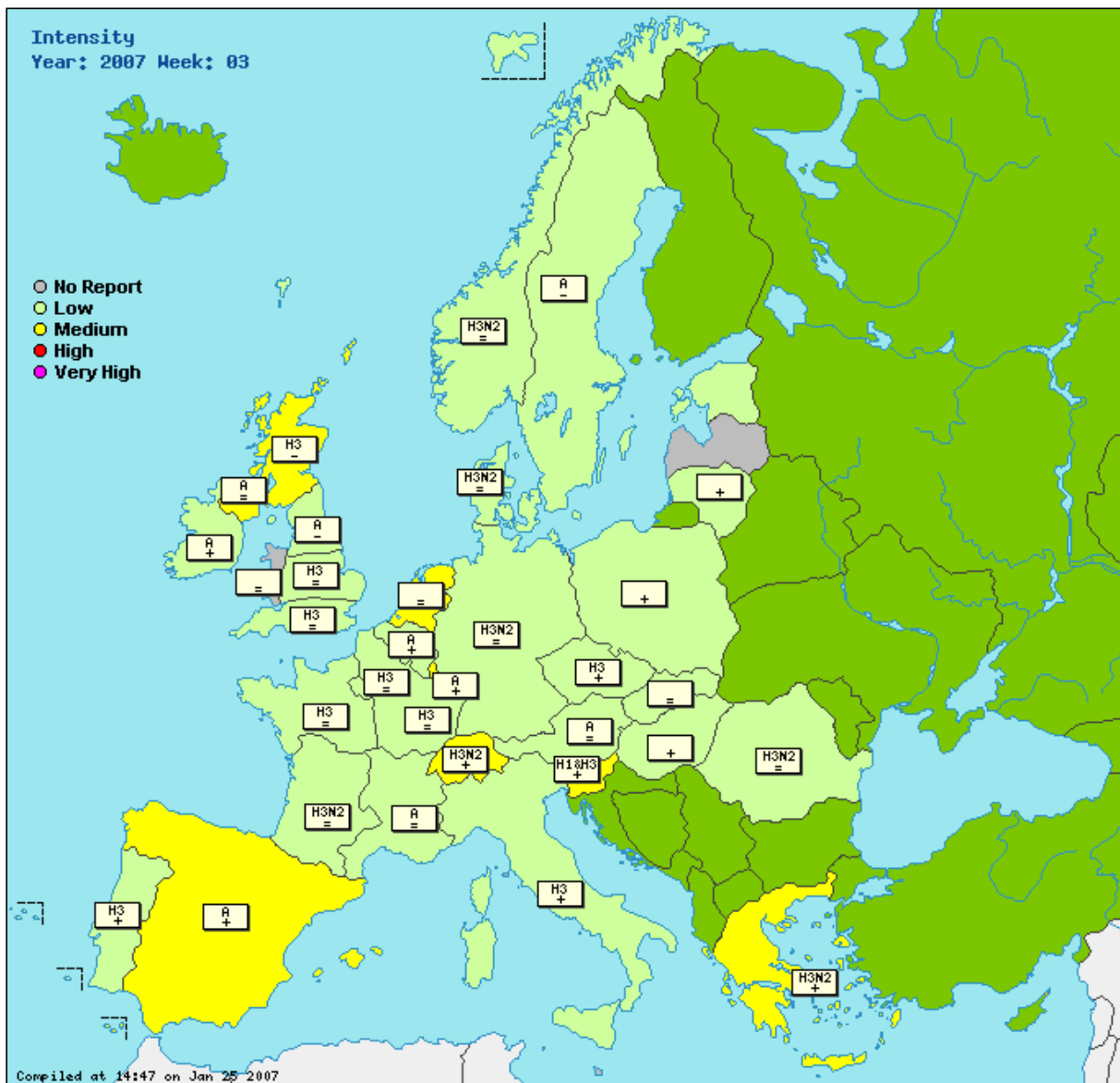
Map

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)

Estonia

Since the beginning of the season 2006/2007 the 2 case of influenza A (H3N2) have been detected in the same district (Harjumaa county) of Estonia

Italy

Increasing influenza activity. A total number of 128 specimens was collected during this week. Among the 42 (33%) positive influenza viruses, 3 were typed as B, 26 were subtyped as A/H3 and 2 as A/H1. Further 11 RSV were identified.

Netherlands

The influenza A virus was found in a sentinel patient with ARI

Norway

59 % of sentinel specimens taken in Norway during week 3/2007 tested positive for influenza A(H3). Specimens received were primarily from SE Norway.

Slovakia

Two influenza A positive samples, taken by sentinel doctors, were detected in the week 3. Additional seven positive samples will be determined tomorrow.

Sweden

Due to some technical problems we can't report the population denominator this week. The data will be updated as soon as possible.

Switzerland

Influenza activity is increasing slowly. Influenza A (H3N2) 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	Low	Sporadic			119	5.0%	Type A	863.7 (graphs)		Click here
Belgium	Low	Sporadic			68	20.6%	Type A	110.3 (graphs)	1245.0 (graphs)	Click here
Czech Republic	Low	Regional			106	15.1%	Type A, Subtype H3	112.7 (graphs)	1687.5 (graphs)	Click here
Denmark	Low	Sporadic			8	25.0%	Type A, Subtype H3N2	52.7 (graphs)		Click here
England	Low	Sporadic			76	25.0%	None	16.8 (graphs)	660.0 (graphs)	Click here
Estonia	Low	Sporadic			17	5.9%	None	5.2 (graphs)	341.5 (graphs)	Click here
France	Low	Local			252	18.7%	Type A		2067.6 (graphs)	Click here
Germany	Low	Sporadic			65	26.2%	Type A, Subtype H3N2		903.0 (graphs)	Click here
Greece	Medium	Local			61	57.4%	Type A, Subtype H3N2	420.6 (graphs)		Click here
Hungary	Low	None			17	0%	None	147.6 (graphs)		Click here
Ireland	Low	Sporadic			19	31.6%	Type A	14.4 (graphs)		Click here
Italy	Low	Local			102	34.3%	Type A, Subtype H3	212.4 (graphs)		Click here
Latvia					1	0%	None	(graphs)		Click here
Lithuania	Low	None			11	0%	None	1.6 (graphs)	439.7 (graphs)	Click here
Luxembourg	Medium	Sporadic			13	38.5%	Type A	215.9 (graphs)	2656.0 (graphs)	Click here
Malta					3	33.3%	None	(graphs)		Click here
Netherlands	Medium	Sporadic			7	14.3%	None	40.8 (graphs)		Click here
Northern Ireland	Medium	Sporadic			2	100.0%	Type A	133.9 (graphs)		Click here
Norway	Low	Regional			17	58.8%	Type A, Subtype H3N2	48.1 (graphs)		Click here
Poland	Low	None			20	10.0%	None	70.4 (graphs)		Click here
Portugal	Low	Sporadic			12	75.0%	Type A, Subtype H3	50.6 (graphs)		Click here
Romania	Low	Local			33	36.4%	Type A, Subtype H3N2	1329.5 (graphs)	6.6 (graphs)	Click here
Scotland	Medium	Regional			10	40.0%	Type A, Subtype H3	79.3 (graphs)		Click here
Slovakia	Low	Local			21	9.5%	None	424.4 (graphs)	2310.7 (graphs)	Click here
Slovenia	Medium	Local			20	15.0%	Type A, Subtype H1 and H3N2	3.7 (graphs)	1683.3 (graphs)	Click here
Spain	Medium	Regional			179	39.1%	Type A	143.6 (graphs)		Click here
Sweden	Low	Sporadic			16	6.3%	Type A	(graphs)		Click here
Switzerland	Medium	Local			15	0%	Type A, Subtype H3N2	77.4 (graphs)		Click here
Wales					0	0%	None	3.2 (graphs)		Click here
Europe					1290	24.8%				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

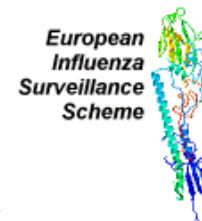
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 virus detections increasing in some European countries



Summary: Influenza virus detections are steadily increasing in some European countries. The overall number of positive specimens has increased from less than 100 in week 50/2006 up to 856 in week 04/2007. In addition to Luxembourg, the Netherlands, Northern Ireland, Scotland, Spain and Switzerland, increased influenza activity is now also found in the Czech Republic, France (South-East), Hungary, Portugal and Romania. In Scotland influenza activity peaked in week 02/2007 and is now declining. Since the start of the season, far more influenza A viruses (98%) have been reported than influenza B viruses (2%).

Epidemiological situation - week 04/2007: For the intensity indicator, the national network level of influenza-like illness (ILI) and/or acute respiratory infection (ARI) was high in Luxembourg and medium in ten countries: the Czech Republic, France (South East), Hungary, the Netherlands, Northern Ireland, Portugal, Romania, Scotland, Spain and Switzerland, whilst it remained low in 17 other countries. The high influenza activity reported by Luxembourg was based on virological data (personal communication dr. Opp, see also network comments).

For the geographical spread indicator, widespread activity was reported in three countries (Luxembourg, Norway and Portugal) and regional activity in four countries (the Czech Republic, France, Italy and Spain). Local activity was reported in five countries, sporadic activity in 12 and no activity in three countries (Lithuania, Poland and Wales). Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): So far this season, the consultation rates for ILI and/or ARI have been at increased levels in Northern Ireland (since week 49/2006), and above the national baseline in Scotland (since week 01/2007), Luxembourg (since week 02/2007), Spain (since week 02/2007), Switzerland (since week 03/2007) and the Netherlands (since week 03/2007). Since week 04/2007, consultation rates for ILI and/or ARI were also above the national baseline in the Czech Republic, Hungary, Portugal and Romania. In the other countries influenza activity has remained at national baseline levels.

Virological situation - week 04/2007: The total number of respiratory specimens collected by sentinel physicians was 1563, of which 392 (25.1%) were positive for influenza virus. Of these, 383 (98%) specimens tested positive for influenza A virus and nine (2%) were influenza B. In addition, 464 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 460 (99%) were influenza A and four (1%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=2970; sentinel and non-sentinel data), 1829 (62%) were type A not subtyped, 79 (3%) were type A subtype H1 [of which 47 were subtype H1N1], 1000 (33%) were type A subtype H3 [of which 601 were subtype H3N2] and 62 (2%) were type B.

Based on the characterisation data of all influenza virus detections, 445 have been antigenically and/or genetically characterized: 318 were A/Wisconsin/67/2005 (H3N2)-like, 92 were A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus], 30 were A/New Caledonia/20/99 (H1N1)-like, four were B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage) and one was B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)).

Comment: Influenza virus detections continue to increase in Europe, but the increase in week 04/2007 was less compared to previous weeks (click [here](#) [second graph]). The increased influenza activity so far seems to affect particularly the southern countries (i.e. Spain and Portugal), while in most of the eastern countries (i.e. in Lithuania and Poland) influenza activity is still low. Influenza A, subtype H3N2 remains the dominant subtype throughout the whole of Europe.

Background: The Weekly Electronic Bulletin presents and comments influenza activity in 29 European countries that are members of EISS. In week 04/2007, 27 countries reported clinical data and 26 countries reported virological data. 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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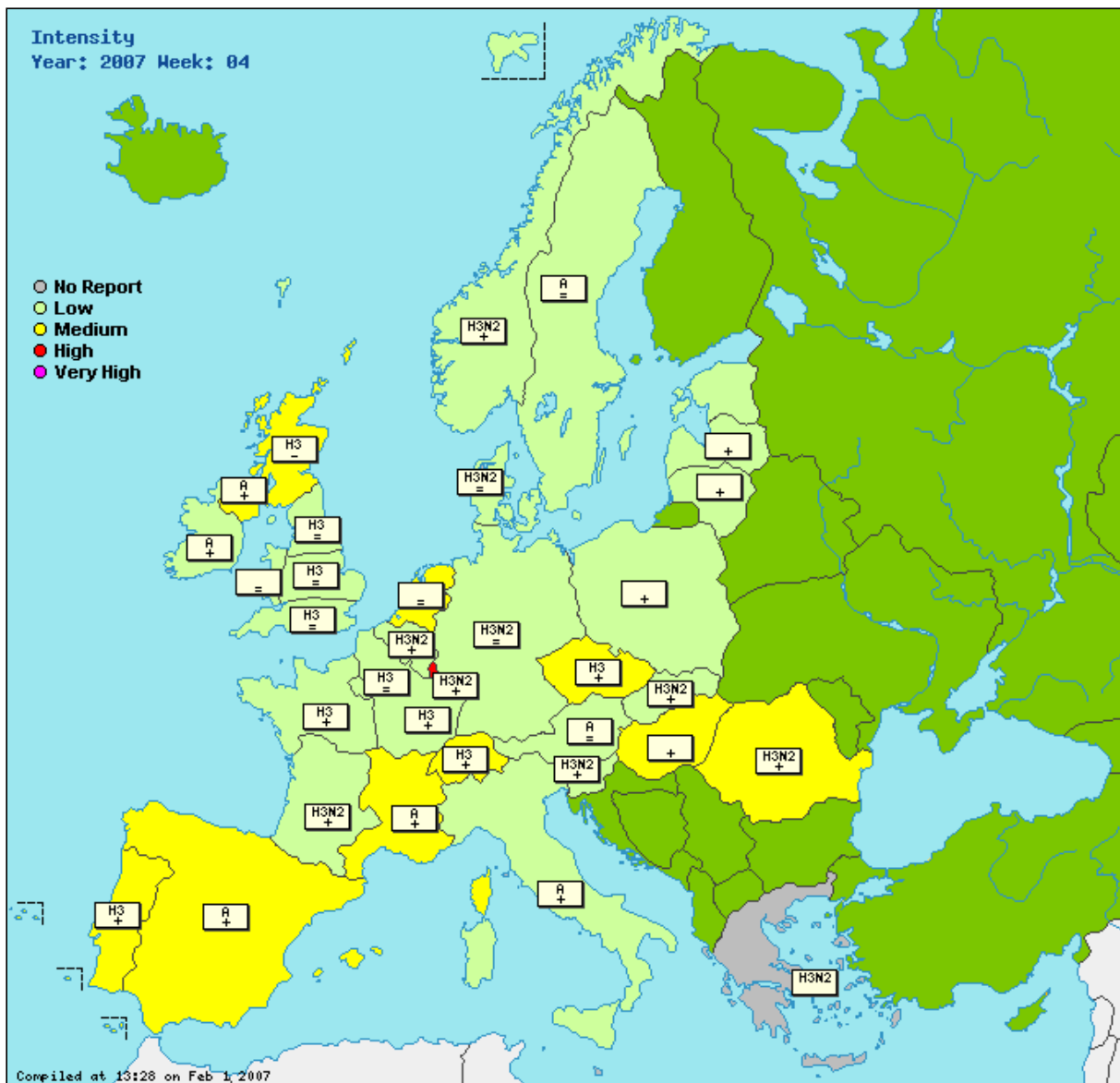
Map

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

Still increasing influenza activity is reported. Further 57 influenza A virus detections are reported. Among them 22 A/H3N2, 5 A/H1N1 and 30 were A positive influenza virus, not subtyped yet. 31 RSV were identified.

Latvia

Slowly increasing influenza activity in Latvia. Influenza A/H3 viruses were isolated from all age groups.

Luxembourg

The number of positives per swabs (16/30) is the better indicator of the ongoing epidemic than the number of reported ILI (5) this week.

Norway

Increasing ILI activity in all regions, highest in the south-east

Influenza A(H1) outbreak in Northern Norway now appears to have subsided and to be largely replaced by A(H3) activity like the remainder of Norway. First influenza B virus this winter detected in SE Norway.

Spain

Influenza activity keep increasing in Spain associated with a predominant circulation of virus A. Geographical spread is higher at the north and centre of the country

Sweden

Due to some technical problems we can't report the population denominator this week. The data will be updated as soon as possible.

Switzerland

Influenza activity is increasing in Switzerland. Medical consultations percentage is close to the threshold and influenza viruses detected is increasing. Influenza A (H3N2) viruses close to the vaccine strain influenza A/Wisconsin/69/2005.

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			153	5.2%	Type A	973.5 (graphs)		Click here
Belgium	Low	Local			115	27.8%	Type A, Subtype H3N2	145.4 (graphs)	1484.4 (graphs)	Click here
Czech Republic	Medium	Regional			106	17.0%	Type A, Subtype H3	176.1 (graphs)	1966.0 (graphs)	Click here
Denmark	Low	Sporadic			4	0%	Type A, Subtype H3N2	68.2 (graphs)		Click here
England	Low	Sporadic			80	42.5%	Type A, Subtype H3	16.8 (graphs)	669.8 (graphs)	Click here
Estonia	Low	Sporadic			16	6.3%	None	8.3 (graphs)	409.9 (graphs)	Click here
France	Low	Regional			263	23.6%	Type A, Subtype H3N2		2275.4 (graphs)	Click here
Germany	Low	Sporadic			75	37.3%	Type A, Subtype H3N2		1037.0 (graphs)	Click here
Greece					49	65.3%	Type A, Subtype H3N2	(graphs)		Click here
Hungary	Medium	Sporadic						224.0 (graphs)		Click here
Ireland	Low	Sporadic			19	5.3%	Type A	22.2 (graphs)		Click here
Italy	Low	Regional			111	46.0%	Type A	321.3 (graphs)		Click here
Latvia	Low	Sporadic			1	100.0%	None	(graphs)	1500.6 (graphs)	Click here
Lithuania	Low	None			5	0%	None	3.3 (graphs)	512.2 (graphs)	Click here
Luxembourg	High	Widespread			30	53.3%	Type A, Subtype H3N2	94.5 (graphs)	2871.7 (graphs)	Click here
Netherlands	Medium	Sporadic			14	14.3%	None	39.9 (graphs)		Click here
Northern Ireland	Medium	Sporadic			1	100.0%	Type A	142.8 (graphs)		Click here
Norway	Low	Widespread			9	66.7%	Type A, Subtype H3N2	67.7 (graphs)		Click here
Poland	Low	None			53	1.9%	None	85.3 (graphs)		Click here
Portugal	Medium	Widespread			11	27.3%	Type A, Subtype H3	83.8 (graphs)		Click here
Romania	Medium	Local			104	11.5%	Type A, Subtype H3N2	1658.4 (graphs)	9.2 (graphs)	Click here
Scotland	Medium	Local			0	0%	Type A, Subtype H3	63.7 (graphs)		Click here
Slovakia	Low	Local			25	12.0%	Type A, Subtype H3N2	682.8 (graphs)	2980.1 (graphs)	Click here
Slovenia	Low	Sporadic			28	17.9%	Type A, Subtype H3N2	13.8 (graphs)	1600.2 (graphs)	Click here
Spain	Medium	Regional			189	25.9%	Type A	208.8 (graphs)		Click here
Sweden	Low	Sporadic			20	5.0%	Type A	(graphs)		Click here
Switzerland	Medium	Local			61	34.4%	Type A, Subtype H3	85.3 (graphs)		Click here
Wales	Low	None						4.8 (graphs)		Click here
Europe					1542	25.2%				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

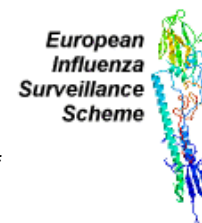
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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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Widespread influenza activity in the central and southern parts of Europe



Summary: Widespread influenza activity is currently reported by many countries in Europe. Except for Norway, all of the countries are located in the central and southern parts of Europe. In several countries the increases in clinical influenza activity exceed the levels seen last winter. Influenza activity in Scotland is almost back to levels typically seen outside periods influenza virus is circulating and in Greece it further declined after peaking in week 03/2007. Influenza A(H3N2) is the dominant virus circulating in Europe.

Epidemiological situation - week 05/2007: For the intensity indicator, the national network level of influenza-like illness (ILI) (and/or acute respiratory infection - ARI) was high in Luxembourg, medium in 19 and low in nine countries. In 20 countries the consultation rate for ILI and/or ARI showed a clear increase over that of week 04/2007.

For the geographical spread indicator, widespread activity was reported in nine countries, all except Norway located in the central and southern parts of Europe. Romania and Slovakia reported regional activity, seven countries local, eight sporadic and three no activity.

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

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): In most countries the consultation rates for ILI/ARI started to increase around mid January. In Northern Ireland, Greece and Scotland increased rates were reported a little earlier. In Scotland the rate has fallen back to a level just above the typical winter non-flu level and in Greece the rate is on the decline after it peaked in week 03/2007. In Northern Ireland the rate is still increasing. By week 05/2007, the total number of countries that reported increased levels of ILI/ARI this winter was 21.

Virological situation - week 05/2007: The total number of respiratory specimens collected by sentinel physicians was 1865, of which 645 (35%) were positive for influenza virus. Of these, 625 (97%) specimens tested positive for influenza A virus and 20 (3%) for influenza B. In addition, 456 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 444 (97%) were influenza A and 12 (3%) influenza B. In Romania 25 (55%) of 45 influenza virus detections were influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=4396; sentinel and non-sentinel data), 2564 (58%) were type A not subtyped; 1631 (37%) type A subtype H3 [of which 923 were also N-subtyped and all were subtype N2]; 106 (2%) type A subtype H1 [of which 54 were also N-subtyped and all were subtype N1]; and 95 (2%) type B.

Based on antigenic and/or genetic characterisation of 634 viruses, 429 were A/Wisconsin/67/2005 (H3N2)-like; 136 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 38 A/New Caledonia/20/99 (H1N1)-like; 30 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and one B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)).

Comment: Epidemiological and virological surveillance data for Serbia were reported in the bulletin for the first time; influenza activity in this country is low but increasing (click [here](#)). Influenza is active in most European countries but has peaked in two of the countries in which it first appeared i.e. Scotland and Greece. There are several countries in which the clinical influenza activity is already higher than their peak levels in the 2005-2006 season, e.g. Italy (click [here](#)). A possible explanation could be the difference in predominating virus sub(types). Influenza A(H3N2) virus, which predominates up until now this winter, in general is associated with higher morbidity than the influenza B and/or A(H1N1) viruses that predominated in the 2005-2006 season.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 05/2007, 29 countries reported clinical data and 29 virological data. 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](#).

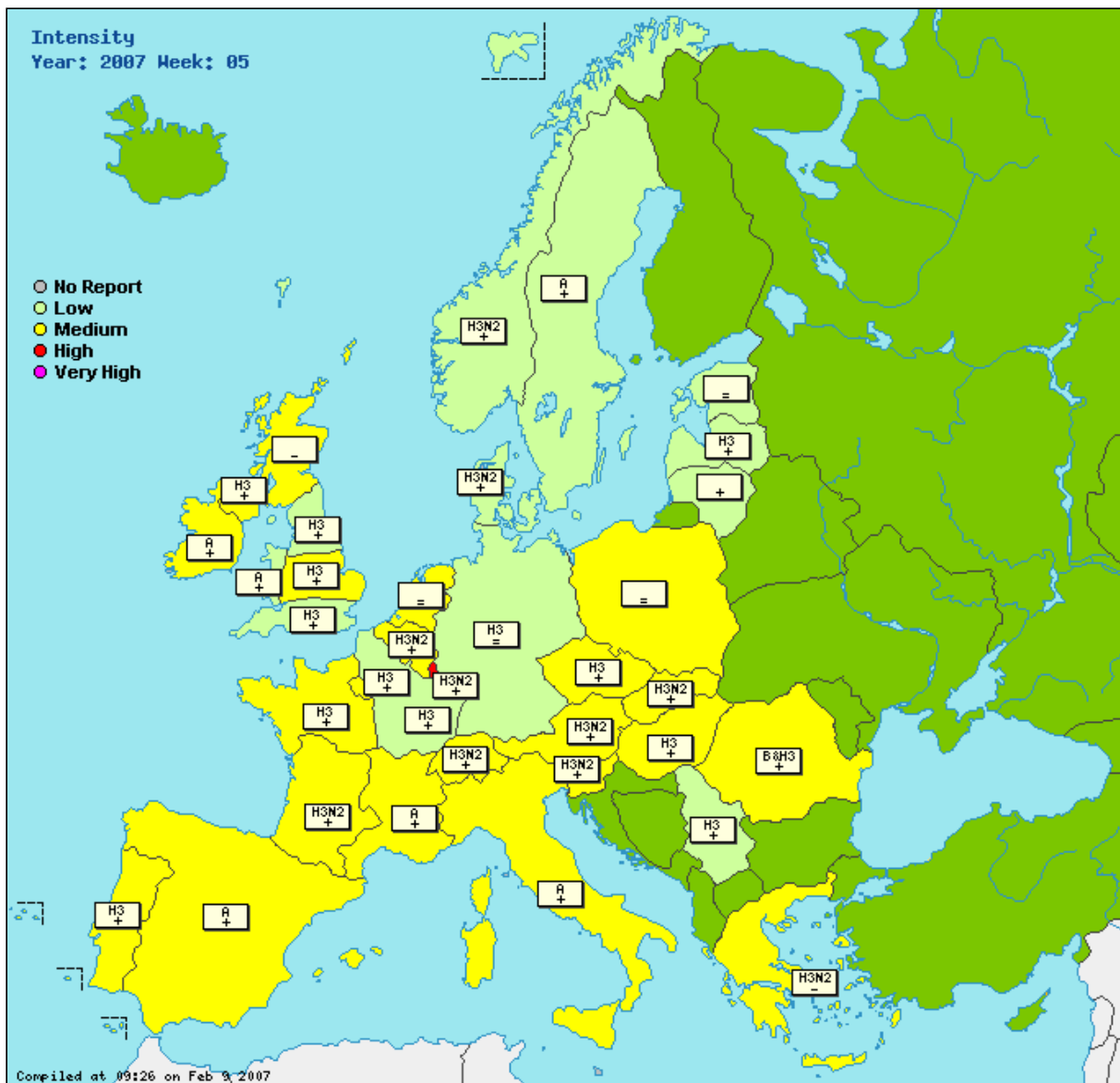
Map

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

Increasing influenza activity. Among the 133 specimens collected during this week, 40 were positive for influenza A virus (19 subtyped as H3, 4 as H1 and 17 A not yet subtyped). Further 10 RSV were identified.

Northern Ireland

Sentinel GP consultation rates have continued to rise across all age-groups during Week 05 and Out-of-Hours Centres are reporting higher than normal call rates. Although there have been no local outbreaks of FLI reported to date, influenza A has been confirmed in patients from sentinel GP practices throughout Northern Ireland.

Norway

Increase in virus detections from all parts of Norway, with highest numbers in the southeastern region. A(H3N2) viruses are now predominant in all regions.

Scotland

There is a continuing reduction in the rate per 100,000 (52) although this still remains just above the baseline limit

Spain

Widespread influenza activity in Spain.

Sweden

Due to some technical problems we can't report the population denominator this week. The data will be updated as soon as possible.

Switzerland

Influenza activity is increased highly.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria	Medium	Local			193	11.9%	Type A, Subtype H3N2	1227.1 (graphs)		Click here
Belgium	Medium	Widespread			158	46.2%	Type A, Subtype H3N2	283.1 (graphs)	1715.3 (graphs)	Click here
Czech Republic	Medium	Widespread			125	28.8%	Type A, Subtype H3	197.3 (graphs)	2057.3 (graphs)	Click here
Denmark	Low	Sporadic			13	30.8%	Type A, Subtype H3N2	119.5 (graphs)		Click here
England	Medium	Local			112	46.4%	None	30.2 (graphs)	853.8 (graphs)	Click here
Estonia	Low	Sporadic			18	5.6%	None	8.4 (graphs)	442.0 (graphs)	Click here
France	Medium	Widespread			280	29.3%	Type A, Subtype H3N2		2884.8 (graphs)	Click here
Germany	Low	Sporadic			117	44.4%	Type A, Subtype H3		1077.0 (graphs)	Click here
Greece	Medium	Local			39	53.9%	Type A, Subtype H3N2	246.5 (graphs)		Click here
Hungary	Medium	Local			24	20.8%	Type A, Subtype H3	334.8 (graphs)		Click here
Ireland	Medium	Sporadic			30	30.0%	Type A	44.5 (graphs)		Click here
Italy	Medium	Widespread			95	39.0%	Type A	464.6 (graphs)		Click here
Latvia	Low	Local			1	100.0%	Type A, Subtype H3	0.5 (graphs)	1852.9 (graphs)	Click here
Lithuania	Low	None			4	0%	None	4.5 (graphs)	559.2 (graphs)	Click here
Luxembourg	High	Widespread			49	67.4%	Type A, Subtype H3N2	362.8 (graphs)	3708.2 (graphs)	Click here
Malta					4	0%	None	(graphs)		Click here
Netherlands	Medium	Sporadic			17	17.7%	None	39.3 (graphs)		Click here
Northern Ireland	Medium	Sporadic			27	44.4%	Type A, Subtype H3	204.2 (graphs)		Click here
Norway	Low	Widespread			25	76.0%	Type A, Subtype H3N2	104.1 (graphs)		Click here
Poland	Medium	None			16	6.3%	None	80.5 (graphs)		Click here
Portugal	Medium	Widespread			16	75.0%	Type A, Subtype H3	90.6 (graphs)		Click here
Romania	Medium	Regional			119	26.9%	Type B and Type A, Subtype H3	1667.0 (graphs)	10.6 (graphs)	Click here
Scotland	Medium	Local						52.4 (graphs)		Click here
Serbia	Low	Sporadic			6	33.3%	Type A, Subtype H3	274.8 (graphs)		Click here
Slovakia	Medium	Regional			31	45.2%	Type A, Subtype H3N2	1080.7 (graphs)	3679.5 (graphs)	Click here
Slovenia	Medium	Local			51	31.4%	Type A, Subtype H3N2	32.6 (graphs)	2231.9 (graphs)	Click here
Spain	Medium	Widespread			191	46.6%	Type A	247.8 (graphs)		Click here
Sweden	Low	Sporadic			16	6.3%	Type A	(graphs)		Click here
Switzerland	Medium	Widespread			80	16.3%	Type A, Subtype H3N2	193.6 (graphs)		Click here
Wales	Low	None			8	25.0%	Type A	13.6 (graphs)		Click here
Europe					1865	34.6%				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

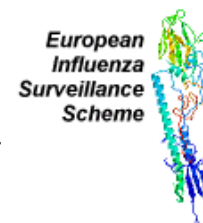
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 throughout Europe



Summary: Moderate influenza activity is currently reported by 21 out of 28 European countries. Luxembourg and Switzerland reported high activity. In three of the five countries reporting low influenza activity, the levels of influenza-like illness are increasing. In Scotland activity has returned to baseline levels and in Greece is has further declined after peaking in week 03/2007. Influenza A(H3N2) is the dominant virus circulating in Europe.

Epidemiological situation - week 06/2007: For the intensity indicator, the national network level of influenza-like illness (ILI) and/or acute respiratory infection (ARI) was high in Luxembourg and Switzerland, medium in 21 countries and low in five countries (Denmark, Latvia, Scotland, Sweden and Wales). Although the intensity of clinical influenza activity is still low in Denmark, Latvia and Sweden, the consultation rate for ILI in these countries is increasing. In Scotland influenza activity is back to baseline levels, whilst in Wales influenza activity remains low.

For the geographical spread indicator, widespread activity was reported in 11 countries. Four countries (Germany, Latvia, Romania and Slovakia) reported regional activity, five local, seven sporadic and one (Wales) no activity.

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

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): In most countries the consultation rates for ILI/ARI started to increase around mid-January. In Scotland the rate has fallen to levels typically seen outside the period of influenza virus circulation and in Greece the rate is on the decline after peaking in week 03/2007. By week 06/2007, 23 countries reported increased levels of ILI/ARI this winter.

Virological situation - week 06/2007: The total number of respiratory specimens collected by sentinel physicians was 1946, of which 862 (44.3%) were positive for influenza virus. Of these, 841 (98%) specimens tested positive for influenza A and 21 (2%) for influenza B. In addition, 757 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus; 750 (99%) were influenza A and 7 (1%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=6569; sentinel and non-sentinel data), 3916 (60%) were type A not subtyped; 2233 (34%) type A subtype H3 [of which 1124 were also N-subtyped and all were subtype N2]; 295 (4%) type A subtype H1 [of which 59 were also N-subtyped and all were subtype N1]; and 125 (2%) type B.

Based on antigenic and/or genetic characterisation of 680 viruses, 388 were A/Wisconsin/67/2005 (H3N2)-like; 186 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 51 A/New Caledonia/20/99 (H1N1)-like; 54 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and one B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)).

Comment: There are increasing levels of influenza activity in many European countries (including high levels in Luxembourg and Switzerland) suggesting there may be further increases in the coming weeks. Moreover, the number of positive specimens has steadily increased since mid-January (click [here](#)). In contrast, influenza activity is declining in the two countries (Greece and Scotland) where the seasonal epidemic first appeared this season.

Background: The Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 06/2007, 28 countries reported clinical data and 27 virological data. 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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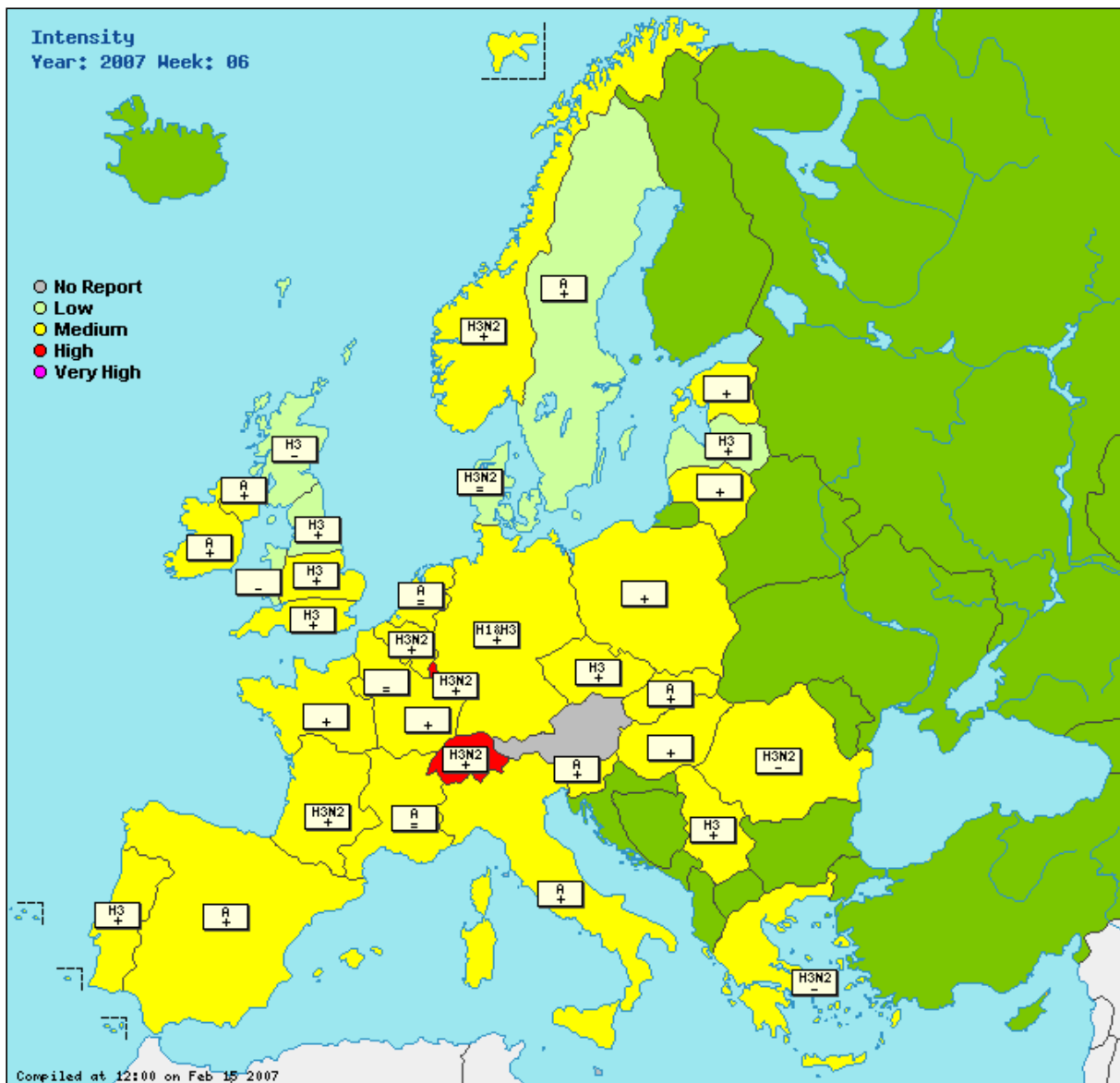
Map

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

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

Country comments (where available)

Estonia

Increasing influenza A activity. Sentinel GP consultation rates have continued to rise across all age groups, significant rising in age-group 15-65. The outbreak of A influenza was registered in one single institution. A(H3N2) viruses are now predominant in all parts of country.

Italy

Still increasing influenza activity is reported. During this week, 63 influenza viruses were identified and/or isolated: 1 B, 29 A/H3, 5 A/H1 and 28 A viruses not yet subtyped. Further 6 RSV were identified.

Latvia

Increase in influenza A and RS viruses detection from central and eastern parts of Latvia.

Northern Ireland

GP consultation rates remain high and Out-of-Hours Centre call rates are continuing to increase. All isolates typed to date have been influenza A H3. Despite this, no outbreaks in schools or residential homes have been reported.

Sweden

Earlier technical problems are now solved. The data since week 1/2007 have been updated.

Switzerland

Influenza activity is increasing highly. Influenza A (H3N2) strains are 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
Belgium	Medium	Widespread			193	74.6%	Type A, Subtype H3N2	520.8 (graphs)	2028.8 (graphs)	Click here
Czech Republic	Medium	Widespread			150	24.7%	Type A, Subtype H3	271.6 (graphs)	2154.2 (graphs)	Click here
Denmark	Low	Widespread			38	52.6%	Type A, Subtype H3N2	136.3 (graphs)		Click here
England	Medium	Sporadic			122	59.0%	None	38.4 (graphs)	877.3 (graphs)	Click here
Estonia	Medium	Sporadic			21	19.1%	None	9.5 (graphs)	557.2 (graphs)	Click here
France	Medium	Widespread			247	27.5%	Type A, Subtype H3N2		3362.5 (graphs)	Click here
Germany	Medium	Regional			223	45.3%	Type A, Subtype H3 and H1N1		1233.0 (graphs)	Click here
Greece	Medium	Local			26	65.4%	Type A, Subtype H3N2	216.6 (graphs)		Click here
Hungary	Medium	Local						500.6 (graphs)		Click here
Ireland	Medium	Sporadic			23	17.4%	Type A	53.1 (graphs)		Click here
Italy	Medium	Widespread			173	33.0%	Type A	592.7 (graphs)		Click here
Latvia	Low	Regional			7	28.6%	Type A, Subtype H3	31.9 (graphs)	1926.4 (graphs)	Click here
Lithuania	Medium	Local			10	20.0%	None	21.6 (graphs)	812.3 (graphs)	Click here
Luxembourg	High	Widespread			106	54.7%	Type A, Subtype H3N2	790.7 (graphs)	4325.6 (graphs)	Click here
Netherlands	Medium	Widespread			20	30.0%	Type A	40.7 (graphs)		Click here
Northern Ireland	Medium	Sporadic			20	35.0%	Type A	212.5 (graphs)		Click here
Norway	Medium	Widespread			15	80.0%	Type A, Subtype H3N2	195.4 (graphs)		Click here
Poland	Medium	Sporadic			62	4.8%	None	136.3 (graphs)		Click here
Portugal	Medium	Widespread			24	29.2%	Type A, Subtype H3	100.2 (graphs)		Click here
Romania	Medium	Regional			61	83.6%	Type A, Subtype H3N2	1321.2 (graphs)	7.1 (graphs)	Click here
Scotland	Low	Sporadic			7	42.9%	Type A, Subtype H3	30.3 (graphs)		Click here
Serbia	Medium	Local			31	61.3%	Type A, Subtype H3	449.0 (graphs)		Click here
Slovakia	Medium	Regional			28	10.7%	Type A	1219.6 (graphs)	3834.3 (graphs)	Click here
Slovenia	Medium	Local			44	61.4%	Type A	92.7 (graphs)	2113.7 (graphs)	Click here
Spain	Medium	Widespread			182	45.1%	Type A	260.8 (graphs)		Click here
Sweden	Low	Sporadic			28	21.4%	Type A	7.1 (graphs)		Click here
Switzerland	High	Widespread			76	63.2%	Type A, Subtype H3N2	356.7 (graphs)		Click here
Wales	Low	None			9	22.2%	None	8.5 (graphs)		Click here
Europe					1946	44.3%				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

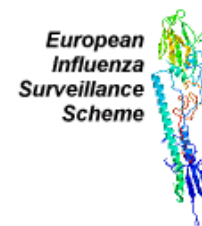
Population: per 100,000 population

*: 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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Increased Influenza activity across Europe



Summary: In week 07/2007 increased influenza activity is reported by 20 out of 27 countries in Europe. Norway reported high influenza activity whereas also Sweden, Latvia and Lithuania reported increases. In some countries in the South of Europe (i.e. Portugal, Spain and Serbia) the levels of influenza-like illness were for the first time lower than those of the previous week. Influenza A(H3N2) remains the dominant virus circulating in Europe.

Epidemiological situation - week 07/2007: For the intensity indicator, the national network level of influenza-like illness (ILI) and/or acute respiratory infection (ARI) was high in Luxembourg and Norway, medium in 22 and low in three countries (Denmark, Scotland and Wales). Consultation rates for ILI or ARI exceeded those in week 06/2007 in 16 countries. In six countries (Czech Republic, France, Hungary, Portugal, Serbia and Spain) the level of influenza activity was for the first time lower than in the previous weeks.

For the geographical spread indicator, widespread activity was reported in 14 countries. Three countries (England, Latvia and Romania) reported regional activity, four local and six sporadic activity.

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

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): In most countries the consultation rates for ILI/ARI started to increase around mid January. All 30 countries participating in EISS reported increased levels of influenza activity this winter. In countries where influenza activity started to increase early in 2007 (e.g. Scotland, Spain and Switzerland) activity has waned.

Virological situation - week 07/2007: The total number of respiratory specimens collected by sentinel physicians was 2321, of which 857 (36.9%) were positive for influenza virus. Of these, 837 (98%) specimens tested positive for influenza A virus and 20 (2%) for influenza B. In addition, 647 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 642 (99%) were influenza A and 5 (1%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=8783; sentinel and non-sentinel data), 5306 (61%) were type A not subtyped; 3129 (35%) type A subtype H3 [of which 1482 were also N-subtyped and all were subtype N2]; 187 (2%) type A subtype H1 [of which 82 were also N-subtyped and all were subtype N1]; and 161 (2%) type B.

Based on antigenic and/or genetic characterisation of 1256 viruses, 881 were A/Wisconsin/67/2005 (H3N2)-like; 236 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 68 A/New Caledonia/20/99 (H1N1)-like; 70 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and one B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage).

Comment: Widespread flu activity is present across most of Europe. Influenza activity is moving on to the northern parts of Europe, with a high intensity of clinical influenza activity reported in Norway. In general, the highest clinical incidences are seen in the 0-4 and 5-14 age groups. In six countries influenza activity seem to have reached its peak.

The majority of viruses reported in Europe remain influenza A(H3N2) but in Romania a relatively high proportion (around 35%) are influenza B (click [here](#)). The large majority of viruses are a good match with the vaccine strains.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 07/2007, 27 countries reported clinical data and 29 virological data. 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](#).

Erratum: Due to a technical problem, the clinical and virological graphs / pie charts for Slovenia, Spain, Sweden, Switzerland, Wales and Europe in the table below include data for week 08/2007 and are incorrect.

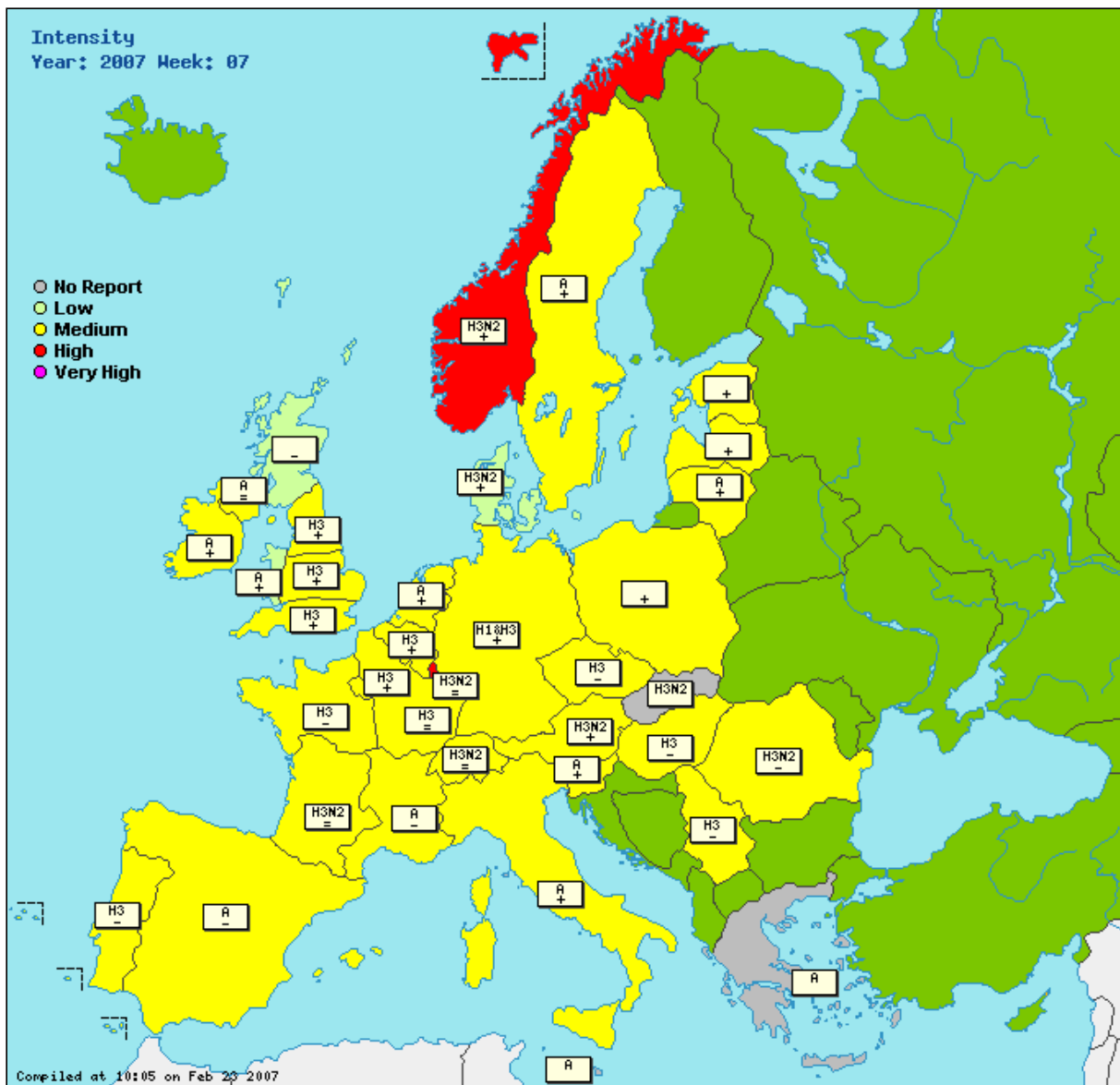
Map

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

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

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

You may select the type of map : 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 A activity. During the last week, 27 samples were positive for influenza A virus (10 A not yet subtyped, 15 H3N2 and 2 H1N1). Influenza A (H3N2) strains are now predominant.

Lithuania

Compare to week 6 the number of ILI increased 5 times in week 7.

Northern Ireland

Although sentinel GP consultation rates remain stable, Out-of-Hours call rates are continuing to increase. CDSC (NI) has received anecdotal reports of ILI outbreaks in 3 care homes during the past week and these are, currently, under investigation.

Norway

The number of influenza A virus detections is high and is likely to rise further as more laboratory reports for week 7/2007 comes in.

Spain

Influenza has declined by first time after peaking in week 06/2007.

Switzerland

Influenza activity stabilised last week.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria	Medium	Widespread			345	20.9%	Type A, Subtype H3N2	1369.1 (graphs)		Click here
Belgium	Medium	Widespread			170	58.2%	Type A, Subtype H3	877.9 (graphs)	2338.8 (graphs)	Click here
Czech Republic	Medium	Widespread			110	15.5%	Type A, Subtype H3	253.5 (graphs)	2025.4 (graphs)	Click here
Denmark	Low	Widespread			38	65.8%	Type A, Subtype H3N2	68.2 (graphs)		Click here
England	Medium	Regional			153	53.6%	Type A, Subtype H3	44.8 (graphs)	889.5 (graphs)	Click here
Estonia	Medium	Sporadic			41	34.2%	None	(graphs)		Click here
France	Medium	Widespread			183	35.5%	Type A, Subtype H3N2		3072.2 (graphs)	Click here
Germany	Medium	Widespread			265	46.0%	Type A, Subtype H3 and H1N1		1377.0 (graphs)	Click here
Greece					34	41.2%	Type A	(graphs)		Click here
Hungary	Medium	Widespread			30	33.3%	Type A, Subtype H3	402.6 (graphs)		Click here
Ireland	Medium	Local			42	42.9%	Type A	72.3 (graphs)		Click here
Italy	Medium	Widespread			99	21.2%	Type A	609.1 (graphs)		Click here
Latvia	Medium	Regional						172.4 (graphs)	2143.6 (graphs)	Click here
Lithuania	Medium	Local			18	11.1%	Type A	104.4 (graphs)	974.6 (graphs)	Click here
Luxembourg	High	Widespread			93	47.3%	Type A, Subtype H3N2	888.0 (graphs)	4194.2 (graphs)	Click here
Malta					7	14.3%	Type A	(graphs)		Click here
Netherlands	Medium	Widespread			16	31.3%	Type A	50.5 (graphs)		Click here
Northern Ireland	Medium	Sporadic			17	41.2%	Type A	194.6 (graphs)		Click here
Norway	High	Widespread			25	68.0%	Type A, Subtype H3N2	265.7 (graphs)		Click here
Poland	Medium	Sporadic			156	4.5%	None	175.8 (graphs)		Click here
Portugal	Medium	Widespread			17	35.3%	Type A, Subtype H3	63.7 (graphs)		Click here
Romania	Medium	Regional			85	44.7%	Type A, Subtype H3N2	1144.5 (graphs)	6.5 (graphs)	Click here
Scotland	Low	Sporadic			3	0%	None	29.3 (graphs)		Click here
Serbia	Medium	Local			21	52.4%	Type A, Subtype H3	387.0 (graphs)		Click here
Slovakia					22	40.9%	Type A, Subtype H3N2	(graphs)		Click here
Slovenia	Medium	Local			52	80.8%	Type A	160.2 (graphs)	2667.3 (graphs)	Click here
Spain	Medium	Widespread			147	35.4%	Type A	189.5 (graphs)		Click here
Sweden	Medium	Sporadic			36	8.3%	Type A	5.9 (graphs)		Click here
Switzerland	Medium	Widespread			85	52.9%	Type A, Subtype H3N2	336.9 (graphs)		Click here
Wales	Low	Sporadic			11	81.8%	Type A	17.8 (graphs)		Click here
Europe					2321	36.9%				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

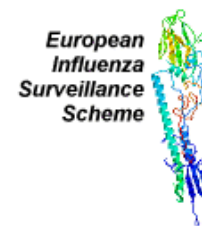
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldi (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 is increasing in the North of Europe and declining in other countries



Summary: Following increased influenza activity in most Southern and Western European countries in January and February there are now rises in Northern European countries. Consultation rates seem to be past their peak in a number of the countries that were affected earlier. Influenza A(H3N2) remains the dominant virus circulating in Europe.

Epidemiological situation - week 08/2007: For the intensity indicator, the national network level of influenza-like illness (ILI) and/or acute respiratory infection (ARI) was high in Lithuania and Norway, medium in 21 countries and low in four countries. An increase in consultation rates for ILI or ARI compared to last week was observed in Norway, Sweden, Denmark, Latvia, Lithuania, Poland, Germany, the Netherlands and Slovenia.

For the geographical spread indicator, widespread activity was reported in 13 countries, while four countries reported regional activity, four local, five sporadic activity and one country reported no activity.

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

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): An increase in consultation rates for ILI and/or ARI occurred around mid January for most countries.

Virological situation - week 08/2007: The total number of respiratory specimens collected by sentinel physicians was 1746, of which 684 (39%) were positive for influenza virus. Of these, 664 (97%) specimens tested positive for influenza A virus and 20 (3%) for influenza B. In addition, 765 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) tested positive for influenza virus, of which 759 (99%) were influenza A and 6 (1%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=10 664; sentinel and non-sentinel data), 6432 (60%) were type A not subtyped; 3829 (36%) type A subtype H3 [of which 1769 were also N-subtyped and all were subtype N2]; 217 (2%) type A subtype H1 [of which 96 were also N-subtyped and all were subtype N1]; and 186 (2%) type B.

Based on the antigenic and/or genetic characterisation of 1166 influenza viruses, 997 were A/Wisconsin/67/2005 (H3N2)-like; 27 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 64 A/New Caledonia/20/99 (H1N1)-like; and 80 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage).

Comment: Widespread influenza activity is currently present across most of Europe, although activity is declining in most Southern and Western countries. For Europe as a whole, the influenza activity seems to have peaked as the number of positive samples are declining since week 07/2007 (click [here](#)). There is a good match between the 2006-2007 vaccine strains and the reported influenza strains.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 08/2007, 27 countries reported clinical data and 26 virological data. 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](#).

Erratum: Due to a technical problem, the virological graphs / pie charts for Switzerland, Wales and Europe in the table below do not fit the bulletin text.

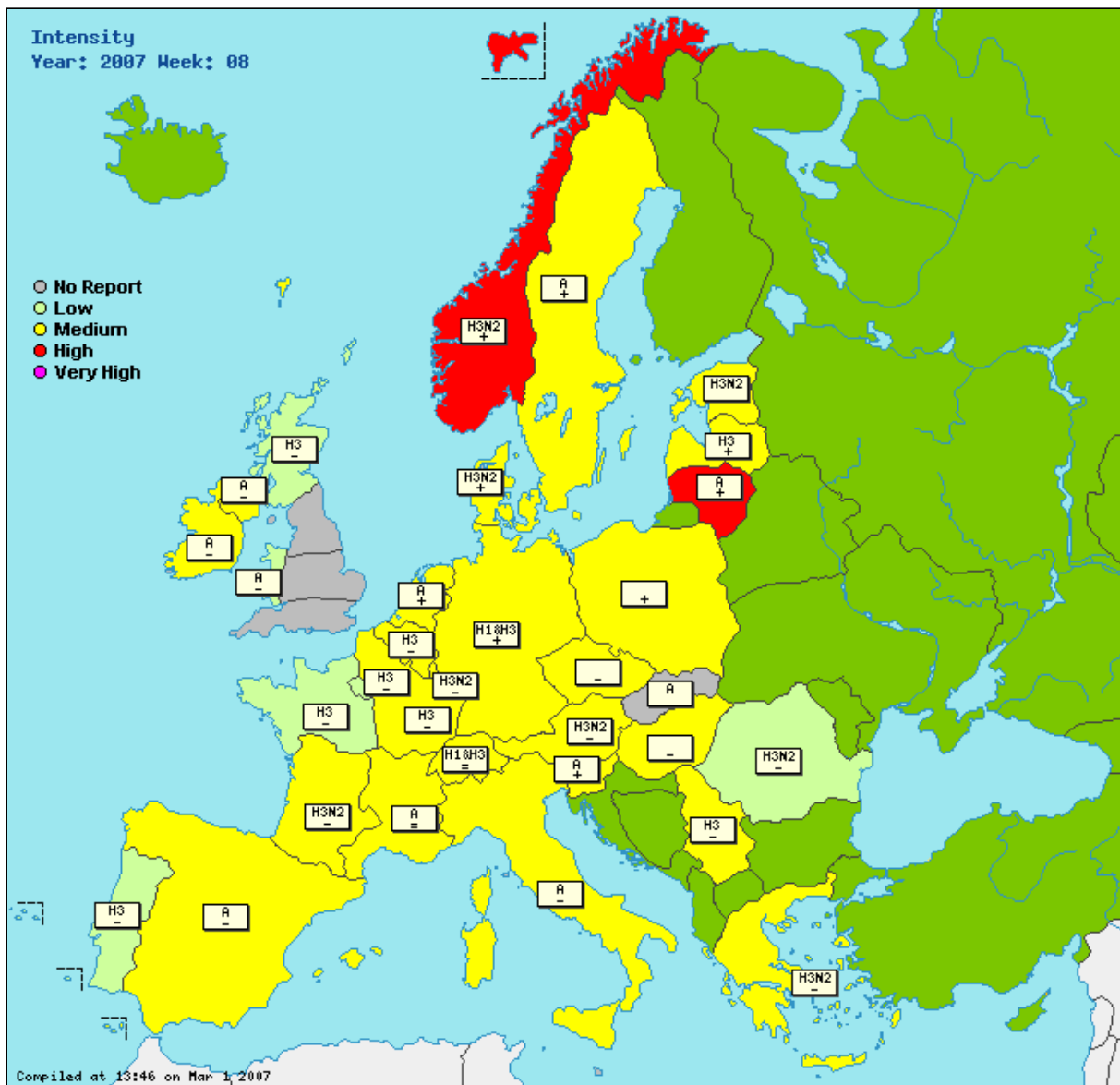
Map

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

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You may select the type of map : Intensity Geographical spread



A = Dominant virus A
H1N1 = Dominant virus A(H1N1)
H3N2 = Dominant virus A(H3N2)
H1N2 = Dominant virus A(H1N2)
B = Dominant virus B
A & B = Dominant virus A & B
 = : stable clinical activity
 + : increasing clinical activity
 - : decreasing clinical activity

Low = no influenza activity or influenza at baseline levels
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No activity = no evidence of influenza virus activity (clinical activity remains at baseline levels)
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Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

Country comments (where available)

Italy

Influenza activity at the same level of the past week. Influenza A remains clearly prevalent: 30 influenza viruses were identified and/or isolated during this week (13 A/H3, 5 A/H1, 10 A not yet subtyped and only 2 B viruses). Nine cases of RSV still reported.

Northern Ireland

Influenza A infection has been confirmed in one of the three care home ILI outbreaks reported during Weeks 07/08

Norway

Even though incomplete, preliminary virological data are consistent with declining virus circulation in population-rich Southeastern Norway.

Switzerland

Influenza activity stabilised these last three weeks. Influenza A (H3N2) 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	Widespread			315	19.1%	Type A, Subtype H3N2	1244.6 (graphs)		Click here
Belgium	Medium	Widespread			126	67.5%	Type A, Subtype H3	777.8 (graphs)	2089.9 (graphs)	Click here

Czech Republic	Medium	Regional				177.6 (graphs)	1719.2 (graphs)	Click here
Denmark	Medium	Widespread	39	61.5%	Type A, Subtype H3N2	235.2 (graphs)		Click here
England						41.3 (graphs)	804.5 (graphs)	Click here
Estonia	Medium	Widespread	54	53.7%	Type A, Subtype H3N2	graphs		Click here
France	Medium	Widespread	172	27.3%	Type A, Subtype H3N2		2373.2 (graphs)	Click here
Germany	Medium	Widespread	328	60.4%	Type A, Subtype H3 and H1N1		1889.0 (graphs)	Click here
Greece	Medium	Sporadic	8	62.5%	Type A, Subtype H3N2	99.2 (graphs)		Click here
Hungary	Medium	Widespread				315.4 (graphs)		Click here
Ireland	Medium	Local	28	46.4%	Type A	64.5 (graphs)		Click here
Italy	Medium	Widespread	88	30.7%	Type A	475.3 (graphs)		Click here
Latvia	Medium	Widespread	10	60.0%	Type A, Subtype H3	634.7 (graphs)	2395.6 (graphs)	Click here
Lithuania	High	Regional	44	22.7%	Type A	370.9 (graphs)	1585.3 (graphs)	Click here
Luxembourg	Medium	Widespread	44	27.3%	Type A, Subtype H3N2	432.0 (graphs)	4276.5 (graphs)	Click here
Netherlands	Medium	Widespread	17	23.5%	Type A	65.7 (graphs)		Click here
Northern Ireland	Medium	Local	9	55.6%	Type A	167.2 (graphs)		Click here
Norway	High	Widespread	19	57.9%	Type A, Subtype H3N2	312.5 (graphs)		Click here
Poland	Medium	Sporadic	142	2.1%	None	218.2 (graphs)		Click here
Portugal	Low	Sporadic	5	60.0%	Type A, Subtype H3	36.3 (graphs)		Click here
Romania	Low	Regional	48	27.1%	Type A, Subtype H3N2	1008.8 (graphs)	2.8 (graphs)	Click here
Scotland	Low	Sporadic	2	0%	Type A, Subtype H3	23.5 (graphs)		Click here
Serbia	Medium	Local	20	30.0%	Type A, Subtype H3	272.6 (graphs)		Click here
Slovakia			20	40.0%	Type A	graphs		Click here
Slovenia	Medium	Local	26	76.9%	Type A	216.3 (graphs)	2131.9 (graphs)	Click here
Spain	Medium	Regional	81	38.3%	Type A	120.9 (graphs)		Click here
Sweden	Medium	Sporadic	43	32.6%	Type A	20.5 (graphs)		Click here
Switzerland	Medium	Widespread	53	88.7%	Type A, Subtype H1N1 and H3N2	338.2 (graphs)		Click here
Wales	Low	None	5	60.0%	Type A	9.5 (graphs)		Click here
Europe			1746	39.2%				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

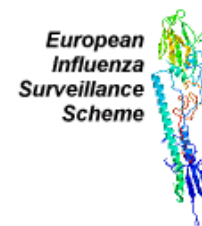
Population: per 100,000 population

*: 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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Increased influenza activity in Central and Northern Europe



Summary: Influenza activity is continuing to increase in several countries (Denmark, Germany, the Netherlands, Poland, and the Baltic States) or is peaking (Norway, Slovenia and Sweden). However, in most European countries activity is further receding and in some countries activity is back to non-flu levels. Influenza A(H3N2) remains the dominant virus circulating in Europe.

Epidemiological situation - week 09/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were high in the Scandinavian countries and Baltic States, medium in 16 countries and low in seven. A substantial increase in consultation rates above last week's rates for ILI and/or ARI was reported in Denmark, Latvia, Poland and the Netherlands, whilst in Estonia, Germany and Lithuania rates started to level off and in Norway, Slovenia and Sweden rates started to decline. For the geographical spread indicator, widespread activity was reported in 12 countries, regional in four, local in five, sporadic in seven and no activity in one.

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

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): This winter, the consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain, where it has already returned to levels seen outside the winter period. For most other countries in the South-West of Europe consultation rates started to increase around mid January 2007 and have passed the peak. In large parts of Central and North-East Europe, activity started to increase in February and is still continuing. Except for Norway, highest consultation rates for ILI and/or ARI have been reported in the 0-4 and 5-14 years age groups.

Virological situation - week 09/2007: The total number of respiratory specimens collected by sentinel physicians was 1 653, of which 618 (37%) were positive for influenza virus; 603 (98%) influenza A and 15 (2%) influenza B. In addition, among 757 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) positive for influenza virus 749 (99%) were influenza A and 11 (1%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=12 855; sentinel and non-sentinel data), 7 437 (58%) were type A not subtyped; 4 933 (38%) type A subtype H3 [of which 2 336 were also N-subtyped and all were subtype N2]; 268 (2%) type A subtype H1 [of which 116 were also N-subtyped and all were subtype N1]; and 217 (2%) type B. In Romania, 39% of viruses were influenza B.

For Europe as a whole, detection of respiratory syncytial virus (RSV) (a respiratory virus with clinical symptoms that are similar to influenza) has returned to low levels, though in several countries detections remain high (Denmark, Estonia, Germany and Scotland).

Based on the antigenic and/or genetic characterisation of 1 624 influenza viruses, 1 151 were A/Wisconsin/67/2005 (H3N2)-like; 286 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 96 A/New Caledonia/20/99 (H1N1)-like; 90 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and 1 B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). There is a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: There are still countries scattered across Europe, mainly in the central and northern part, in which influenza activity is either increasing or just showing signs of levelling off. However, recent experience in most countries of Western Europe suggests the peak will shortly be reached in all remaining countries.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 09/2007, 29 countries reported clinical data and 28 virological data. 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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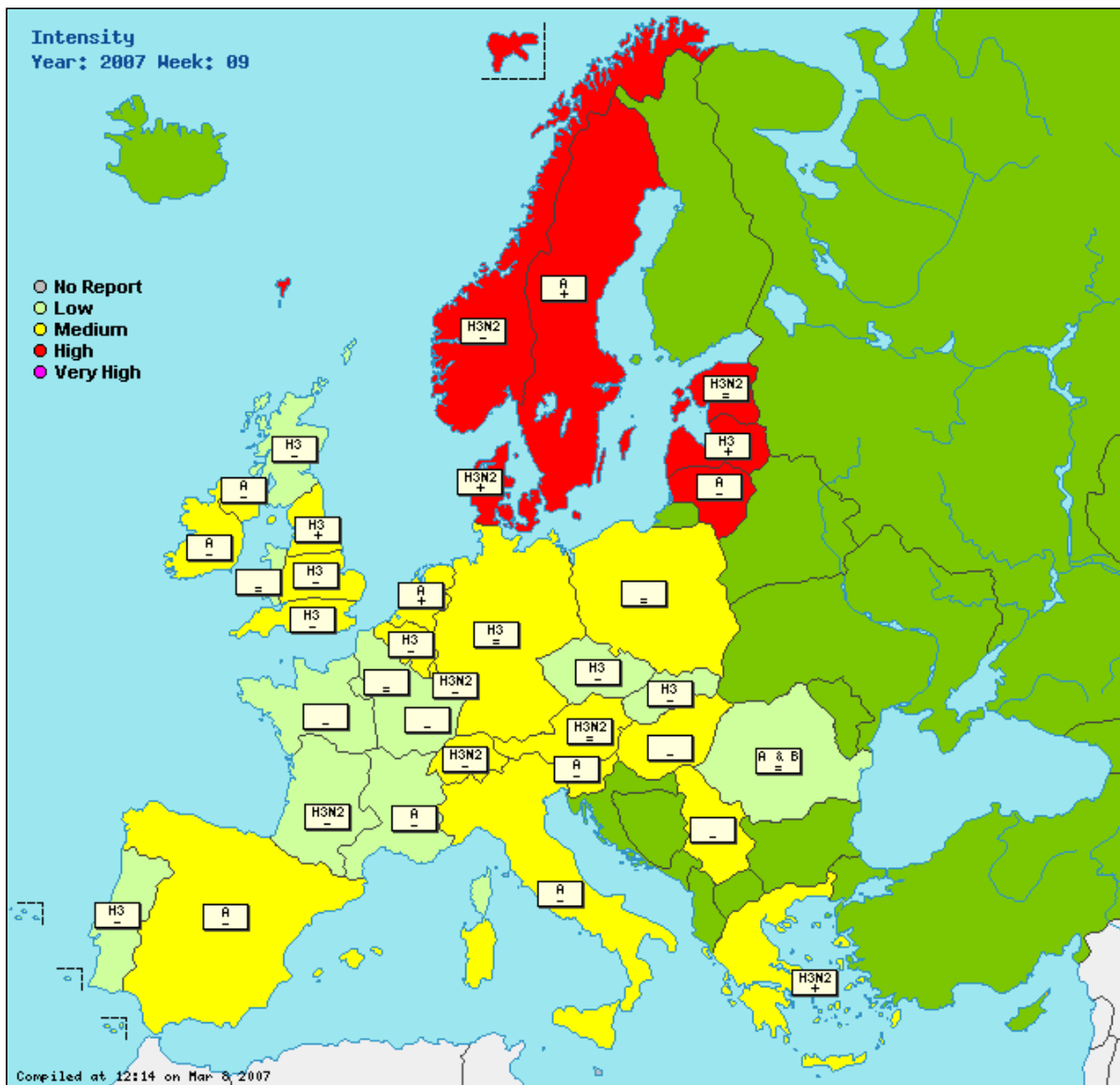
Map

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

Decreasing influenza activity. During this week, 19 influenza viruses were identified and/or isolated (10 A/H3, 6 A/H1, 2 A not yet subtyped and 1 B viruses).

Latvia

Increasing influenza activity, A/H3 viruses were isolated from all regions of Latvia

Norway

ILI activity is increasing in 1 of 5 regions (Middle Norway) but decreasing in the rest of the country.

Switzerland

Influenza activity is decreasing. Influenza A (H3N2) are still 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	Widespread			294	27.2%	Type A, Subtype H3N2	1364.2 (graphs)		Click here
Belgium	Medium	Widespread			93	45.2%	Type A, Subtype H3	597.7 (graphs)	1857.1 (graphs)	Click here
Czech Republic	Low	Local			64	10.9%	Type A, Subtype H3	123.5 (graphs)	1455.1 (graphs)	Click here
Denmark	High	Widespread			54	75.9%	Type A, Subtype H3N2	299.3 (graphs)		Click here

England	Medium	Regional	80	33.8%	Type A, Subtype H3	31.9 (graphs)	732.1 (graphs)	Click here
Estonia	High	Widespread	79	44.3%	Type A, Subtype H3N2	47.1 (graphs)	1095.9 (graphs)	Click here
France	Low	Regional	71	26.8%	Type A, Subtype H3N2		1764.7 (graphs)	Click here
Germany	Medium	Widespread	350	61.1%	Type A, Subtype H3		1917.0 (graphs)	Click here
Greece	Medium	Sporadic	12	41.7%	Type A, Subtype H3N2	117.9 (graphs)		Click here
Hungary	Medium	Regional				203.1 (graphs)		Click here
Ireland	Medium	Sporadic	27	22.2%	Type A	54.1 (graphs)		Click here
Italy	Medium	Widespread	77	11.7%	Type A	382.5 (graphs)		Click here
Latvia	High	Widespread	15	53.3%	Type A, Subtype H3	932.9 (graphs)	2597.1 (graphs)	Click here
Lithuania	High	Regional	23	13.0%	Type A	404.9 (graphs)	1397.0 (graphs)	Click here
Luxembourg	Medium	Widespread	59	27.1%	Type A, Subtype H3N2	558.1 (graphs)	3534.9 (graphs)	Click here
Malta			9	0%	None	(graphs)		Click here
Netherlands	Medium	Widespread	27	25.9%	Type A	86.3 (graphs)		Click here
Northern Ireland	Medium	Sporadic	5	0%	Type A	131.9 (graphs)		Click here
Norway	High	Widespread	9	88.9%	Type A, Subtype H3N2	294.6 (graphs)		Click here
Poland	Medium	Sporadic	102	2.0%	None	265.8 (graphs)		Click here
Portugal	Low	Sporadic	5	20.0%	Type A, Subtype H3	17.9 (graphs)		Click here
Romania	Low	Local	30	36.7%	Type A and B	1044.8 (graphs)	3.7 (graphs)	Click here
Scotland	Low	Sporadic	2	0%	Type A, Subtype H3	17.4 (graphs)		Click here
Serbia	Medium	Local	2	0%	None	143.6 (graphs)		Click here
Slovakia	Low	Sporadic	10	60.0%	Type A, Subtype H3	454.1 (graphs)	1983.1 (graphs)	Click here
Slovenia	Medium	Local	18	50.0%	Type A	190.2 (graphs)	1741.7 (graphs)	Click here
Spain	Medium	Local	50	44.0%	Type A	76.9 (graphs)		Click here
Sweden	High	Widespread	44	45.5%	Type A	21.2 (graphs)		Click here
Switzerland	Medium	Widespread	42	47.6%	Type A, Subtype H3N2	228.8 (graphs)		Click here
Wales	Low	None				8.6 (graphs)		Click here
Europe			1653	37.4%				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

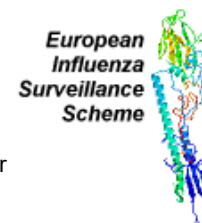
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 passed its peak in most European countries



Summary: In most European countries influenza activity is now back or almost back to levels seen outside the winter period. Activity appears to be peaking in some others (Germany, Latvia, Lithuania, the Netherlands and Poland) but in Denmark, Estonia and Sweden it is still increasing. Influenza A(H3N2) remains the dominant virus.

Epidemiological situation - week 10/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were high in the Scandinavian countries and Baltic States, medium in five and low in 15 countries. A substantial increase over last week's rates was reported in Denmark, whilst rates in Estonia and Sweden continued to level off. In Germany, Latvia, Lithuania, the Netherlands and Poland rates have started to decline. For the geographical spread indicator, widespread activity was reported in nine countries, regional in three, local in four, sporadic in nine and no activity in two.

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

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): This winter, the consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain, for most other countries in the South-West of Europe around mid January 2007 and in large parts of Central and North-East Europe in February. By week 10/2007, influenza activity has returned to levels seen outside the winter period or is decreasing in most countries. The highest consultation rates for ILI and/or ARI have been reported in the 0-4 and 5-14 years age groups.

Virological situation - week 10/2007: The total number of respiratory specimens collected by sentinel physicians was 1 291, of which 434 (34%) were positive for influenza virus: 428 (99%) influenza A and six (1%) influenza B. In addition, among 645 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) positive for influenza virus, 641 (99%) were influenza A and four (1%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=14 366; sentinel and non-sentinel data), 8 142 (57%) were type A not subtyped; 5 695 (40%) type A subtype H3 [of which 2 587 were also N-subtyped and all were subtype N2]; 291 (2%) type A subtype H1 [of which 120 were also N-subtyped and all were subtype N1]; and 238 (2%) type B. In Romania, 42% of viruses were influenza B.

Based on the antigenic and/or genetic characterisation of 1 980 influenza viruses, 1 453 were A/Wisconsin/67/2005 (H3N2)-like; 299 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 123 A/New Caledonia/20/99 (H1N1)-like; 100 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and five B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). Overall there is a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: Consultation rates for ILI and/or ARI indicate that influenza activity is over or on the decline in most European countries. Only in Denmark was there still a substantial increase in influenza activity. An analysis of the consultation rate data of the 25 countries in which influenza activity has already peaked showed that for 21 countries the peaks were clustered in weeks 6 to 9 (mean: week 7). In the remaining four countries rates peaked in week 2 to 5 (mean: week 4). By analysis of the timing of country specific peak rates across Europe, no significant West-East or South-North spread pattern, as detected in four (2001-2005) out of seven (1999-2006) previous seasons, was found for the 2006-2007 season.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 10/2007, 27 countries reported clinical data and 26 virological data. 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](#).

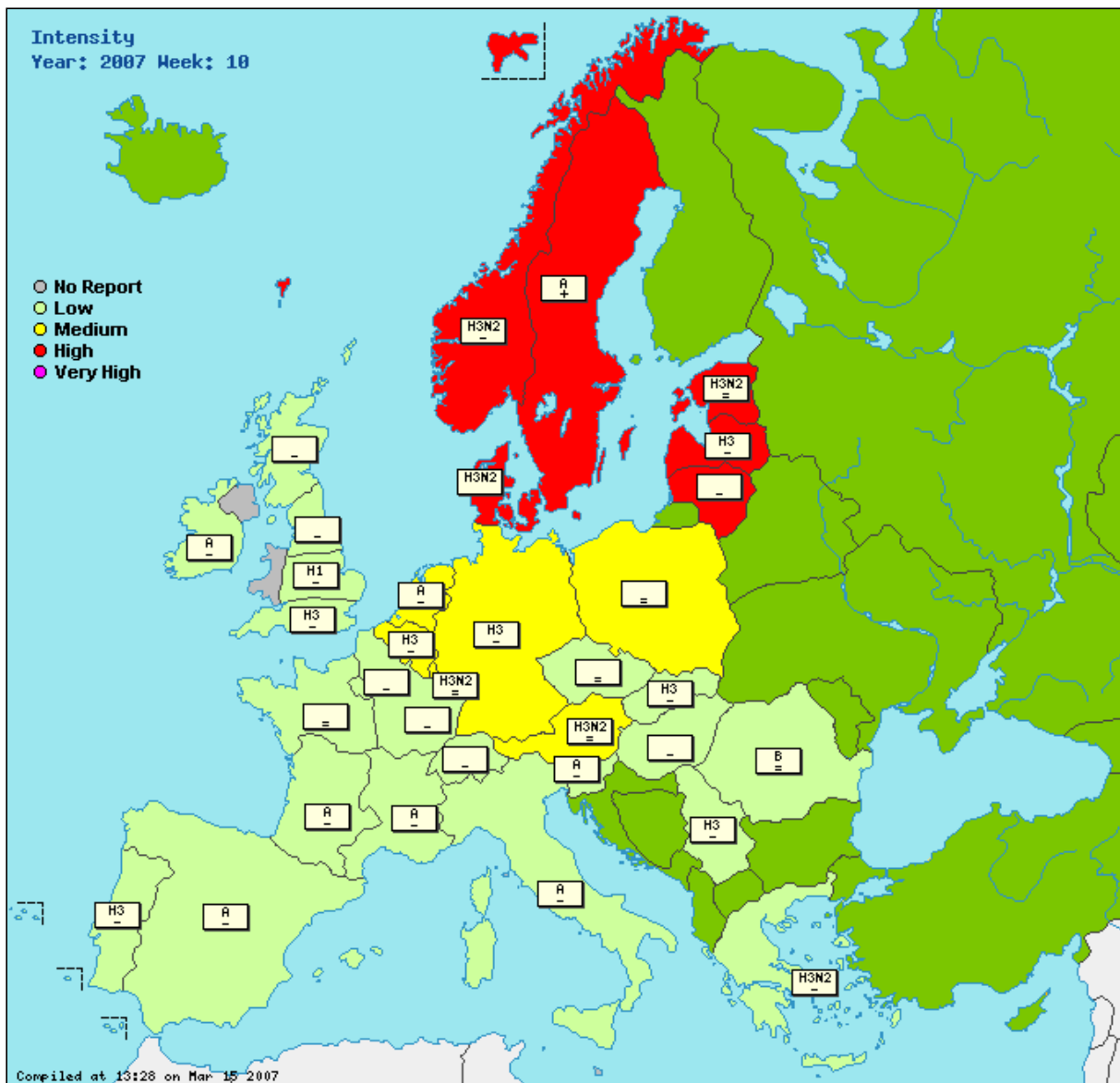
Map

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 decreasing influenza activity is reported. Further 14 influenza A viruses were identified and/or isolated, during this week. Among them 7 were subtyped as A/H3, 3 as A/H1. and 4 not yet subtyped.

Spain

Influenza activity is decreasing all around Spain. The morbidity rate is below the epidemic level.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria	Medium	Widespread			269	23.4%	Type A, Subtype H3N2	1242.8 (graphs)		Click here
Belgium	Medium	Regional			36	44.4%	Type A, Subtype H3	272.8 (graphs)	1261.8 (graphs)	Click here
Czech Republic	Low	Local						68.2 (graphs)	1229.6 (graphs)	Click here
Denmark	High	Widespread			51	70.6%	Type A, Subtype H3N2	303.2 (graphs)		Click here
England	Low	Sporadic			50	28.0%	Type A, Subtype H3	18.6 (graphs)	687.1 (graphs)	Click here
Estonia	High	Widespread			44	50.0%	Type A, Subtype H3N2	49.0 (graphs)	1083.4 (graphs)	Click here
France	Low	Local			68	11.8%	Type A, Subtype H3N2		1405.3 (graphs)	Click here
Germany	Medium	Widespread			340	57.7%	Type A, Subtype H3		1645.0 (graphs)	Click here

Greece	Low	Sporadic	12	25.0%	Type A, Subtype H3N2	100.0 (graphs)		Click here
Hungary	Low	None	21	0%	None	135.5 (graphs)		Click here
Ireland	Low	Sporadic	13	23.1%	Type A	23.7 (graphs)		Click here
Italy	Low	Regional	44	20.5%	Type A	237.6 (graphs)		Click here
Latvia	High	Widespread	10	60.0%	Type A, Subtype H3	792.8 (graphs)	2015.6 (graphs)	Click here
Lithuania	High	Regional	13	0%	None	337.6 (graphs)	1233.0 (graphs)	Click here
Luxembourg	Medium	Widespread	36	36.1%	Type A, Subtype H3N2	259.1 (graphs)	2958.3 (graphs)	Click here
Malta			5	0%	None	(graphs)		Click here
Netherlands	Medium	Widespread	16	18.8%	Type A	68.1 (graphs)		Click here
Northern Ireland			0	0%	None	(graphs)		Click here
Norway	High	Widespread	6	50.0%	Type A, Subtype H3N2	209.2 (graphs)		Click here
Poland	Medium	Sporadic	131	4.6%	None	248.3 (graphs)		Click here
Portugal	Low	None	0	0%	Type A, Subtype H3	14.9 (graphs)		Click here
Romania	Low	Sporadic	30	10.0%	Type B	1007.0 (graphs)	2.7 (graphs)	Click here
Scotland	Low	Sporadic				1.4 (graphs)		Click here
Serbia	Low	Sporadic	6	33.3%	Type A, Subtype H3	80.8 (graphs)		Click here
Slovakia	Low	Sporadic	4	50.0%	Type A, Subtype H3	284.2 (graphs)	1630.2 (graphs)	Click here
Slovenia	Low	Local	10	60.0%	Type A	54.8 (graphs)	1209.2 (graphs)	Click here
Spain	Low	Sporadic	39	20.5%	Type A	46.0 (graphs)		Click here
Sweden	High	Widespread	37	32.4%	Type A	20.8 (graphs)		Click here
Switzerland	Low	Local				101.4 (graphs)		Click here
Europe			1291	33.6%				Click here

Preliminary data

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

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

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

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

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

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

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

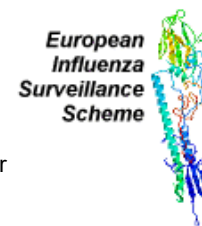
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 is over in most European countries



Summary: In most European countries influenza activity is now back or almost back to levels seen outside the winter period. Only in Denmark influenza activity is still increased and show signs of peaking. Influenza A(H3N2) remains the dominant virus.

Epidemiological situation - week 11/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) was high in Denmark, medium in eight and low in 17 countries. A substantial decrease in rates was reported in all countries with increased rates last week, except Denmark, where it has just started to level off. For the geographical spread indicator, widespread activity was reported in six countries, regional in two, local in four, sporadic in 11 and no activity in three. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): This winter, the consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain, for most other countries in the South-West of Europe around mid January 2007 and in large parts of Central and North-East Europe in February. By the beginning of March (week 11/2007) in most countries influenza activity had returned to levels seen outside the winter period or was decreasing. The highest consultation rates for ILI and/or ARI have been reported in the 0-4 and 5-14 years age groups.

Virological situation - week 11/2007: The total number of respiratory specimens collected by sentinel physicians was 742, of which 247 (33%) were positive for influenza virus: 230 (93%) influenza A and 17 (7%) influenza B. In addition, among 361 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) positive for influenza virus, 359 (99%) were influenza A and two (1%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=15 247; sentinel and non-sentinel data), 8 586 (56%) were type A not subtyped; 6 077 (40%) type A subtype H3 [of which 2 685 were also N-subtyped and all were subtype N2]; 324 (2%) type A subtype H1 [of which 126 were also N-subtyped and all were subtype N1]; and 260 (2%) type B. In Romania, 44% of viruses were influenza B.

Based on the antigenic and/or genetic characterisation of 2 088 influenza viruses, 1 531 were A/Wisconsin/67/2005 (H3N2)-like; 300 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 136 A/New Caledonia/20/99 (H1N1)-like; 111 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and ten B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). Overall there is a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: In most European countries, seasonal influenza activity is over or coming to an end. The peak rates during the 2006-2007 season in most countries have been higher than those in the previous season (see historical data e.g. for [Belgium](#) and [Portugal](#)), probably because influenza A (H3N2) virus was predominantly circulating and this causes more severe illness than influenza B viruses which predominated last winter.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 11/2007, 26 countries reported clinical data and 24 virological data. 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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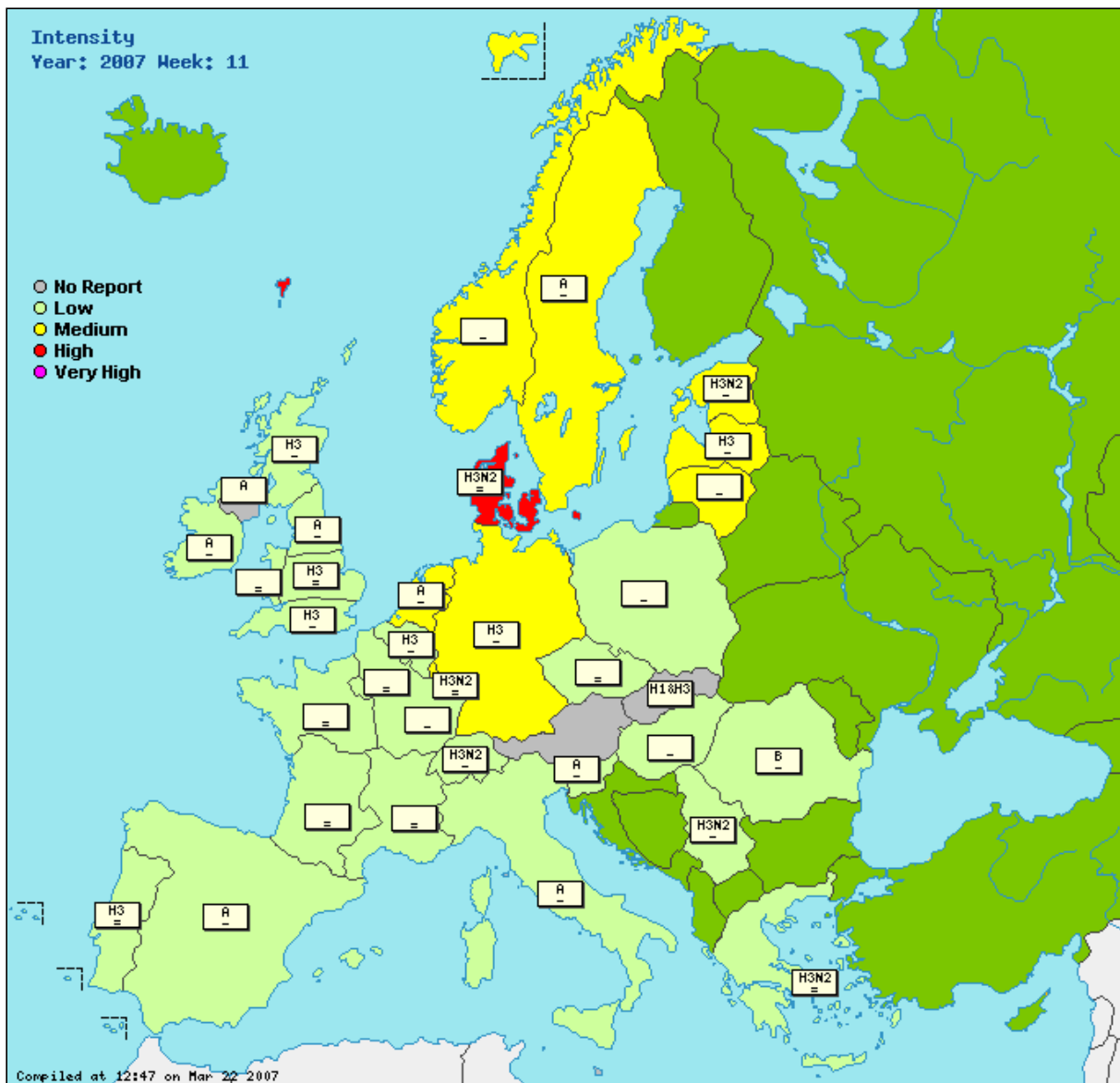
Map

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.

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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
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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 decreasing influenza activity is reported. Among the 49 specimens collected during this week, 8 were positive for influenza virus (1 B, 1 A/H3, 2 A/H1 and 4 A not yet subtyped). Further 1 RSV A was identified.

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	Local			35	17.1%	Type A, Subtype H3	169.7 (graphs)	1297.7 (graphs)	Click here
Czech Republic	Low	Sporadic						41.6 (graphs)	1046.7 (graphs)	Click here
Denmark	High	Widespread			19	47.4%	Type A, Subtype H3N2	283.4 (graphs)		Click here
England	Low	Sporadic			32	21.9%	Type A, Subtype H3	12.7 (graphs)	596.2 (graphs)	Click here
Estonia	Medium	Sporadic			33	33.3%	Type A, Subtype H3N2	22.3 (graphs)	832.9 (graphs)	Click here
France	Low	Sporadic			40	25.0%	Type A, Subtype H3N2		1332.4 (graphs)	Click here
Germany	Medium	Regional			225	55.1%	Type A, Subtype H3		1373.0 (graphs)	Click here
Greece	Low	Sporadic			11	45.5%	Type A, Subtype H3N2	93.3 (graphs)		Click here
Hungary	Low	None			9	0%	None	65.1 (graphs)		Click here
Ireland	Low	Sporadic			3	0%	Type A	15.0 (graphs)		Click here

Italy	Low	Regional	40	20.0%	Type A	170.7 (graphs)		Click here
Latvia	Medium	Widespread	7	57.1%	Type A, Subtype H3	383.7 (graphs)	1643.0 (graphs)	Click here
Lithuania	Medium	Local	12	0%	None	151.4 (graphs)	699.4 (graphs)	Click here
Luxembourg	Medium	Widespread	35	48.6%	Type A, Subtype H3N2	302.3 (graphs)	2847.1 (graphs)	Click here
Netherlands	Medium	Widespread	21	23.8%	Type A	49.4 (graphs)		Click here
Northern Ireland			0	0%	Type A	graphs		Click here
Norway	Medium	Widespread				158.2 (graphs)		Click here
Poland	Low	None	77	0%	None	182.8 (graphs)		Click here
Portugal	Low	Sporadic	4	75.0%	Type A, Subtype H3	12.3 (graphs)		Click here
Romania	Low	Sporadic	48	22.9%	Type B	933.6 (graphs)	2.0 (graphs)	Click here
Scotland	Low	Sporadic	7	0%	Type A, Subtype H3	14.1 (graphs)		Click here
Serbia	Low	Sporadic	2	50.0%	Type A, Subtype H3N2	78.0 (graphs)		Click here
Slovakia			2	50.0%	Type A, Subtype H1 and H3	graphs		Click here
Slovenia	Low	Local	5	20.0%	Type A	18.4 (graphs)	1183.2 (graphs)	Click here
Spain	Low	Sporadic	31	29.0%	Type A	31.4 (graphs)		Click here
Sweden	Medium	Widespread	26	42.3%	Type A	14.1 (graphs)		Click here
Switzerland	Low	Local	18	22.2%	Type A, Subtype H3N2	77.7 (graphs)		Click here
Wales	Low	None				5.9 (graphs)		Click here
Europe			742	33.3%				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

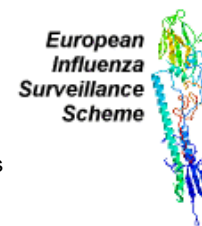
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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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Declining influenza activity in Europe: the 2006-2007 influenza season is ending



Summary: Seasonal influenza activity is declining in all European countries and is now back or almost back to levels seen outside the winter period in most countries. In Denmark consultation rates for influenza-like illness remain at increased levels after peaking in week 10. Influenza A(H3N2) remains the dominant virus in Europe.

Epidemiological situation - week 12/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were medium in four countries and low in 23 countries. With the exception of Denmark, consultation rates for ILI and/or ARI are now back or almost back to levels seen outside the winter period. Consultation rates in Denmark peaked in week 10 and are now declining (click [here](#)). For the geographical spread indicator, widespread activity was reported in Denmark and the Netherlands, regional activity in four countries, local activity in one, sporadic activity in 16 and no activity in five. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): This winter, the consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain. They increased in most other countries in the South-West of Europe around mid January 2007 and in large parts of Central and North-East Europe in February. By the beginning of March (week 11/2007) influenza activity had returned to levels seen outside the winter period or was decreasing in most countries. The highest consultation rates for ILI and/or ARI were reported in the 0-4 and 5-14 years age groups.

Virological situation - week 12/2007: The total number of respiratory specimens collected by sentinel physicians was 692, of which 160 (23%) were positive for influenza virus: 151 (94%) influenza A and nine (6%) influenza B. In addition, among 241 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) positive for influenza virus, 234 (97%) were influenza A and seven (3%) influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=15 912; sentinel and non-sentinel data), 8 863 (56%) were type A not subtyped; 6 389 (40%) type A subtype H3 [of which 2 804 were also N-subtyped and all were subtype N2]; 363 (2%) type A subtype H1 [of which 130 were also N-subtyped and all were subtype N1]; and 297 (2%) type B. In Romania, 45% of the detected viruses were influenza B.

Based on the antigenic and/or genetic characterisation of 2 340 influenza viruses, 1 737 were A/Wisconsin/67/2005 (H3N2)-like; 303 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 176 A/New Caledonia/20/99 (H1N1)-like; 114 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and ten B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). Overall there is a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: Compared to the 2005-2006 season, the peak consultation rates for ILI and/or ARI during the 2006-2007 season have been higher in 18 of the 27 countries for which data are available in week 12/2007. This is probably because influenza A (H3N2) virus has been predominant in Europe this season and this virus subtype causes more severe illness than influenza B viruses which were predominant during the 2005-2006 season.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 12/2007, 28 countries reported clinical data and 26 virological data. 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](#).

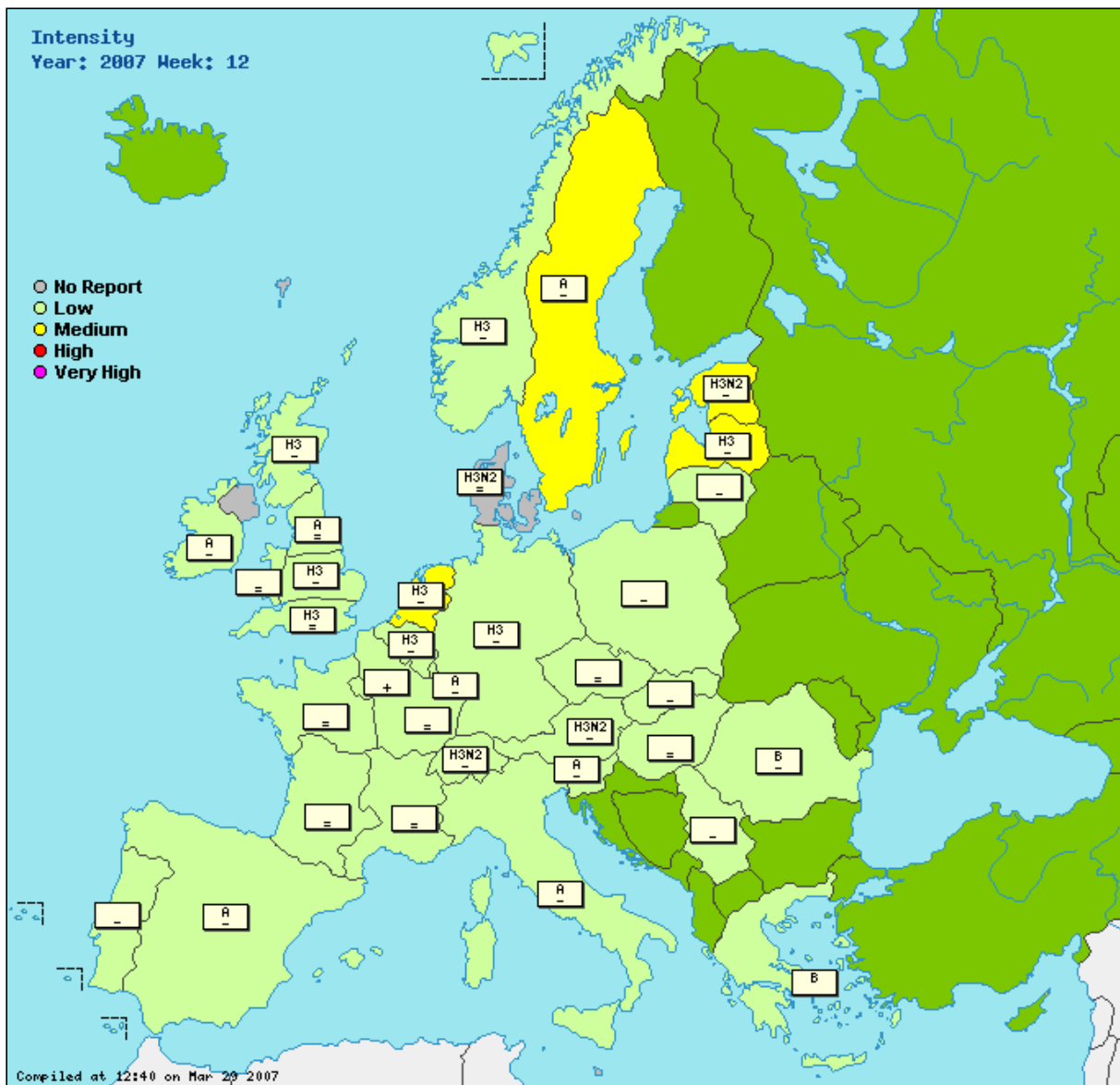
Map

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 continues to decrease all over the Country. One influenza A and one influenza B viruses have been detected during this week.

Norway

Declining clinical activity but still above threshold in 3 of 5 regions.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria	Low	Regional			161	13.7%	Type A, Subtype H3N2	979.0 (graphs)		Click here
Belgium	Low	Sporadic			17	23.5%	Type A, Subtype H3	81.3 (graphs)	1515.2 (graphs)	Click here
Czech Republic	Low	Sporadic						38.6 (graphs)	1069.4 (graphs)	Click here
Denmark		Widespread			9	66.7%	Type A, Subtype H3N2	241.8 (graphs)		Click here
England	Low	Sporadic			24	16.7%	Type A	12.2 (graphs)	620.6 (graphs)	Click here
Estonia	Medium	Sporadic			16	31.3%	Type A, Subtype H3N2	22.2 (graphs)	549.9 (graphs)	Click here
France	Low	Sporadic			12	0%	Type A, Subtype H3N2		1338.9 (graphs)	Click here
Germany	Low	Regional			211	38.9%	Type A, Subtype H3		1186.0 (graphs)	Click here

Greece	Low	Sporadic	3	33.3%	Type B	114.7 (graphs)		Click here
Hungary	Low	None	6	0%	None	71.1 (graphs)		Click here
Ireland	Low	Sporadic	3	33.3%	Type A	8.9 (graphs)		Click here
Italy	Low	Local	18	0%	Type A	138.5 (graphs)		Click here
Latvia	Medium	Regional	4	25.0%	Type A, Subtype H3	111.4 (graphs)	1352.7 (graphs)	Click here
Lithuania	Low	Sporadic	10	0%	None	68.7 (graphs)	497.4 (graphs)	Click here
Luxembourg	Low	Sporadic	9	33.3%	Type A	126.0 (graphs)	2595.1 (graphs)	Click here
Netherlands	Medium	Widespread	17	35.3%	Type A, Subtype H3	38.8 (graphs)		Click here
Norway	Low	Regional	0	0%	Type A, Subtype H3	102.8 (graphs)		Click here
Poland	Low	None	43	2.3%	None	107.0 (graphs)		Click here
Portugal	Low	None	0	0%	None	1.4 (graphs)		Click here
Romania	Low	Sporadic	22	13.6%	Type B	904.1 (graphs)	0.7 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	Type A, Subtype H3	8.3 (graphs)		Click here
Serbia	Low	Sporadic	1	0%	None	58.6 (graphs)		Click here
Slovakia	Low	None	3	0%	None	212.1 (graphs)	1424.5 (graphs)	Click here
Slovenia	Low	Sporadic	5	20.0%	Type A	19.6 (graphs)	947.1 (graphs)	Click here
Spain	Low	Sporadic	34	11.8%	Type A	32.1 (graphs)		Click here
Sweden	Medium	Sporadic	34	17.7%	Type A	8.3 (graphs)		Click here
Switzerland	Low	Sporadic	30	33.3%	Type A, Subtype H3N2	42.4 (graphs)		Click here
Wales	Low	None				2.2 (graphs)		Click here
Europe			692	23.1%				Click here

Preliminary data

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

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

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

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

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

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

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

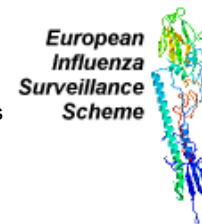
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 2006-2007 influenza season is coming to an end



Summary: Seasonal influenza activity is declining in all European countries and is now back or almost back to levels seen outside the winter period in almost all countries. In Denmark and the Netherlands, consultation rates for influenza-like illness are at slightly increased levels after peaking in week 9 (the Netherlands) and 10 (Denmark). Influenza A(H3N2) has been the dominant virus in Europe this season.

Epidemiological situation - week 13/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were medium in two countries (Denmark and the Netherlands) and low in 19 countries. With the exception of Denmark and the Netherlands, consultation rates for ILI and/or ARI are now back or almost back to levels seen outside the winter period. In the [Netherlands](#) the consultation rate peaked in week 9 and in [Denmark](#) it peaked in week 10.

For the geographical spread indicator, widespread activity was reported in the Netherlands, regional activity in Germany and Norway, sporadic activity in 11 countries and no activity in seven. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): This winter, the consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain. They increased in most other countries in the South-West of Europe around mid January 2007 and in large parts of Central and North-East Europe in February. By the beginning of March (week 11/2007) influenza activity had returned to levels seen outside the winter period or was decreasing in most countries. The highest consultation rates for ILI and/or ARI were reported in the 0-4 and 5-14 age groups.

Virological situation - week 13/2007: The total number of respiratory specimens collected by sentinel physicians was 314, of which 91 (23%) were positive for influenza virus: 84 (92%) influenza A and 7 (8%) influenza B. In addition, among 151 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) positive for influenza virus, all (100%) were influenza A.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=16 222; sentinel and non-sentinel data), 8 994 (55%) were type A not subtyped; 6 534 (40%) type A subtype H3 [of which 2 831 were also N-subtyped and all were subtype N2]; 383 (2%) type A subtype H1 [of which 135 were also N-subtyped and all were subtype N1]; and 311 (2%) type B. In Romania, 45% of the detected viruses were influenza B.

Based on the antigenic and/or genetic characterisation of 2 423 influenza viruses, 1 763 were A/Wisconsin/67/2005 (H3N2)-like; 333 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 204 A/New Caledonia/20/99 (H1N1)-like; 115 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and seven B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). Overall there is a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: Total influenza virus detections in Europe (sentinel and non-sentinel) peaked in week 07/2007 (N=2 121) and have now declined to levels seen outside the winter period (N=242 in week 13/2007). A further decline in the total number of weekly detections is expected as there were less than 100 detections per week reported to EISS at the start of the 2006-2007 season (weeks 40 to 52/2006).

In the current season, with data for all countries in Europe, the timing of peak clinical influenza activity followed a pattern from south to north across Europe, while no significant pattern from west to east was observed [click [here](#) for more details]. Historically, west-east and/or south-north patterns in the timing of peak levels of clinical influenza activity have been common: data since the 1999-2000 season (eight winters) indicate four seasons when there was a west-east pattern and three seasons when there was a south-north pattern. The current season, with its south-north pattern, is therefore not unusual.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 13/2007, 21 countries reported clinical data and 22 virological data. 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](#).

Erratum: The table below indicates that there were 543.2 consultations for influenza-like illness (ILI) per 100,000 population in Hungary in week 13/2007. This number is incorrect. Hungary reported a low intensity of clinical influenza activity in week 13/2007 and the actual consultation rate is probably similar to week 12/2007 (i.e. 71.1 ILI consultations per 100,000 population).

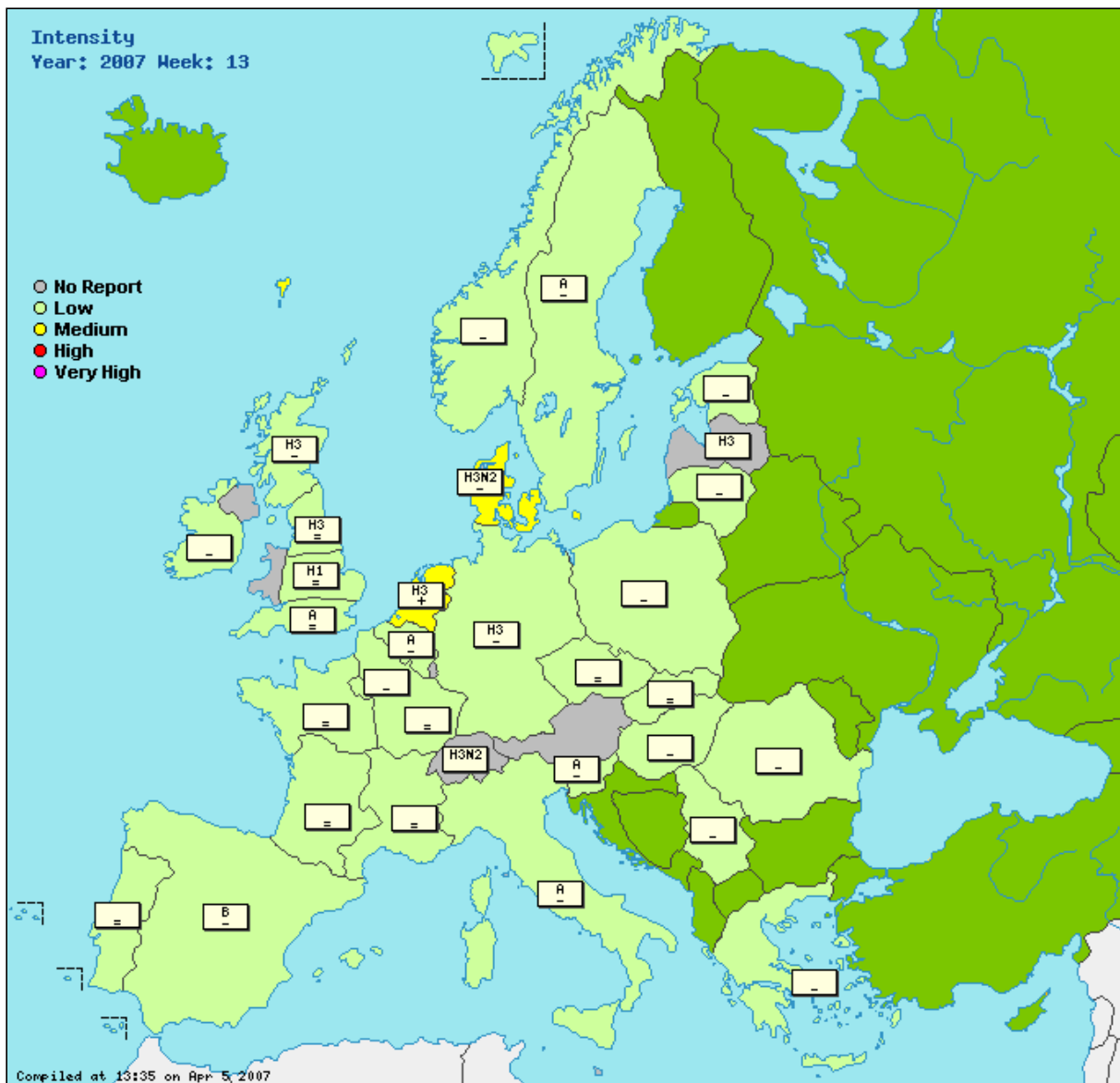
Map

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

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

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

You may select the type of map : Intensity Geographical spread



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

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

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

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

Country comments (where available)

Italy

Low influenza activity is reported. The number of clinical samples collected continues to decrease. Two influenza A and one influenza B viruses have been detected during this week.

Spain

Influenza B is the predominant virus.

Switzerland

No influenza virus detected in the Sentinel network this week. This is the first time this year.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Low	Sporadic			17	23.5%	Type A	38.2 (graphs)	1230.0 (graphs)	Click here
Czech Republic	Low	Sporadic						28.6 (graphs)	1002.6 (graphs)	Click here
Denmark	Medium	Sporadic			12	33.3%	Type A, Subtype H3N2	179.3 (graphs)		Click here
England	Low	Sporadic			18	16.7%	None	12.1 (graphs)	635.8 (graphs)	Click here
Estonia	Low	Sporadic			7	14.3%	None	13.4 (graphs)	451.5 (graphs)	Click here
France	Low	Sporadic			28	7.1%	Type A, Subtype H3N2		1487.5 (graphs)	Click here

Germany	Low	Regional	113	54.0%	Type A, Subtype H3		973.0	(graphs)	Click here
Greece			2	0%	None			(graphs)	Click here
Hungary	Low	None	3	0%	None	540.0		(graphs)	Click here
Ireland	Low	None	4	0%	None	5.4		(graphs)	Click here
Italy	Low	Sporadic	13	7.7%	Type A	116.1		(graphs)	Click here
Latvia			1	0%	Type A, Subtype H3			(graphs)	Click here
Lithuania	Low	None	1	0%	None	15.4	342.3	(graphs)	Click here
Netherlands	Medium	Widespread	14	50.0%	Type A, Subtype H3	50.9		(graphs)	Click here
Norway	Low	Regional				55.2		(graphs)	Click here
Poland	Low	None	19	0%	None	58.2		(graphs)	Click here
Portugal	Low	None	1	0%	None	1.4		(graphs)	Click here
Romania	Low	None	11	0%	None	824.6	1.2	(graphs)	Click here
Scotland	Low	Sporadic	6	0%	Type A, Subtype H3	7.0		(graphs)	Click here
Slovakia	Low	None	0	0%	None	205.7	1435.6	(graphs)	Click here
Slovenia	Low	Sporadic	1	0%	Type A	7.2	1059.8	(graphs)	Click here
Spain	Low	Sporadic	22	27.3%	Type B	23.0		(graphs)	Click here
Sweden	Low	Sporadic	16	12.5%	Type A	4.2		(graphs)	Click here
Switzerland			5	0%	Type A, Subtype H3N2			(graphs)	Click here
Europe			314	29.0%					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

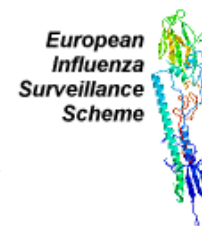
Population: per 100,000 population

*: 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 2006-2007 influenza season has come to an end in Europe



Summary: Seasonal influenza activity is now back to levels seen outside the winter period in all European countries. Most countries are now reporting sporadic or no influenza activity. Influenza A(H3N2) was the dominant virus in Europe during the 2006-2007 season.

Epidemiological situation - week 14/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were low in all 26 countries. For the geographical spread indicator, regional activity was reported in the Netherlands, local activity in Germany, sporadic activity in 14 countries and no activity in ten. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): This winter, the consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain. They increased in most other countries in the South-West of Europe around mid January 2007 and in large parts of Central and North-East Europe in February. By the beginning of March (week 11/2007) influenza activity had returned to levels seen outside the winter period or was decreasing in most countries. The highest consultation rates for ILI and/or ARI were reported in the 0-4 and 5-14 age groups.

Virological situation - week 14/2007: The total number of respiratory specimens collected by sentinel physicians was 225, of which 45 (20%) were positive for influenza virus: 41 (91%) influenza A and four (9%) influenza B. In addition, among 120 specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) positive for influenza virus, 117 (98%) were influenza A and 3 (2%) were influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=16 477; sentinel and non-sentinel data), 9 166 (56%) were type A not subtyped; 6 598 (40%) type A subtype H3 [of which 2 849 were also N-subtyped and all were subtype N2]; 387 (2%) type A subtype H1 [of which 131 were also N-subtyped and all were subtype N1]; and 326 (2%) type B. In Romania, 45% of the detected viruses were influenza B.

Based on the antigenic and/or genetic characterisation of 2 784 influenza viruses, 2 077 were A/Wisconsin/67/2005 (H3N2)-like; 356 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 222 A/New Caledonia/20/99 (H1N1)-like; 118 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and eleven B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). Overall there has been a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: So far this season (week 40/2006 to week 14/2007), 98% of virus detections in Europe have been influenza A and 2% influenza B. Among the subtyped influenza virus A detections (N=6 985), 94% have been influenza A(H3) and 6% influenza A(H1). This contrasts with the United States of America (USA), where influenza A(H1) has been dominant [click [here](#)]. There was also a difference in the dominant viruses circulating in Europe and the USA during the 2005-2006 season; influenza B was dominant in Europe (58% of virus detections) and influenza A was dominant in the USA (80% of virus detections [click [here](#) for more details]). These data highlight the heterogeneity in recent years of influenza virus circulation in the Northern Hemisphere during winter seasons.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 14/2007, 26 countries reported clinical data and 26 virological data. 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](#).

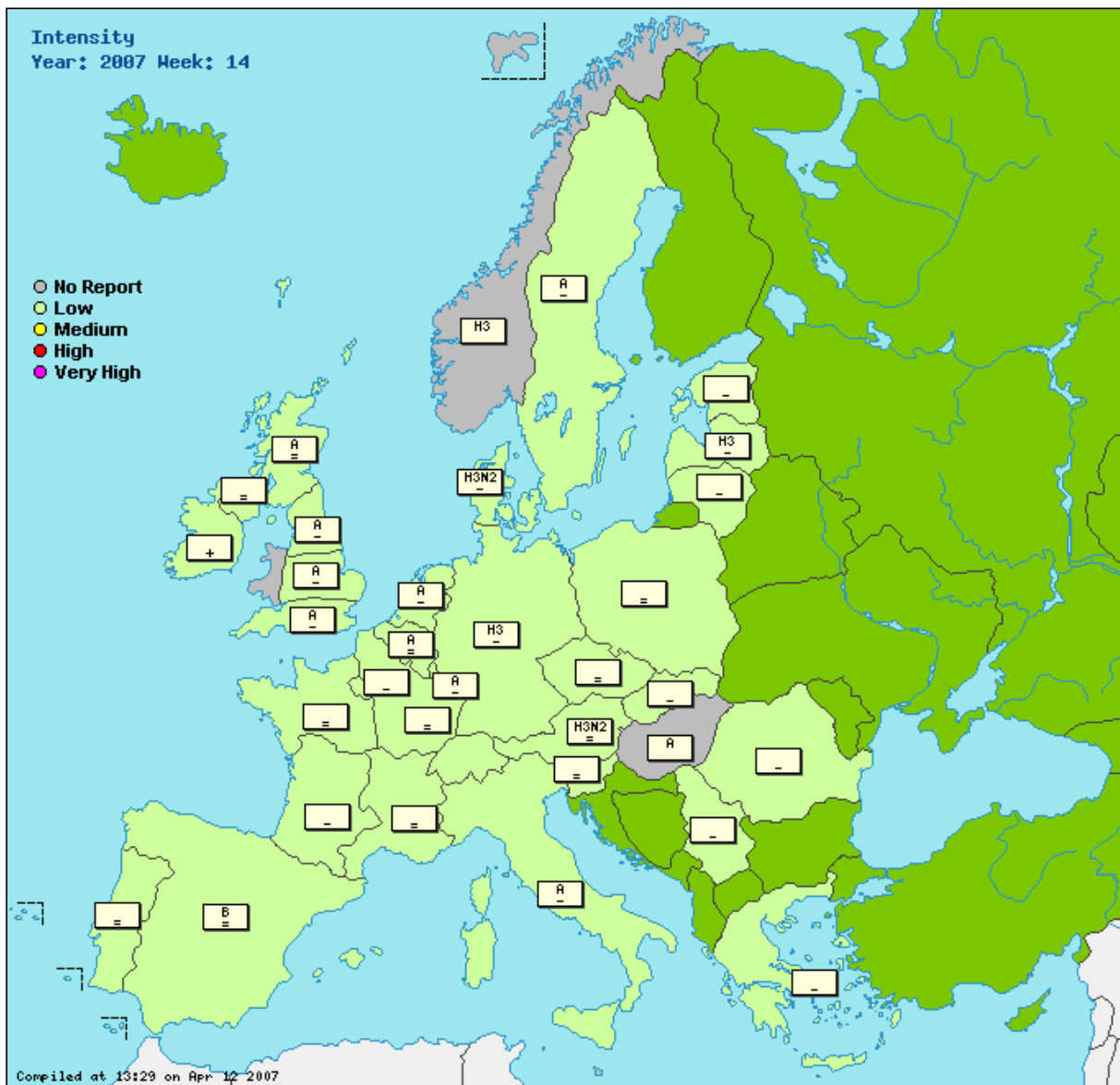
Map

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. During this week, a total number of 4 influenza A and 1 influenza B viruses have been detected in Northern Italy.

Sweden

Scarce clinical reporting this week due to Easter holidays.
 Scarce laboratory reporting this week due to Easter holidays.

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			65	4.6%	Type A, Subtype H3N2	202.3 (graphs)		Click here
Belgium	Low	Sporadic			6	16.7%	Type A	50.5 (graphs)	1282.3 (graphs)	Click here
Czech Republic	Low	Sporadic						22.5 (graphs)	902.4 (graphs)	Click here
Denmark	Low	Sporadic			4	50.0%	Type A, Subtype H3N2	7.6 (graphs)		Click here
England	Low	Sporadic			12	16.7%	None	5.6 (graphs)	517.6 (graphs)	Click here
Estonia	Low	None			16	0%	None	10.9 (graphs)	241.2 (graphs)	Click here
France	Low	Sporadic			14	14.3%	Type A, Subtype H3N2		1309.6 (graphs)	Click here

Germany	Low	Local	36	66.7%	Type A, Subtype H3		827.0 (graphs)	Click here
Greece	Low	Sporadic	0	0%	None	56.0 (graphs)		Click here
Hungary			2	50.0%	Type A	(graphs)		Click here
Ireland	Low	None	3	0%	None	8.5 (graphs)		Click here
Italy	Low	Sporadic	12	33.3%	Type A	77.3 (graphs)		Click here
Latvia	Low	Sporadic	1	100.0%	Type A, Subtype H3	1.9 (graphs)	658.3 (graphs)	Click here
Lithuania	Low	None	0	0%	None	4.7 (graphs)	270.1 (graphs)	Click here
Luxembourg	Low	Sporadic	3	33.3%	Type A	(graphs)	2796.7 (graphs)	Click here
Netherlands	Low	Regional	8	12.5%	Type A	27.1 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	60.2 (graphs)		Click here
Norway			0	0%	Type A, Subtype H3	(graphs)		Click here
Poland	Low	None	18	0%	None	56.3 (graphs)		Click here
Portugal	Low	None	2	0%	None	1.6 (graphs)		Click here
Romania	Low	None	0	0%	None	764.0 (graphs)	1.1 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	Type A	6.8 (graphs)		Click here
Serbia	Low	Sporadic	0	0%	None	31.0 (graphs)		Click here
Slovakia	Low	None	0	0%	None	164.0 (graphs)	1329.2 (graphs)	Click here
Slovenia	Low	Sporadic	2	50.0%	None	9.6 (graphs)	1079.0 (graphs)	Click here
Spain	Low	None	8	12.5%	Type B	11.6 (graphs)		Click here
Sweden	Low	None	13	7.7%	Type A	3.7 (graphs)		Click here
Switzerland	Low	Sporadic				18.4 (graphs)		Click here
Europe			225	20.0%				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

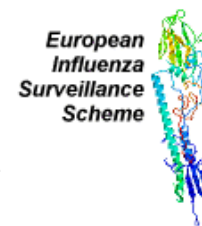
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 at levels seen outside the winter period



Summary: Seasonal influenza activity is now back to levels seen outside the winter period in all European countries. Most are now reporting sporadic or no activity. Influenza A(H3N2) was the dominant virus in most countries during the 2006-2007 season.

Epidemiological situation - week 15/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were low in all 25 countries that reported this indicator. For the geographical spread indicator, regional activity was reported in the Netherlands, sporadic activity in nine countries and no activity in 15 countries. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): Consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain. They increased in most other countries in the South and West of Europe around mid January 2007 and in large parts of Central and North-East Europe in February. In most countries, influenza activity had returned to levels seen outside the winter period by the end of March (week 13/2007). The highest consultation rates for ILI and/or ARI were reported in the 0-4 and 5-14 age groups.

Virological situation - week 15/2007: The total number of respiratory specimens collected by sentinel physicians was 136, of which 19 (14%) were positive for influenza virus: 15 (79%) influenza A and four (21%) influenza B. In addition, among 58 influenza virus positive specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals), 54 (93%) were positive for influenza A and 4 (7%) for influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=16 604; sentinel and non-sentinel data), 9 216 (56%) were type A not subtyped; 6 658 (40%) type A subtype H3 [of which 2 870 were also N-subtyped and all were subtype N2]; 391 (2%) type A subtype H1 [of which 137 were also N-subtyped and all were subtype N1]; and 339 (2%) type B.

Based on the antigenic and/or genetic characterisation of 2 315 influenza viruses, 1 588 were A/Wisconsin/67/2005 (H3N2)-like; 375 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 221 A/New Caledonia/20/99 (H1N1)-like; 118 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and 13 B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). Overall there has been a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: The distribution of virus (sub)type [A(H3N2), A(H1N1), B] in each of the 27 countries with available subtype data was estimated for the 2006-2007 winter period. No virus subtype data were reported from Lithuania, Malta and Wales. The relative influenza A(H3N2) and A(H1N1) virus distribution in subtyped isolates was extrapolated to the total number of type A influenza isolates.

Influenza A(H3N2) virus was the dominant virus in 25 countries in Europe. The median proportion of A(H3N2) viruses in these countries was 96% (range 77% – 100%) of all virus detections per country. For Poland and Romania the distribution of virus (sub)types was different. In Poland, 81% of all viruses were A(H1N1) and 14% A(H3N2). In Romania, 45% of all viruses were influenza B, 52% A(H3N2) and 3% A(H1N1).

This season showed a relatively homogeneous distribution of virus (sub)types across Europe. Other seasons have been more heterogeneous (2002-2003 and 2005-2006). However, these observations stress the importance of analysing regional virus distribution data.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 15/2007, 25 countries reported clinical data and 25 virological data. 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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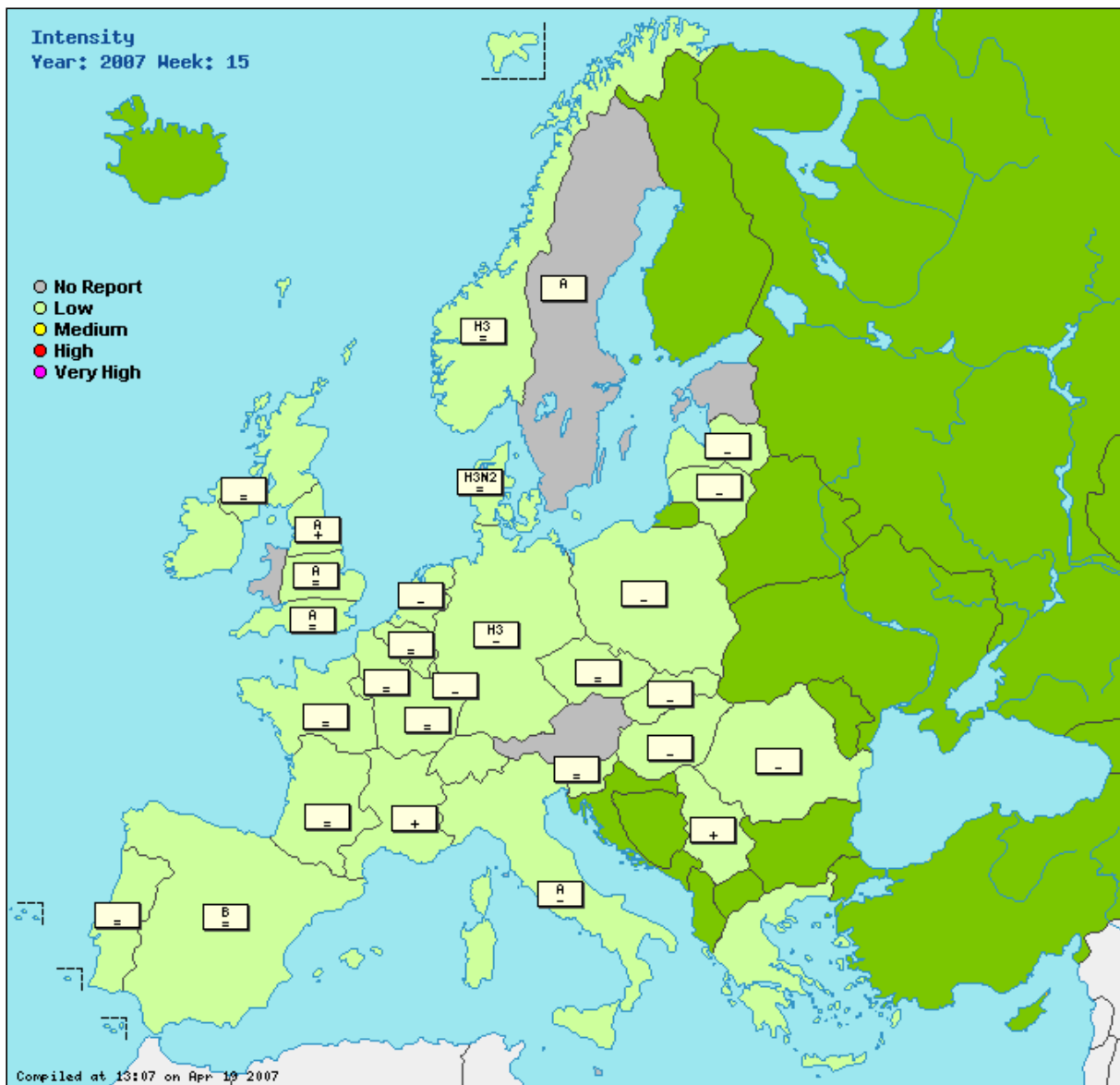
Map

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 remains at low levels. No influenza positive samples have been detected during this week.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Austria					51	0%	None	(graphs)		Click here
Belgium	Low	None			1	0%	None	32.8 (graphs)	1054.5 (graphs)	Click here
Czech Republic	Low	Sporadic						18.8 (graphs)	837.4 (graphs)	Click here
Denmark	Low	Sporadic			2	50.0%	Type A, Subtype H3N2	86.6 (graphs)		Click here
England	Low	None			0	0%	Type A	5.3 (graphs)	519.5 (graphs)	Click here
Estonia					6	0%	None	(graphs)		Click here
France	Low	Sporadic			6	0%	Type A, Subtype H3N2		1222.3 (graphs)	Click here
Germany	Low	Sporadic			31	38.7%	Type A, Subtype H3		775.0 (graphs)	Click here
Greece	Low	Sporadic			0	0%	None	51.1 (graphs)		Click here
Hungary	Low	None			1	0%	None	29.8 (graphs)		Click here
Ireland	Low	None			1	0%	None	1.4 (graphs)		Click here

Italy	Low	Sporadic	1	0%	Type A	49.8 (graphs)		Click here
Latvia	Low	None	0	0%	None	graphs	562.6 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.8 (graphs)	199.7 (graphs)	Click here
Luxembourg	Low	None	3	0%	None	172.8 (graphs)	2764.6 (graphs)	Click here
Netherlands	Low	Regional	3	66.7%	None	19.9 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	52.5 (graphs)		Click here
Norway	Low	Sporadic	0	0%	Type A, Subtype H3	29.8 (graphs)		Click here
Poland	Low	None	7	0%	None	37.5 (graphs)		Click here
Portugal	Low	None	0	0%	None	1.4 (graphs)		Click here
Romania	Low	None	6	0%	None	617.3 (graphs)	0.4 (graphs)	Click here
Scotland	Low	Sporadic	0	0%	None	2.9 (graphs)		Click here
Serbia	Low	None	0	0%	None	34.9 (graphs)		Click here
Slovakia	Low	None				139.7 (graphs)	1248.7 (graphs)	Click here
Slovenia	Low	None	0	0%	None	3.9 (graphs)	891.1 (graphs)	Click here
Spain	Low	Sporadic	12	25.0%	Type B	17.7 (graphs)		Click here
Sweden			5	20.0%	Type A	graphs		Click here
Switzerland	Low	None				10.1 (graphs)		Click here
Europe			136	14.0%				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

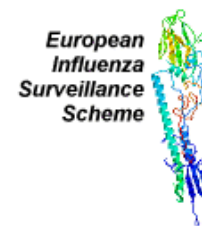
Population: per 100,000 population

*: 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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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: Seasonal influenza has returned to low levels of activity. Influenza A(H3N2) was the dominant virus in most countries during the 2006-2007 season.

Epidemiological situation - week 16/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were low in all 23 countries that reported this indicator. For the geographical spread indicator, local activity was reported in the Netherlands, sporadic activity in five countries and no activity in 17 countries. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): Consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain. They increased in most other countries in the South and West of Europe around mid January 2007 and in large parts of Central and North-East Europe in February. In most countries, influenza activity had returned to levels seen outside the winter period by the end of March (week 13/2007). The highest consultation rates for ILI and/or ARI were reported in the 0-4 and 5-14 age groups.

Virological situation - week 16/2007: The total number of respiratory specimens collected by sentinel physicians was 89, of which only 6 (6.7%) were positive for influenza virus: 5 influenza A and 1 influenza B. In addition, among 31 influenza virus positive specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals), 29 were positive for influenza A and 2 for influenza B.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=16 780; sentinel and non-sentinel data), 9 141 (54%) were type A not subtyped; 6 883 (41%) type A subtype H3 [of which 2 916 were also N-subtyped and all were subtype N2]; 402 (2%) type A subtype H1 [of which 140 were also N-subtyped and all were subtype N1]; and 353 (2%) type B.

Based on the antigenic and/or genetic characterisation of 2 328 influenza viruses, 1 555 were A/Wisconsin/67/2005 (H3N2)-like; 403 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 239 A/New Caledonia/20/99 (H1N1)-like; 120 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and 11 B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). Overall there has been a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: The 2006-2007 influenza season was dominated by influenza A. Influenza B was reported in a very small proportion (2%) of the total number of positive cases in Europe. This contrasts with the influenza B activity of the 2005-2006 season when the majority of virus detections were influenza B. A low proportion of influenza B positives is not unusual and has been observed for the seasons 2003-2004 and 1999-2000.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 16/2007, 23 countries reported clinical data and 24 virological data. 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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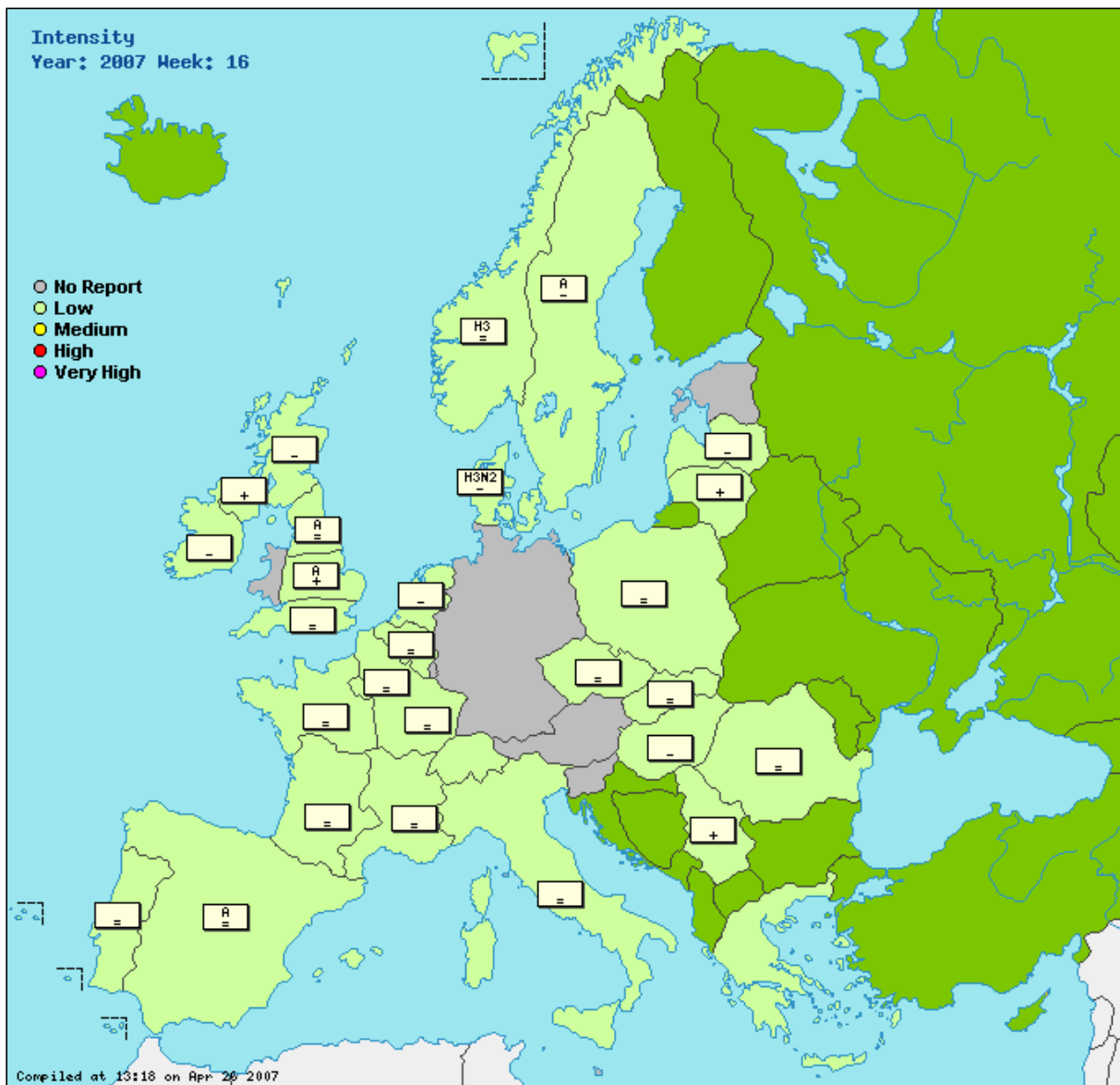
Map

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)

Spain

Influenza A is the predominant virus.

Switzerland

No influenza activity detected

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Low	None			2	0%	None	3.8 (graphs)	760.7 (graphs)	Click here
Czech Republic	Low	None						15.3 (graphs)	823.4 (graphs)	Click here
Denmark	Low	Sporadic			1	100.0%	Type A, Subtype H3N2	31.7 (graphs)		Click here
England	Low	Sporadic			6	16.7%	Type A	6.2 (graphs)	521.7 (graphs)	Click here
Estonia					5	20.0%	None	graphs		Click here
France	Low	Sporadic			2	0%	Type A, Subtype H3N2		graphs	Click here
Germany					14	7.1%	None		graphs	Click here
Greece	Low	None			3	0%	None	50.8 (graphs)		Click here
Hungary	Low	None			5	0%	None	25.5 (graphs)		Click here

Ireland	Low	None	2	0%	None	0.7 (graphs)		Click here
Italy	Low	None	1	0%	None	50.2 (graphs)		Click here
Latvia	Low	None	0	0%	None	(graphs)	558.6 (graphs)	Click here
Lithuania	Low	None	0	0%	None	0.7 (graphs)	251.6 (graphs)	Click here
Netherlands	Low	Local	0	0%	None	11.4 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	61.8 (graphs)		Click here
Norway	Low	Sporadic	0	0%	Type A, Subtype H3	29.6 (graphs)		Click here
Poland	Low	None	9	0%	None	38.7 (graphs)		Click here
Portugal	Low	None	0	0%	None	1.3 (graphs)		Click here
Romania	Low	None	21	0%	None	763.3 (graphs)	1.1 (graphs)	Click here
Scotland	Low	None	3	0%	None	1.9 (graphs)		Click here
Serbia	Low	None	0	0%	None	35.0 (graphs)		Click here
Slovakia	Low	None				149.5 (graphs)	1275.7 (graphs)	Click here
Slovenia			0	0%	None	(graphs)		Click here
Spain	Low	Sporadic	9	22.2%	Type A	8.1 (graphs)		Click here
Sweden	Low	None	0	0%	Type A	0.3 (graphs)		Click here
Switzerland	Low	None	6	0%	None	5.5 (graphs)		Click here
Europe			89	6.7%				Click here

Preliminary data

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

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

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

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

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

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

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

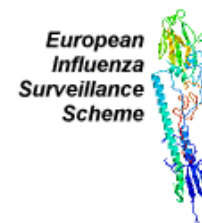
Population: per 100,000 population

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

The bulletin text was written by the EISS Co-ordination Centre (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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 is over in Europe



Summary: Seasonal influenza has returned to low levels of activity. This season influenza activity was of medium intensity in most countries though high levels were reported in Scandinavia, Luxembourg and the Baltic States. Influenza A(H3N2) was the dominant virus during the 2006-2007 season.

Epidemiological situation - week 17/2007: For the intensity indicator, the national network levels of influenza-like illness (ILI) and/or acute respiratory infection (ARI) were low in all of the 18 countries providing these data. For the geographical spread indicator, sporadic activity was reported in three countries and no activity in 15 countries. Definitions for the epidemiological indicators can be found [here](#).

Cumulative epidemiological situation - 2006-2007 season (since week 40/2006): Consultation rates for ILI and/or ARI started to increase around New Year in Scotland, Greece and Spain. They increased in most other countries in the South and West of Europe around mid January 2007 and in large parts of Central and North-East Europe in February. In most countries, influenza activity had returned to levels seen outside the winter period by the end of March (week 13/2007). The highest consultation rates for ILI and/or ARI were reported in the 0-4 and 5-14 age groups.

During this season medium intensity was reported for the majority of the countries, however a high intensity of clinical influenza activity had been reported in 7 countries (Denmark, Sweden, Norway, Estonia, Latvia, Lithuania and Luxembourg). Influenza activity in Europe peaked in February (click [here](#)) and was preceded by RSV activity in most countries, but overlapped with influenza in Denmark, Estonia, Germany, Italy and Scotland.

Virological situation - week 17/2007: The total number of respiratory specimens collected by sentinel physicians was 52, of which only 4 (7.7%) were positive for influenza virus: 2 influenza A and 2 influenza B. In addition, 19 influenza A and 4 influenza B positive specimens from non-sentinel sources (e.g. specimens collected for diagnostic purposes in hospitals) were reported.

Cumulative virological situation - 2006-2007 season (since week 40/2006): Based on (sub)typing data of all influenza virus detections (N=16 827; sentinel and non-sentinel data), 9 156 (54%) were type A not subtyped; 6 908 (41%) type A subtype H3 [of which 2 921 were also N-subtyped and all were subtype N2]; 403 (2%) type A subtype H1 [of which 141 were also N-subtyped and all were subtype N1]; and 360 (2%) type B.

Based on the antigenic and/or genetic characterisation of 2 710 influenza viruses, 2013 were A/Wisconsin/67/2005 (H3N2)-like; 444 A/California/7/2004 (H3N2)-like [a strain of the A(H3N2) virus that emerged during the 2004-2005 season, circulated during the 2005-2006 season, and is closely related to the A/Wisconsin/67/2005 (H3N2) reference virus]; 228 A/New Caledonia/20/99 (H1N1)-like; 14 B/Malaysia/2506/2004-like (the B/Victoria/2/87 lineage); and 11 B/Jiangsu/10/2003-like (the B/Yamagata/16/88 lineage) (click [here](#)). Overall there has been a good match between the 2006-2007 vaccine virus strains and the reported virus strains.

Comment: The 2006-2007 influenza season was dominated by influenza A. Influenza B was reported in only 2% of the total number of positive cases throughout Europe. Because influenza activity in Europe in the previous season was mainly associated with influenza B, the population might have been better protected against influenza B in the current season.

This is the last Weekly Electronic Bulletin of the 2006-2007 influenza season. As of week 19/2007 the Inter-season Electronic Bulletin will present and comment influenza activity based on virological data reported to EISS. This Inter-season Bulletin will be published between week 19/2007 and week 39/2007.

Background: The EISS Weekly Electronic Bulletin presents and comments on influenza activity in 30 European countries. In week 17/2007, 18 countries reported clinical data and 20 virological data. 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](#).

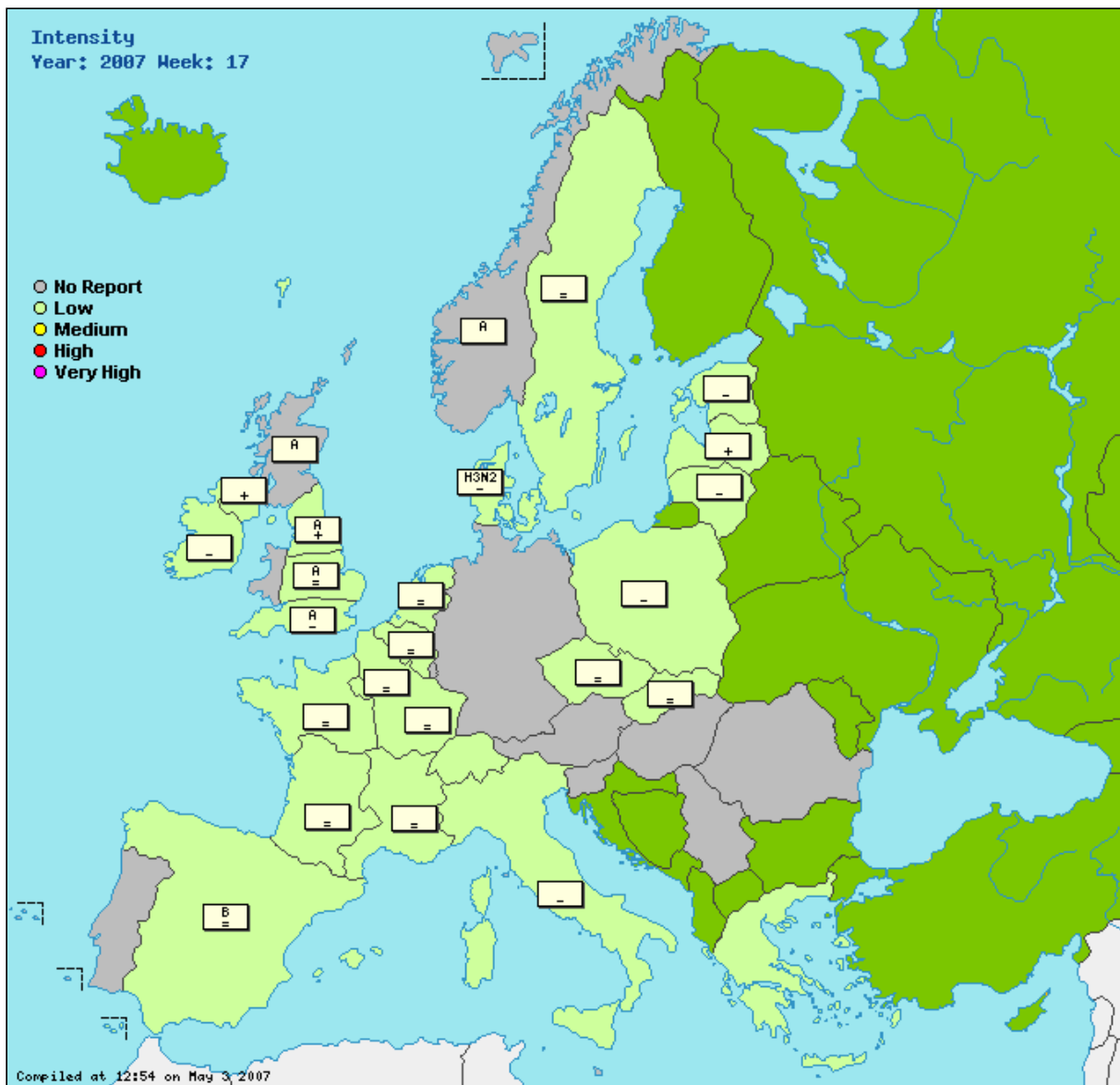
Map

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)

Spain

Influenza B is the predominant virus.

Table and graphs (where available)

	Intensity	Geographic Spread	Impact	Trend	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000	Virology graph and pie chart
Belgium	Low	None			2	0%	None	(graphs)	819.1 (graphs)	Click here
Czech Republic	Low	None						13.6 (graphs)	759.2 (graphs)	Click here
Denmark	Low	Sporadic			2	0%	Type A, Subtype H3N2	28.0 (graphs)		Click here
England	Low	None			1	0%	None	5.9 (graphs)	548.8 (graphs)	Click here
Estonia	Low	None			5	0%	None	0.4 (graphs)	275.9 (graphs)	Click here
France	Low	Sporadic			0	0%	None		(graphs)	Click here
Germany					9	11.1%	None		(graphs)	Click here
Greece	Low	None						45.4 (graphs)		Click here
Hungary					3	0%	None	(graphs)		Click here
Ireland	Low	None			0	0%	None	(graphs)		Click here
Italy	Low	None			0	0%	None	35.7 (graphs)		Click here

Latvia	Low	None				(graphs)	699.9 (graphs)	Click here
Lithuania	Low	None	0	0%	None	(graphs)	225.3 (graphs)	Click here
Netherlands	Low	Sporadic	4	25.0%	None	16.2 (graphs)		Click here
Northern Ireland	Low	None	0	0%	None	74.5 (graphs)		Click here
Norway			0	0%	Type A	(graphs)		Click here
Poland	Low	None	8	0%	None	14.4 (graphs)		Click here
Portugal			0	0%	None	(graphs)		Click here
Scotland			1	0%	Type A	(graphs)		Click here
Serbia			0	0%	None	(graphs)		Click here
Slovakia	Low	None				144.9 (graphs)	1233.6 (graphs)	Click here
Slovenia			0	0%	None	(graphs)		Click here
Spain	Low	None	10	20.0%	Type B	7.1 (graphs)		Click here
Sweden	Low	None	7	0%	None	0.6 (graphs)		Click here
Switzerland	Low	None				3.5 (graphs)		Click here
Europe			52	7.7%				Click here

Preliminary data

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

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

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

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

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

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

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

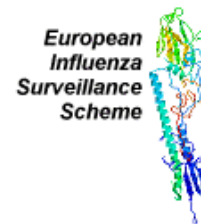
Population: per 100,000 population

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

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Sporadic laboratory confirmed cases of influenza in Europe



Summary: Influenza virus detections are sporadic in Europe at the moment. For Europe as a whole, there have been less than 40 detections per week since week 17/2007. In week 20/2007 there were seven positive specimens and in week 21/2007 there were no positive specimens. Thirteen countries reported an assessment of the geographical spread of influenza activity in week 21/2007 and all reported no influenza activity.

Virological data: In week 20/2007, a total of 297 respiratory specimens were tested for the influenza virus. Seven specimens were positive: three in Spain [all B], one in Denmark [A(H3N2)], one in England [A untyped], one in Germany [A(H1N1)] and one in the Netherlands [B]. In week 21/2007, a total of 66 respiratory specimens were tested for the influenza virus and none were positive.

Influenza A(H7N2): Several cases of influenza-like-illness and/or conjunctivitis in humans have been linked to an outbreak of low pathogenic H7N2 avian influenza in poultry at a smallholding near Corwen in northern Wales in the United Kingdom which in turn has been traced back to an animal market that took place in early May. Four human cases have confirmed influenza A infection and are closely linked in time and place to the discovery of the H7N2 avian influenza virus. Since there are currently very low levels of seasonal influenza in the UK, it is presumed that they are infected with influenza H7N2 (click [here](#) for more information).

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 20/2007 and 21/2007, a total of twenty-four countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

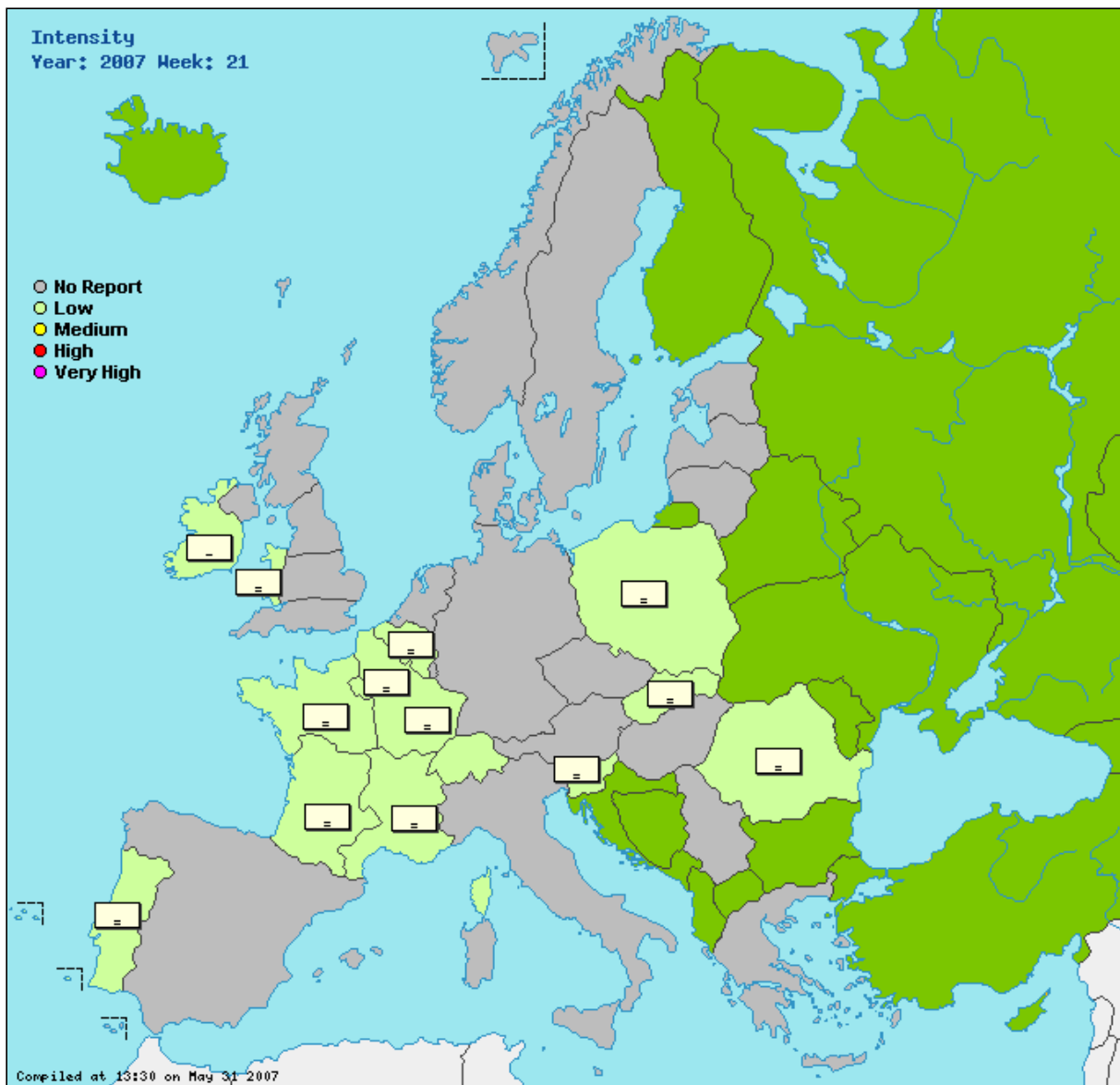
Map

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
Belgium	Low	None			0	0%	None	11.7 (graphs)	1009.3 (graphs)	Click here
England					1	0%	None	graphs		Click here
Estonia					2	0%	None	graphs		Click here
France	Low	None						graphs		Click here
Germany					0	0%	None		graphs	Click here
Greece					0	0%	None	graphs		Click here
Ireland	Low	None			0	0%	None	0.8 (graphs)		Click here
Netherlands		None			4	0%	None	graphs		Click here
Norway					1	0%	None	graphs		Click here
Poland	Low	None			0	0%	None	2.0 (graphs)		Click here
Portugal	Low	None			0	0%	None	4.1 (graphs)		Click here
Romania	Low	None			1	0%	None	623.1 (graphs)	0.9 (graphs)	Click here

Serbia			0	0%	None	(graphs)		Click here
Slovakia	Low	None				101.1 (graphs)	1027.1 (graphs)	Click here
Slovenia	Low	None	0	0%	None	(graphs)	701.0 (graphs)	Click here
Switzerland	Low	None				2.7 (graphs)		Click here
Wales	Low	None				1.2 (graphs)		Click here
Europe			23	4.4%				Click here

Preliminary data

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

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

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

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

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

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

ARI: acute respiratory infection

ILI: influenza-like illness

Sentinel SARI: severe acute respiratory illness

Population: per 100,000 population

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

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Sporadic laboratory confirmed cases of influenza in Europe in recent weeks



Summary: Influenza virus detections are sporadic in Europe at the moment. For Europe as a whole, there have been less than 45 detections per week since week 17/2007. In week 22/2007 there were five positive specimens and in week 23/2007 there were no positive specimens. Nine countries reported an assessment of the geographical spread of influenza activity in week 23/2007 and all reported no influenza activity.

Virological data: Since week 20/2007, there have been a total of thirteen positive specimens in Europe: seven in week 20/2007, one in week 21/2007, five in week 22/2007 and none in week 23/2007. There have been seven cases of influenza B virus (Finland [1], Greece [2], the Netherlands [1] and Spain [3]) and six cases of influenza A virus (Denmark [1], England [1], Germany [1], Greece [3]). In week 22/2007, a total of 137 respiratory specimens were tested for the influenza virus and five specimens were positive (three influenza A(H1N1) and two influenza B; all in Greece). A total of 69 respiratory specimens were tested for the influenza virus in week 23/2007 and none were positive.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. In weeks 22/2007 and 23/2007, a total of eighteen countries reported virological data to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

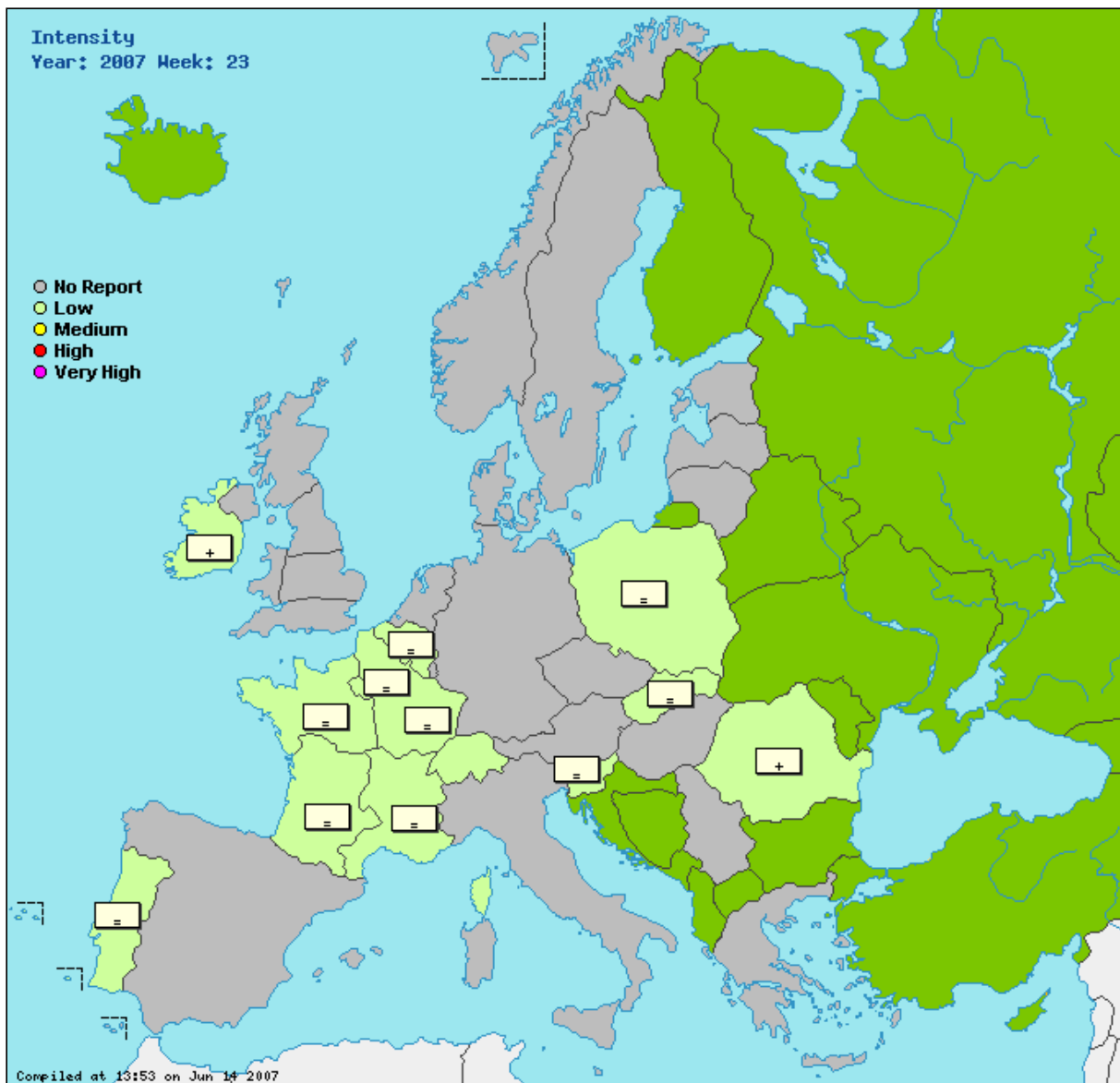
Map

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

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You may select the type of map : Intensity Geographical spread



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

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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
Belgium	Low	None			0	0%	None	(graphs)		Click here
Czech Republic					13	0%	None		(graphs)	Click here
England					0	0%	None	(graphs)		Click here
Estonia					5	0%	None	(graphs)		Click here
France	Low	None							(graphs)	Click here
Germany					4	0%	None		(graphs)	Click here
Greece					0	0%	None		(graphs)	Click here
Ireland	Low	None						0.7	(graphs)	Click here
Netherlands					3	0%	None	(graphs)		Click here
Poland	Low	None			0	0%	None	1.8	(graphs)	Click here
Portugal	Low	None			0	0%	None	(graphs)		Click here
Romania	Low	None			3	0%	None		(graphs)	Click here

Serbia			0	0%	None	(graphs)		Click here
Slovakia	Low	None				90.7 (graphs)	936.6 (graphs)	Click here
Slovenia	Low	None	0	0%	None	1.7 (graphs)	829.8 (graphs)	Click here
Switzerland	Low	None				2.4 (graphs)		Click here
Europe			36	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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Sporadic laboratory confirmed cases of influenza in Europe



Summary: In week 24/2007 and 25/007 fifteen countries reported virological data to the European Influenza Surveillance Scheme (EISS). In week 24/2007 there were two positive specimens and in week 25/2007 there were no positive specimens. Eight countries reported an assessment of the geographical spread of influenza activity in week 25/2007 and all reported no influenza activity.

Since week 21/2007, a total of 14 positive specimens: 7 influenza A viruses and 7 influenza B viruses, have been reported to EISS (see graph and table for further details).*

There have been no reports of unusual influenza outbreaks in humans since week 23/2007.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

* **Erratum (13 July 2007):** The numbers in this sentence text cover the weeks 20/2007 to 25/2007. The correct numbers for weeks 21/2007 to 25/2007 are: 7 positive specimens - 5 influenza A viruses and 2 influenza B viruses (see graph and table for further details). Additionally, Finland reported one positive specimen (influenza B) in week 21/2007.

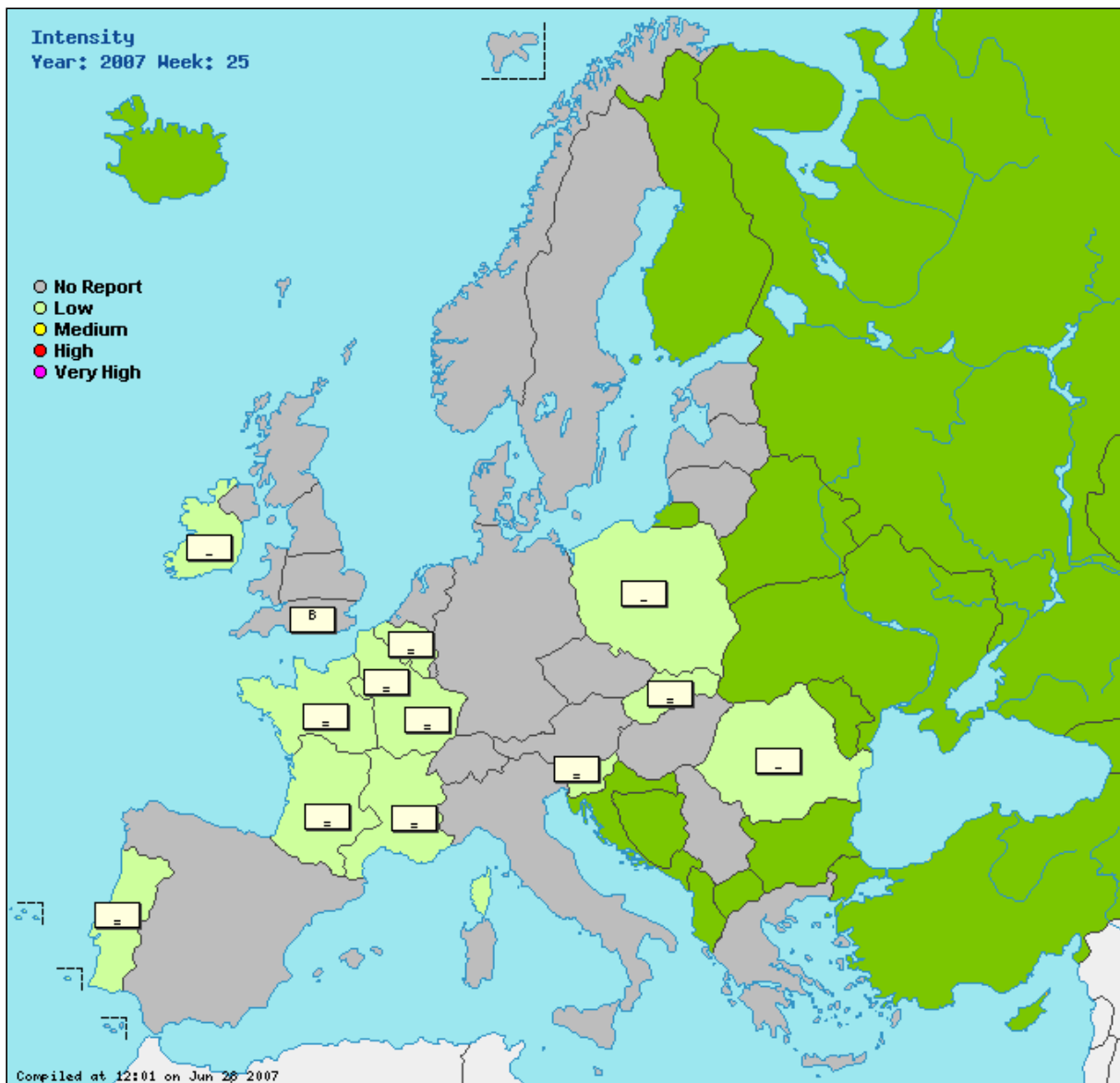
Map

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
Belgium	Low	None			0	0%	None	3.7 (graphs)	732.5 (graphs)	Click here
England					0	0%	None	graphs		Click here
Estonia					2	0%	None	graphs		Click here
France	Low	None							graphs	Click here
Ireland	Low	None						0.8 (graphs)		Click here
Netherlands					2	0%	None	graphs		Click here
Poland	Low	None			0	0%	None	1.5 (graphs)		Click here
Portugal	Low	None			0	0%	None	1.1 (graphs)		Click here
Romania	Low	None			0	0%	None	540.1 (graphs)	0.4 (graphs)	Click here
Slovakia	Low	None						88.7 (graphs)	889.0 (graphs)	Click here
Slovenia	Low	None			0	0%	None	graphs	674.7 (graphs)	Click here
Sweden					0	0%	None	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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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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No laboratory confirmed cases of influenza in Europe in recent weeks



Summary: In week 26/2007 and 27/007 seventeen countries reported virological data to the European Influenza Surveillance Scheme (EISS). In week 26/2007 and 27/2007 there were no positive specimens. Twelve countries reported an assessment of the geographical spread in week 27/2007; two reported sporadic (England and Ireland without laboratory confirmation data) and ten reported no influenza activity.

Since week 21/2007, a total of 7 positive specimens - 5 influenza A viruses and 2 influenza B viruses - have been reported to EISS (see graph and table for further details). Additionally, Finland reported one positive specimen (influenza B) to EISS in week 21/2007.

There have been no reports of unusual influenza outbreaks in humans since week 23/2007.

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

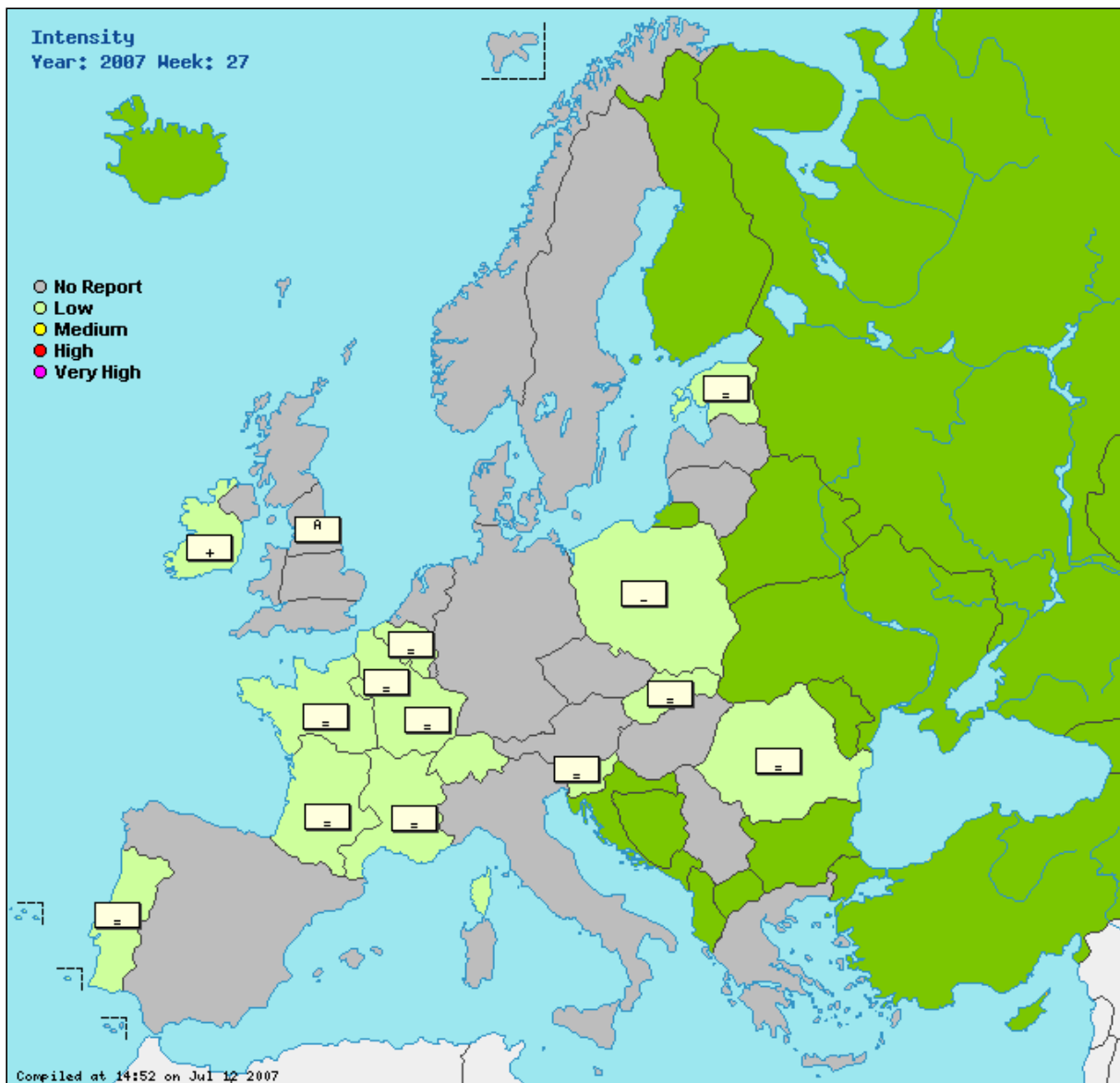
Map

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
Belgium	Low	None			0	0%	None	28.1 (graphs)	744.9 (graphs)	Click here
England		Sporadic			1	0%	Type A	graphs		Click here
Estonia	Low	None			0	0%	None	graphs		Click here
France	Low	None						graphs		Click here
Greece		None			0	0%	None	18.2 (graphs)		Click here
Ireland	Low	Sporadic						4.5 (graphs)		Click here
Netherlands					4	0%	None	graphs		Click here
Norway		None			0	0%	None	graphs		Click here
Poland	Low	None			0	0%	None	0.8 (graphs)		Click here
Portugal	Low	None			0	0%	None	graphs		Click here
Romania	Low	None			0	0%	None	522.8 (graphs)	0.4 (graphs)	Click here
Slovakia	Low				0	0%	None	45.8 (graphs)	656.9 (graphs)	Click here

Slovenia	Low	None	0	0%	None	(graphs)	672.5	(graphs)	Click here
Sweden			0	0%	None	(graphs)			Click here
Switzerland	Low	None				(graphs)	3.3	(graphs)	Click here
Europe			12	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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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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Sporadic laboratory confirmed cases of influenza in Europe in recent weeks



Summary: In week 28/2007 and 29/007 fourteen countries reported virological data to the European Influenza Surveillance Scheme (EISS). Three positive specimens were reported in week 28/2007 and two in week 29/2007. Ten countries reported an assessment of the geographical spread and all reported no influenza activity in week 29/2007.

Since week 21/2007, a total of 12 positive specimens - 10 influenza A viruses and 2 influenza B viruses - have been reported to EISS (see graph and table for further details). Additionally, Finland reported one positive specimen (influenza B) in week 21/2007.

There have been no reports of unusual influenza activity in humans since week 22/2007, when an outbreak of avian influenza A(H7N2) was reported in the United Kingdom (click [here](#) for details).

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

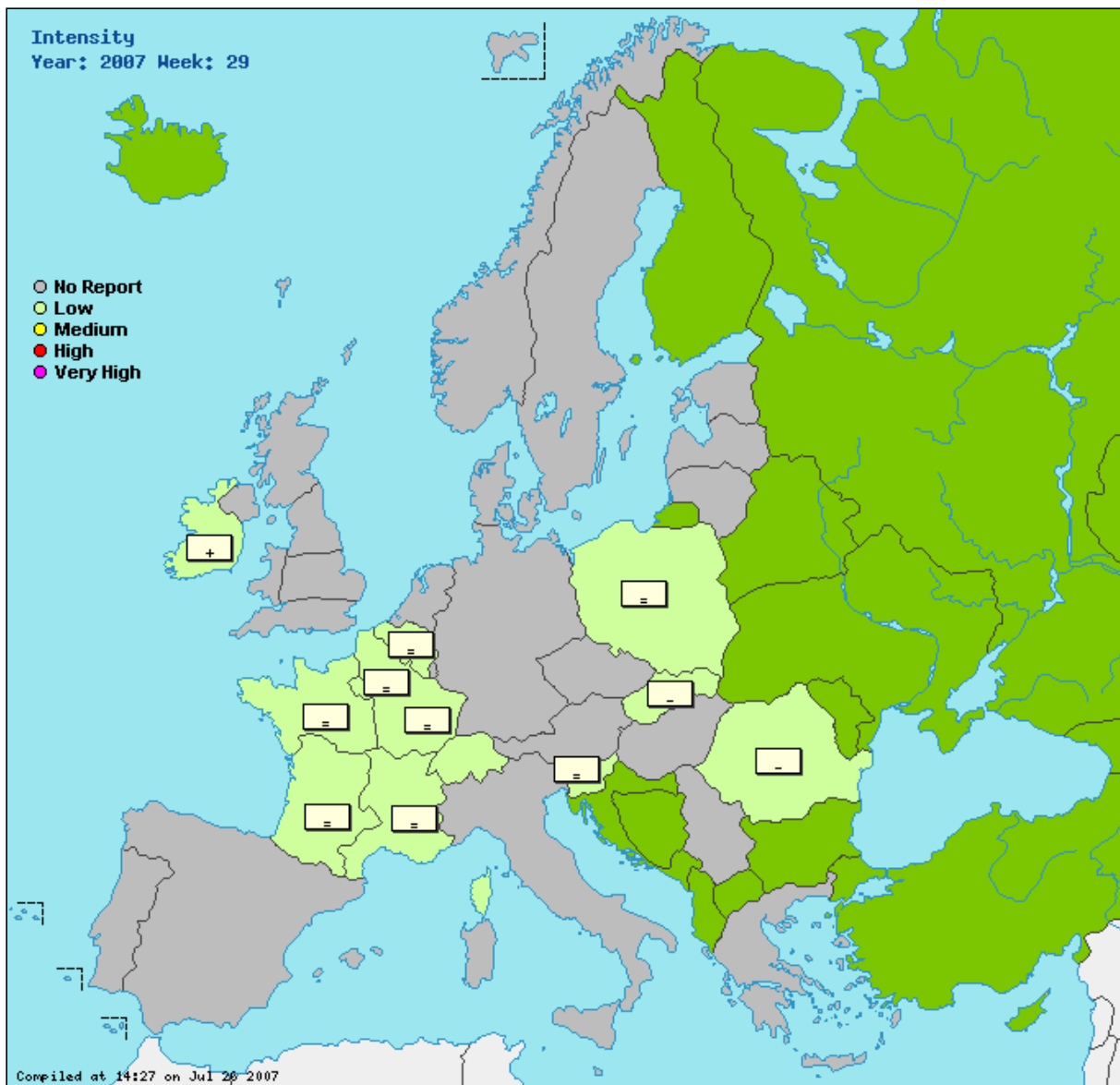
Map

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
Belgium	Low				0	0%	None	25.4 (graphs)	721.7 (graphs)	Click here
England					0	0%	None	graphs		Click here
Estonia		None			3	0%	None	graphs		Click here
France	Low	None						graphs		Click here
Germany					7	14.3%	None		graphs	Click here
Greece		None						26.2 (graphs)		Click here
Ireland	Low	None						1.7 (graphs)		Click here
Netherlands					1	0%	None	graphs		Click here
Poland	Low	None			0	0%	None	0.8 (graphs)		Click here
Portugal		None			0	0%	None	graphs		Click here
Romania	Low	None			0	0%	None		graphs	Click here
Slovakia	Low	None						35.5 (graphs)	519.0 (graphs)	Click here

Slovenia	Low	None	0	0%	None	(graphs)	678.4	(graphs)	Click here
Switzerland	Low	None				1.1	(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 >=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

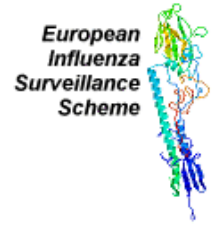
Population: per 100,000 population

*: 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 laboratory confirmed cases of influenza in Europe in the last two weeks



Summary: In week 30/2007 and 31/2007 seventeen countries reported virological data to the European Influenza Surveillance Scheme (EISS). No positive specimens were reported in weeks 30/2007 or 31/2007. Twelve countries reported an assessment of the geographical spread in week 31/2007 and all reported no influenza activity.

Since week 21/2007, a total of 12 positive specimens - 10 influenza A viruses and 2 influenza B viruses - have been reported to EISS (see graph and table for further details). Additionally, Finland reported one positive specimen (influenza B) in week 21/2007.

There have been no reports of unusual influenza activity in Europe at a community level (i.e. in a region or local area (such as a city, county or district)) since week 22/2007, when an outbreak of avian influenza A(H7N2) was reported in the United Kingdom (click [here](#) for details).

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

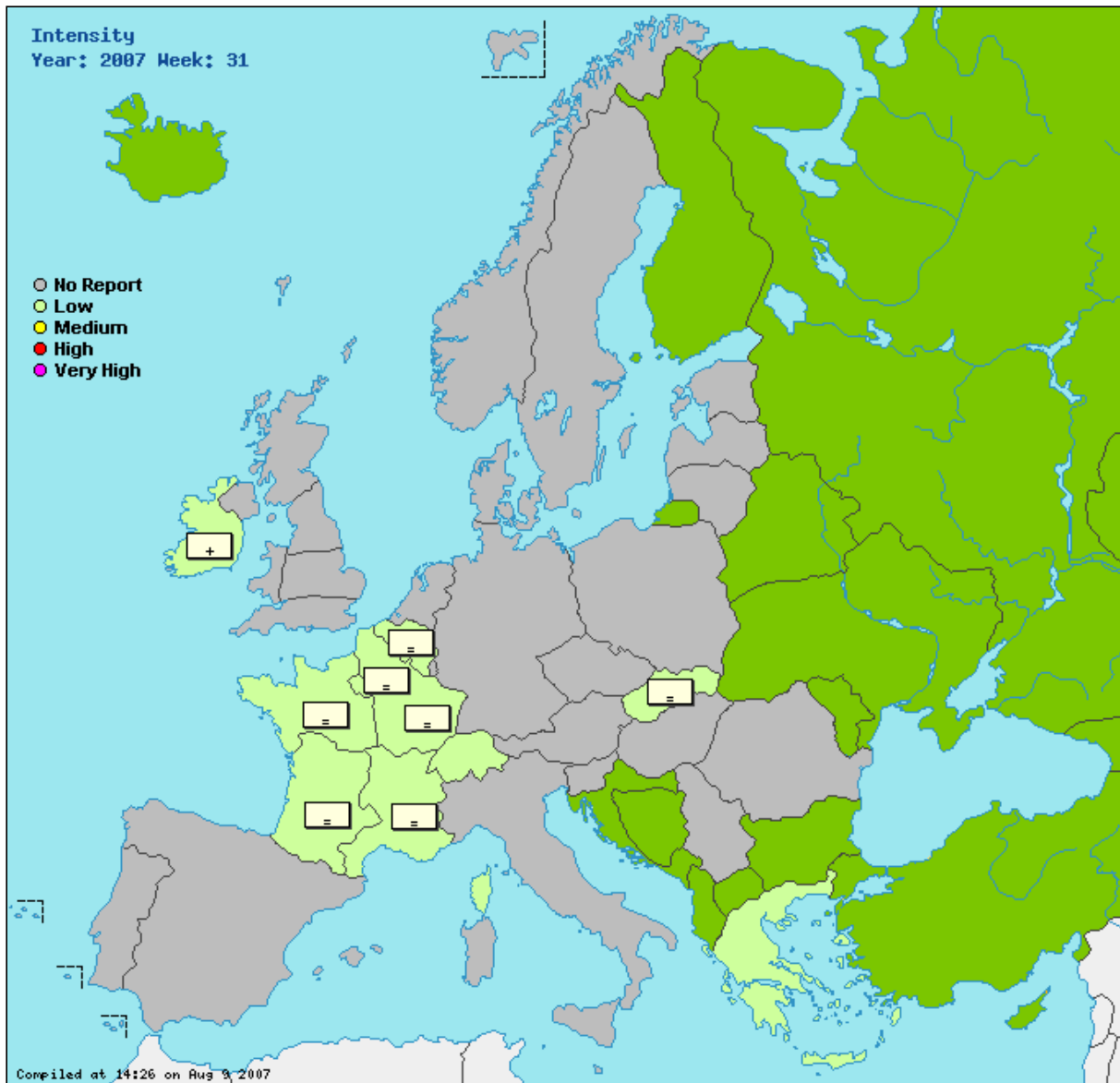
Map

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
Belgium	Low	None			0	0%	None	22.6 (graphs)	603.6 (graphs)	Click here
England		None			0	0%	None	graphs		Click here
Estonia		None			0	0%	None	graphs		Click here
France	Low	None							graphs	Click here
Germany					2	0%	None		graphs	Click here
Greece	Low	None						16.8 (graphs)		Click here
Ireland	Low	None						2.6 (graphs)		Click here
Netherlands					0	0%	None	graphs		Click here
Norway		None			0	0%	None	graphs		Click here
Poland		None			0	0%	None	0.7 (graphs)		Click here
Portugal		None			0	0%	None	graphs		Click here
Serbia					0	0%	None	graphs		Click here

Slovakia	Low	None				39.8 (graphs)	533.5 (graphs)	Click here
Slovenia		None	0	0%	None	(graphs)		Click here
Switzerland	Low	None				2.3 (graphs)		Click here
Europe			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 (Annemarie Arkema, Tamara Meerhoff, Adam Meijer, John Paget, Koos van der Velden). It was reviewed by Dr. Filippo Ansaldo (University of Genoa, Genoa, Italy), Dr. Udo Buchholz (Robert Koch Institute, Berlin, Germany) and Dr. Douglas Fleming (Royal College of General Practitioners, Birmingham, United Kingdom) 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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Single laboratory confirmed case of influenza A in Europe in the last two weeks



Summary: Reports were received from 17 countries in which there have been no influenza viruses detected in week 32/2007 and week 33/2007, except for a single detection of influenza A in Sweden in week 33/2007. This laboratory confirmed case was one of three secondary clinical cases linked to one suspected import case from Australia. Consistent with the lack of detected viruses none of 14 countries reporting on their epidemiological situation reported any influenza activity.

Since week 21/2007, a total of 16 positive specimens - 13 influenza A viruses and 3 influenza B viruses - have been reported to EISS (see graph and table for further details). Additionally, Finland reported one positive specimen (influenza B) in week 21/2007.

There have been no reports of unusual influenza activity in Europe at a community level (i.e. in a region or local area (such as a city, county or district)) since week 22/2007, when an outbreak of avian influenza A(H7N2) was reported in the United Kingdom (click [here](#) for details).

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

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

Serbia		None	0	0%	None	(graphs)		Click here
Slovakia	Low	None				41.5 (graphs)	536.0 (graphs)	Click here
Slovenia	Low	None	0	0%	None	(graphs)	436.9 (graphs)	Click here
Sweden		None	0	0%	Type A	(graphs)		Click here
Switzerland	Low	None	0	0%	None	0.6 (graphs)		Click here
Europe			9	0%				Click here

Preliminary data

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

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

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

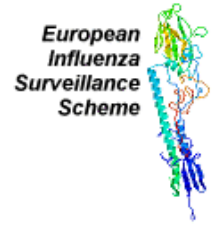
Population: per 100,000 population

*: 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 34/2007 and 35/2007 17 countries reported virological data to the European Influenza Surveillance Scheme (EISS). Three positive specimens were reported in week 34/2007 and none in week 35/2007. The positive specimens were from England (type B), Germany (type A subtype H3) and Norway (type A subtype H1). In Norway, the specimen was from a patient who returned from Pakistan with symptoms of influenza. Twelve countries reported an assessment of the geographical spread in week 35/2007 and all reported no influenza activity.

Since week 21/2007, a total of 19 positive specimens - 15 influenza A viruses and 4 influenza B viruses - have been reported to EISS (see graph and table for further details). Additionally, Finland reported one positive specimen (influenza B) in week 21/2007.

There have been no reports of unusual influenza activity in Europe at a community level (i.e. in a region or local area (such as a city, county or district)) since week 22/2007, when an outbreak of avian influenza A(H7N2) was reported in the United Kingdom (click [here](#) for details).

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

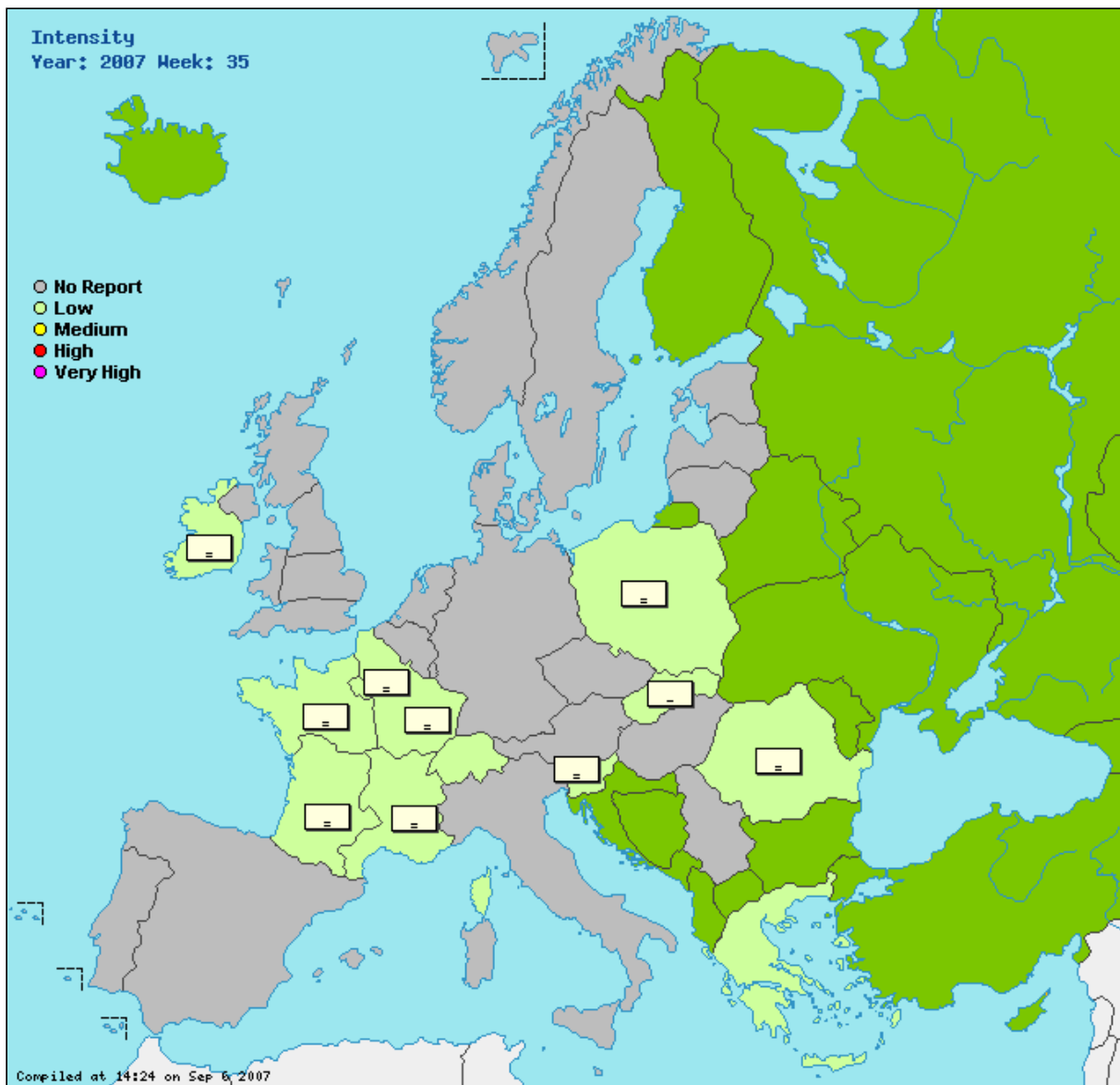
Map

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
Belgium								16.1 (graphs)	765.8 (graphs)	Click here
England					0	0%	None	graphs		Click here
Estonia		None			0	0%	None	graphs		Click here
France	Low	None							graphs	Click here
Germany					8	0%	None		graphs	Click here
Greece	Low	None						28.3 (graphs)		Click here
Ireland	Low	None						1.4 (graphs)		Click here
Netherlands					1	0%	None	graphs		Click here
Norway		None			1	0%	None	graphs		Click here
Poland	Low	None			0	0%	None	0.2 (graphs)		Click here
Portugal					0	0%	None	graphs		Click here
Romania	Low	None			0	0%	None		graphs	Click here

Serbia		None	0	0%	None	(graphs)		Click here
Slovakia	Low	None	0	0%	None	29.0 (graphs)	448.8 (graphs)	Click here
Slovenia	Low	None	0	0%	None	(graphs)	514.4 (graphs)	Click here
Sweden		None	0	0%	None	(graphs)		Click here
Switzerland	Low	None	2	0%	None	1.1 (graphs)		Click here
Europe			12	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

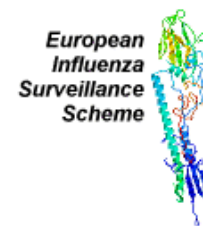
Population: per 100,000 population

*: 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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A single laboratory confirmed case of influenza A in Europe in the last two weeks



Summary: In weeks 36/2007 and 37/2007, 13 countries reported on their virological situation. A single detection of influenza A was reported in England (Central) in week 36/2007. Consistent with the lack of detected viruses, none of 12 countries reporting on their epidemiological situation reported any influenza activity.

Since week 21/2007, a total of 21 positive specimens - 16 influenza A viruses and five influenza B viruses - have been reported to EISS (see graph and table for further details). Additionally, Finland reported one positive specimen (influenza B) in week 21/2007.

There have been no reports of unusual influenza activity in Europe at a community level (i.e. in a region or local area (such as a city, county or district)) since week 22/2007, when an outbreak of avian influenza A(H7N2) with transmission to humans was reported in the United Kingdom (click [here](#) for details).

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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).

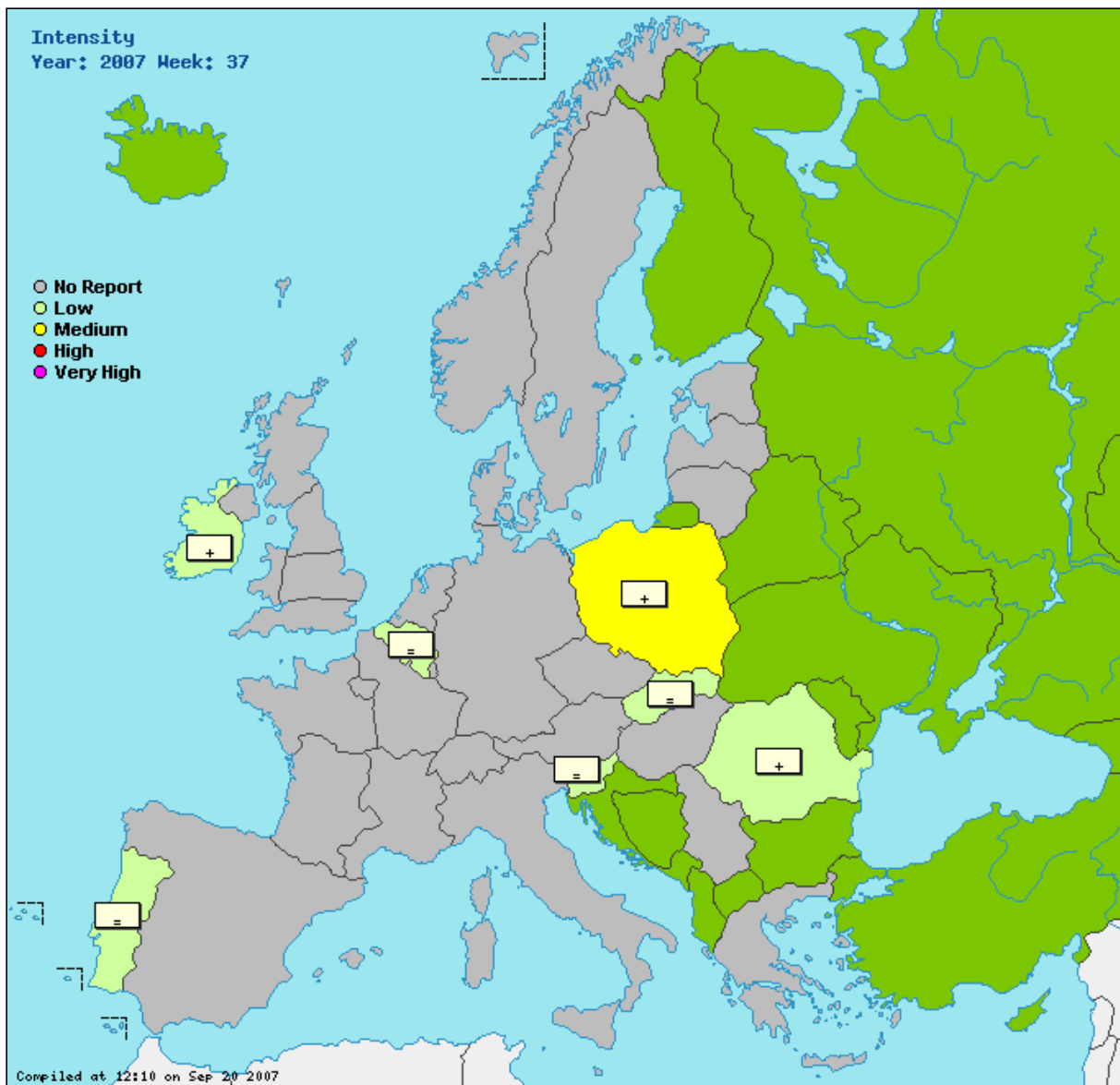
Map

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
Belgium	Low	None			1	0%	None	7.4 (graphs)	1082.0 (graphs)	Click here
England					0	0%	None	graphs		Click here
Estonia		None			3	0%	None	graphs		Click here
Greece		None						53.5 (graphs)		Click here
Ireland	Low	None						3.0 (graphs)		Click here
Netherlands					1	0%	None	graphs		Click here
Norway		None			0	0%	None	graphs		Click here
Poland	Medium	None			0	0%	None	16.6 (graphs)		Click here
Portugal	Low	None			0	0%	None	graphs		Click here
Romania	Low	None			0	0%	None		graphs	Click here
Serbia		None			0	0%	None	graphs		Click here
Slovakia	Low	None						100.2 (graphs)	890.8 (graphs)	Click here

Slovenia	Low	None	0	0%	None	(graphs)	825.0	(graphs)	Click here
Sweden		None	0	0%	None	(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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Three laboratory confirmed influenza cases in Europe in the last two weeks



Summary: Thirteen countries reported their virological situation in weeks 38/2007 and 39/2007. Two detections of influenza B (in Estonia and Sweden) and a single detection of influenza A(H3) in Belgium were reported in week 38/2007. Consistent with the lack of detected viruses, all eight countries reporting their epidemiological situation reported no influenza activity.

Since week 21/2007, a total of 25 positive specimens - 18 influenza A viruses and seven influenza B viruses - have been reported to EISS (see graph and table for further details). Additionally, Finland reported one positive specimen (influenza B) in week 21/2007.

There have been no reports of unusual influenza activity in Europe at a community level (i.e. in a region or local area (such as a city, county or district)) since week 22/2007, when an outbreak of avian influenza A(H7N2) with transmission to humans was reported in the United Kingdom (click [here](#) for details).

Background: The Inter-season Electronic Bulletin presents and comments influenza activity based on virological data reported to EISS. The Inter-season Electronic Bulletin will be published between week 21/2007 and week 39/2007.

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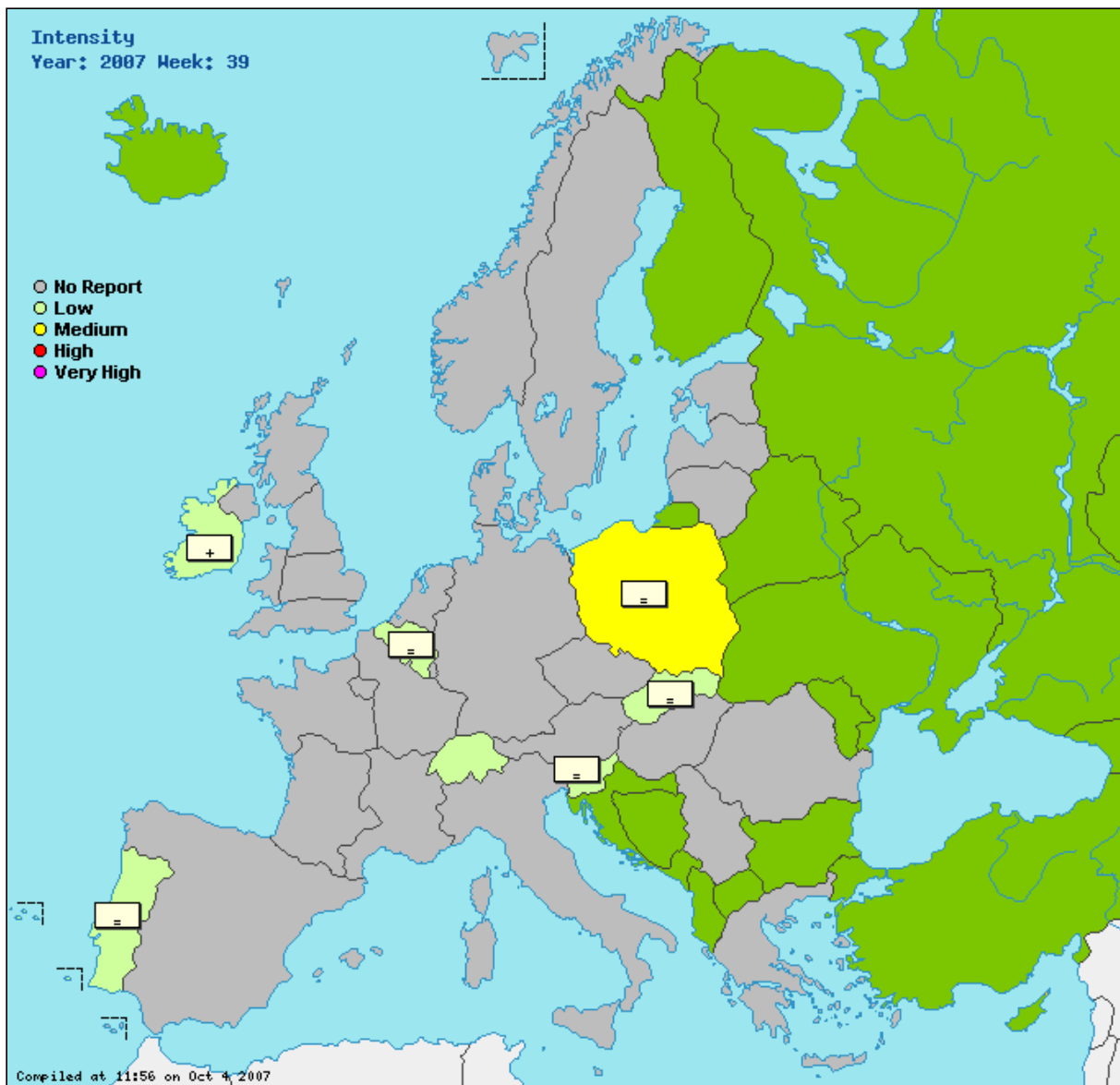
Map

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)
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A & B = Dominant virus A & B
 = : stable clinical activity
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Very high = particularly severe levels of influenza activity

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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
Belgium	Low	None			1	0%	None	5.6 (graphs)	1527.2 (graphs)	Click here
England					0	0%	None	(graphs)		Click here
Greece		None						47.4 (graphs)		Click here
Ireland	Low	None						7.0 (graphs)		Click here
Netherlands					8	0%	None	(graphs)		Click here
Norway					1	0%	None	(graphs)		Click here
Poland	Medium	None			5	0%	None	37.7 (graphs)		Click here
Portugal	Low	None			2	0%	None	1.6 (graphs)		Click here
Slovakia	Low	None						199.0 (graphs)	1598.6 (graphs)	Click here
Slovenia	Low	None			0	0%	None	(graphs)	1190.7 (graphs)	Click here
Switzerland	Low	None						5.0 (graphs)		Click here
Europe					51	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

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Population: per 100,000 population

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