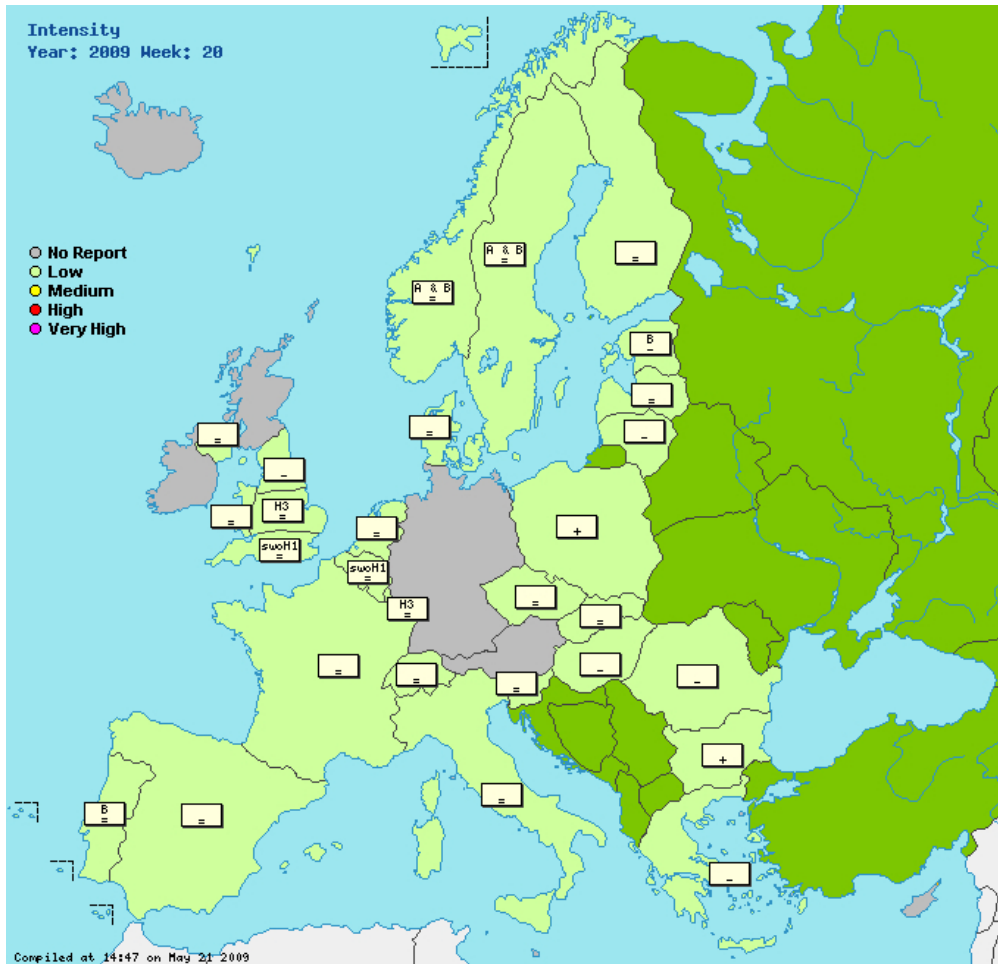
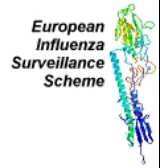


Low seasonal influenza activity but just over 300 human infections with the new influenza A(H1N1) virus have now been reported in the Europe region

Intensity of influenza



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 and B

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

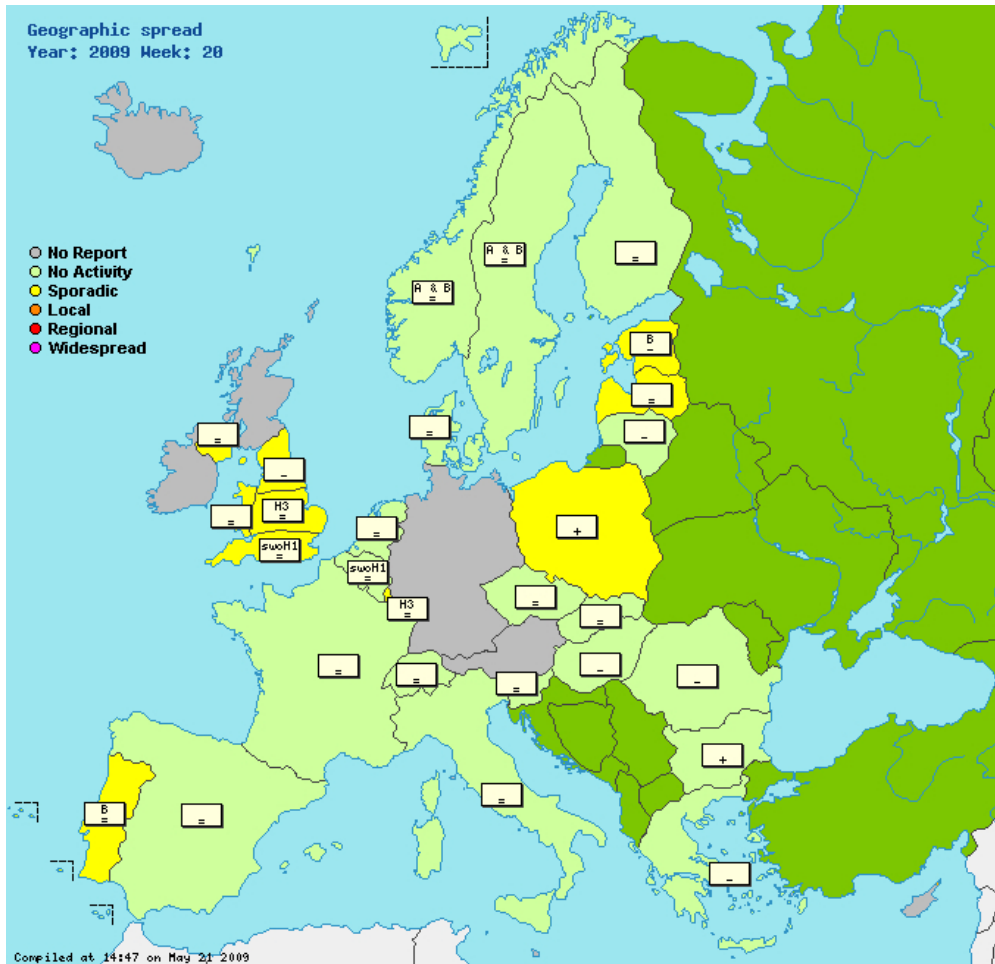
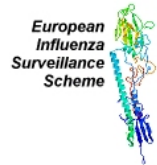
= : stable clinical activity
 + : increasing clinical activity
 - : decreasing clinical activity

The bulletin text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC), the WHO Regional Office for Europe (WHO/Europe) and the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL). From ECDC, team members are Flaviu Plata, Phillip Zucs and Bruno Ciancio, from WHO/Europe Caroline Brown and John Paget (Netherlands Institute for Health Services Research, Temporary Adviser to WHO/Europe) and from CNRL Adam Meijer, Rod Daniels, Alan Hay, Nichola Goddard and Maria Zambon. The bulletin text was reviewed by Olav Hungnes (Norwegian Institute of Public Health, Oslo, Norway), Anne Mazick (Statens Serum Institut, Copenhagen, Denmark), Alla Mironenko (L.V.Gromashevskiy Institute of Epidemiology and Infectious Diseases, Kiev, Ukraine) and Jasminka Nedeljkovic (Tortak Institute of Immunology and Virology, Belgrade, Serbia) on behalf of the data contributors.

Neither the European Centre for Disease Prevention and Control (ECDC), nor any person acting on his behalf is liable for the use that may be made of the information contained in this bulletin. Maps and commentary used in this Bulletin do not imply any opinions whatsoever of ECDC or its partners on the legal status of the countries and territories shown or concerning their borders.

Low seasonal influenza activity but just over 300 human infections with the new influenza A(H1N1) virus have now been reported in the Europe region

Geographic spread of influenza



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 and B

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

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

Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.

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

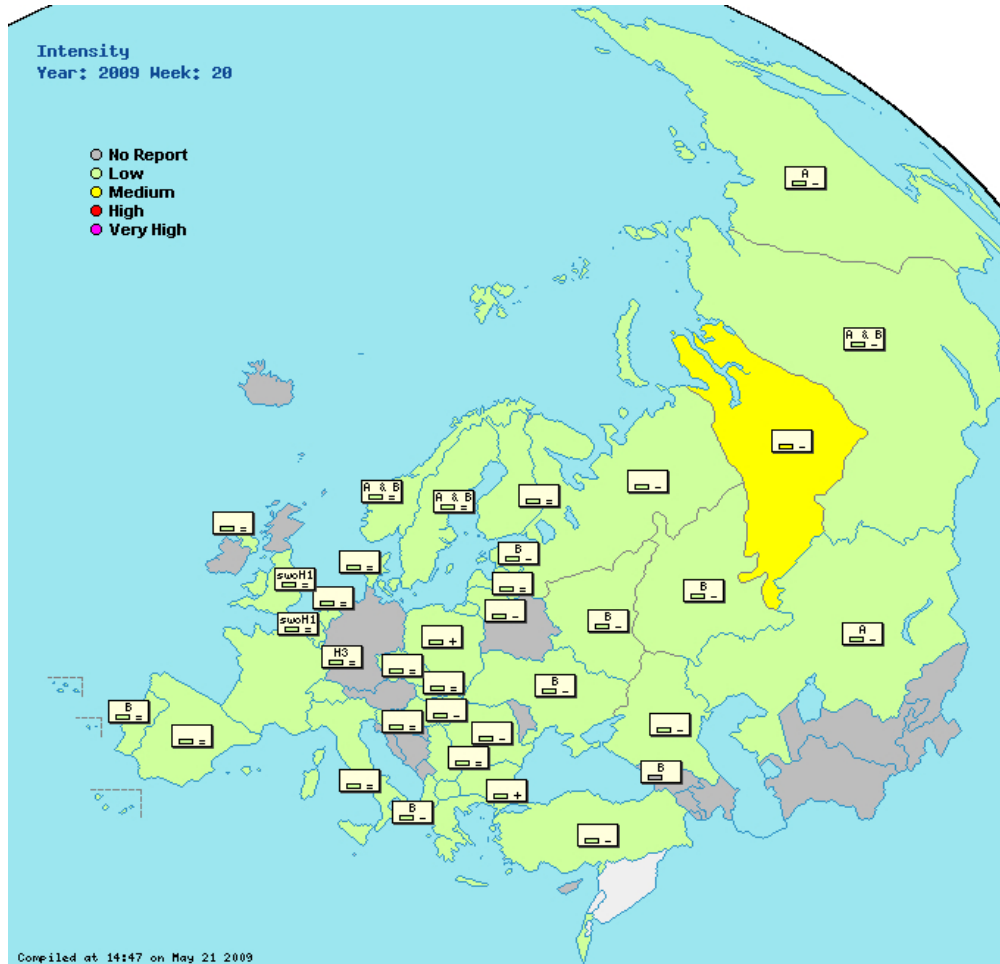
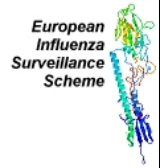
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

The bulletin text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC), the WHO Regional Office for Europe (WHO/Europe) and the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL). From ECDC, team members are Flaviu Plata, Phillip Zucs and Bruno Ciancio, from WHO/Europe Caroline Brown and John Paget (Netherlands Institute for Health Services Research, Temporary Adviser to WHO/Europe) and from CNRL Adam Meijer, Rod Daniels, Alan Hay, Nichola Goddard and Maria Zambon. The bulletin text was reviewed by Olav Hungnes (Norwegian Institute of Public Health, Oslo, Norway), Anne Mazick (Statens Serum Institut, Copenhagen, Denmark), Alla Mironenko (L.V.Gromashevskiy Institute of Epidemiology and Infectious Diseases, Kiev, Ukraine) and Jasminka Nedeljkovic (Tortak Institute of Immunology and Virology, Belgrade, Serbia) on behalf of the data contributors.

Neither the European Centre for Disease Prevention and Control (ECDC), nor any person acting on his behalf is liable for the use that may be made of the information contained in this bulletin. Maps and commentary used in this Bulletin do not imply any opinions whatsoever of ECDC or its partners on the legal status of the countries and territories shown or concerning their borders.

Low seasonal influenza activity but just over 300 human infections with the new influenza A(H1N1) virus have now been reported in the Europe region

Intensity of influenza



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 and B

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

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

Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.

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

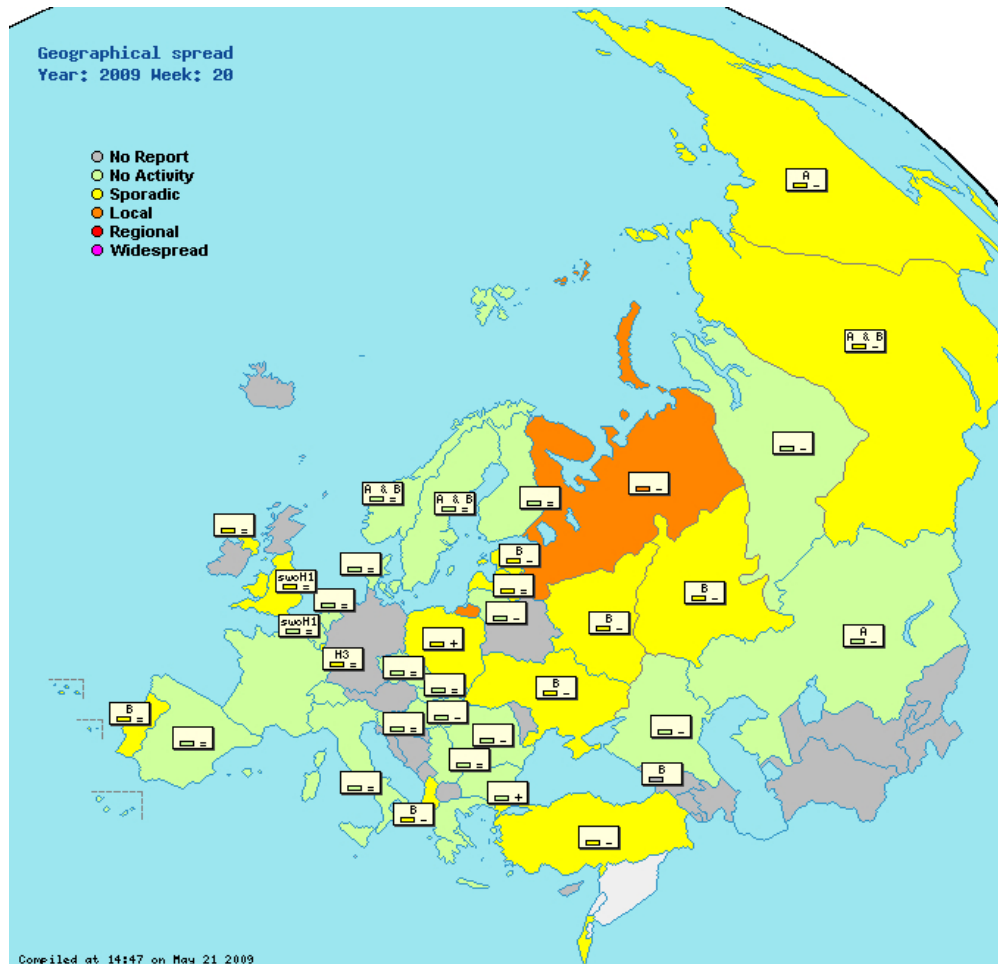
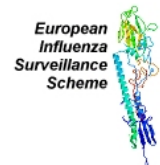
Widespread = influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population. Laboratory confirmed.

The bulletin text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC), the WHO Regional Office for Europe (WHO/Europe) and the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL). From ECDC, team members are Flaviu Plata, Phillip Zucs and Bruno Ciancio, from WHO/Europe Caroline Brown and John Paget (Netherlands Institute for Health Services Research, Temporary Adviser to WHO/Europe) and from CNRL Adam Meijer, Rod Daniels, Alan Hay, Nichola Goddard and Maria Zambon. The bulletin text was reviewed by Olav Hungnes (Norwegian Institute of Public Health, Oslo, Norway), Anne Mazick (Statens Serum Institut, Copenhagen, Denmark), Alla Mironenko (L.V.Gromashevskiy Institute of Epidemiology and Infectious Diseases, Kiev, Ukraine) and Jasminka Nedeljkovic (Tortak Institute of Immunology and Virology, Belgrade, Serbia) on behalf of the data contributors.

Neither the European Centre for Disease Prevention and Control (ECDC), nor any person acting on his behalf is liable for the use that may be made of the information contained in this bulletin. Maps and commentary used in this Bulletin do not imply any opinions whatsoever of ECDC or its partners on the legal status of the countries and territories shown or concerning their borders.

Low seasonal influenza activity but just over 300 human infections with the new influenza A(H1N1) virus have now been reported in the Europe region

Geographic spread of influenza



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 and B

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

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

Sporadic = isolated cases of laboratory confirmed influenza infection
Local outbreak = increased influenza activity in local areas (e.g. a city) within a region, or outbreaks in two or more institutions (e.g. schools) within a region. Laboratory confirmed.

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

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

The bulletin text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC), the WHO Regional Office for Europe (WHO/Europe) and the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL). From ECDC, team members are Flaviu Plata, Phillip Zucs and Bruno Ciancio, from WHO/Europe Caroline Brown and John Paget (Netherlands Institute for Health Services Research, Temporary Adviser to WHO/Europe) and from CNRL Adam Meijer, Rod Daniels, Alan Hay, Nichola Goddard and Maria Zambon. The bulletin text was reviewed by Olav Hungnes (Norwegian Institute of Public Health, Oslo, Norway), Anne Mazick (Statens Serum Institut, Copenhagen, Denmark), Alla Mironenko (L.V.Gromashevskiy Institute of Epidemiology and Infectious Diseases, Kiev, Ukraine) and Jasminka Nedeljkovic (Tortak Institute of Immunology and Virology, Belgrade, Serbia) on behalf of the data contributors.

Neither the European Centre for Disease Prevention and Control (ECDC), nor any person acting on his behalf is liable for the use that may be made of the information contained in this bulletin. Maps and commentary used in this Bulletin do not imply any opinions whatsoever of ECDC or its partners on the legal status of the countries and territories shown or concerning their borders.

Network comments (where available)



Italy

Only one novel A/H1N1 influenza virus has been detected during this week.

Macedonia

mandatory data

Norway

One A(H1N1)swine origin lineage virus detected in a traveller returning from USA

Slovenia

In week 20 in the Laboratory for Virology, NIPH of The Republic of Slovenia, 1 specimen from patient suspected to be infected with the novel Influenza virus was analyzed. The specimen was negative in the analysis for presence of Influenza A and Influenza B.

The bulletin text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC), the WHO Regional Office for Europe (WHO/Europe) and the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL). From ECDC, team members are Flaviu Plata, Phillip Zucs and Bruno Ciancio, from WHO/Europe Caroline Brown and John Paget (Netherlands Institute for Health Services Research, Temporary Adviser to WHO/Europe) and from CNRL Adam Meijer, Rod Daniels, Alan Hay, Nichola Goddard and Maria Zambon. The bulletin text was reviewed by Olav Hungnes (Norwegian Institute of Public Health, Oslo, Norway), Anne Mazick (Statens Serum Institut, Copenhagen, Denmark), Alla Mironenko (L.V.Gromashevskiy Institute of Epidemiology and Infectious Diseases, Kiev, Ukraine) and Jasminka Nedeljkovic (Torlak Institute of Immunology and Virology, Belgrade, Serbia) on behalf of the data contributors.

Neither the European Centre for Disease Prevention and Control (ECDC), nor any person acting on his behalf is liable for the use that may be made of the information contained in this bulletin. Maps and commentary used in this Bulletin do not imply any opinions whatsoever of ECDC or its partners on the legal status of the countries and territories shown or concerning their borders.

EISS - Weekly Electronic Bulletin

Week 20 : 11/05/2009-17/05/2009

22 May 2009, Issue N°306 - 7/8

Table

	Intensity	Geographic spread	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000
Albania	Low	Sporadic	10	10.0%	Type B	283.1	0.0
Belarus			131	0%	None		
Belgium	Low	None	5	0%	Type A, Subtype sw0H1N1	44.6	1263.6
Bulgaria	Low	None	4	0%	None	662.2	0.0
Croatia			29	0%	None		
Czech Republic	Low	None	23	8.7%	None	14.7	674.3
Denmark	Low	None	32	3.1%	None	15.0	0.0
England	Low	Sporadic	46	13.0%	Type A, Subtype sw0H1 and 1134	1134	503.9
Estonia	Low	Sporadic	6	33.3%	Type B	5.5	199.6
Finland	Low	None	12	16.7%	None		0.0
France	Low	None				0.0	906.9
Georgia			5	40.0%	Type B		
Germany			11	0%	None		
Greece	Low	None				41.8	0.0
Hungary	Low	None	11	0%	None	31.2	0.0
Israel	Low	Sporadic				4.2	0.0
Italy	Low	None	5	0%	None	40.7	0.0
Kazakhstan	Low	None	65	0%	Type A	0.0	0.0
Kyrgyzstan			0	0%	None		
Latvia	Low	Sporadic	0	0%	None	0.5	597.6
Lithuania	Low	None	3	0%	None	0.5	269.1

Intensity: for definitions see page 1

Geographic spread: for definitions see page 2

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

ILI per 100,000: influenza-like illness consultations per 100,000 population

ARI per 100,000: acute respiratory infection consultations per 100,000 population

The bulletin text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC), the WHO Regional Office for Europe (WHO/Europe) and the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL). From ECDC, team members are Flaviu Plata, Phillip Zucs and Bruno Ciancio, from WHO/Europe Caroline Brown and John Paget (Netherlands Institute for Health Services Research, Temporary Adviser to WHO/Europe) and from CNRL Adam Meijer, Rod Daniels, Alan Hay, Nichola Goddard and Maria Zambon. The bulletin text was reviewed by Olav Hungnes (Norwegian Institute of Public Health, Oslo, Norway), Anne Mazick (Statens Serum Institut, Copenhagen, Denmark), Alla Mironenko (L.V.Gromashevskiy Institute of Epidemiology and Infectious Diseases, Kiev, Ukraine) and Jasminka Nedeljkovic (Torlak Institute of Immunology and Virology, Belgrade, Serbia) on behalf of the data contributors.

Neither the European Centre for Disease Prevention and Control (ECDC), nor any person acting on his behalf is liable for the use that may be made of the information contained in this bulletin. Maps and commentary used in this Bulletin do not imply any opinions whatsoever of ECDC or its partners on the legal status of the countries and territories shown or concerning their borders.

EISS - Weekly Electronic Bulletin

Week 20 : 11/05/2009-17/05/2009

22 May 2009, Issue N°306 - 8/8

Table

	Intensity	Geographic spread	Sentinel swabs	Percentage positive	Dominant type	ILI per 100,000	ARI per 100,000
Luxembourg	Low	Sporadic	7	28.6%	Type A, Subtype H3		
Macedonia	Low						0.0
Netherlands	Low	None	10	0%	None	24.7	0.0
Northern Ireland	Low	Sporadic	8	0%	None	21.7	0.0
Norway	Low	None	105	1.9%	Type A and B	31.8	0.0
Poland	Low	Sporadic	3	0%	None	13.6	0.0
Portugal	Low	Sporadic	3	33.3%	Type B	6.9	0.0
Romania	Low	None	26	15.4%	None	650.2	0.2
Russian Federation	Low	Sporadic	0	0%	Type A and B	373.9	0.0
Scotland			7	0%	None		
Serbia	Low	None	0	0%	None	26.6	0.0
Slovakia	Low	None	3	0%	None	97.6	1123.7
Slovenia	Low	None	0	0%	None	0.0	521.7
Spain	Low	None	29	3.5%	None	7.8	0.0
Sweden	Low	None	0	0%	Type A and B	0.0	0.0
Switzerland	Low	None				5.7	0.0
Turkey	Low	Sporadic	49	8.2%	None	27.1	0.0
Ukraine	Low	Sporadic	18	11.1%	Type B	281.4	0.0
Wales	Low	Sporadic				3.9	0.0
Europe			547	4.9%			

Intensity: for definitions see page 1

Geographic spread: for definitions see page 2

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

ILI per 100,000: influenza-like illness consultations per 100,000 population

ARI per 100,000: acute respiratory infection consultations per 100,000 population

The bulletin text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC), the WHO Regional Office for Europe (WHO/Europe) and the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL). From ECDC, team members are Flaviu Plata, Phillip Zucs and Bruno Ciancio, from WHO/Europe Caroline Brown and John Paget (Netherlands Institute for Health Services Research, Temporary Adviser to WHO/Europe) and from CNRL Adam Meijer, Rod Daniels, Alan Hay, Nichola Goddard and Maria Zambon. The bulletin text was reviewed by Olav Hungnes (Norwegian Institute of Public Health, Oslo, Norway), Anne Mazick (Statens Serum Institut, Copenhagen, Denmark), Alla Mironenko (L.V.Gromashevskiy Institute of Epidemiology and Infectious Diseases, Kiev, Ukraine) and Jasminka Nedeljkovic (Torlak Institute of Immunology and Virology, Belgrade, Serbia) on behalf of the data contributors.

Neither the European Centre for Disease Prevention and Control (ECDC), nor any person acting on his behalf is liable for the use that may be made of the information contained in this bulletin. Maps and commentary used in this Bulletin do not imply any opinions whatsoever of ECDC or its partners on the legal status of the countries and territories shown or concerning their borders.