Summary

The European Influenza Surveillance Scheme (EISS) was established in March 1996. The original members of EISS were: Belgium, France, Germany, the Netherlands, Portugal, Spain and the United Kingdom. EISS has gradually grown over the years and now has 14 member countries covering 16 influenza surveillance networks: Belgium, the Czech Republic, Denmark, England, France, Germany, Ireland, Italy, the Netherlands, Portugal, Scotland, Slovenia, Spain, Sweden, Switzerland and Wales. During the 2000-2001 influenza season, two new members joined the scheme: Ireland and Slovenia.

The surveillance of influenza by the members of EISS is based on an integrated clinical and virological surveillance model. Sentinel primary care physicians report cases of influenza to a data collection centre and take nose and/or throat swabs from patients for laboratory testing. All laboratory tests are performed by a national reference laboratory. The integration of clinical and virological information allows the presentation of influenza morbidity rates and virological data in the same population.

Mild to moderate influenza activity was reported by the members of EISS between November 2000 and February 2001. The levels of influenza activity in the United Kingdom, Spain and the Netherlands were very low; the activity recorded in the Netherlands was the lowest since 1970. Networks that experienced influenza activity that was similar to previous seasons were the Czech Republic and Germany. Denmark and Portugal recorded levels of influenza activity that were slightly higher than those observed during the 1999-2000 season.

Influenza activity in the EISS countries during the 2000-2001 influenza season was largely due to the influenza A/New Caledonia/20/99 (H1N1) virus, which co-circulated with influenza B viruses in some countries. Influenza A(H3N2) viruses were isolated sporadically. Influenza A (H1N1) tended to be the dominant virus circulating in the population in the first half of the season and influenza B in the second half. The 2000-2001 influenza vaccine (containing the A/Moscow/10/99 (H3N2), A/New Caledonia/20/99(H1N1) and B/Beijing/ 184/93-like viruses) provided good protection to the viruses in circulation.

EISS initiated a number of projects during the 2000-2001 influenza season:

- The EISS Weekly Electronic Bulletin was launched (see below);
- The integration of EuroGROG into EISS (see below);
- The European Influenza Diagnosis Quality Control Assessment was implemented;
- The Clinical Reporting Quality Control Project was launched;
- The Denominator Project was initiated.

The EISS Weekly Electronic Bulletin was introduced during the 2000-2001 influenza season. This bulletin provided a weekly overview of influenza activity in Europe on the EISS website in the form of a map, a table and commentary written by experts from the EISS group. The bulletin appeared for 28 consecutive weeks, from week 41 in 2000 to week 16 in 2001.

EISS also began the integration of the EuroGROG influenza surveillance system (a surveillance system that covers 29 countries in Europe) during the 2000-2001 season. A new EuroGROG website is planned for the 2001-2002 season which will have the same structure as EISS and will allow the combined surveillance systems to present a more comprehensive overview of influenza activity in Europe.

EISS has established formal links with other communicable disease surveillance networks in Europe (those funded by the European Commission) and has continued its active support of the global WHO FluNet influenza surveillance system.

We welcome your visit to the EISS website (<u>www.eiss.org</u>) and comments to this annual report.

This report was produced by a contractor for Health & Consumer Protection Directorate General and represents the views of the contractor or author. These views have not been adopted or in any way approved by the Commission and do not necessarily represent the view of the Commission or the Directorate General for Health and Consumer Protection. The European Commission does not guarantee the accuracy of the data included in this study, nor does it accept responsibility for any use made thereof.