

## SURVEILLANCE REPORT

### Weekly influenza surveillance overview

4 February 2011

## Main surveillance developments in week 4/2011 (24–30 Jan 2011)

*This first page contains the main developments of this week and can be printed separately or together with the more detailed information following.*

- Most European countries continue to report medium to high ILI/ARI consultation rates and widespread activity. Increasing trends are mainly observed in central, eastern and southern Europe whereas countries in western Europe are reporting declining trends.
- The proportion of influenza-positive sentinel specimens has decreased for the fourth consecutive week, dropping from 54% in peak week 52/2010 to 47% in week 4/2011.
- 70% of influenza detections are type A, 30% are type B. More than 97% of subtyped influenza A viruses are A(H1N1) 2009.
- Since week 40/2010, nine countries have reported 2 488 all-cause SARI and hospitalised confirmed influenza-infected cases, including 154 fatalities. Overall, 43% of these cases were not known to have any underlying condition.
- In western countries with surveillance of severe cases, the numbers of new admissions requiring hospital care are generally dropping though numbers requiring higher level care remain substantial. Most of the severely affected cases are in the age group 15–64 years.

**Sentinel surveillance of influenza-like illness (ILI)/acute respiratory infection (ARI):** During week 04/2011, Luxembourg and Norway continued to report very high and high ILI/ARI consultation rates, respectively, while Bulgaria, Greece, Italy and Lithuania raised their intensity indicators from medium to high for the first time this season. For more information, [click here...](#)

**Virological surveillance:** In week 04/2011, sentinel physicians collected 2 768 specimens, 1 296 (46.8%) of which tested positive for influenza, representing a decrease for the fourth consecutive week. National detection rates in countries with more than 100 sentinel specimens tested ranged from 22.8% in the UK (England) to 63.5% in Luxembourg. For more information, [click here...](#)

**Hospital surveillance of severe acute respiratory infection (SARI):** In week 04/2011, 52 all-cause SARI cases and 104 hospitalised influenza-infected cases were reported. Of 1 506 cases with confirmed influenza infection since week 40/2010, 1 467 (97.4%) were type A and 39 (2.6%) were type B. For more information, [click here...](#)

# Sentinel surveillance (ILI/ARI)

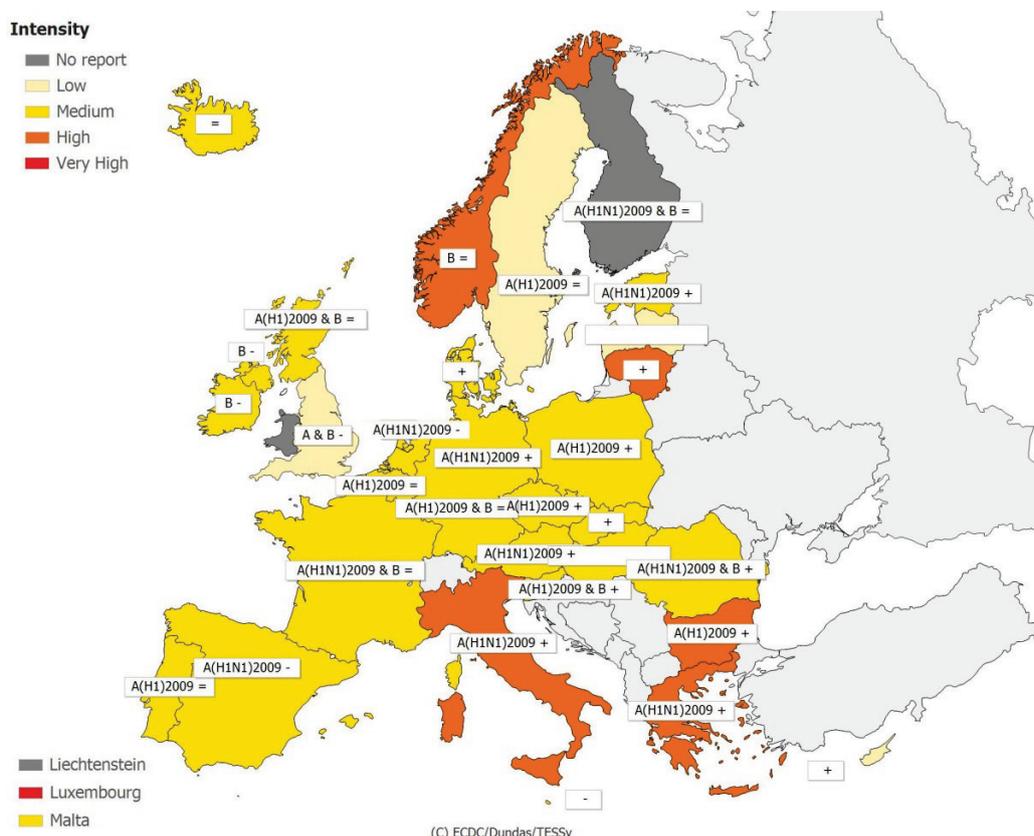
## Weekly analysis – epidemiology

During week 04/2011, Luxembourg and Norway continued to report very high and high ILI/ARI consultation rates, respectively, while Bulgaria, Greece, Italy and Lithuania raised their intensity indicators from medium to high for the first time this season. Eighteen countries and the UK (Northern Ireland and Scotland) reported medium activity whereas low activity was observed in four countries, including the UK (England) for the first time since week 48/2010 (Map 1, Table 1).

In terms of geographic spread, 18 countries in northern, western and southern Europe reported widespread activity. Four countries in central and eastern Europe reported regional activity, while eight countries reported sporadic or local activity and one country (Austria) no spread (Map 2, Table 1).

Increasing trends were reported by 16 countries in central, eastern and southern Europe, two countries less than in the preceding week. Unchanging trends were seen in eight countries in central and northern Europe. Five countries, mainly in western Europe, two more than in the preceding week, reported decreasing trends (Map 1 and 2, Table 1).

**Map 1: Intensity for week 4/2011**

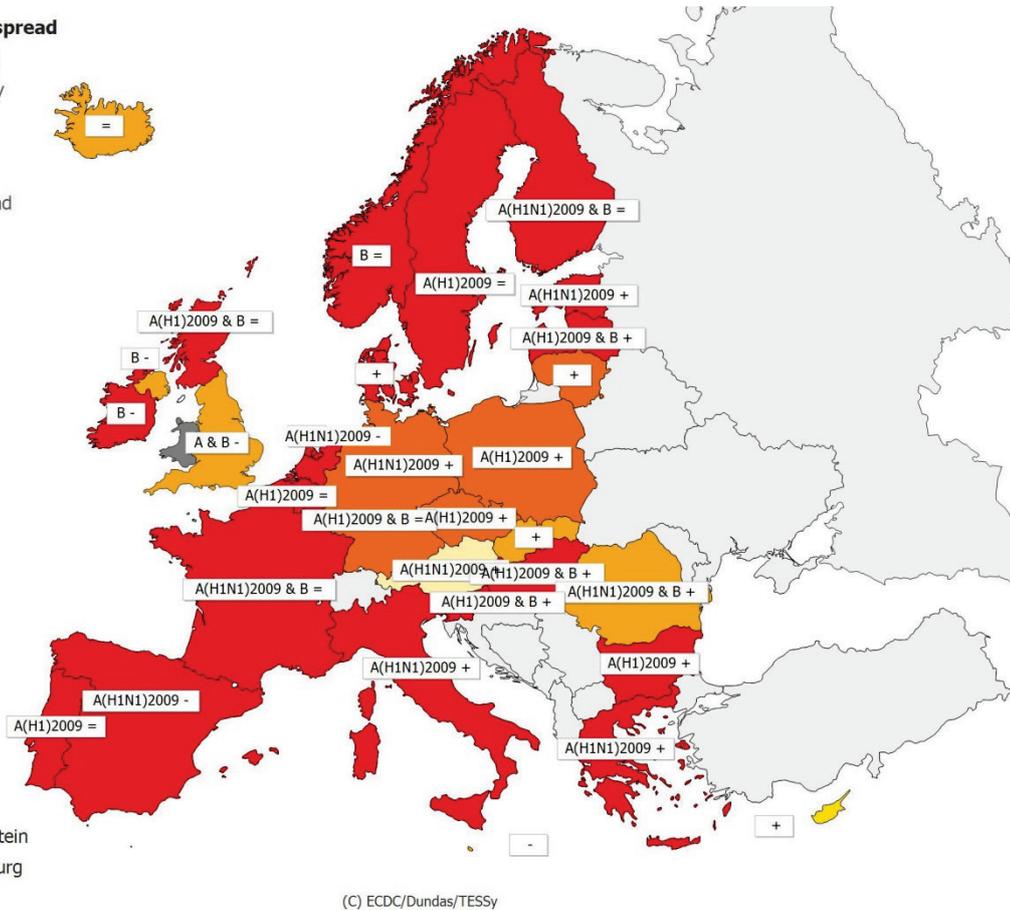


\* A type/subtype is reported as dominant when > 40 % of all samples are positive for the type/subtype.

**Map 2: Geographic spread for week 4/2011**

**Geographic spread**

- No Report
- No Activity
- Sporadic
- Local
- Regional
- Widespread



- Liechtenstein
- Luxembourg
- Malta

\* A type/subtype is reported as dominant when at least ten samples have been detected as influenza positive in the country and of those > 40 % are positive for the type/subtype.

**Legend:**

<b>No activity</b>	No evidence of influenza virus activity (clinical activity remains at baseline levels)	-	Decreasing clinical activity
<b>Sporadic</b>	Isolated cases of laboratory confirmed influenza infection	+	Increasing clinical activity
<b>Local outbreak</b>	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)	=	Stable clinical activity
<b>Regional activity</b>	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)	<b>A &amp; B</b>	Type A and B
<b>Widespread</b>	Influenza activity above baseline levels in one or more regions with a population comprising 50% or more of the country's population (laboratory confirmed)	<b>A(H1)2009</b>	Type A, Subtype (H1)2009
		<b>A(H1)2009 &amp; B</b>	Type B and Type A, Subtype (H1)2009
		<b>A(H1N1)2009</b>	Type A, Subtype (H1N1)2009
		<b>A(H1N1)2009 &amp; B</b>	Type B and Type A, Subtype (H1N1)2009
		<b>B</b>	Type B

**Table 1: Epidemiological and virological overview by country, week 4/2011**

Country	Intensity	Geographic spread	Trend	No. of sentinel swabs	Dominant type	Percentage positive*	ILI per 100.000	ARI per 100.000	Epidemiological overview	Virological overview
Austria	Medium	No activity	Increasing	66	A(H1N1)2009	56.1	8.4	40.1	Graphs	Graphs
Belgium	Medium	Widespread	Stable	72	A(H1)2009	68.1	480.2	1527.6	Graphs	Graphs
Bulgaria	High	Widespread	Increasing	15	A(H1)2009	40.0	-	2592.1	Graphs	Graphs
Cyprus	Low	Sporadic	Increasing	-	-	0.0	-*	-*	Graphs	Graphs
Czech Republic	Medium	Regional	Increasing	29	A(H1)2009	55.2	148.6	1410.8	Graphs	Graphs
Denmark	Medium	Widespread	Increasing	28	None	17.9	-	-	Graphs	Graphs
Estonia	Medium	Widespread	Increasing	127	A(H1N1)2009	47.2	28.6	600.9	Graphs	Graphs
Finland	Unknown (no information available)	Widespread	Stable	68	A(H1N1)2009/ B	75.0	-	-	Graphs	Graphs
France	Medium	Widespread	Stable	290	A(H1N1)2009/ B	53.1	-	2778.9	Graphs	Graphs
Germany	Medium	Regional	Increasing	251	A(H1N1)2009	61.4	-	1261.5	Graphs	Graphs
Greece	High	Widespread	Increasing	49	A(H1N1)2009	69.4	436.1	-	Graphs	Graphs
Hungary	Medium	Widespread	Increasing	205	A(H1)2009/B	30.2	421.5	-	Graphs	Graphs
Iceland	Medium	Local	Stable	-	-	0.0	39.6	-	Graphs	Graphs
Ireland	Medium	Widespread	Decreasing	82	B	34.1	93.2	-	Graphs	Graphs
Italy	High	Widespread	Increasing	196	A(H1N1)2009	46.9	1007.1	-	Graphs	Graphs
Latvia	Low	Widespread	Increasing	18	A(H1)2009/B	66.7	343.4	1493.7	Graphs	Graphs
Lithuania	High	Regional	Increasing	-	-	0.0	159.7	843.0	Graphs	Graphs
Luxembourg	Very High	Widespread	Stable	104	A(H1)2009/B	63.5	-*	-*	Graphs	Graphs
Malta	Medium	Local	Decreasing	-	-	0.0	-*	-*	Graphs	Graphs
Netherlands	Medium	Widespread	Decreasing	33	A(H1N1)2009	45.5	90.3	-	Graphs	Graphs
Norway	High	Widespread	Stable	20	B	60.0	175.1	-	Graphs	Graphs
Poland	Medium	Regional	Increasing	174	A(H1)2009	31.0	192.8	-	Graphs	Graphs
Portugal	Medium	Widespread	Stable	10	A(H1)2009	40.0	53.1	-	Graphs	Graphs
Romania	Medium	Local	Increasing	108	A(H1N1)2009/ B	57.4	34.2	1078.0	Graphs	Graphs
Slovakia	Medium	Local	Increasing	5	None	100.0	312.9	2135.3	Graphs	Graphs
Slovenia	Medium	Widespread	Increasing	59	A(H1)2009/ B	74.6	135.1	1840.7	Graphs	Graphs
Spain	Medium	Widespread	Decreasing	451	A(H1N1)2009	39.5	203.3	-	Graphs	Graphs
Sweden	Low	Widespread	Stable	47	A(H1)2009	48.9	35.0	-	Graphs	Graphs
UK - England	Low	Local	Decreasing	197	A/B	22.8	24.1	400.5	Graphs	Graphs
UK - Northern Ireland	Medium	Local	Decreasing	19	B	42.1	76.2	327.5	Graphs	Graphs
UK - Scotland	Medium	Widespread	Stable	45	A(H1)2009/B	44.4	6.6	260.7	Graphs	Graphs
UK - Wales				-	-	0.0	-	-		
Europe				2768		46.8				Graphs

\*Incidence per 100 000 is not calculated for these countries as no population denominator is provided.  
Note: Liechtenstein is not reporting to the European Influenza Surveillance Network

## Description of the system

This surveillance is based on nationally organised sentinel networks of physicians, mostly general practitioners (GPs), covering at least 1–5% of the population in their countries. All EU/EEA Member States (except Liechtenstein) are participating. Depending on their country's choice, each sentinel physician reports the weekly number of patients seen with influenza-like illness (ILI), acute respiratory infection (ARI) or both to a national focal point. From the national level, both numerator and denominator data are then reported to the European Surveillance System (TESSy) database. Additional semi-quantitative indicators of intensity, geographic spread and trend of influenza activity at the national level are also reported.

# Virological surveillance

## Weekly analysis – virology

In week 4/2011, 26 countries reported virological data. Sentinel physicians collected 2 768 specimens, 1 296 (46.8%) of which tested positive for influenza, representing a decrease for the fourth consecutive week (Table 1, Figure 4). National detection rates in countries with more than 100 sentinel specimens tested ranged from 22.8% in the UK (England) to 63.5% in Luxembourg (Table 1). In addition, 3 468 non-sentinel source specimens (i.e. specimens collected for diagnostic purpose in hospitals) were reported positive for influenza virus.

Of the 4 764 influenza viruses detected during week 04/2011, 3 290 (69.0%) were type A and 1477 (31.0%) were type B. Of the 2 491 influenza A viruses that were subtyped, 2 468 (99.1%) were A(H1)2009 and 23 (0.9%) were A(H3) (Table 2).

Since week 40/2010, 21 588 (71.0%) of the 30 407 influenza detections in sentinel and non-sentinel specimens were influenza A and 8 819 (29.0%) were influenza B viruses. Of 13 821 influenza A viruses subtyped, 13 456 (97.4%) were A(H1)2009, 364 (2.6%) were A(H3) and one was A(H1) (Table 2). Trends of virological detections since week 40/2010 are shown in Figures 1–3.

Since week 40/2010, 1 009 influenza viruses from sentinel and non-sentinel specimens have been characterised antigenically (Figure 4): 570 (56.5%) as A/California/7/2009 (H1N1)-like; 73 (7.2%) as A/Perth/16/2009 (H3N2)-like; 346 (34.3%) as B/Brisbane/60/2008-like (Victoria lineage); and 20 (2.0%) as B/Florida/4/2006-like (Yamagata lineage).

Since week 40/2010, Italy, Norway and the UK have reported antiviral resistance data to TESSy. A total of 714 influenza A(H1)2009, one A(H3) virus and 61 influenza B viruses have been tested for susceptibility to oseltamivir, and 714 A(H1)2009 viruses, one A(H3) and 62 B viruses for susceptibility to zanamivir, respectively. Twenty-six (3.6%) influenza A(H1)2009 viruses were resistant to oseltamivir, but remained sensitive to zanamivir. All the resistant viruses carried the H275Y substitution. Seven of the 26 resistant viruses were from patients for whom no exposure to oseltamivir was reported.

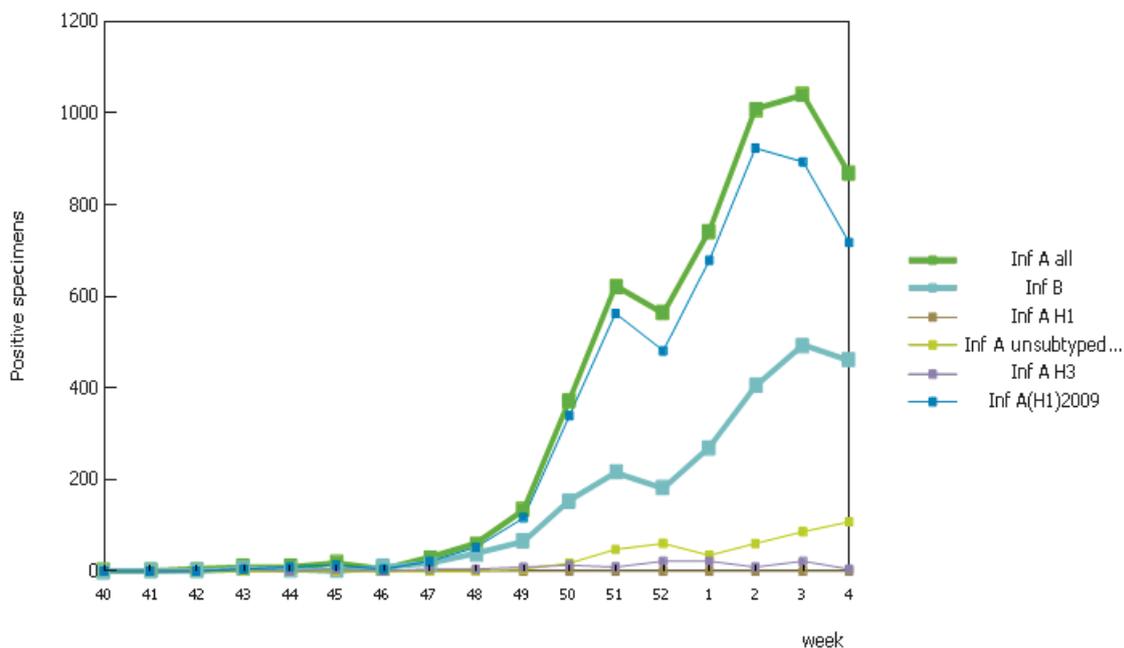
More details on circulating viruses can be found in the [December report](#) prepared by the Community Network of Reference Laboratories (CNRL) coordination team. Also, a detailed analysis of the viruses isolated in the UK was published in [Eurosveillance](#) indicating no evidence of any significant antigenic changes in the A(H1N1)2009 and type B viruses in that country and a good match with the seasonal vaccine viruses.

**Table 2: Weekly and cumulative influenza virus detections by type, subtype and surveillance system, weeks 40/2010–4/2011**

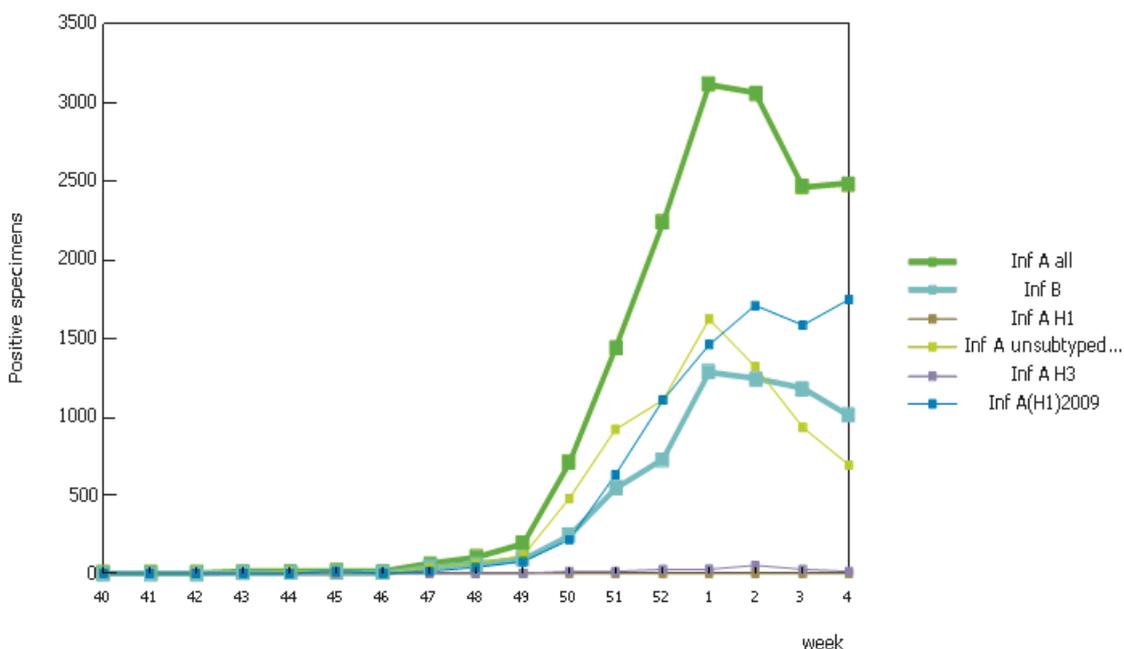
Virus type/subtype	Current Period		Season	
	Sentinel	Non-sentinel	Sentinel	Non-sentinel
Influenza A	833	2457	5420	16168
A(H1)2009	718	1750	4835	8621
A (subtyping not performed)	109	690	439	7328
A (not subtypable)	0	0	0	0
A (H3)	6	17	146	218
A (H1)	0	0	0	1
Influenza B	463	1011	2347	6472
<b>Total Influenza</b>	<b>1296</b>	<b>3468</b>	<b>7767</b>	<b>22640</b>

*Note:* A(H1)2009, A(H3) and A(H1) includes both N-subtyped and non-N-subtyped viruses.

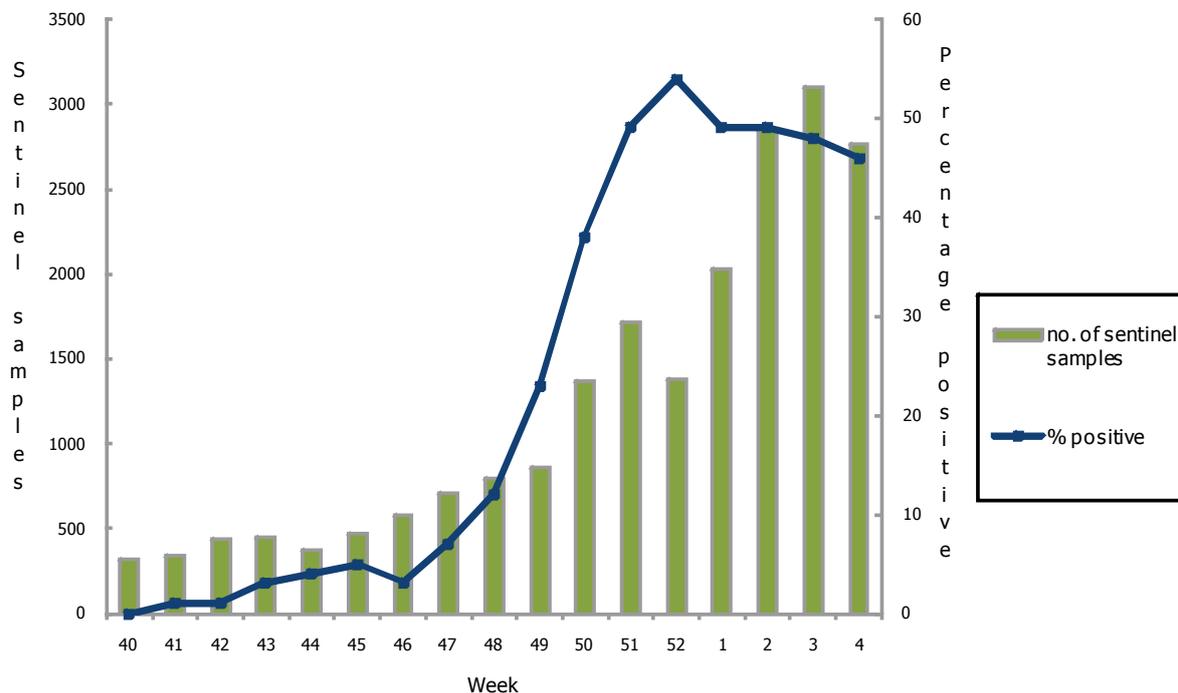
**Figure 1: Number of sentinel specimens positive for influenza, by type, subtype and by week of report, weeks 40/2010–4/2011**



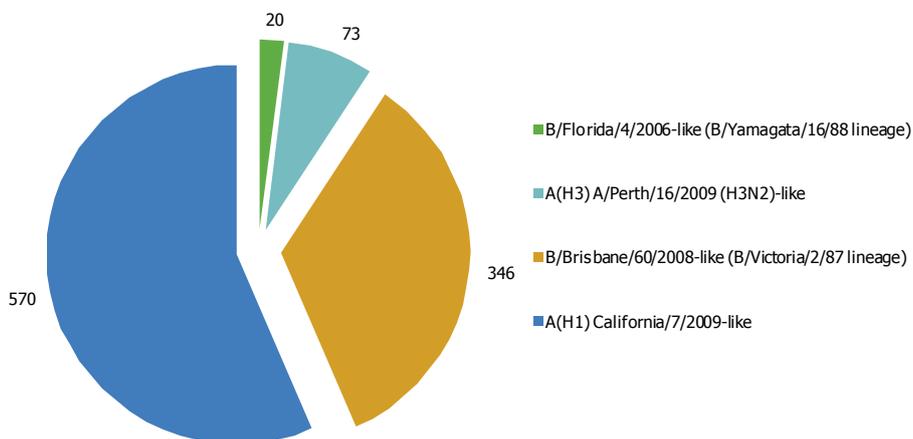
**Figure 2: Number of non-sentinel specimens positive for influenza by type, subtype and week of report, weeks 40/2010–4/2011**



**Figure 3: Proportion of sentinel specimens positive for influenza, weeks 40/2010–4/2011**



**Figure 4: Results of antigenic characterisations of sentinel and non-sentinel influenza virus isolates, weeks 40/2010–4/2011**

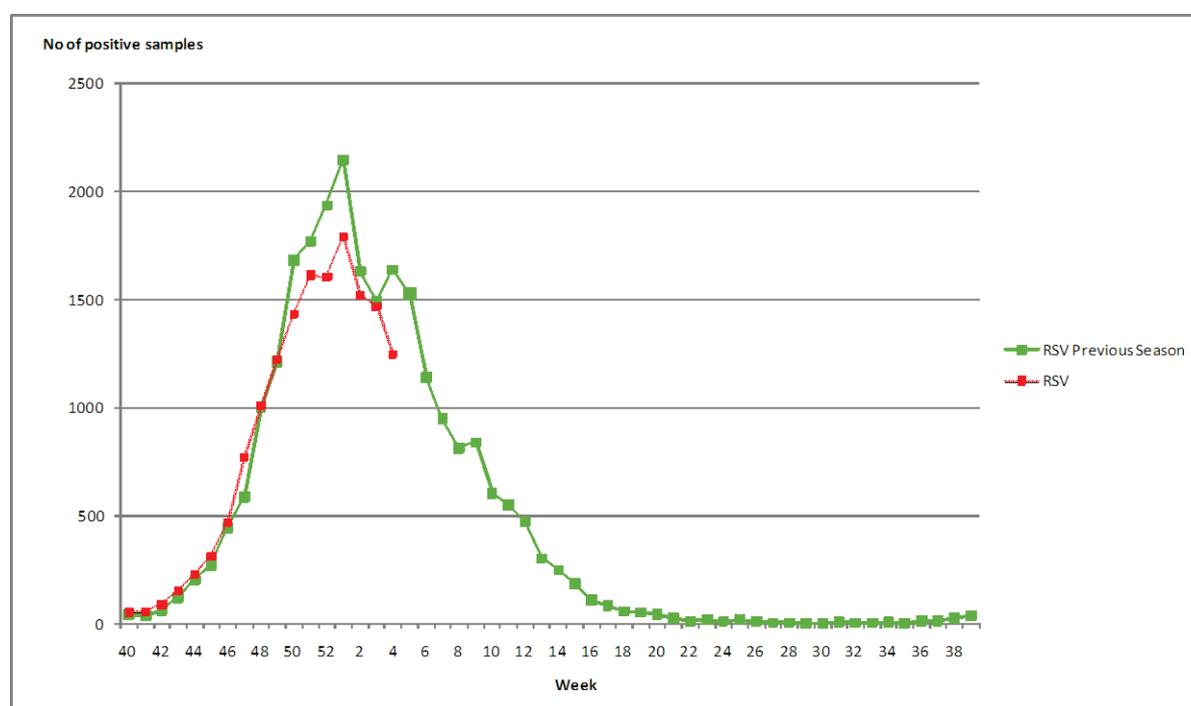


**Table 3: Antiviral resistance by influenza virus type and subtype, weeks 40/2010–4/2011**

Virus type and subtype	Resistance to neuraminidase inhibitors				Resistance to M2 inhibitors	
	Oseltamivir		Zanamivir		Isolates tested	Resistant n (%)
	Isolates tested	Resistant n (%)	Isolates tested	Resistant n (%)		
A(H3N2)	1	0	1	0	2	2 (100)
A(H1N1)	0	0	0	0	0	0
A(H1N1)2009	714	26 (3.6)	714	0	35	35 (100)
B	61	0	62	0	NA*	NA*

\* NA – not applicable, as M2 inhibitors do not act against influenza B viruses.

Data are from single location (e.g. H275Y only) or multiple location mutation analysis (full sequencing) and/or phenotypic characterisation (IC50 determination), and therefore data should be interpreted in this context.

**Figure 5: Respiratory syncytial virus (RSV) detections, sentinel and non-sentinel, weeks 40/2010–4/2011**

## Comments

**Greece:** In southern Greece, dual infection with influenza A(H1N1)2009 and influenza B was confirmed by Real Time PCR in a non-sentinel swab.

**CNRL coordinating team:** Since the genetic characterisation algorithms were put in place for influenza A(H1N1)2009 viruses at the start of the 2010–2011 influenza season, emergence of a new genetic subgroup has been observed that is geographically dispersed and increasing in prevalence. This genetic subgroup is characterised by a S185T substitution in HA and is represented by A/England/142/2010. To date, viruses carrying the S185T substitution remain antigenically similar to the current vaccine virus A/California/7/2009.

## Description of the system

According to the nationally defined sampling strategy, sentinel physicians take nasal or pharyngeal swabs from patients with influenza-like illness (ILI), acute respiratory infection (ARI) or both and send the specimens to influenza-specific reference laboratories for virus detection, (sub)typing, antigenic or genetic characterisation and antiviral susceptibility testing.

For details on the current virus strains recommended by WHO for vaccine preparation [click here](#).

# Hospital surveillance – severe acute respiratory infection (SARI)

## Weekly analysis – SARI

Three countries reported SARI from all causes; i.e. irrespective of the causative pathogen (Table 4), while six countries notified severe influenza cases admitted to hospital (Table 5), with France and Ireland only reporting cases admitted to intensive care (ICU).

Since week 40/2010, a total of 2 488 all-cause SARI and hospitalised confirmed influenza-infected cases, including 154 fatalities, have been reported. In week 4/2011, 33 all-cause SARI cases and 123 hospitalised influenza cases were reported. Of 1 506 influenza detections since week 40/2010, 1 467 (97.4%) were type A and 39 (2.6%) were type B. Of 1 400 influenza A viruses subtyped, 1 389 (99.2%) were A(H1)2009 and 11 (0.8%) were A(H3) (Table 6). Overall, ICU admission was reported for 1 079 patients, 559 (57.1%) of which were known to have required ventilation (Table 7). In patients for whom information was available, obesity was the most frequent underlying condition, but 43% had no prior underlying condition (Table 7).

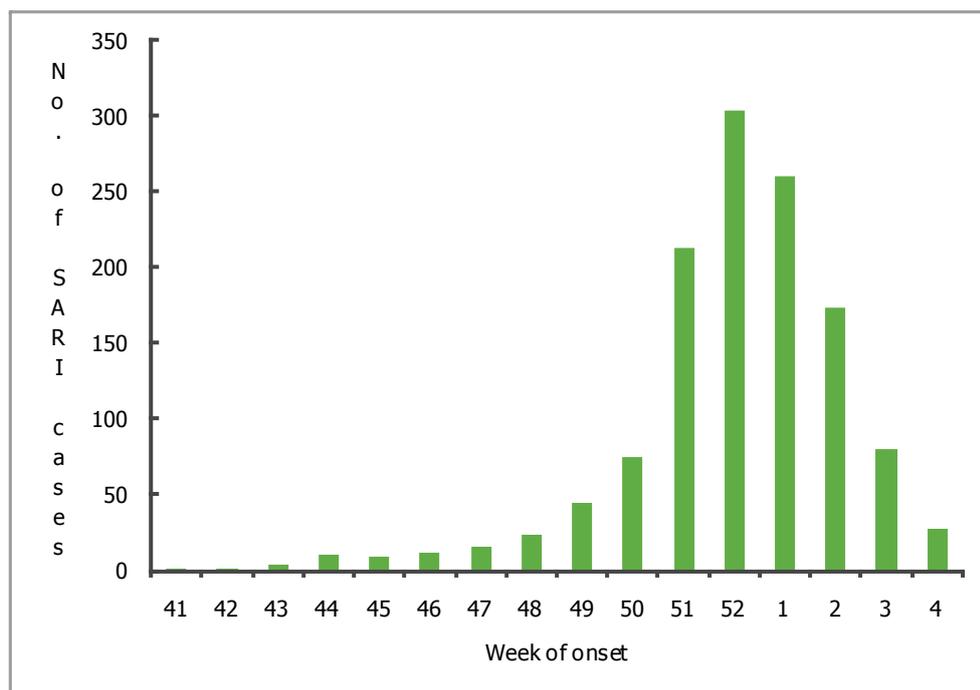
**Table 4: Cumulative number of all-cause SARI cases, weeks 40/2010–4/2011**

Country	Number of cases	Incidence of SARI cases per 100,000 population	Number of fatal cases reported	Incidence of fatal cases per 100,000 population	Estimated population covered
Belgium	623				
Romania	149	2.32	7	0.11	6413821
Slovakia	20	0.37	1	0.02	5433385
Total	792		8		

**Table 5: Cumulative number of hospitalised influenza cases, weeks 40/2010–4/2011**

Country	Number of cases	Number of fatal cases reported
Austria	108	4
Spain	777	54
Finland	31	4
France	470	54
Ireland	103	12
Portugal	207	18
Total	1696	146

*Note: France and Ireland only reported influenza cases admitted to ICU*

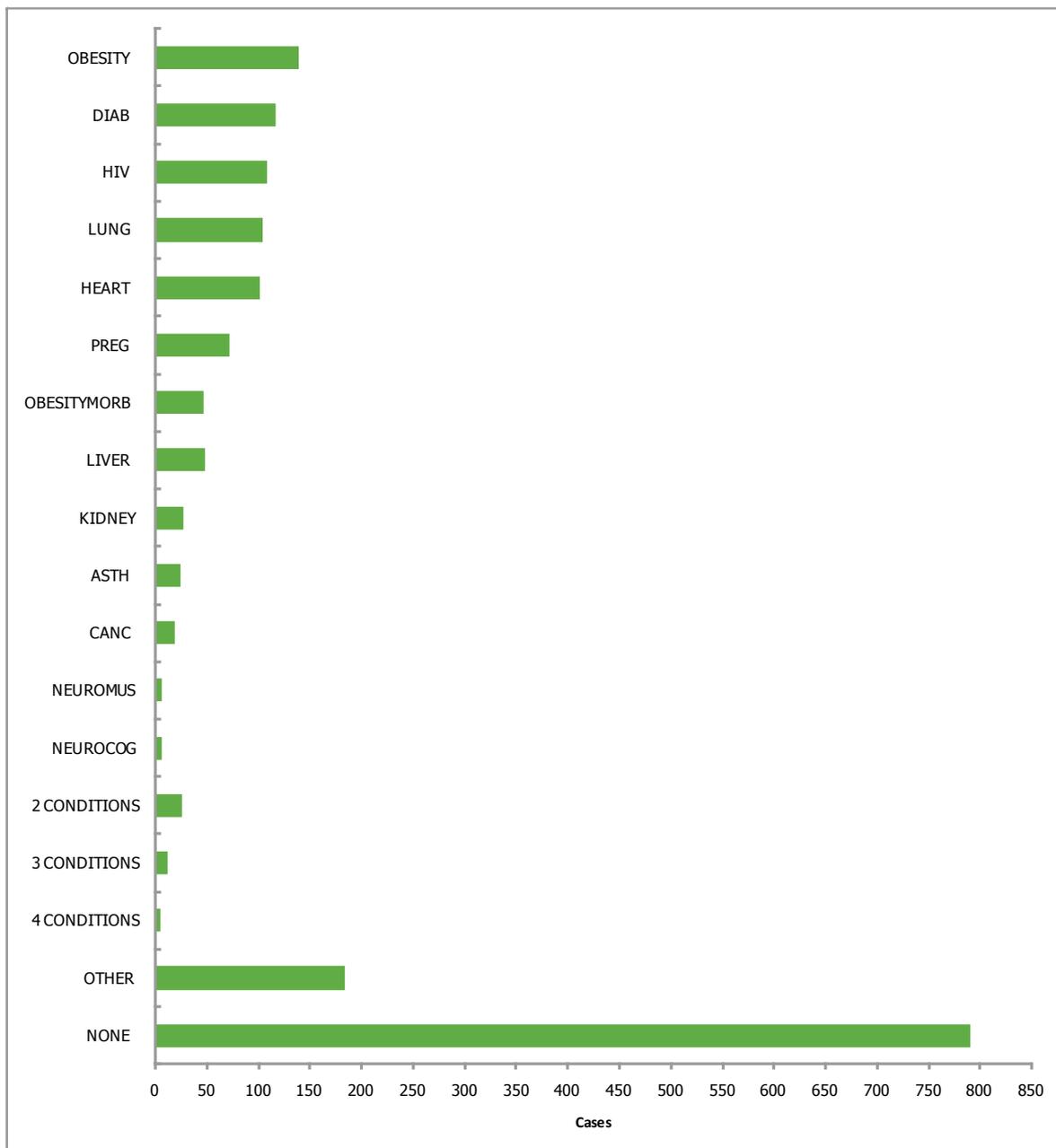
**Figure 6: Number of SARI and hospitalised confirmed influenza cases by week of onset, weeks 40/2010–week 4/2011****Table 6: Number of SARI and hospitalised confirmed influenza cases by influenza virus type and subtype, week 4/2011**

Virus type/subtype	Number of cases during current week	Cumulative number of cases since the start of the season
Influenza A	97	1467
A(H1)2009	93	1389
A(subtyping not performed)	4	67
A(H3)		11
Influenza B	6	39
Other Pathogen		33
Unknown	53	949
Total	156	2488

**Table 7: Number of SARI and hospitalised confirmed influenza cases by level of care and respiratory support, weeks 40/2010–4/2011**

Respiratory support	ICU	Inpatient ward	Other	Unknown
No respiratory support available			1	
No respiratory support necessary	111	158	299	
Oxygen therapy	56	65	256	
Respiratory support given unknown	353	82	373	139
Ventilator	559	9	6	21

**Figure 7: Number of SARI and hospitalised confirmed influenza cases by underlying condition, weeks 40/2010–4/2011**



Note: Other (O) represents any other underlying condition than: asthma(ASTH), cancer(CANC), diabetes(DIAB), chronic heart disease(HEART), HIV/other immune deficiency(HIV), kidney-related conditions(KIDNEY), liver-related conditions(LIVER), chronic lung disease(LUNG), neurocognitive disorder (including seizure)(NEUROCOG), neuromuscular disorder(NEUROMUS), obesity (BMI between 30 and 40)(OBESITY), morbid obesity (BMI above 40)(OBESITYMORB), pregnancy(PREG). NONE is reported if there were no underlying conditions and UNK when the underlying conditions were unknown.

## Country comments and specific information concerning hospitalised cases and mortality

**This section is compiled from specific comments and published reports on websites where these are indicated by reporters. They are structured to represent influenza-associated hospitalisations (and some emergency hospital consultations), use of higher level care and mortality.**

**Czech Republic ([Link](#)):** Up to end of week 4/2011, a cumulative total of 34 SARI patients with laboratory-confirmed influenza A(H1N1)2009 were reported by intensive care units and there were 4 deaths. Influenza activity is still increasing.

**Denmark ([SSI Link](#)):** Up to 24 January (week 3/2011), a cumulative total of 86 influenza patients have been reported by intensive care units (ICUs) in Denmark with a median age of 54 years (range 15 months to 83 years). Fifteen patients were admitted to an ICU in week 3/2011 compared with 19 new admissions in week 3. There is, however, still pressure on the wards, reflected by the increasing proportion of ICU beds used for influenza patients. On Monday, 31 January 2011 (8am), 35 influenza patients were in ICUs, corresponding to 10.2% of the total number of occupied ICU beds in the country, compared to 9.5% in the week before. Until 24 January, of the ICU patients, 73 patients were diagnosed with Influenza A, 27 of whom were reported to be further subtyped as subtype A(H1N1)2009. Thirteen patients had influenza B infection. Six patients with influenza A and one patient with influenza B received extracorporeal membrane oxygenation (ECMO). Eleven patients with influenza A and two with influenza B died. Fourteen of the 86 patients were reported to be previously healthy people and for another 22 patients no underlying condition was reported. For 50 patients, one or more underlying conditions were described. No influenza patients were reported to be pregnant. Initial alignment with the Danish Vaccination Registry showed that 15 of the 86 patients had received the 2010/2011 seasonal influenza vaccine between weeks 39 and 46/2010. The other 71 patients were either not vaccinated between weeks 39 and 46/2010 or had not been reported to the registry.

**France ([INVS Link](#)):** By week 4/2011, in the sentinel network of hospitals *Oscour*, 1 592 emergency consultations for influenza-like illness had been reported with 83 hospitalisations representing little change from week 3. In the national network of paediatric and adult ICUs, the numbers have also been decreasing since week 01/2011. Cumulatively for the season, 471 influenza cases have been reported from ICUs with influenza A(H1N1)2009 predominating and around 70% of cases being between 15 and 64 years of age. A clinical risk factor is reported in most cases, conversely 37% of these severe cases were reported to have no identified risk factor. In this network, there have been 54 deaths reported representing 11% of reports.

**Ireland ([HPSC influenza link](#)):** For the 2010/2011 season, to date (2 February 2011), 803 confirmed influenza cases have been hospitalised, 103 cases have been admitted to ICUs and 15 deaths have been reported to HPSC. At the peak, this represented 1.1 cases /10<sup>5</sup> population requiring higher level (intensive) care. As of 2 February, 38 (37%) of the 103 hospitalised cases remained in intensive care. Seventy-four percent of the 103 cases had underlying medical conditions.

**Malta ([Link](#)):** Situation unchanging.

**The Netherlands ([RIVM influenza link](#)):** As of week 4 and since 4 October 2010, a cumulative total of 476 hospital patients were reported as infected by A(H1N1)2009 influenza virus and 25 fatalities were notified. The largest numbers of hospitalised admissions with influenza were patients in the age group 0–5 years old. Underlying conditions were reported in 50% of hospitalised patients. In week 2, all-age all-cause mortality continued to decline.

**Spain ([ISCHII Influenza link](#)):** In Spain, information concerning severe illness due to influenza infection and associated admission to hospitals comes from a surveillance system developed during the 2009/2010 pandemic season specifically for this purpose. Since week 40/2010 and up to week 3/2011, there have been 777 severe hospitalised confirmed influenza cases reported. Severely affected cases are mostly in the 15–44 and 45–64 year age groups (30% and 39%, respectively). Of the total, 26% were reported to be without any underlying conditions. Most of the severe cases and deaths have been associated with A(H1N1)2009 and were in people who have not previously been vaccinated.

**UK ([HPA Influenza link](#) and [DH \(England\) link](#)):** In week 5/2011 the number of patients in England with confirmed or suspected influenza in critical care beds have declined from a peak of nearly 800 three weeks ago (equivalent to 1.4 per 10<sup>5</sup> population) to around 160 cases on 3 February. Over 80% of these are in the age group 16 to 64 years. Up to 2 February 2011, 395 deaths have been reported in influenza cases from across the UK. Ninety-two percent of the 214 cases were associated with A(H1N1)2009, 2% with untyped influenza A and 6% with influenza B infection. Reported deaths associated with influenza have been mainly in younger adults and children. Amongst cases with information on age, 3% have been less than five years; 4% between five and 14 years; 72% from 15 to 64 years and 21% were 65 years or older. Of those with available information, 73% were in one of the clinical risk groups where vaccination is recommended, which includes pregnant women. Important reported clinical risk factors were underlying respiratory disease including asthma (27% of those in the clinical risk groups) and

immunosuppression (23%). Of cases with information on immunisation history, 72% had not received the 2010 trivalent vaccine and 95% had not received the monovalent pandemic vaccine last season. All-cause all-age deaths (due to multiple causes, not just influenza) declined in week 3/2011, although it remained above the upper limit of expected levels for this time of year.

---

*The report text was written by an editorial team at the European Centre for Disease Prevention and Control (ECDC): Eeva Broberg, Flaviu Plata, Phillip Zucs and René Snacken. The bulletin text was reviewed by the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL) coordination team: Adam Meijer, Rod Daniels, John McCauley and Maria Zambon. On behalf of the EISN members, the bulletin text was reviewed by Bianca Snijders (RIVM Bilthoven, The Netherlands) and Thedi Ziegler (National Institute for Health and Welfare, Finland). Additionally, the report is reviewed by experts of WHO Regional Office Europe.*

*Maps and commentary used in this Weekly Influenza Surveillance Overview (WISO) 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.*

*All data published in the WISO are up-to-date on the day of publication. Past this date, however, published data should not be used for longitudinal comparisons as countries tend to retrospectively update their numbers in the database.*

*© European Centre for Disease Prevention and Control, Stockholm, 2010*