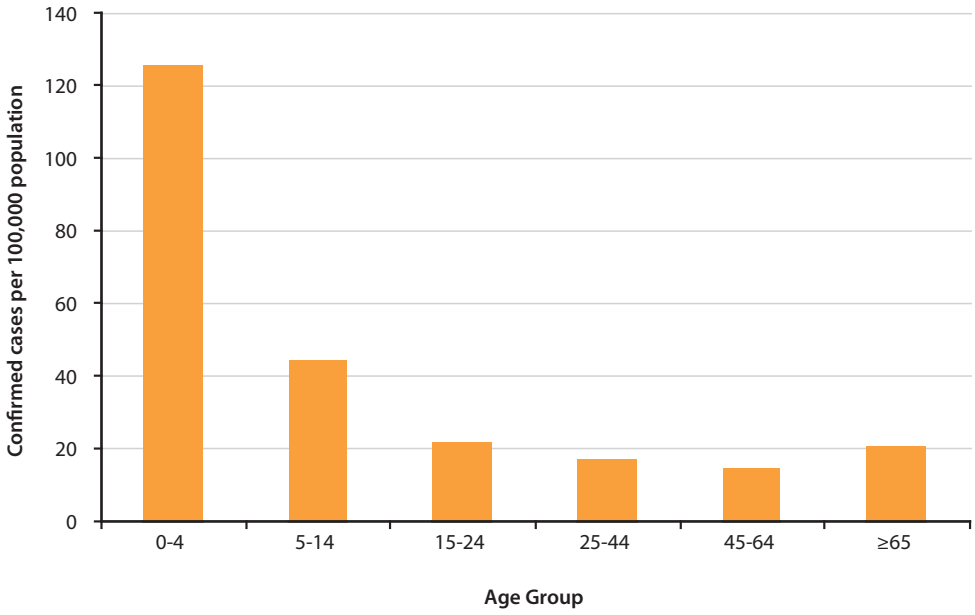
The age distribution of *Salmonella* cases in 2007 closely parallels that seen in 2006. Out of 151,995 reported confirmed cases, age data were available for 86.3% of cases. The highest notification rate was for 0 to 4 year olds (125.4 / 100,000) which is almost three times higher than that of the next highest notification rate age group (5 to 14 year olds) and almost six to nine times higher than for those aged 15 and over (Figure SA3).

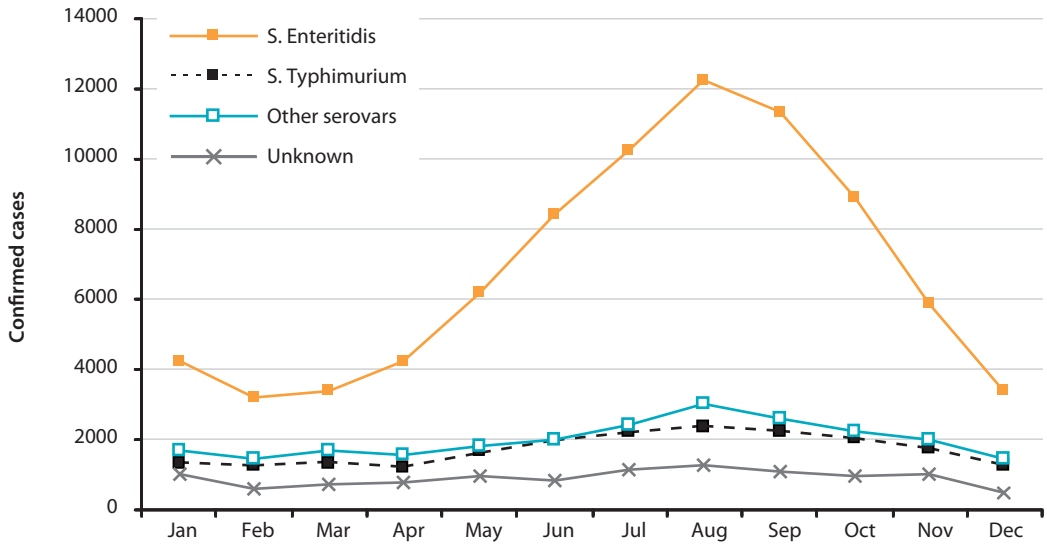
Figure SA3. | ***Age-specific distribution of reported confirmed cases of human salmonellosis, TESSy data for reporting MSs, 2007***



Source: All MSs (N =131,229)

A peak in the number of reported *Salmonella* cases occurs in the summer and autumn, with a rapid decline in winter months (Figure SA4). This pattern supports the influence of temperature and behaviour (i.e. food consumption habits such as barbequed food) on *Salmonella* notification rates. This seasonal variability has been observed in earlier reports, yet when further analysing specific serovar case counts per month, *S.* Enteritidis demonstrates a much more prominent summer/autumn peak than other serovars.

Figure SA4. | ***Number of reported confirmed salmonellosis cases in humans by month and serovar, TESSy data for reporting MSs, 2007***



Source: Belgium, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Luxembourg, Latvia, Malta, the Netherlands, Portugal, Slovakia, Slovenia, Spain, Sweden and the United Kingdom (N=137,584).

The proportion of *Salmonella* cases that were reported as domestically acquired in MSs remained approximately the same in 2007 as in 2006 (65.1% versus 63.5%) (Table SA3). The same observation was made for the proportion of imported cases or those acquired while travelling abroad which in 2007 was 7.9% compared to 8.0% in 2006. The Nordic countries: Finland, Sweden, Norway and Iceland, reported the highest proportion of imported cases of *Salmonella* ranging from 66.7% to 83.0%. The number of cases with an unknown location of origin still represented 27.0% of cases (Table SA3). However, it should be noted that data on domestic/imported cases are often incomplete and may not provide a true picture of the distribution between domestic and imported cases.

Table SA3. | ***Distribution of confirmed salmonellosis cases in humans by reporting countries and origin of case (domestic/imported), 2007[1]***

Country	Domestic (%)	Imported (%)	Unknown (%)	Total (n)
Austria	86.2	13.8	0	3,375
Belgium	0	0	100.0	3,973
Bulgaria	0	0	100.0	1,136
Cyprus	81.0	3.8	15.2	158
Czech Republic	98.6	1.4	0	17,655
Denmark	3.1	10.2	86.7	1,662
Estonia	94.2	5.8	0	430
Finland	13.6	83.0	3.4	2,737
France	0	0	100.0	5,510
Germany	90.5	4.4	5.1	55,400
Hungary	99.8	0.2	0	6,575
Ireland	33.9	31.6	34.5	440
Italy	0	0	100.0	4,499
Latvia	98.1	1.9	0	619
Lithuania	99.0	1.0	0	2,270
Luxembourg	93.9	6.1	0	163
Malta	96.5	3.5	0	85
Netherlands	87.1	12.9	0	1,245
Poland	0	0	100.0	11,155
Portugal	0	1.0	99.0	482
Romania	0	0	100.0	620
Slovakia	99.4	0.6	0	8,367
Slovenia	0	0	100.0	1,346
Spain	100.0	0	0	3,658
Sweden	23.9	73.7	2.4	3,930
United Kingdom	24.0	21.4	54.6	13,802
EU Total	**65.1**	**7.9**	**27.0**	**151,292**
Iceland	19.4	66.7	14.0	93
Liechtenstein	0	0	100.0	1
Norway	23.7	72.2	4.1	1,649

1. Only countries having submitted data for origin of case variable were included

As in previous years, the two most common *Salmonella* serovars in 2007 were *S.* Enteritidis and *S.* Typhimurium, representing 81% of all known types in human cases (7.2% were unknown), compared to 86% in 2006 (Table SA4). The top ten serovars were the same as for 2006, with the remaining same eight serovars, each representing one percent or less of the known top ten serovars, as in the previous year.