Influenza situation in 2017

Influenza activities in the Eastern Mediterranean Region (EMR) of WHO have increased in recent time, during the 2017-2018 influenza season. An upsurge of seasonal influenza cases has been observed throughout the Region with influenza A(H1N1)pdm09 being the predominately circulating influenza virus.

Editorial note

Influenza is an acute viral infection that occurs commonly in a seasonal pattern. Transmission from person to person occurs through droplets expelled from the upper respiratory tract such as coughing or sneezing. The virus can circulate worldwide and affect people of all age groups.

During this season, the influenza virus has been actively circulating in many of the countries of the Region with influenza A(H1N1)pdm09 virus being the predominately circulating influenza virus. Out of all the influenza viruses sampled and tested positive, between epidemiological weeks 40 to 52, about 72% was attributed to influenza A (H1N1) pdm09 while influenza B virus comprised 15% (please see figure). Only 3% of influenza positive cases was due to influenza A (H3N2).

In addition, more severe acute respiratory infection (SARI) cases have been tested positive during the current 2017-2018 influenza season compared to the 2016-2017 influenza season (please see graph). The season started during the epidemiological weeks 43-44, just as the previous season. Number of positive SARI cases this season is almost double the number reported during the previous influenza season. In fact, the total number of positive influenza cases exceeded 100 during the week 52; this represents the highest peak observed during these two seasons. Despite the notable increase in positive cases, the proportion of cases which tested positive during the current season remains comparable to that observed during the last year.

The increase that we observe during the current season could also be attributed to other factors. Firstly, the trend that we see this year is based on SARI surveillance data that have been extracted from the EMFLU network, which has been expanded last year to 4 more countries. Secondly, countries in the region have been working towards enhancing their surveillance for influenza-like illness (ILI) and SARI. Scaling up the surveillance could have contributed to a greater number of cases being enrolled and detected than before. Lastly, the Region has invested heavily on influenza risk communication. This might have also sensitized the public to the influenza infection, thereby increasing the chance of them visiting the healthcare facilities once symptoms are suspected.

What is important now for the countries is to remain vigilant and use the SARI surveillance data to determine if the current surge has exceeded its epidemic threshold. This remains a key gap in influenza surveillance and urges the need for many countries in the Region to establish their seasonal, alert and epidemic thresholds. Additionally, program performance indicators such as those for consistency or quality of reporting are yet to be developed.

MERS in Saudi Arabia; cholera in Somalia; cholera in Yemen; dengue in Pakistan.