Influenza in occupied Palestinian territory

In 2017, the influenza activity in the Occupied Palestinian territory (oPt) remained low until epidemiological week 48 when the influenza season began. The highest number of cases was reported in week 52. Influenza A (H1N1) pdm09 is the predominantly circulating influenza variant. The most dominant serotype -48 of the predominantly circulating influenza was influenza A (H1N1) pdm09. The SARI cases have been reported across several districts (see table) of the Occupied Palestinian Territory. Nablus, Tulkarem and Ramallah reported the highest numbers of positive cases: 62, 50, 28 cases respectively. Available data shows that positive cases of influenza, and overall level of influenza activity is higher compared to the 2016-2017 season. Increased influenza activity has also been reported in neighboring countries and in other parts of the world. Other countries that have reported increased influenza activity in region included Jordan, Pakistan and Tunisia.

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Initial occurrence of influenza cases during the 2017-2018 influenza season in the Occupied Palestinian Territory was observed in the epidemiological week 48 (see graph). The most dominant serotype isolated so far is the H1N1. Laboratory findings have shown that most of the cases were influenza A (H1N1)pdm09. Out of 700 samples that have been tested so far, 209 were positive for influenza A (H1N1)pdm09 (45%). The most affected age groups were 60+ (137 positive cases) and 26-45 (103 positive cases). Additionally, 17% of the cases were positive for influenza B.

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The most effective strategy for preventing influenza is annual vaccination. Antiviral medications can be used for chemoprophylaxis and have been demonstrated to prevent influenza illness. When used for treatment, antiviral medications have been demonstrated to reduce the severity and duration of illness, particularly if used within the first 48 hours after illness onset.

During this period of increased influenza activity in the region, influenza should be high on the list of possible diagnoses for ill patients presenting in health facilities. All hospitalized patients and all high-risk patients with suspected influenza should be treated as soon as possible with appropriate antivirals. Even though antivirals work best when treatment is started within 2 days of illness onset. This also brings out the best clinical benefits.

Editorial note

Influenza is an acute viral infection that occurs commonly in a seasonal pattern. The influenza viruses are classified into types A, B and C on the basis of their core proteins. Only type A and B cause human disease of any concern. Humans are generally infected by viruses of the subtypes H1, H2 or H3, and N1 or N2.

Transmission from person to person occurs through droplets expelled from the upper respiratory tract through unprotected coughs or sneezes, and through contact with contaminated hands or surfaces. Influenza occurs all over the world, with an annual global attack rate estimated at 5–10% in adults and 20–30% in children. It is an important contributor to the annual increase in deaths attributed to pneumonia and influenza that is observed during the winter months.

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