

Current major event

Use of seasonal influenza vaccine in the EMR

Vaccination remains the most effective public health intervention to prevent seasonal influenza. Although more countries in the Region have introduced the seasonal influenza vaccine in their national immunization programs in recent years, the overall vaccine utilization and coverage remains still low amongst the high-risk groups in the Region.

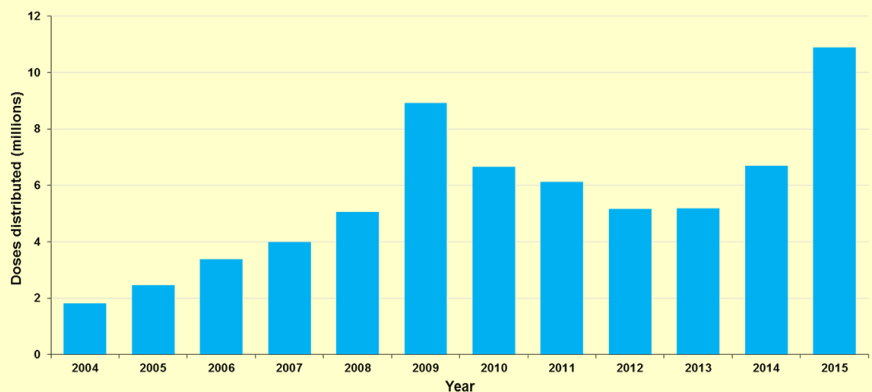
Editorial note

Seasonal influenza is an acute viral infection which affects different age groups. Although the illness is usually self-limiting, it could be life threatening to high risk populations (i.e. children, pregnant women, elderly, etc.). Use of influenza vaccine is the only pharmaceutical means available to prevent infection amongst population at risk.

A comprehensive survey carried out after the last influenza season (2016-2017) in the Eastern Mediterranean Region (EMR) assessed vaccine policy availability and coverage rates for different risk groups in the Eastern Mediterranean Region (EMR). 17 out of the 22 countries reported having a programme for influenza and of these, 14 countries indicated implementing an influenza vaccine policy. In fact, 5 countries included seasonal influenza vaccine into their national immunization programme (Iran, Libya, Qatar, Syria and Tunisia). This represents a significant improvement from the last survey performed in 2011, when only 7 countries had a seasonal vaccination programme for influenza. This resulted in a 110% increase in seasonal influenza vaccine dose distribution, from 2013 to 2015. The distribution level is now higher than ever in the Region, reaching approximately 11 million doses in 2015 (see figure). Most of the 14 countries, currently implementing a programme for influenza, were able to identify risk groups for seasonal influenza vaccination (see table). However, vaccine coverage rates greatly varied between countries and risk groups.

Although, the seasonal influenza vaccination coverage among high-risk groups remains low, in the Region, efforts are underway to assist the countries to develop a policy that regularly monitors vaccine uptake and determines potential barriers to vaccination. The low uptake in the Region could be due to lack of knowledge of influenza vaccine safety and efficacy along with

Influenza vaccine doses distributed in the EMR countries between 2004 through 2015



EMR countries recommending vaccinations for selected high-risk groups

Country with the vaccination policy	Risk groups						
	Non-healthcare workers			Healthcare workers			
	Pregnant Women	Pilgrims	Chronic conditions	Hospitals	Lab	Out-patient clinics	Long term facilities
Egypt		•	•	•	•	•	•
Iran	•	•	•	•	•	•	•
Iraq	•	•	•	•	•	•	•
Jordan	•	•	•	•	•	•	•
Kuwait	•	•	•	•	•	•	•
Lebanon		•	•	•	•	•	•
Oman	•	•	•	•	•	•	•
Palestine	•	•	•	•	•	•	•
Qatar	•	•	•	•	•	•	•
KSA	•	•	•	•	•	•	•
Syria	•	•	•	•	•	•	•
Tunisia	•	•	•	•	•	•	•
UAE	•	•	•	•	•	•	•
Libya	•	•	•	•	•	•	•

the underestimation of the health risks caused by the infection. These barriers could be alleviated through intensive mass or targeted education and awareness campaigns, especially in countries with existing vaccination policies.

Many countries in the Region have now estimated its burden of influenza in general population as well as in high risk groups. Challenge, now, is to translate these findings into informed actions. Seasonal influenza is a significant public health problem and vaccines is the primary tool to reduce influenza-associated mortality and morbidity. A good understanding of seasonality, circulating virus types and high risk groups for influenza would be the first step before considering to have a policy on the use of vaccines.

Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **dengue** in Sudan.

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 34%]

Egypt (A/H9N2) [4 (0)]

Avian influenza A (H7N9): 2013-2017

China [1,565 (612), 39.1%]

Chikungunya: 2016-2018

Pakistan [8,474 (0)]

Cholera: 2017-2018

Somalia (2018) [850 (3), 0.35%]

Yemen [1,059,970 (2258), 0.21%]

Diphtheria: 2018

Yemen [1060 (64), 6.0%]

Bangladesh [5,710 (38), 0.66%]

Dengue fever: 2017-2018

Sudan [197 (3), 1.5%]

MERS: 2012-2018

Saudi Arabia [1,788 (701), 39.2%]

Wild poliovirus: 2018

Afghanistan [3 (0)]

Yellow Fever: 2017-2018

Brazil [409 (118)] 28.8%