Influenza cases increase in recent weeks

The seasonal influenza (flu) viruses are detected year-round, however influenza activity, in the northern hemisphere, often begins to increase by the end of autumn. During the winter months, influenza may infect up to one fifth of the population and cause substantial mortality.

Editorial note

Seasonal influenza is caused by human types of influenza viruses – influenza A, B and C – which circulate worldwide and can affect people in any age group. They are transmitted easily from person to person via droplets and small particles produced when infected people cough or sneeze.

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 predominantly circulating influenza virus in the early stage of the session. Out of all the influenza viruses sampled and tested positive, between epidemiological weeks 30 to 47, about 50% was attributed to influenza A (H1N1) pdm09, 11.7% was due to influenza A (H3N2) while influenza B virus comprised 15% (please see Table).

The season started in most of the countries in the region during the epidemiological weeks 36-37, about one month earlier compared to the previous season. Number of positive cases and the proportion of cases which tested positive this season, so far, are almost same as the number reported during the previous influenza season. (please see graph).

Effective surveillance remain the essential tool for understanding influenza seasonality and for determining the best strategies for influenza control. The influenza surveillance is aiming to provide timely and high-quality epidemiological data and viral isolates to describe the seasonality of influenza where feasible and detect unusual and unexpected events such as outbreaks of influenza outside the typical season, severe influenza among healthcare workers, or clusters of vaccine failures that may herald novel influenza virus. In addition, by producing baseline and thresholds values, countries can follow the beginning and ending of the influenza season as well as early detection of upsurge of influenza cases.

The most effective way to prevent the influenza is vaccination. Influenza vaccines are safe, effective, available and have been used for more than 60 years. Immunity from vaccination wanes over time so annual vaccination is recommended to protect against influenza. Vaccination is especially important for people at high risk of influenza complications, and for people who live with or care for the people at high risk. WHO recommends annual vaccination for pregnant women at any stage of pregnancy, children aged between 6 months to 5 years, elderly individuals (aged more than 65 years), individuals with chronic medical conditions and health-care workers.

Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; cholera in Somalia; cholera in Yemen; Diphtheria in Yemen.

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)]

Ebola virus disease (EVD): 2018

Democratic Republic of Congo (DRC) [421 (241), 57.24%]

Rift Valley fever : 2018

Uganda [23 (8), 34.78%]

Cholera: 2017-2018

Somalia [6 605 (45), 0.68%]
Yemen [1 302 634 (2 565), 0.19%]
Tanzania [4 389 (83), 1.89%]

Diphtheria: 2018

Yemen [2 810 (161), 5.72%]
Bangladesh [8 302 (44), 0.52%]

MERS: 2012-2018

Saudi Arabia [1 896 (732), 38.60%]

West Nile fever: 2018

Tunisia [329 (2), 0.60%]