

# Weekly Epidemiological Monitor

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#### Current major event

## Global Influenza Strategy 2019-2030

In March 2019, WHO launched the <u>Global Influenza Strategy for 2019-2030</u> to enhance global and national pandemic preparedness, combat the ongoing threat of zoonotic influenza and improve seasonal influenza prevention and control in all countries.

#### **Editorial note**

Influenza is a viral respiratory disease that can cause mild to severe illnesses and sometimes death among high risk groups. Each year, across the globe, there are an estimated 1 billion cases of influenza, of which 3–5 million are severe cases and 290–650 thousand lead to influenza-related respiratory deaths.

An influenza pandemic is a global public health threat. Since the devastating pandemic of 1918 caused an estimated 50-100 million deaths worldwide, three influenza pandemics have occurred in 1957, 1968 and 2009, but of significantly less severity. The events of the 2009 H1N1 pandemic revealed the global lack of preparedness to respond to a severe influenza pandemic. Although it is impossible to predict the occurrence of the next pandemic, its occurrence is inevitable. Accordingly, a global movement has started towards advancing IHR (2005) compliance and building country core capacities to strengthen pandemic preparedness and health security. Considerable achievements have been made following the 2002 WHO Global Agenda on Influenza Surveillance and Control. However, the new Global Influenza Strategy for 2019 is the most comprehensive and farreaching strategy that WHO has developed for influenza. It is a global call for action to integrate influenza priorities into policies, programmes and systems. Five enablers were identified that will help guide the implementation (see list).

The Strategy aims to reduce the burden of seasonal influenza, minimize the risk of zoonotic influenza and mitigate the impact of pandemic influenza. It provides a framework for WHO, countries and partners to approach influenza holistically through tailored national programmes, from surveillance to disease prevention

The Global Influenza Strategy Objectives			
01 OBJECTIVE		Promote research and innovation	
		<ul> <li>A. Promote research and innovation for improved and novel diagnostics, vaccines and treatments against influenza</li> <li>B. Promote operational research for influenza prevention, control and programme delivery</li> <li>C. Promote research to better understand the virus characteristics and host factors that drive the impact of influenza</li> </ul>	
02 OBJECTIVE		Strengthen global influenza surveillance, monitoring and data utilization           A. Enhance, integrate and expand virological and disease surveillance           B. Build a strong evidence base for understanding the impact and burden of influenza           C. Develop effective influenza communication strategies across multiple sectors and between stakeholders	
03 OBJECTIVE		Expand seasonal influenza prevention and control policies and programmes A. Integrate nonpharmaceutical interventions (NPIs) into prevention and control programmes B. Design and implement evidence-based immunization policies and programmes C. Design and implement evidence-based treatment policies and programmes	
04 OBJECTIVE		Strengthen pandemic preparedness and response for influenza           A. Strengthen national, regional and global planning to enable timely and effective pandemic readiness	

## The five key enablers guiding WHO, countries and partners activities

- Countries are at the center
- Global influenza assets and strategies are strengthened and sustained
- Countries, industry and civil society continue to support and implement the PIP Framework
- Partnerships are strengthened and expanded
- Value for money

and control. By 2030, every country would have a prioritized influenza programme that is evidence-based, optimized to fit the country's needs, and contributes to national and global preparedness, response and health security. In addition to strengthening national capacities for preparedness and response against influenza, the framework urges developing better global tools to prevent, detect, control and treat influenza (including more effective vaccines and antiviral drugs) for better quality availability by 2030.

Following this strategy, WHO/EMRO will continue providing technical support to Member States to develop and strengthen their national influenza programmes in addition to the activities set under the four objectives of the Strategy (*see figure*). Member states in collaboration with WHO/EMRO and other partners, will continue working on establishing and/or maintaining epidemiological and virological influenza surveillance, disseminating data, sharing specimens, linking surveillance findings with public health policies and building the response capacities. Update on outbreaks

in the Eastern Mediterranean Region

MERS in Saudi Arabia; MERS in Oman; cholera in Somalia; cholera in Yemen; Multidrug-resistant typhoid fever in Pakistan.

Current public health events of concern [cumulative N° of cases (deaths), CFR %]

Avian influenza: 2006-2017

Avian innuenza:	2000-2017		
Egypt (A/H5N1)	[359 (122), 33.98%]		
Egypt (A/H9N2)	[4 (0)]		
Ebola virus disease (EVD): 2018-2019			
Democratic Re- public of Congo (DRC)	[1 082 (676), 62.47%]		
Cholera: 2017-2019			
Somalia	[6 965 (46) , 0.66%]		
Yemen	[ 1 531 495 (3009), 0.19%]		
Diphtheria: 2018-2019			
Yemen	[3 392 (194), 5.71%]		
Bangladesh	[8 488 (45), 0.53%]		
MERS: 2012-2019			
Saudi Arabia	[2 007(749), 37.3%]		
Oman	[24 (7), 29.16%]		
Multidrug-resistant typhoid fever: 2016-2019			
Pakistan	[6 418 (0)]		

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