

Current major event

Influenza situation in Eastern Mediterranean Region in 2018

Seasonal influenza has a substantial public health and economic burden. In 2018, no major upsurge of cases or influenza epidemics were reported from the countries of WHO Eastern Mediterranean Region.

Editorial note

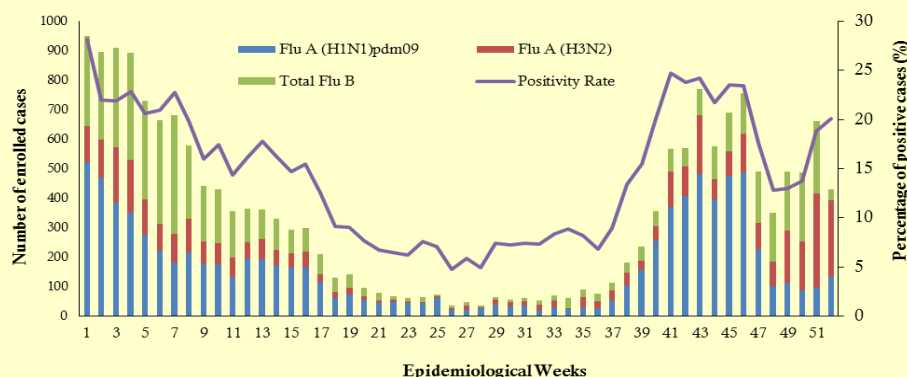
Seasonal influenza is an acute respiratory infection caused by influenza viruses which circulate in all parts of the world. Illness from Influenza infection ranges from mild to severe and even death. Hospitalization and death occur mainly among high risk groups such as the extreme age groups, pregnant women and those with chronic health conditions. Worldwide, annual epidemics of influenza are estimated to result in about 3 to 5 million cases of severe illness, and about 290 000 to 650 000 respiratory deaths.

Surveillance for seasonal influenza is essential to monitor the circulation patterns of influenza virus, identify new variants, assess severity and monitor health impact of influenza in general populations. Information on influenza virus types are also important to for selection of influenza vaccine strains and composition.

Since 2006, influenza surveillance systems in the Eastern Mediterranean Region has been strengthened and enhanced. Currently, 18 of the 22 countries in the Region are conducting sentinel-based surveillance for seasonal influenza. During 2018, a total of 107,269 specimens were tested for influenza and other respiratory pathogens in the National Influenza Centres (NICs) from these countries in the Region. Out of tested specimens, 21,609 (20.1%) were positive for influenza. 73% of influenza positive cases were due to influenza A while influenza B represented 27% of the total positive cases.

The positive specimens included 8,794 (41%) influenza A(H1N1)pdm09 virus and 3771 (17%) were influenza A(H3)

Number of seasonal influenza cases reported and percentage of positive cases in the EMR, 2018



Source: EMFLU and FluNet

Reported influenza cases from Eastern Mediterranean Region, 2016-2018

Subtype	2016	2017	2018	Total
Flu A (H1N1)pdm09	3442	10381	8794	22617
Flu A (H3N2)	2192	2881	3771	8844
Flu A (Not-subtyped)	1880	1221	3145	6246
Flu B	3003	3830	5899	12732

virus. Influenza B (Lineage not determined) virus accounted for 5899 (23%). (See table).

During 2018, National Influenza Centres (NICs) in the EMR also tested and reported results of more than 100,000 influenza specimens. More than one fifth of them were positive for influenza. Influenza A (H1N1)pdm09 remained the pre-dominantly dominant circulating influenza virus subtype the EMR (See graph) during 2018.

Epidemiological and virological surveillance for influenza remains the effective system to identify circulating virus types and their relationship to global and regional patterns. Such systems also allow the countries to determine seasonality. Such systems need to be maintained as threats from pandemic influenza can only be effectively monitored through a string surveillance system for seasonal influenza generating good quality data to understand the patterns, trend and severity.

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

Egypt (A/H5N1) [359 (122), 33.98%]

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

Ebola virus disease (EVD): 2018-2019

Democratic Republic of Congo (DRC) [733 (459), 62.61%]

Cholera: 2017-2019

Somalia [6 761 (46), 0.68%]

Yemen [1 418 943 (2 769), 0.19%]

Diphtheria: 2018-2019

Yemen [3 286 (186), 5.66%]

Bangladesh [8 403 (45), 0.53%]

MERS: 2012-2019

Saudi Arabia [1 915 (735), 38.38%]

Oman [16 (5), 31.25%]

Multidrug-resistant typhoid fever: 2016-2019

Pakistan [5 648 (0)]