

Current major event

Influenza in the EMR

Libya has recently reported 29 cases of severe influenza including 4 deaths caused by influenza A(H1N1) pdm09. Since the last quarter of 2012, a number of countries (*Please see the box*) in the region has reported high levels of influenza activities during this winter.

Editorial note

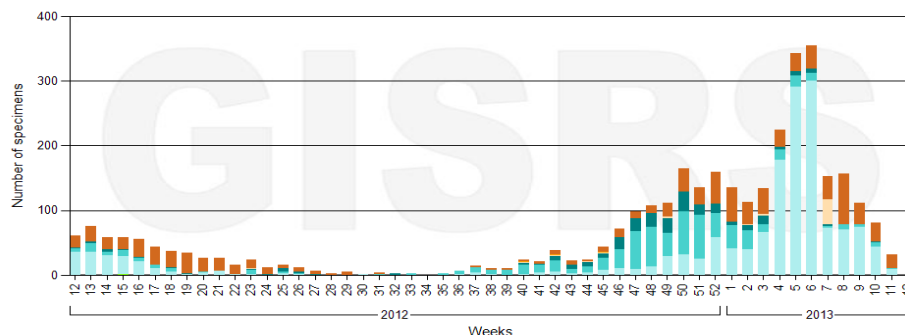
Influenza epidemics are unpredictable but not unexpected. Perhaps this winter was the first after the pandemic influenza in 2009, where the transmission of influenza was seen to be very high across the Eastern Mediterranean Region (EMR). As seasonality and epidemiology of influenza in many countries in the region is not well understood, it was difficult to make any assessment how severe this season was and if at all, the influenza-associated hospitalizations and deaths were above normal.

What has been observed so far in the region is that influenza A(H1N1) pdm 09 became the pre-dominantly circulating influenza virus during the last few weeks of December 2012 replacing other circulating types-Influenza A (H3N2) and influenza B viruses (*Please see the graph*). This trend continues during the first quarter of 2013 as well with co-circulation of other viruses principally the influenza B virus.

Experience have shown that the influenza viruses are highly variable and difficult to predict. Although circulation patterns for influenza viruses are even more complex and sometimes prolonged in tropical and sub-tropical parts, the fundamental causes of seasonal epidemics and of the variability in their timing and severity remain poorly understood. However, population factors such as prevalence of specific immunity to circulating strains, nutritional status, behavioural factors (crowding, school opening, etc) viral factors (antigenicity, virulence, transmissibility) and environmental factors (humidity, temperature) etc may well be the reasons for severity of influenza.

Influenza virus detection in the Eastern Mediterranean Region (2012-2013)

Number of specimens positive for influenza by subtype



Influenza cases reported from selected countries in the region (As of 20/03/2013)

Country	Lab-confirmed cases	Death
Iraq	358	10
W/Bank & Gaza Strip	740	31
Yemen	289	10
Jordan	119	3
Morocco	11	1
Libya	29	4

Source: WHO Country Offices

The current severity of influenza seen in the region during this winter season is a strong reminder to the countries that influenza can be expected and as such control strategies such as vaccinating the high risk groups need to be considered as a policy option. Other pharmacologic interventions like treating the high risk groups early with antivirals should also be considered. A key question that will need to be answered in relation to this severity is whether the circulating virus or viruses have changed with regard to antigenicity, antiviral susceptibility, or any other characteristics. Characterizing the influenza viruses as well as looking at the epidemiological features and clinical manifestation of these severe cases can provide some clues if the influenza viruses circulating in the EMR are changing.

Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in Saudi Arabia; Hepatitis E: in South Sudan;

Current public health events of international concern

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

Avian influenza

Egypt	[171 (61), 35.67]
Indonesia	[192 (160), 83.3 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[26(23), 88.4%]
Global total	[621(367), 59 %]

Hepatitis E

S. Sudan	[8453 (145), 1.7%]#
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Novel coronavirus

Saudi Arabia	[8 (6), 75 %]
Qatar	[2 (0)]
Jordan	[2 (2), 100%]
UK	[3 (1), 33%]

West Nile Virus

Tunisia	[81 (12) 14.8%]#
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Yellow fever

Sudan	[849 (171), 20.2%] #
Chad	[139 (9), 6.4%]

CFR=Case-Fatality Rate; # Suspected cases