

Regional Office for the Eastern Mediterranean

Weekly Epidemiological Monitor

ISSN 2224-4220

Volume 7 Issue 4 Sunday 25 January 2014

Current major event

Influenza is expected to surge

There are indications that infections with seasonal influenza viruses may surge in the coming weeks and months. Severe cases and deaths from influenza are already being reported by countries in the Region.

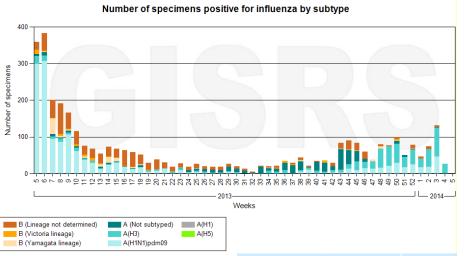
Editorial note

Increased cases of seasonal influenza viruses have been reported in recent time from the Eastern Mediterranean Region of WHO. Some countries in the Region have experienced an up-surge in influenza-associated hospitalized cases of pneumonia. Deaths from pneumonia have also been reported in some countries.

The predominant circulating influenza viruses in the Region during the current season include influenza A (H3N2) and influenza A (H1N1) pdm09. (Please see the graph)

This year, increased influenza activities associated with severe illnesses have been observed and reported from Syria and Egypt. One of the circulating influenza virus sub-type is the influenza A (H1N1)pdm09. It is expected that young and middle-aged adults, pregnant women as well as those with underlying health conditions including morbid obesities may present with severe complications if infected with this virus.

The affected countries where the influenza A (H1N1)pdm09 virus is known to be circulating, should immediately alert the clinicians, carefully review their clinical management protocols for care of patients in hospitals. It would be prudent for the clinicians to prescribe antivirals early on (within 48 hours after illness onset) for all suspected pneumonia cases specially those in high risk groups. Empirical antiviral treatment should also be started as soon as possible in hospitalized patients with suspected influenza without waiting for laboratory result. For outpatients who are at higher risk of complications from influenza, antiviral treatment should also



be started early on. Although, the standard duration of antiviral treatment is 5 days, longer treatment duration is recommended for critically ill patients.

Use of point-of-care rapid diagnostic test can also be considered to guide and support clinical decision particularly in settings where rapid laboratory testing is not available. When collecting clinical specimens for laboratory testing, repeated clinical sampling, preferably, from lower respiratory tract (tracheal aspirate, induced sputum, bronchoalveolar lavage) in addition to nasopharyngeal swab should be advised. Nasopharyngeal swab or aspirate specimens collected within 3 to 4 days after illness begins, generally, have the highest yield for detection of influenza viruses. In addition, the health-care workers should also practice appropriate infection prevention and control measures in health facilities to prevent nosocomial infection while providing care to these suspected influenza associated severe pneumonia cases.

During this current season, surveillance also needs to be enhanced for detection of any cluster of influenza or severe pneumonia cases in the community. At the same time, monitoring of the circulation of influenza viruses and its antigenic characteristics will be an important aspect for prevention of any influenza outbreak. Public health vigilance should be maintained throughout the season as influenza outbreaks are unpredictable

Update on outbreaks

in the Eastern Mediterranean Region

Novel Coronavirus in Jordan and Saudi Arabia

Current public health events of

nternational concern [cumulative N° of cases (deaths), CFR %]		
Avian influenza	influenza	
Egypt	[173 (63), 36.4%]	
Indonesia	[192 (160), 83.3 %]	
Viet Nam	[125 (62), 49.6%]	
Cambodia	[31 (27), 87.1%]	
Global total	[629 (375), 59.6%]	
Hepatitis E		
South Sudan	[12,718 (251), 1.9%]#	
Novel Coronavirus (MERS-CoV)		
Saudi Arabia	[142 (58), 41%]	
Oman	[0 (2), 100%]	
Oatar	[10 (2) 20%	

Saudi Arabia	[142 (58), 41%]		
Oman	[0 (2), 100%]		
Qatar	[10 (2), 20%]		
Jordan	[4 (3), 75 %]		
Yellow fever			
Sudan	[49 (15), 32%]		
Crimen-Congo haemorrhagic fever			
Pakistan	[100 (20), 20%]		
Wild poliovirus			

Syria [17(0)]Somalia [180(0)]Cameroon [2(0)]

CFR=Case-Fatality Rate; # Suspected cases