

Regional Office for the Eastern Mediterranean

Weekly Epidemiological Monitor

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Current major event

ARDS in Libya

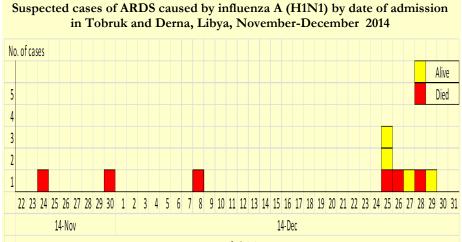
Recently, some severe cases of acute respiratory disease syndrome (ARDS) were reported from hospitals in Tobruk and Derna cities in Libya. Laboratory test conducted in Libya and re-tested at the National Influenza Centers (NICs) of Egypt and Tunisia detected influenza A (H1N1) pdm09 as the causative agent for these severe respiratory diseases amongst the hospitalized patients. Of the ten cases reported so far (until the end of December) six patients were fatal.

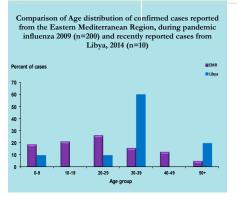
Editorial note

During the previous two years in 2013 and 2014, there was an upsurge of severe influenza cases in a number of countries in the region (Egypt, Iraq, Jordan, Morocco, Palestine, Pakistan, Syria, Tunisia, and Yemen), many of them presenting with acute respiratory disease syndrome (ARDS). A number of deaths resulting from pneumonia were also reported from handful of these cases admitted in the hospitals.

During the current winter season, the influenza activity has been observed to be increasing in many countries in the region with both influenza A(H3N2) and influenza A (H1N1) pdm09 viruses being the predominantly circulating viruses.

In Tobruk and Derna cities of Libya this year, the clinicians, first noticed cases of severe respiratory infections being admitted in the hospitals presenting with pneumonia. The naso-pharyngeal specimens collected from these patients were tested positive for influenza A (H1N1) pdm09. The clinical conditions of many of these patients rapidly deteriorated that required intensive care support. A handful of these patients, mostly in young age groups and those with co-morbid conditions also died. At-least 6 of the 10 cases with ARDS admitted in the hospital of Tobruk and Derna reportedly died. Among these reported cases, there were also three clusters of cases (family members), but further epidemiological investigation would be needed to document,





if any, human-to-human transmission occurred amongst these clusters. (*please see figure 1*).

Among the reported cases, the most affected age-groups were young adults (*please see figure 2*). This was consistent with what has been observed during the pandemic influenza in 2009 caused by the same influenza virus strain.

In view of the current situation, it is important to highlight that case management for ARDS be standardized as far as possible with early administration of anti-virals to any patient with co-morbid health conditions and pregnant women presenting with influenza-like symptoms to the hospitals. This will increase the chance of survival amongst these high risk groups. It may also be of benefit to target these high risk groups including pregnant women for vaccination against seasonal influenza if the logistical and operational challenges for selective vaccination can be overcome. Risk communication and social mobilization drive to promote protective behavior would contribute to preventing infection.

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Update on outbreaks

MERS-CoV in Saudi Arabia and Oman; **Avian Influenza** in Egypt

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]			
Avian Influenza A (H5N1): 2006-2015			
Egypt	[214 (78), 36.4%]		
MERS-CoV: 2012-2015			
Saudi Arabia	[826 (318), 38.5%]		
Jordan	[12 (6), 50%]		
Oman	[4 (3), 75%]		
UAE	[68 (8), 11.8%]		
Kuwait	[3 (1), 33.3%]		
Tunisia	[3 (1), 33.3%]		
Qatar	[9 (4), 44.4%]		
Yemen	[1 (1), 100%]		
Egypt	[1 (0), 0%]		
Lebanon	[1 (0), 0%]		
Iran	[5 (2), 40%]		
Ebola Virus Disease: 2014-2015			
Guinea	[2806 (1814), 64.7%]		
Liberia	[8331 (3538), 42.5%]		
Sierra Leone	[10124 (3062), 30.2%]		
UK	[1(0), 0%]		
Nigeria	[20 (8), 40%]		
Senegal	[1(0), 0%]		
Spain	[1(0), 0%]		
USA	[4(1), 25%]		
Mali	[8(6), 75%]		
Wild poliovirus: 2014-2015			
Pakistan	[297 (0), 0%]		
Afghanistan	[28(0), 0%]		

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