Current major event

PIP Framework and scaling up of SARI surveillance

The surveillance for influenza-like illness (ILI) and severe acute respiratory infection (SARI) has scaled up following kick-off of Pandemic Influenza Preparedness (PIP) Framework in the Region.

Editorial note

Addressing the infectious diseases that have epidemic and pandemic potential is a global public health priority. Building the national capacities to detect, prepare for, and respond to epidemic and pandemic diseases has been a topic of at least nine World Health Assembly resolutions. In the aftermath of the 2009 influenza pandemic, preparing for future pandemics remained a high priority for WHO and its Member States.

The Pandemic Influenza Preparedness (PIP) Framework is an important step towards improving pandemic influenza preparedness in the Member States of WHO. Spurred in 2007 based on the likelihood of an imminent influenza pandemic and adopted in 2011, the activities of the PIP Framework aims to achieve enhancing (i) laboratory and Surveillance capacity in order to detect and monitor influenza epidemics; (ii) estimating influenza disease burden; (iii) regulatory capacity for regulating influenza products, including vaccines, antivirals and diagnostics, and to accelerate registration of these commodities in case of influenza pandemic; (iv) capacities for pandemic risk communication; and (v) plans for deployment of pandemic supplies including vaccines, antivirals and diagnostics.

In the Eastern Mediterranean Region (EMR) of WHO, six countries (Please see the box), are the recipient of grants from the PIP Framework for establishing/enhancing SARI/ILI surveillance. The activities of PIP Framework kicked off in the Region in 2014 after a robust planning to select countries for recipient of grants. The funds are supporting the countries to enhance the SARI/ILI surveillance in order to build their capacity to monitor and detect respiratory disease outbreaks caused by any novel viruses as well as to monitor the trends of circulating influenza viruses.

Following the implementation of PIP framework in the Region in 2014, the detection of SARI cases in the Region has enhanced considerably (please see above). Likewise the capacity to analyze the SARI surveillance data for early detection of any aberration or change in the epidemiology of cases that may trigger early onset of any respiratory disease outbreaks have also enhanced.

Our currently available knowledge indicate that human pandemics of influenza are recurring and unpredictable events and that influenza viruses continuously mutate. This necessitates the need for enhancing influenza surveillance through monitoring the evolution of the influenza viruses and sharing related information for public health considerations as part the global response to human pandemic influenza. All efforts are needed to maintain and enhance surveillance for influenza in the Region for protecting global health security.

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

Avian Influenza : 2006-2016

Egypt (A/H5N1) [350 (117), 33.4%]
Egypt (A/H9N2) [3 (0) ]

MERS-CoV: 2012-2016

Saudi Arabia [1414 (601), 42.5%]
Bahrain [11 (1), 100%]

Cholera : 2016

Somalia [8838 (433), 4.9%]

Yellow fever: 2015-2016

Angola [3137 (345), 10.9%]
DRC [1644 (71), 4.3%]

Lassa fever : 2015-2016

Nigeria [273 (149), 54.5%]
Benin [54 (28), 51.8%]

Avian Influenza A (H7N9) : 2013-2016

China [775 (307), 39.6%]

Avian Influenza A (H5N6) : 2016

China [4 (0) ]


Pakistan [371 (0) ]
Afghanistan [54 (0) ]

Zika Virus Infection: 2007-2016

60 countries and territories have reported transmission so far