Current major event

Influenza In the EMR: Low levels of activity

The influenza activity remained low in the Eastern Mediterranean Region (EMR) with predominantly detection and circulation of influenza A virus.

Editorial note

The influenza activities in the countries of the Eastern Mediterranean Region continues to decrease (please see above), with low levels of activities in almost all the countries in the Region.

During the last few weeks of 2015 and first few weeks of 2016, the influenza activities peaked in the Region with influenza A (H1N1)pdm09 predominantly circulating. Influenza-B virus continued to circulate throughout the weeks in 2016 and currently, (week no 39) both influenza B and influenza A virus are predominant.

Until recently, types and patterns of seasonal influenza viruses circulating in the Region were not known completely. Since scaling up of SARI surveillance in the Region, there has been improved knowledge on such circulating types and patterns. Data from Afghanistan, Egypt, Islamic Republic of Iran, Lebanon, Morocco and Yemen, collected over a substantial period of time, show that influenza A and B viruses predominantly circulate throughout the year with both the influenza A (H1N1) pdm09 and Influenza A (H3N2) viruses being associated with severity and higher rates of complications, including increased hospitalizations and deaths. Data from Egypt and Morocco show that Influenza B virus predominantly circulate along with other seasonal influenza viruses.

One of the biggest challenges in the Region continues to be early detection of influenza epidemics because the timing and severity of epidemics and the distribution of circulating viruses are variable and difficult to predict. The capacity of the countries to monitor the circulating seasonal influenza viruses are of paramount importance to early detect the emergence of any novel influenza viruses along with its ability to cause localized or sustained influenza outbreaks.

As the winter sets in, influenza specimen collection and testing need to be scaled up for virological surveillance which will aid better understanding of the circulating influenza virus types and patterns. In many occasions, such information on type of influenza viruses circulating help in understanding vaccine mismatch as the influenza vaccine strains are selected from the circulating seasonal influenza viruses of the previous season.

Several newly discovered respiratory viruses, such avian influenza viruses H5N1, H8N9, swine-origin influenza A (H1N1), and the Middle East respiratory syndrome-coronavirus (MERS-CoV), which are mostly zoonotic in origin, have emerged in the Region since 2006 posing severe epidemic and pandemic threats. The emergence of these respiratory viruses in the Region emphasize the importance of having an enhanced virological surveillance for influenza and respiratory viruses in the Region to early detect any novel influenza virus in human populations in the Region.

Update on outbreaks in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia.

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

Avian Influenza : 2006-2016

Egypt (A/H5N1) [356 (121), 33.9%]
Egypt (A/H9N2) [3 (0)]

MERS-CoV: 2012-2016

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

Cholera : 2016

Somalia [8838 (433), 4.9%]

Yellow fever: 2015-2016

Angola [3867 (369), 9.5%]
DRC [2269 (16), 0.7%]

Lassa fever : 2015-2016

Nigeria [273(149), 54.5%]
Benin [5(0), 51.8%]

Avian Influenza A (H7N9) : 2013-2016

China [775 (307),36%]

Avian Influenza A (H5N6) : 2016

China [4 (0)]


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

Zika Virus Infection: 2007-2016

70 countries and territories have reported transmission so far