

Current major event

Influenza in the Eastern Mediterranean Region

The influenza situation in the countries of the Eastern Mediterranean Region (EMR) remain stable and between moderate to low levels of activities have been observed in most of the countries.

Editorial note

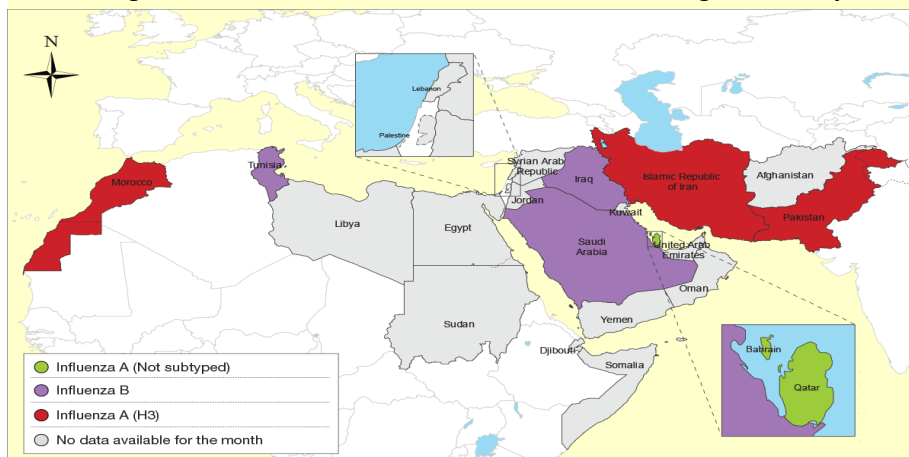
Influenza activities for the 2016–2017 season started early in the Region compared to the previous season, starting during the epidemiological week of 43–44 of 2016. High levels of activities were observed during epidemiological week of 48–49. Since week 52, influenza activities have remained low. During this period, unlike in the past, none of the countries in the Region reported any seasonal surge or outbreaks from seasonal influenza.

In northern Africa (Morocco and Tunisia), during the month of January, the predominant virus was influenza B virus. In the Middle East (Bahrain, Iraq and Qatar) both influenza A and B virus have been co-circulating. In southern Asia (Pakistan and Islamic Republic of Iran) the predominant circulating virus is Influenza A (H3) virus. *(Please see the map above).*

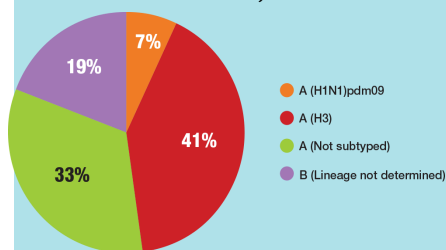
During the month of January 2017, influenza A(H1N1)pdm09, influenza A (H3N2), and influenza B viruses were detected in the Region with marked variations in different transmission zones *(Please see the box)*. Influenza A(H3) comprised 41% of all detected viruses in the Region; 33% of detected viruses were influenza A (not sub-typed). Influenza B (19%) and influenza A(H1N1)pdm09 (7%) were the other detected seasonal influenza viruses.

Despite the low levels of influenza activities throughout the Region, the surveillance for influenza in the form of severe acute respiratory infections (SARI) need to be enhanced as functioning surveillance systems are necessary to detect an emerging influenza virus of pandemic potential at an early stage and to monitor its evolution in order to guide a rapid and relevant public health response.

Circulating influenza viruses in the Eastern Mediterranean Region, January 2017



Circulating influenza viruses by type, epi week 1 to 4, 2017



Detection and monitoring are the core functions of any surveillance system, which rely strongly on effective laboratory systems.

Despite much progress has been made in the Region in terms of coverage of SARI surveillance system, emphasis must now focus on ensuring quality of the surveillance system. Data of good quality needs to be collected and analyzed in standardized, consistent and comparable manner in order to detect start and end of the influenza season (seasonality), aberration from baseline values (alert or epidemic thresholds), etc. Setting and defining these values should be country specific and use of such threshold values should guide the countries to determine their “cut-off” points for determining and differentiating a “normal” flu season from a “bad” flu season.

18 of the 22 countries in the Region are currently implementing SARI surveillance and time has now come for the countries to enhance its SARI surveillance as part of pandemic influenza preparedness and pandemic risk assessment which should be a continuous process.

Update on outbreaks in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; **Cholera** in Somalia; **Cholera** in Yemen; **Chikungunya** in Pakistan;

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

Avian Influenza : 2006-2017

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

Chikungunya

Pakistan	[230 (0)]
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MERS-CoV: 2012-2017

Saudi Arabia	[1414 (601), 42.5%]
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Cholera : 2016-2017

Somalia	[14 710 (497), 3.3%]
Yemen	[12773 (97), 0.76%]

Rift Valley Fever : 2016-2017

Niger	[266(32), 12%]
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Avian Influenza A (H7N9) : 2013-2017

China	[808(307),36%]
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Avian Influenza A (H5N6) : 2016-2017

China	[4 (0)]
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Wild poliovirus: 2014-2017

Pakistan	[379(0)]
Afghanistan	[60(0)]

Zika Virus Infection: 2015-2017

69 countries and territories have reported transmission so far