

### REGIONAL OFFICE FOR THE **Eastern Mediterranean**

# Weekly Epidemiological Monitor

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### Current major event

# Summary of influenza season 2019/2020

Quality influenza surveillance systems are essential for countries to early detect influenza viruses with pandemic potential. They also help us better understand influenza's epidemiology, including disease incidence and severity, and help countries implement appropriate preparedness and response strategies.

#### **Editorial note**

Influenza surveillance aims to minimize the impact of the disease by providing useful information to public health authorities so they may better plan appropriate control and intervention measures, allocate adequate resources and make case management recommendations. Moreover, influenza surveillance can provide timely and high-quality data in order to understand the epidemiology of influenza and promptly isolate influenza viruses from new outbreaks and distribute them for vaccine production.

During the last few years, WHO/EMRO worked closely with Member States to build, maintain and expand their capacities and influenza surveillance systems. Out of the 22 countries in the Region, 19 have functioning epidemiological surveillance for influenza-like illness (ILI) and/or severe acute respiratory infections (SARI), while 20 have functioning laboratory capacities to detect influenza viruses. Eighteen out of the 19 countries with functioning SARI and ILI sentinel sites have been reporting epidemiological and virological data through FluNet and/or EMFLU. In 2019, 16 out of 18 influenza laboratories participated in WHO's EQAP for RT-PCR and scored 100% efficiency.

During the current season from week 24/2019 to week 23/2020, a total of 175 047 specimens were processed by influenza centres and 40 022 (23%) were positive for different types and subtypes of influenza viruses. Both influenza types A and B viruses are co-circulating in most countries of the Region.

Among positive and typed influenza viruses detected, 77% were influenza type A and 23% were influenza type B. Of those positive for influenza, 31% were A (H1N1) pdm09, 20% were B (lineage not determined) and 7% A (H3N2) (see table).

Countries within the Region were able to identify locally-circulating virus types and

#### Seasonal influenza activity, proportion of influenza positive cases, EMR, 2029/2020



# The circulated influenza type/subtype reported from EMR, Season (2019/2020)\*

•	•	
Influenza sub-type	Total	%
A (not subtyped)	13 078	33
A (H1N1)pdm09	12 442	31
A (H3)	5350	13
B (lineage not determined)	7839	20
B (Victoria lineage)	1214	3
B (Yamagata lineage)	99	0
Total Influenza positive	40 022	100

Source: FluNet; https://www.who.int/influenza/gisrs laboratory/flunet/en/

subtypes as well as their relationship to

Out of the 20 functioning influenza

laboratories, 17 have shared influenza

specimens or viral isolates through GISRS.

By comparing the proportion of influenza-

positive specimens using average epidemic

curves (WHO method), the season can be

considered to have started on week

36/2019 and the highest peak was reached

on week 48/2019 while influenza activities

declined by week 10/2020. Influenza

activity is considered moderate compared

to the previous five seasons (see graph). COVID-19 outbreak response has

overwhelmed the sentinel sites and the

national influenza centres, and the

identification and testing of influenza

declined after the COVID-19 emergency

Influenza surveillance data produced

during the last five years has helped establish baseline levels of activity for

influenza and severe influenza-related diseases through which the impact and

severity of each season as well as future

pandemic events could be evaluated. By

producing baseline data, surveillance systems may also provide a platform to

evaluate vaccines and to identify the

effectiveness of other interventions.

global and regional patterns.

## Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMF	COVID-19 in 22 EMR countries		
Current public health events of concern [cumulative N° of cases (deaths), CFR%]			
Coronavirus disease 2019 (COVID-19): 2019-2020			
Afghanistan	[24 102 (451), 1.9%]		
Bahrain	[17 713 (37), 0.2%]		
Djibouti	[4449 (41), 0.9%]		
Egypt	[41 303 (1422) , 3.4%]		
Iran (Islamic Repub- lic of)	[184 955 (8730), 4.7%]		
Iraq	[18 950 (549) , 2.9%]		
Jordan	[953 (9), 0.9%]		
Kuwait	[35 466 (289), 0.8%]		
Lebanon	[1442 (32), 2.2%]		
Libya	[409 (6), 1.5%]		
Morocco	[8683 (212), 2.4%]		
occupied Palestinian territory (oPt)	[673 (5), 0.7%]		
Oman	[22 077 (99), 0.4%]		
Pakistan	[132 405 (2551), 1.9%]		
Qatar	[78 416 (70), 0.1%]		
Saudi Arabia	[123 237 (932), 0.8%]		
Somalia	[2579 (87), 3.4%]		
Sudan	[6879 (433), 6.3%]		
Syrian Arab Republic	[170 (6), 3.5%]		
Tunisia	[1094 (49), 4.5%]		
United Arab Emirates	[41 990 (288), 0.7%]		
Yemen	[636 (140), 22%]		

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was declared.