

13 July 2020 – Influenza surveillance systems in the Eastern Mediterranean Region have proven to be invaluable in supporting the detection of suspected and confirmed cases of COVID-19.

Within the existing influenza surveillance systems, health workers collect samples from patients seeking treatment for influenza-like illnesses and severe acute respiratory infections. In all countries of the Region, established sentinel influenza surveillance sites have successfully been able to detect patients suffering from COVID-19 and ensure proper reporting, diagnosis and treatment to limit the spread of the disease and guide the response.

Since the H1N1 pandemic of 2009 and the MERS-CoV epidemic that began in our Region in 2012, countries have made significant gains by remaining vigilant and preparing for respiratory viruses with pandemic potential. Nineteen (19) out of 22 countries in the Region have a functioning influenza surveillance system, while 18 designated national influenza centres are operational with the ability to detect and confirm seasonal influenza and unusual influenza viruses with human pandemic potential.

By late 2019, the number of influenza specimens tested and reported to global and regional influenza platforms had increased by 5.5 times since 2012, while the number of virus isolates shared with WHO collaborating centres increased 10 times over the same period.

However, as influenza systems, capacities and resources are now diverted to controlling COVID-19, routine influenza surveillance has been seriously disrupted, leaving the threat of an influenza pandemic ever present.

Since the beginning of the COVID-19 pandemic, sharing of information on influenza and viruses in the Eastern Mediterranean Region has sharply declined. There has been a 62% drop in the number of virus shipments to WHO collaborating centres for testing, and a 42% drop in the number of countries reporting to FluNet and/or regional influenza platforms. The number of influenza viruses with their sequences uploaded to GISAID, the global science initiative and primary source for genomic data of influenza viruses, has dropped by 94%.

Without sustained efforts, influenza surveillance in the Region will likely break down, erasing all the gains made in the last few years. Routine influenza surveillance will be seriously disrupted, compromising the capacity of countries to detect and report seasonal influenza virus variants or viruses with pandemic potential. Production of seasonal influenza vaccine will be negatively impacted due to lack of positive strains, and ultimately, morbidity and mortality associated with influenza will likely increase.

As part of pandemic influenza preparedness efforts, WHO supports governments in the Eastern Mediterranean Region with a whole-of-society approach at community, national and international levels. This includes ensuring strong capacity of early warning systems and epidemiological surveillance, laboratories, health systems and health professionals, the emergency response system, and risk communications.

As we all work together to battle COVID-19, we must remember that strains of influenza with pandemic potential remain a real threat. Countries must continue to collect respiratory specimens using existing case definitions, and all reference laboratories should review and adapt laboratory testing algorithms to incorporate testing for both influenza and COVID-19. Immediate and subsequent periodic review of laboratory, surveillance, and response capacities with respect to both influenza and COVID-19 will be instrumental in identifying critical country-specific gaps. WHO will readily support countries to address these gaps in testing, reporting and virus sharing in order to facilitate preparedness and response to both COVID-19 and influenza viruses with human pandemic potential.

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