

Surveillance

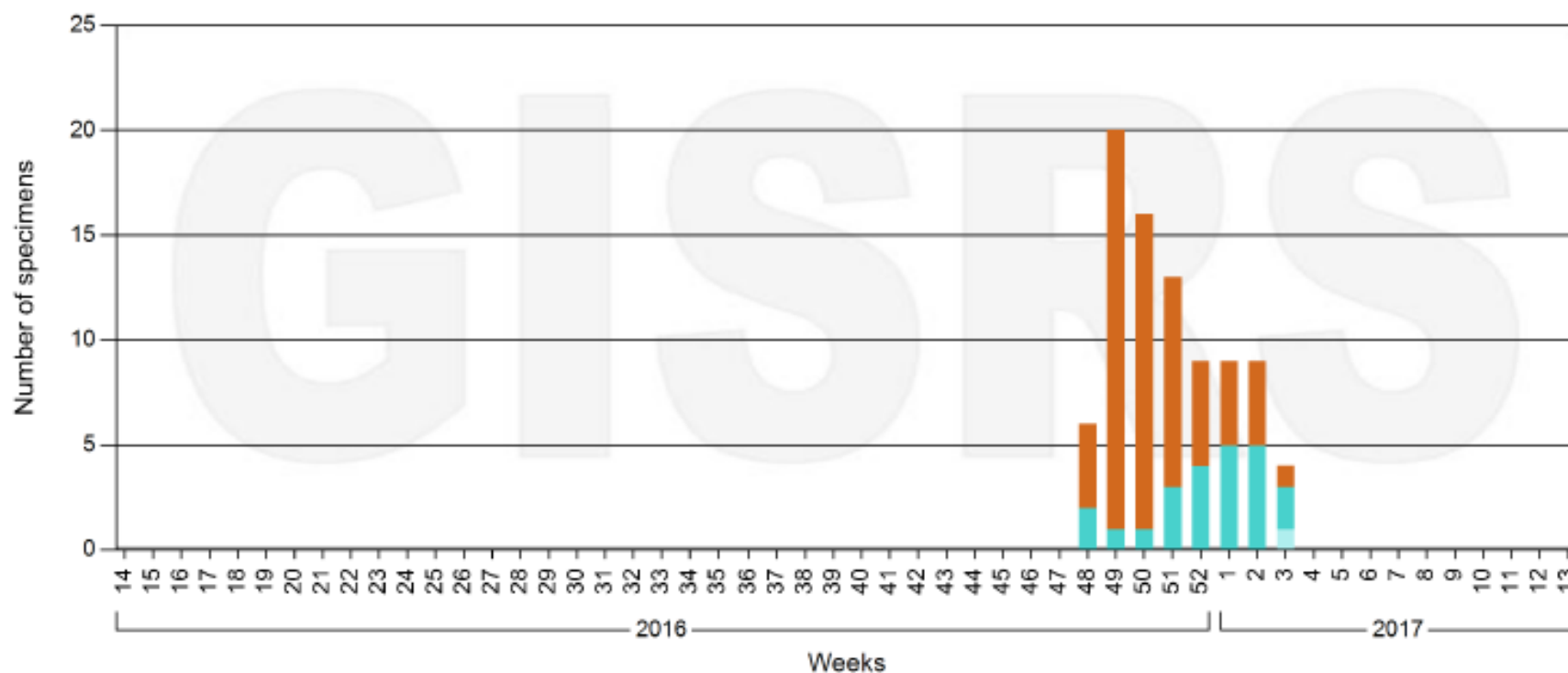
MENA-ISN Countries FluNet Data

Surveillance in Countries Represented by MENA-ISON

	FluNet	Maximum reported positive cases	Start-End Date of Season	A subtyping reported	B lineage reported
Algeria	Yes	20	48-3	Yes	No
Egypt	Yes	65	37-7	Yes	Yes
Iran	Yes	130	41-9	Yes	No
Iraq	Yes	25	42-6	Yes	No
Jordan	Yes	23	42-10	Yes	Yes (but not this season)
Lebanon	Yes	20	49-6	Yes	Yes
Libya	Not Reporting to WHO/FluNet				
Morocco	Yes	23	44-11		
Oman	Yes	Not Reported to WHO/FluNet in 2016-2017 Season			
KSA	Not Reporting to WHO/FluNet				
Pakistan	Yes	4	Irregular reporting	Yes	No
Tunisia	Yes	25	48-12	Yes	No
Turkey	Yes	225	47-12	Yes	No(??)
UAE	Not Reporting to WHO/FluNet				

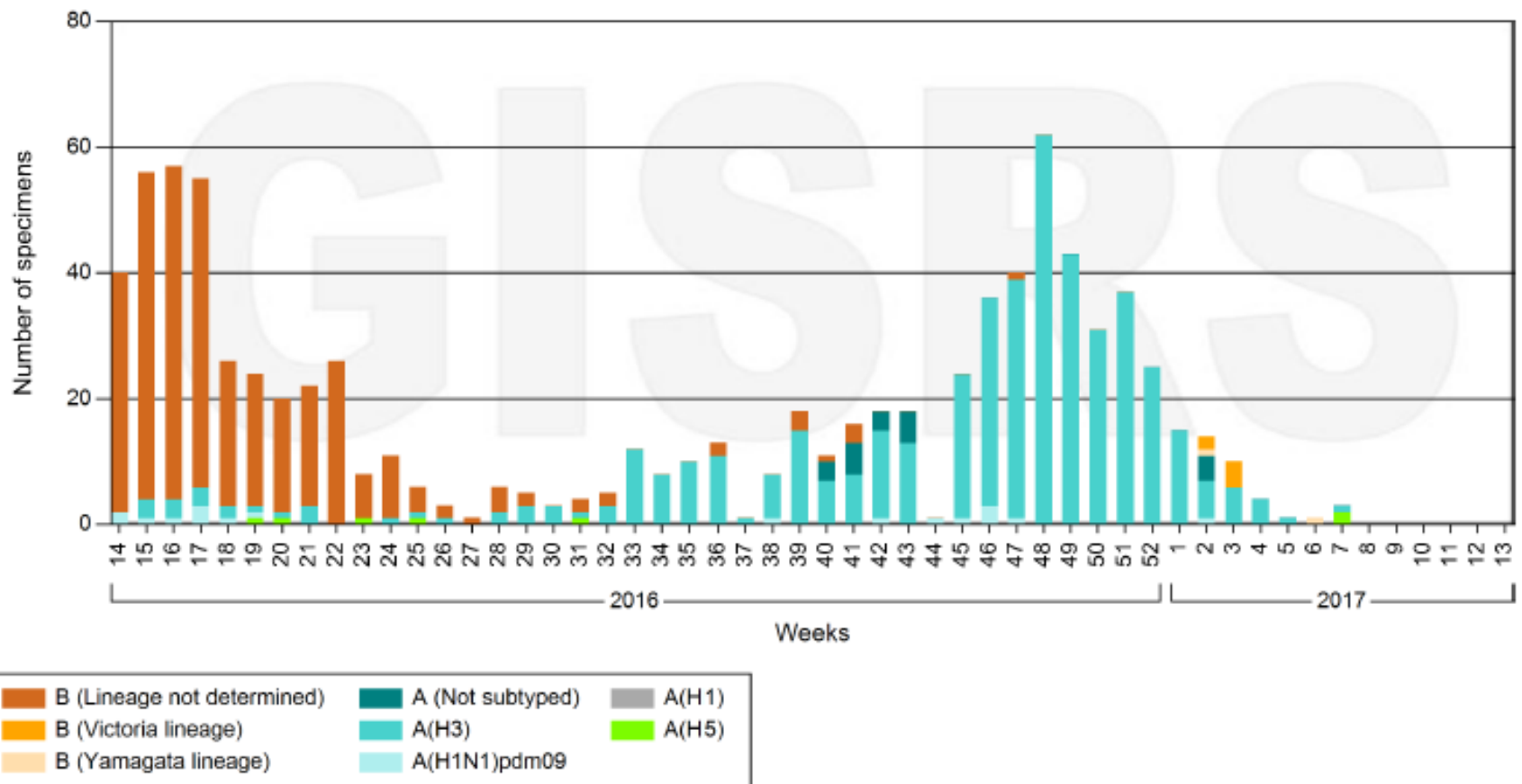
Algeria

Number of specimens positive for influenza by subtype



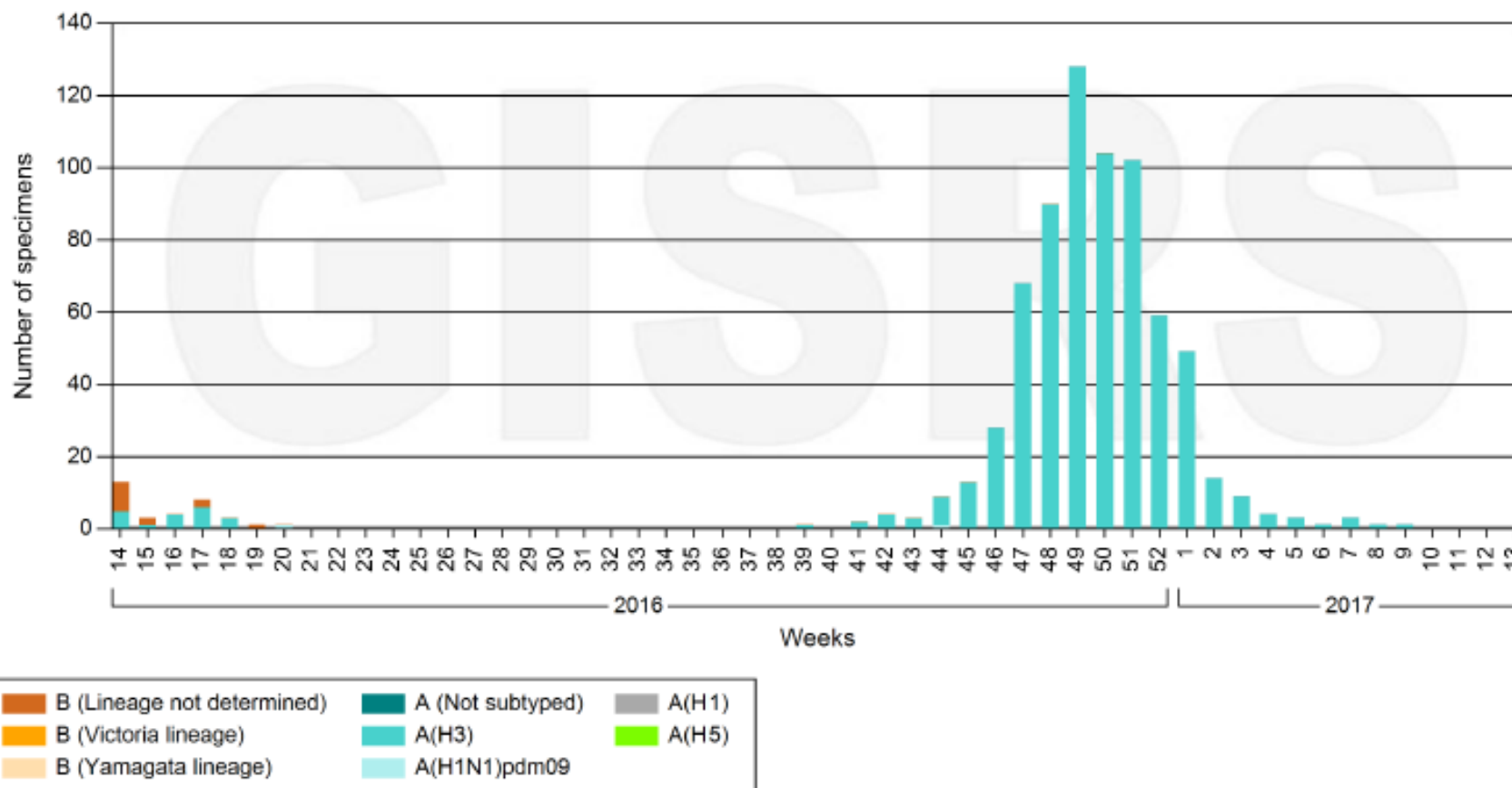
Egypt

Number of specimens positive for influenza by subtype



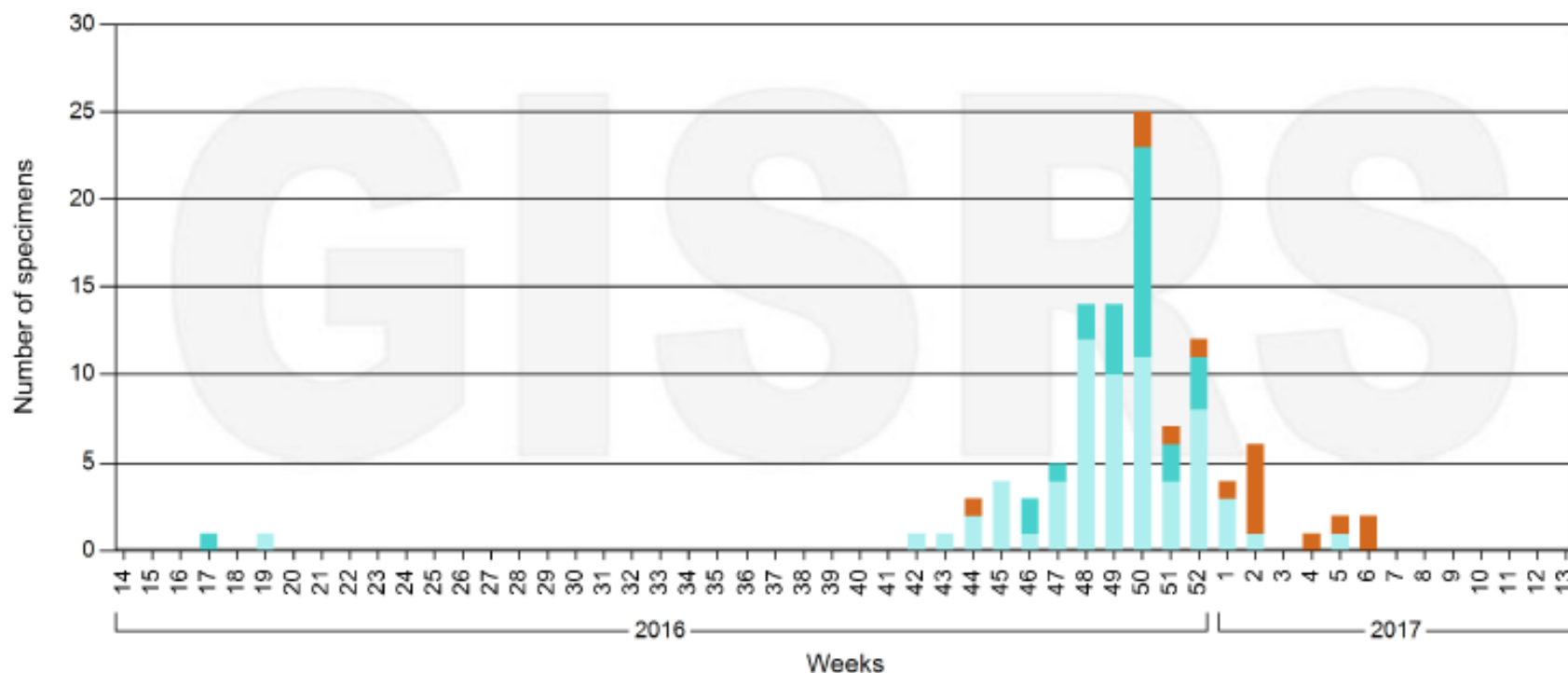
Iran (Islamic Republic of)

Number of specimens positive for influenza by subtype



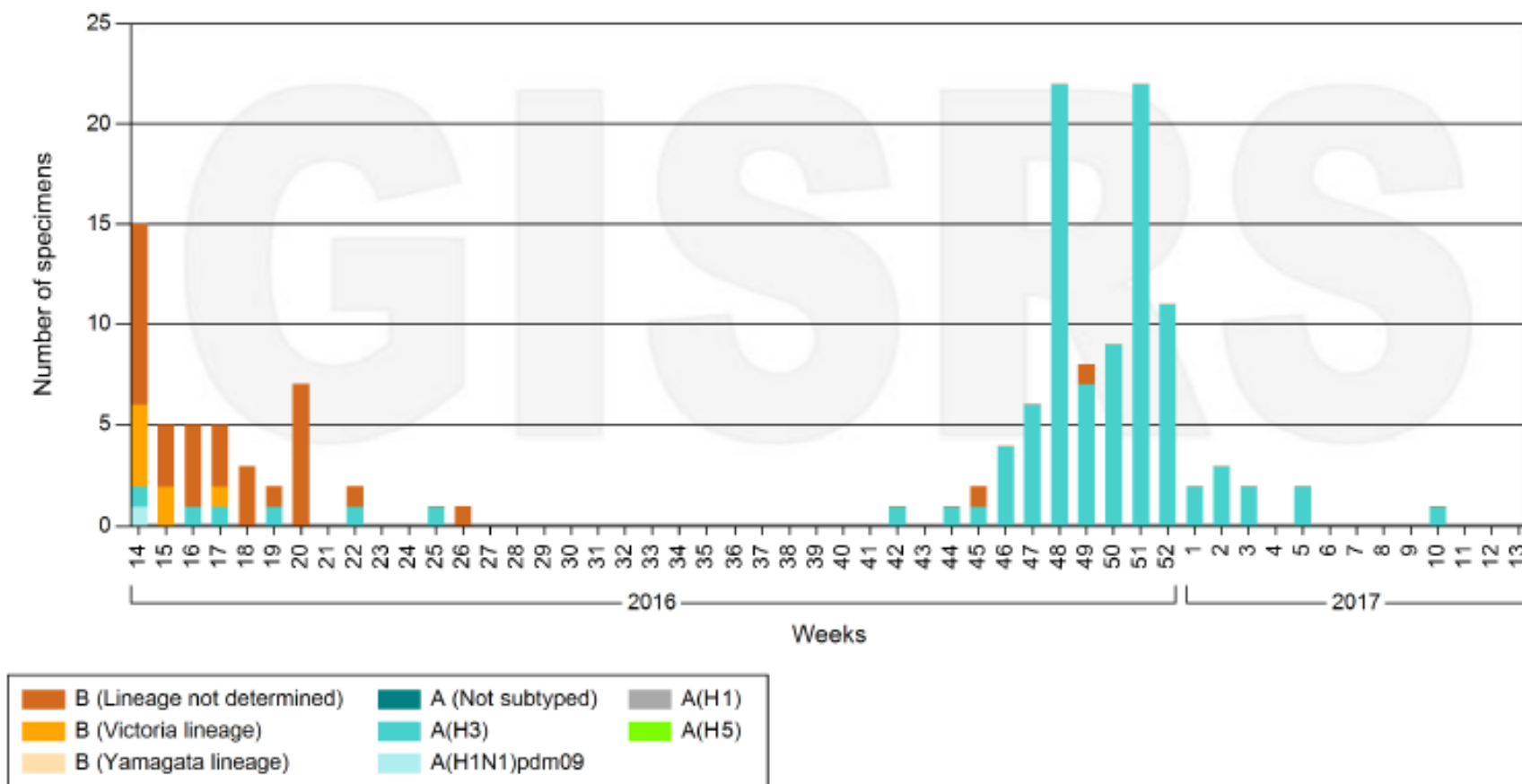
Iraq

Number of specimens positive for influenza by subtype



Jordan

Number of specimens positive for influenza by subtype





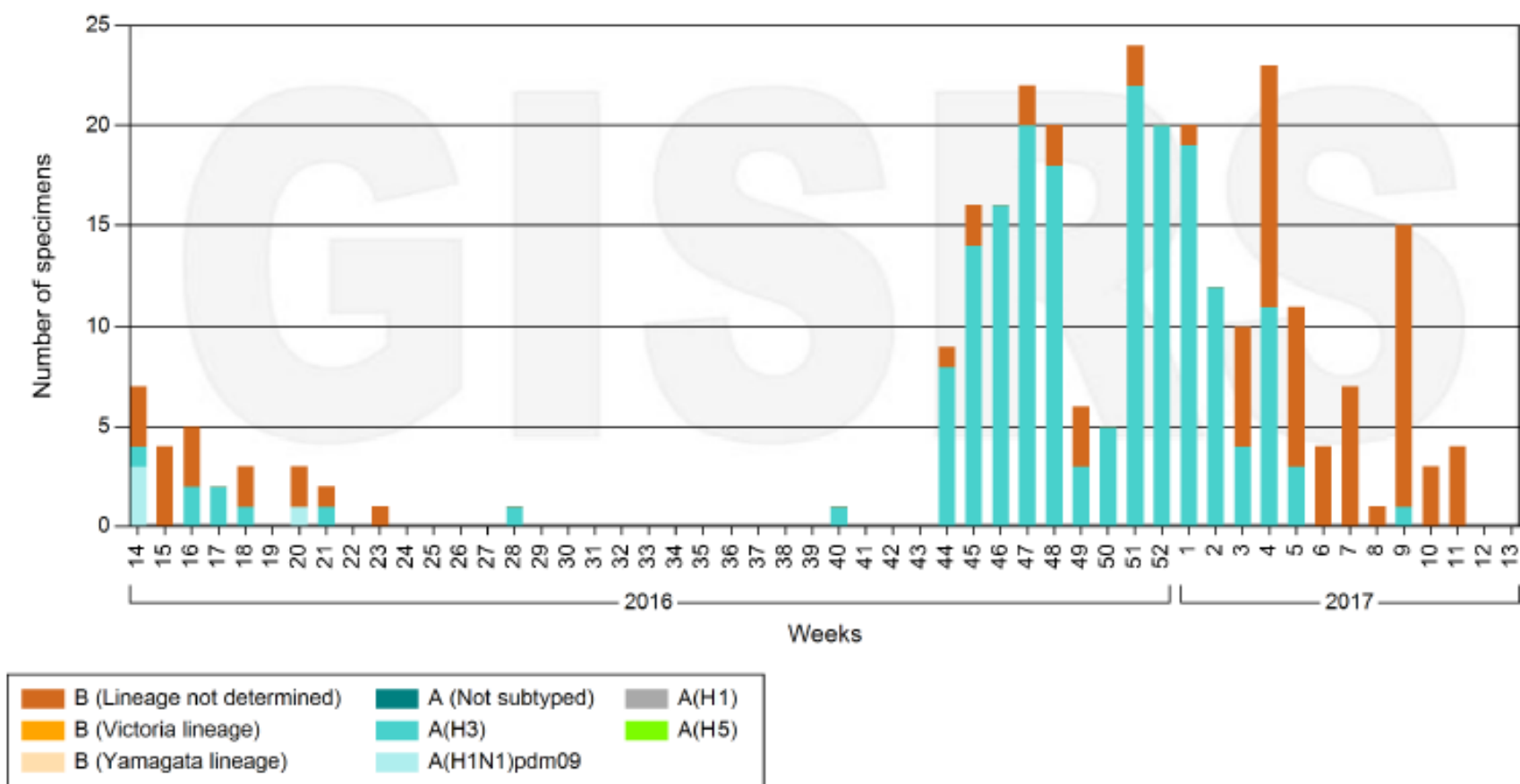
Lebanon

Number of specimens positive for influenza by subtype



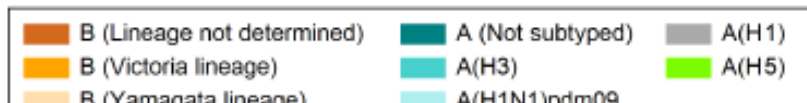
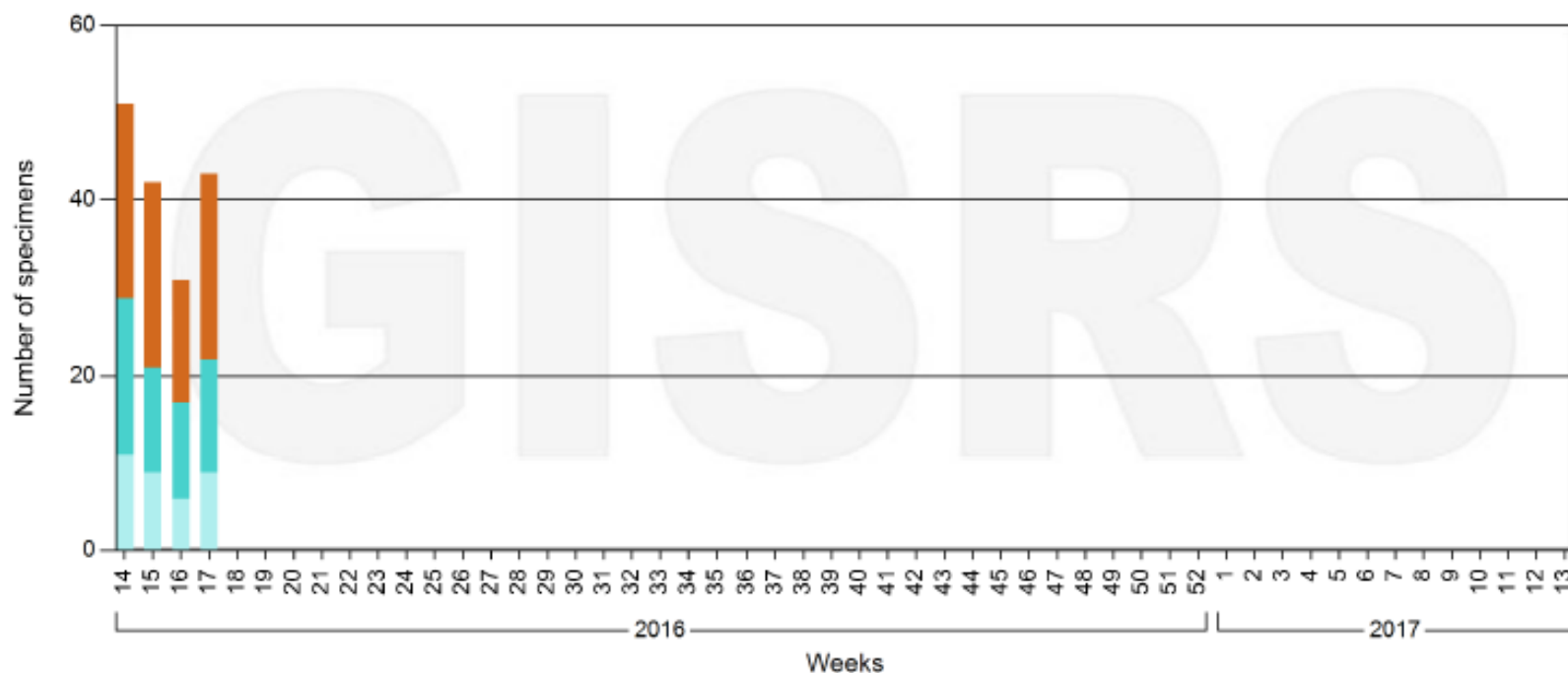
Morocco

Number of specimens positive for influenza by subtype



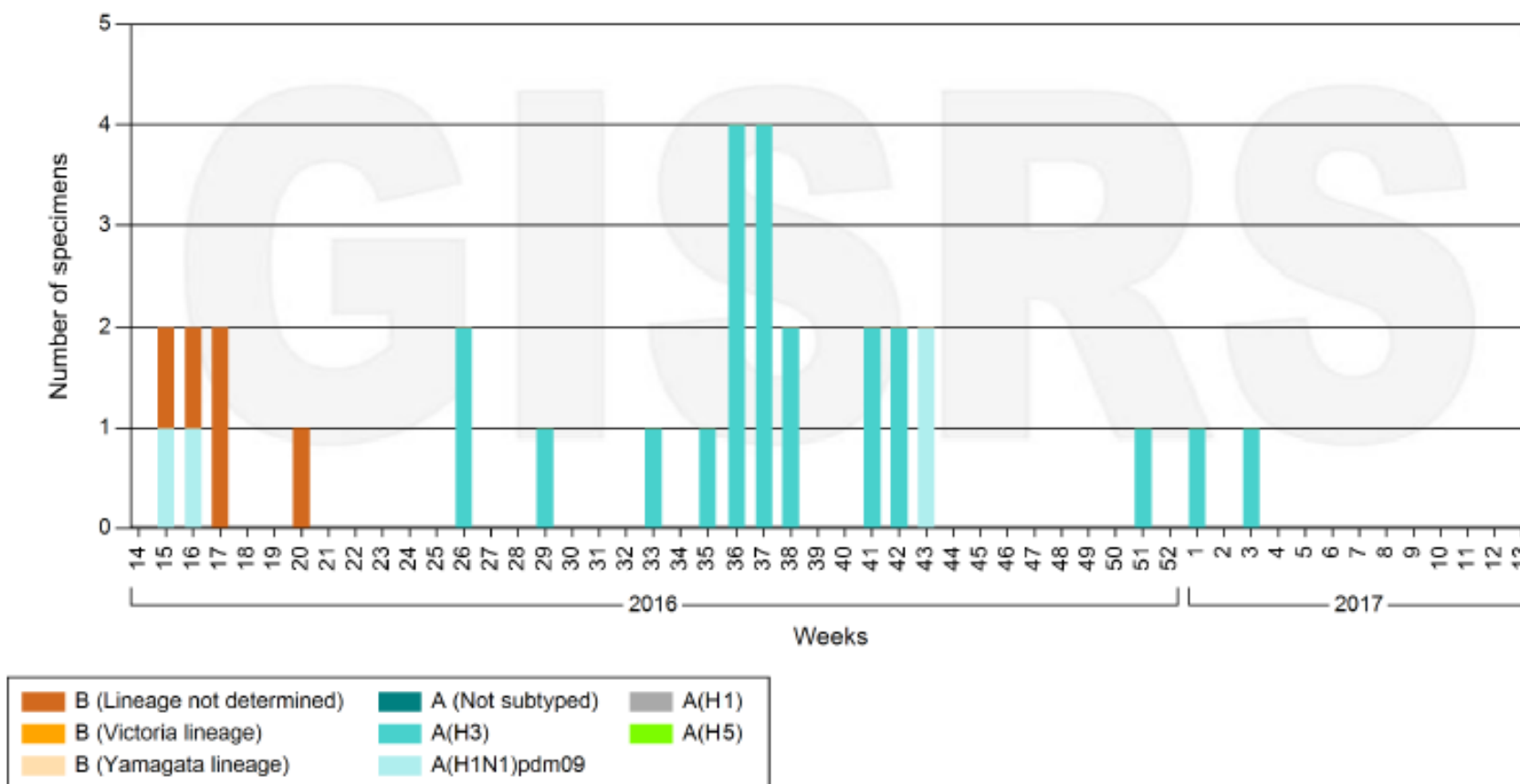
Oman

Number of specimens positive for influenza by subtype



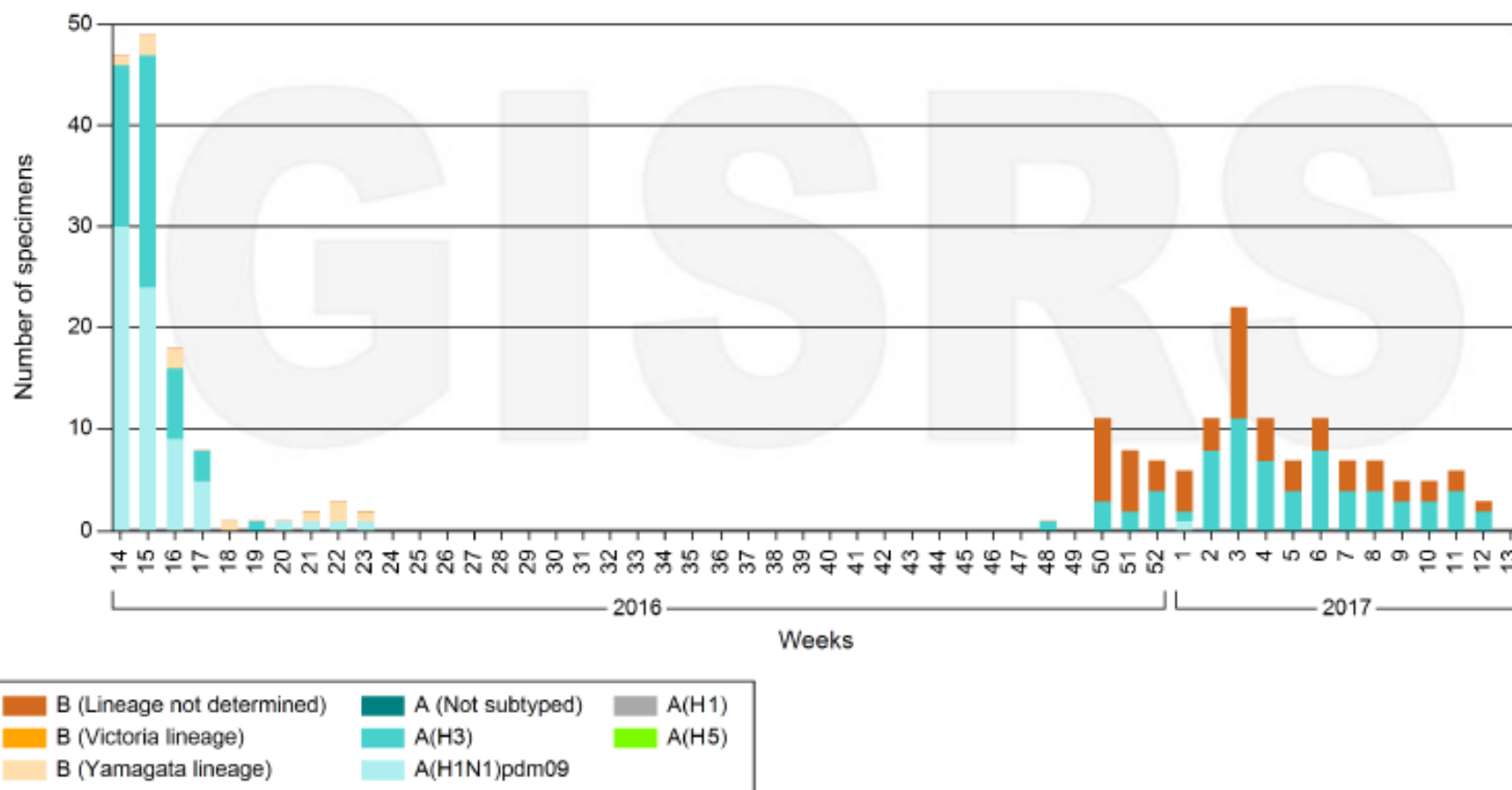
Pakistan

Number of specimens positive for influenza by subtype



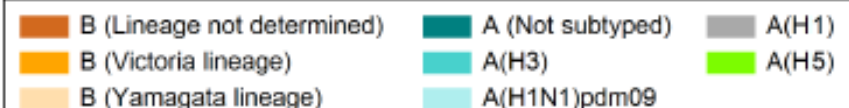
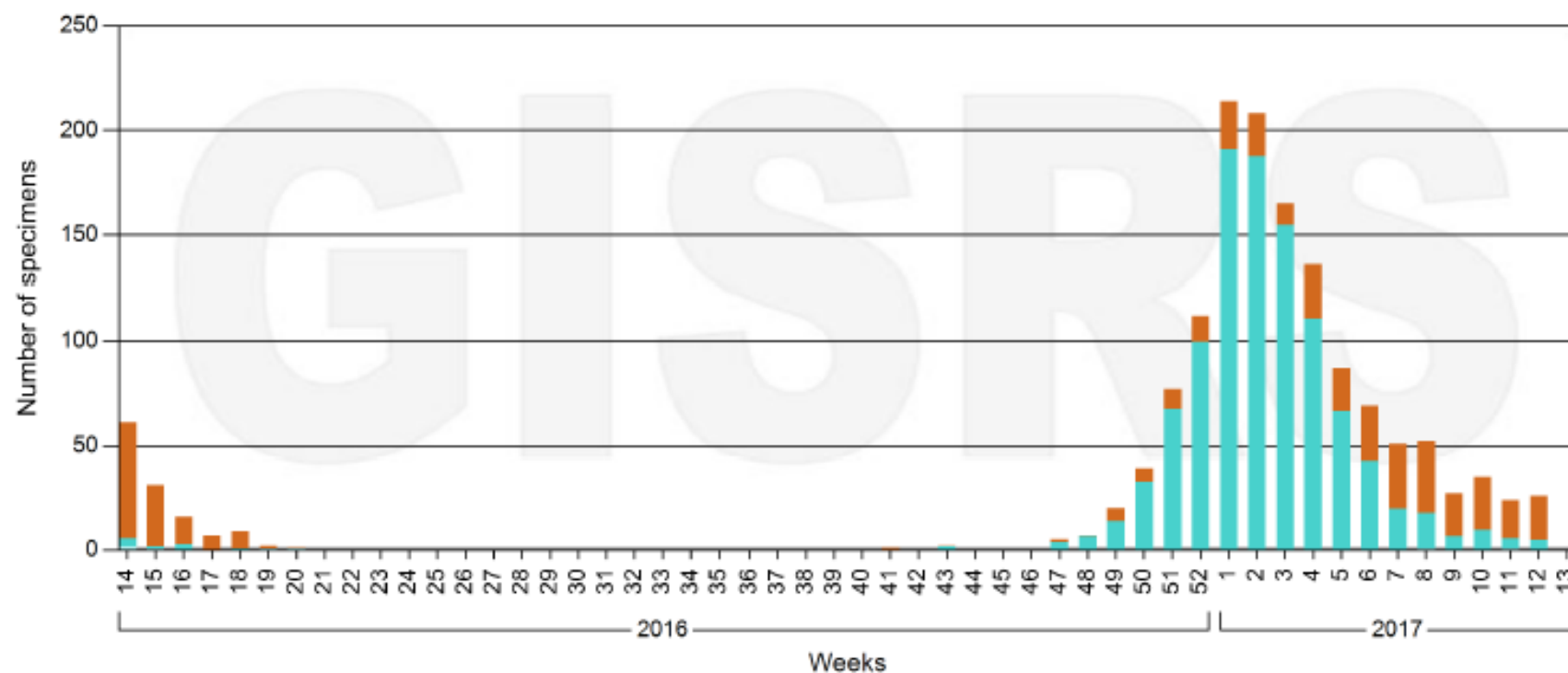
Tunisia

Number of specimens positive for influenza by subtype



Turkey

Number of specimens positive for influenza by subtype





MENA-ISN Strategic Plan

In order to achieve its objectives, MENA-ISN will explore collaboration with all stakeholders below

- **Policy/ Decision Makers**

- **Health Care Providers**

- **Civil Society Organizations (CSOs), NGOs, Media, General Public and Communities**

Setting Objectives with Target Groups

The MENA-ISN should determine the needs of the target groups and provide support accordingly to the stakeholders to meet their needs.

Policy/Decision Makers

Policy/Decision Makers Needs to:

- Establish and/or improve influenza surveillance systems
- Make use of the scientific data for developing effective preventive policies
- Establish an influenza scientific advisory board to refer to on issues related to influenza
- Develop official influenza prevention programmes i.e. determine the risk groups for influenza with the guidelines from WHO, recommend and reimburse the vaccination for the risk groups.

MENA-ISN Provides the Followings to Policy/Decision Makers

- Provide evidence based data on vaccine safety, effectiveness and public health benefit of vaccination
- Generate local burden data and discuss with public health officials
- Provide a platform for discussion and exchange of information
- Provide support in communicating influenza related “Public Health Plans” of MoHs with HCWs, scientific societies, press and lay public.

Healthcare Providers

Healthcare Providers Need to:

- Know about the risk of influenza and the benefit of vaccination
- Develop and implement policies to encourage the vaccination of health care workers at their health care setting
- Motivate their patients to get vaccinated
- Know about WHO guidelines and local official recommendations for influenza vaccination
- Need to know that they are at increased risk for developing influenza and that they are important in transmitting influenza to their patients
- Install in-house policies to prevent nosocomial infections, knowing that the vaccine is not 100% effective in at-risk patients
- Monitor vaccination coverage of health care providers at the institution level

MENA-ISN Provides the Followings to Healthcare Providers

- Brief scientific information on influenza infection and its consequences
- Updated information on vaccine recommended risk groups by WHO and local authorities
- Motivate them to follow national or international recommendations
- Communicate with them the responsibility of the doctors towards the patients.
- Scientific evidence on vaccine safety and effectiveness and benefit of vaccination in healthy and at risk patients
- Scientific evidence on nosocomial influenza infections and the role of HCWs in transmission of influenza to the patients and vice versa
- Provide data on the importance of recommendation by the doctors in vaccine acceptance
- Health-economics data

Civil Society Organizations (CSOs), NGOs, Media, General Public and Communities

Civil Society Organizations (CSOs), NGOs, Media, General Public and Communities Need to:

- Know that influenza is a public health threat
- Know who to consult on influenza related issues
- Know that safe and effective vaccines are available to prevent influenza and associated burden and death

MENA-ISN Provides the Following to the Civil Society Organizations (CSOs), NGOs, Media, General Public and Communities:

- Make itself visible to Civil Society Organizations (CSOs), NGOs, Media, General Public and Communities as the scientific body to consult on influenza related issues
- Provide state of the art information about influenza and its public health and personal consequences
- Provide information on the safety and the effectiveness of influenza vaccines
- Emphasize the importance of avoiding misconceptions and explain clearly that misconceptions endanger the public health and halt official disease prevention programmes.

MENA-ISN members will develop country tailored work-plans in addition to collaborating with each other on developing regional work plans.

Interim Vaccine Effectiveness, 2017

CDC Report

Update: Influenza Activity — United States, October 2, 2016–February 4, 2017

MMWR Weekly Report / February 17, 2017 / 66(6);159–166

https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a2.htm?s_cid=mm6606a2_e

Summary

Dominating virus : H3N2

Vaccine Effectiveness for preventing medically attended cases

- Over all: **48%** (CI 37%-57%)
- For **H3N2: 43%** and for **B: 73%**

USA: 2012-2013 Influenza Season

CDC Estimates



Age group (yrs)	Averted cases		Averted, medically attended cases		Averted hospitalizations	
	No.	(95% CI)	No.	(95% CI)	No.	(95% CI)
0-4	1,465,450	(859,735- 2,367,044)	981,851	(575,222- 1,591,166)	10,216	(5,994- 16,502)
5-19	1,739,717	(1,046,532- 2,816,363)	887,256	(529,333- 1,437,481)	4,770	(2,869- 7,722)
20-64	2,936,241	(1,909,887- 4,461,808)	1,086,409	(698,241- 1,666,804)	19,813	(12,887- 30,107)
≥65	489,065	(195,570- 906,541)	273,876	(108,797- 511,422)	44,460	(17,779- 82,413)
All ages	6,630,473	(4,011,725- 10,551,756)	3,229,393	(1,911,592- 5,206,874)	79,260	(39,530- 136,744)

Influenza vaccination prevents a substantial number of influenza-associated illnesses and hospitalizations with vaccine effectiveness of 47%

CDC, MMWR 2013; 62(49):997-1000

Vaccination Prevents Guillain-Barré



Guillain-Barré develops several days or week after infections most commonly following and infection by *C. Jejuni*.

Very rarely vaccinated people can also develop GBS
1.03 cases/million after vaccination, 17.2 cases/million after influenza coded disease

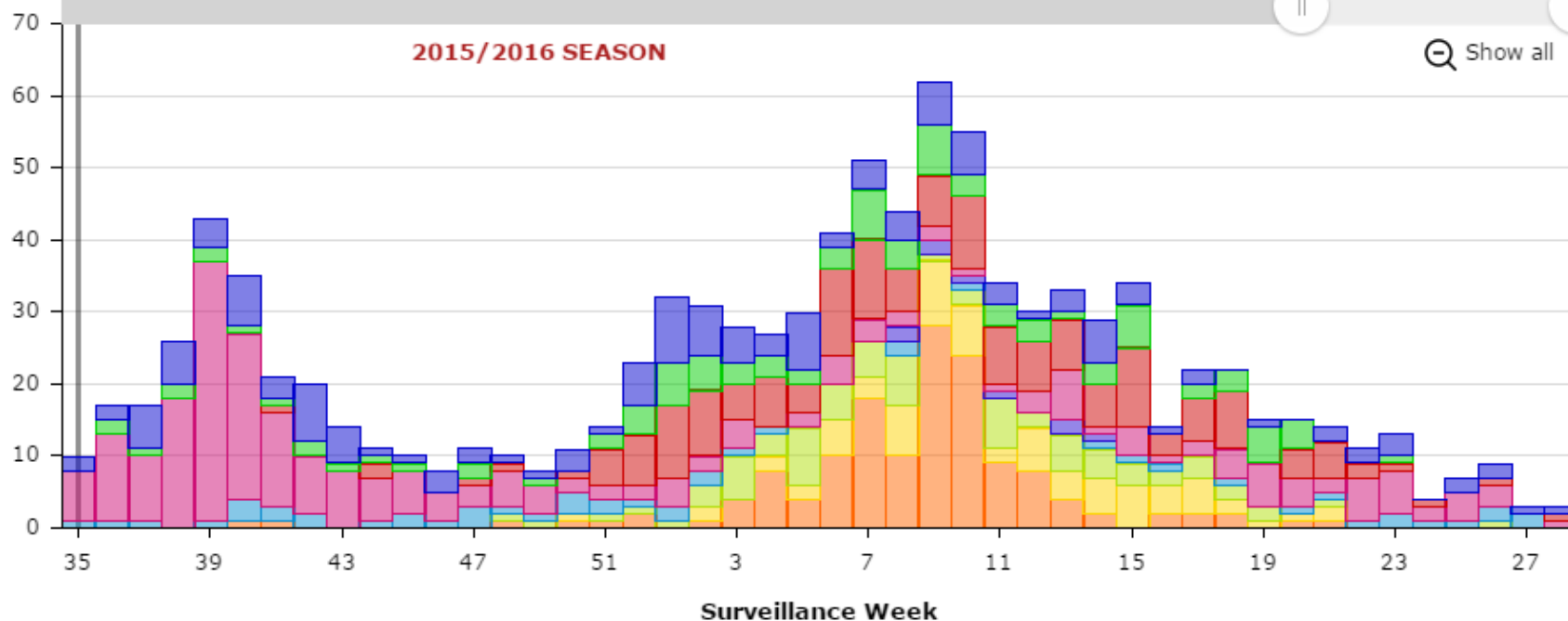
Jeffrey C Kwong et al. The Lancet Infectious Diseases, 2013 [Volume 13, No. 9](#), p769–776

Respiratory infection outbreaks for all respiratory viruses by week

2015/2016 SEASON

Show all

Number of Outbreaks



Influenza A outbreaks

Influenza B outbreaks

Respiratory syncytial virus outbreaks

Parainfluenza (all types) outbreaks

Influenza A&B outbreaks

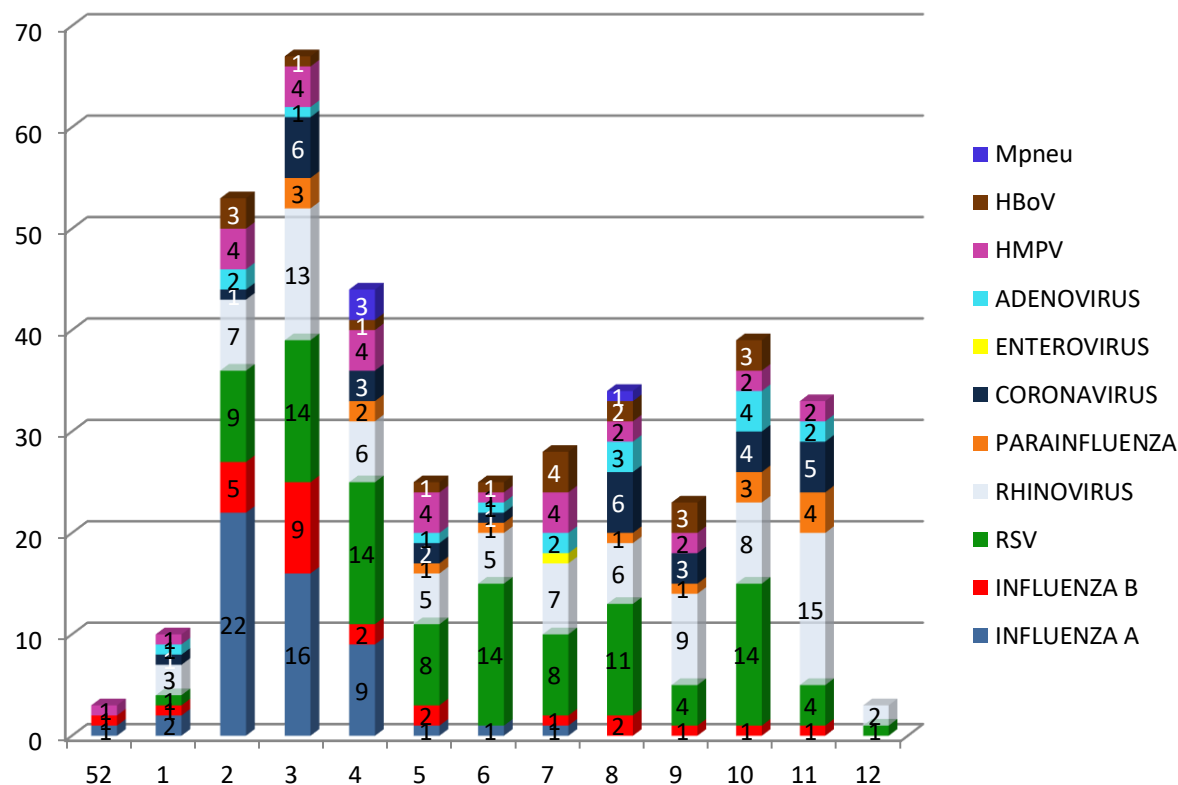
Enterovirus/rhinovirus outbreaks

Outbreaks with other organisms

Combined outbreaks

Outbreaks with no organism identified

Respiratory Viruses Detected from Hospitalized Pediatric Patients between weeks 52-12, 2014 in Istanbul Faculty of Medicine



Total number of samples: 562
 Samples positive for a virus: %68 (383/562)
 Influenza 20%, Other Resp. Viruses 48%
 Total Inf A=53, Inf B=26

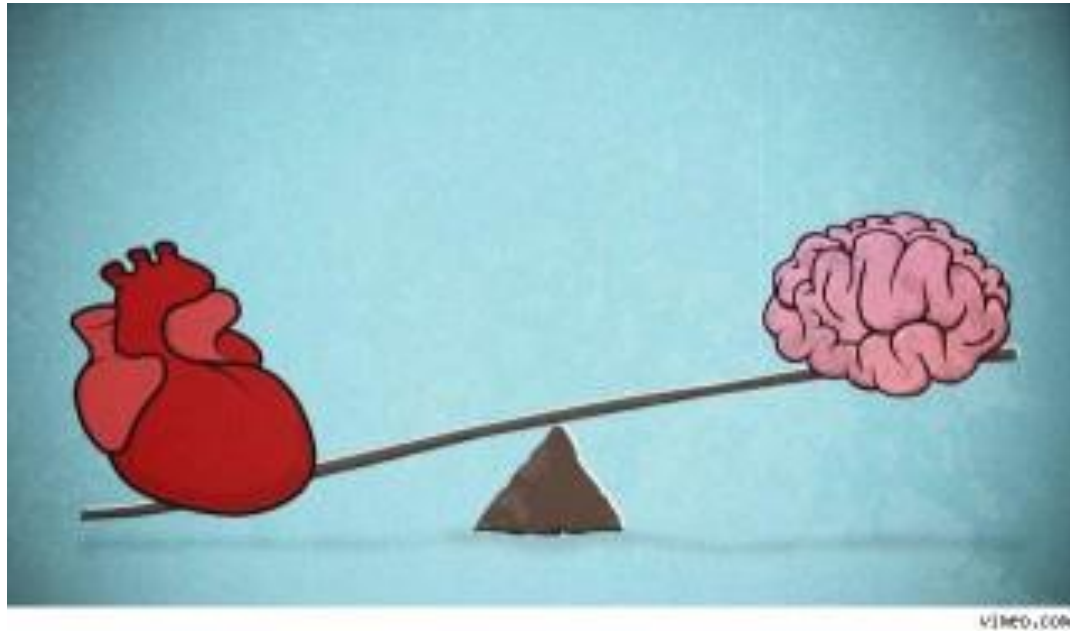
Top Leading Viruses
 RSV = %26.3
 RHINOVIRUS= %21.6
 INFLUENZA = %20



HCWs are the key to VACCINATION

How Do we Touch People?

Personal Stories



Scientific Facts

Nothing is 100% Effective: Should we let people suffer, die until we have perfect vaccines?

