

SEASONAL INFLUENZA IN LEBANON

Epidemiological Week: Week 17 - 18 2024
(22 April - 5 May 2024)

Situation update #10: 3 June 2024

Highlights

- Overall, the influenza activity has decreased significantly in epi-weeks 17 and 18, and it may be due to the end of influenza season 2023-24.
- Most of the active sentinel sites continued to operate and report, and these sentinel sites enrolled 100 suspected SARI and ILI patients and collected specimens for confirmation. According to the laboratory results, 8 specimens were positive for seasonal influenza virus and 9 specimens were positive for SARS-CoV-2.
- During this reporting period, 24 of 100 patients enrolled were between 0 and 5 years of age. None of these specimens have been tested for RSV so far, but all children's specimens are being stored for testing at a later date.
- In the current reporting period, there are 11 out of 13 sentinel influenza sites that are actively reporting suspected Severe Acute Respiratory Infections (SARI) and Influenza-like Illness (ILI) cases (Map 1).
- The Ministry of Public Health (MoPH) and WHO maintained an effective influenza surveillance system for timely detection of potential novel influenza and monitor the circulating seasonal influenza subtypes.
- The current influenza season 2023/24 will come to an end with this final bulletin, and we will resume producing similar bulletins at the beginning of the next influenza season 2024/25. Nevertheless, we will keep monitoring on influenza activities and the circulating influenza subtypes, as well as other new respiratory viruses.

Epidemiological and virological surveillance

- In epidemiological weeks 17 and 18, the available sentinel surveillance data indicate a decrease in influenza activity, suggesting Lebanon is nearing the end of its influenza season, expected to conclude by the end of May 2024. The influenza activity and positivity rate peaked in week 51 of 2023 and then a decreasing trend was observed until the end of January 2024. A similar trend has been observed over the past few years. However, there was a slight increase in influenza activity from February 2024 until the third week of March, unlike historical data. Nonetheless, the influenza activity began to diminish once again from the end of March till mid-April 2024, before experiencing a slight increase in the third week of April. Then, the influenza activity resumed its decline in the last week of April and the first week of May.
- During this reporting period, a total of 100 patients were enrolled from 11 SARI and ILI sentinel surveillance sites, and specimens were collected among enrolled patients. The National Influenza Center (NIC) received all specimens for influenza and SARS-CoV-2 testing, while children's specimens will be tested for RSV at a later date. The outcome of the testing shows that 8 specimens were positive for different types of seasonal influenza viruses and 9 specimens were positive for SARS-CoV-2.
- Out of the enrolled ILI and SARI cases, 24 specimens from children aged 0 to 5 years will be stored and tested for RSV at a later date.
- The positivity rate for seasonal influenza has decreased during this reporting period, reaching 9% in epi-week 17 and 7% in epi-week 18 (Figure 1). Seasonal influenza B (Victoria) is the only circulating type of influenza in Lebanon during this reporting period (Figure 2).
- During this reporting period, most positive influenza cases were observed in the 0 to 5 years age group (38%), and the 16 to 50 years age group (38%) (Figure 3).

Epidemiological and virological surveillance continued

Figure 1: Number of tested specimens by influenza virus subtypes/lineages and percentage of specimens testing positive for influenza viruses in Lebanon from SARI/ILI sites (week 33, 2023 – week 18, 2024)

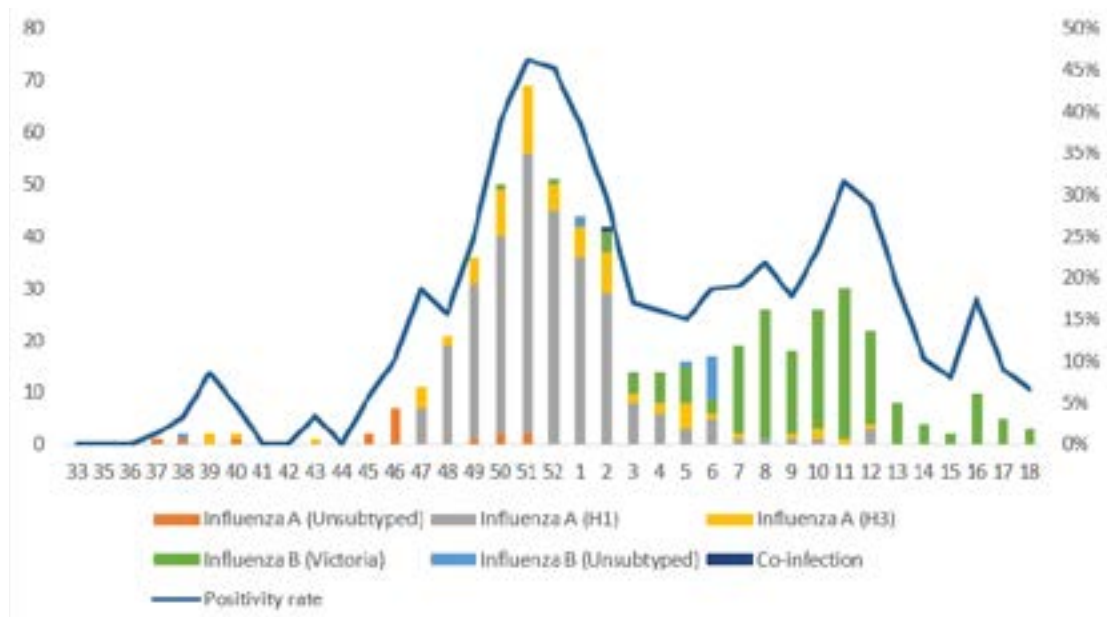


Figure 2: Proportion of influenza types and subtypes/lineages, Lebanon, (weeks 17-18, 2024) from SARI/ILI sites

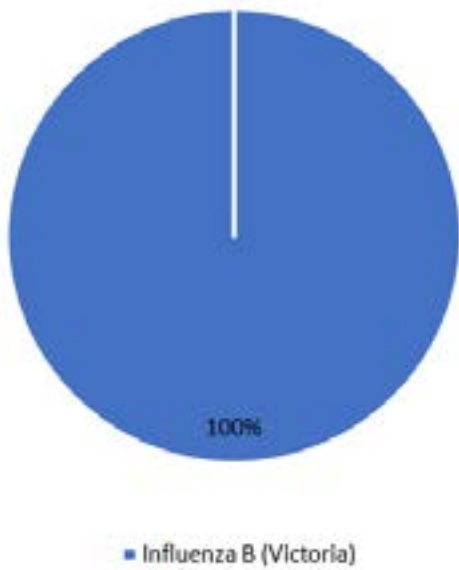
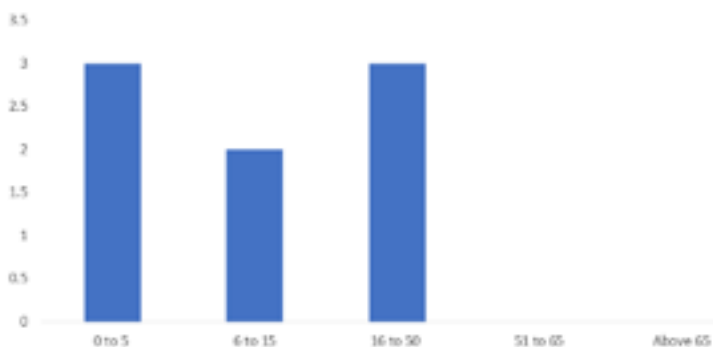


Figure 3: Proportion of influenza types and subtypes/lineages by age group, Lebanon, (weeks 17-18, 2024) from SARI/ILI sites



Map 1: Distribution of SARI and ILI sentinel sites per district across the country



History & current status of Sentinel Influenza Surveillance System in Lebanon

- Across the country, there are 13 sentinel sites established by MoPH with WHO support since 2015: 9 ILI and 4 SARI sentinel sites (Map 1). Currently, 11 of these sites are actively reporting.
- As per the national guideline, sentinel sites have the functions of enrolling suspected SARI and ILI patients and collecting specimens, while transferring the specimens to NIC that is supported by WHO to maintain a high virological surveillance capacity and adequate stock of testing kits.
- Lebanon continued to benefit from the Pandemic Influenza Preparedness (PIP) Framework and it is one of the PIP priority countries that receives continuous support from WHO. Lebanon is also receiving financial and technical support from US-CDC to strengthen the influenza surveillance system in the country.

Commitment of MoPH and WHO support

- As part of the monitoring role, WHO and MoPH continue to assess and review the functionality of designated sentinel sites, the quality of the specimens being collected, the capacities for confirmatory testing, as well as the adequacy and timeliness of the data being reported.
- WHO is committed to providing ongoing technical and operational support to the MoPH in strengthening influenza surveillance system. This support includes conducting refresher trainings, facilitating specimen transportation, and contributing to the establishment and sustenance of testing capacities at the NIC.

Action points

In recognition of the persistent and dynamic nature of the influenza threat to public health, MoPH and WHO are collaboratively engaged to ensure:

- Continuous support and improvement of the sentinel influenza surveillance system throughout the influenza season, with a particular focus on closely monitoring the co-circulation of influenza and COVID-19.
- Ensuring availability and accessibility of seasonal influenza vaccine among high-risk groups in early days of the season.
- Ensuring integration of testing samples for influenza, SARS-CoV-2, RSV, and other respiratory viruses into existing influenza surveillance systems.
- Ensure preparatory work of the next influenza season starts soon so to address any shortcomings while prepositioning the essential supplies such as vaccine.
- Continuous advocacy for non-pharmaceutical public health measures to limit the transmission of influenza and other respiratory diseases.

More detailed information on influenza and EMRO guidance can be found at [LINK](#)

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- US-CDC
- PIP
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in strengthening the surveillance of influenza and other respiratory diseases in Lebanon.

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