

## SEASONAL INFLUENZA IN LEBANON

*Epidemiological Week: Week 3 - 4 2024*  
(15 - 28 January 2024)

### Situation update #3 - 19 February 2024

## Highlights

- Overall, influenza activity continued to decrease in the last two weeks of January 2024 as compared to the earlier weeks of the same month.
- MoPH together with WHO maintained an effective influenza surveillance system for timely detection of potential novel influenza and also monitored the circulating seasonal influenza subtypes.
- Eleven out of the 13 sentinel influenza sites are actively reporting for suspected Severe Acute Respiratory Infections (SARI) and Influenza-like Illness (ILI) cases during this reporting period (refer Map 1).
- A total of 169 suspected SARI and ILI patients were enrolled across all sentinel sites, and specimens were collected for confirmation. The results showed that 28 specimens were positive for seasonal influenza and 3 specimens were positive for SARS-CoV-2.
- There were 43 children aged 0 to 5 years out of the 169 enrolled patients during this reporting period. At present, none of these specimens have been tested for RSV, and all children's specimens have been stored to be tested for RSV later.

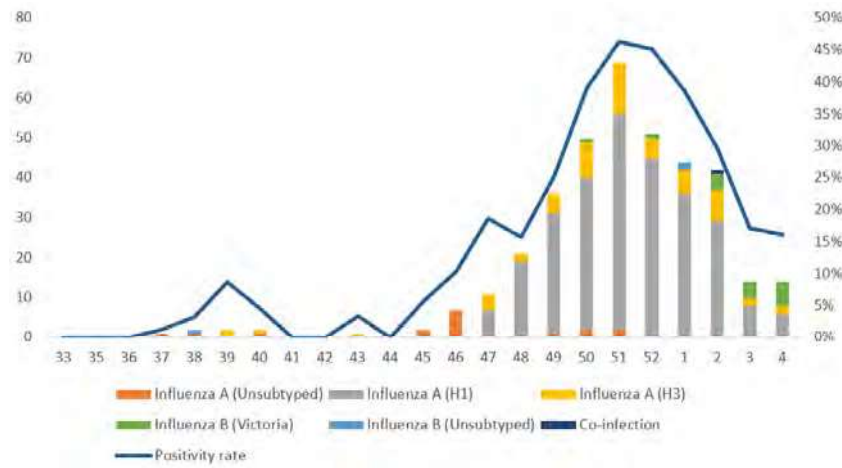
## Epidemiological and virological surveillance

- Surveillance for ILI and SARI has been enhanced in the country to improve epidemiologic and virological monitoring of severe influenza-associated diseases.
- According to historical influenza data, the influenza season in Lebanon typically starts in early October and runs to May of the following year. Often, the trend of suspected and confirmed seasonal influenza cases peaks in December and January and then declines in February.
- In epidemiological weeks 3 and 4, influenza activity continues to decrease based on the available sentinel surveillance data when compared to previous weeks. The influenza activity and positivity rate peaked in week 51 of 2023 and then a decreasing trend was observed in the last few weeks.
- During this reporting period, a total of 169 patients were enrolled across SARI and ILI sentinel surveillance sites, and specimens were collected. All specimens were sent to the National Influenza Center (NIC) for testing of influenza and SARS-CoV-2, while specimens among children were stored to be tested for RSV later. The outcome of the testing shows that 28 specimens were positive for different types of seasonal influenza viruses and 3 specimens were positive for SARS-CoV-2.
- Of all enrolled ILI and SARI cases, there were 43 children aged 0 to 5 years, and their specimens will be stored and tested later for RSV.
- The positivity rate for seasonal influenza continued to decrease, dropping to 17% during the third week of January and further decreasing to 16% in the fourth week (Figure 1). Of those positive specimens, seasonal influenza A (H1) remains the dominant circulating type of influenza in Lebanon during this reporting period (Figure 2). Of all positive seasonal influenza specimens:
  - o 50% tested seasonal influenza A (H1)
  - o 36% tested seasonal influenza B (Victoria)
  - o 14% tested seasonal influenza A (H3)

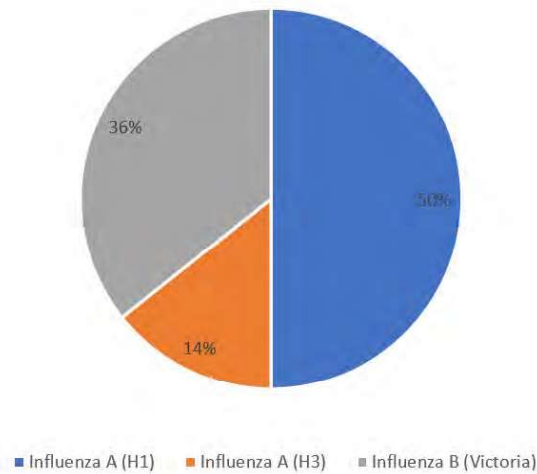
# Epidemiological and virological surveillance *continued*

- During this reporting period, one case of co-circulation of influenza B (Victoria) and SARS-CoV-2 was reported.
- During this reporting period, the majority of positive influenza cases were observed in the 16 to 50 age group (43%), 0 to 5 years age group (36%), followed by the 6 to 15 years age group (14%) (Figure 3).

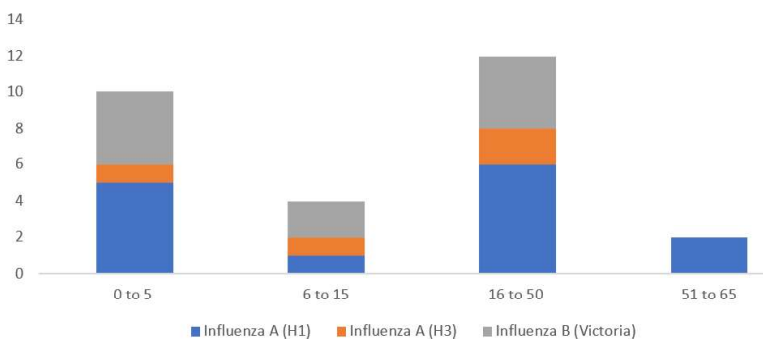
**Figure 1:** Number of tested specimens by influenza virus subtypes/lineages and percentage of specimens testing positive for influenza viruses in Lebanon from SARI/ILI sites (week 33, 2023 - week 4, 2024).



**Figure 2:** Proportion of influenza types and subtypes/lineages, Lebanon, (weeks 3-4, 2024) from SARI/ILI sites



**Figure 3:** Proportion of influenza types and subtypes/lineages by age group, Lebanon, (weeks 3-4, 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

- The SARI surveillance system, initiated in 2015 and operational until early 2020, faced disruption due to the onset of the COVID-19 pandemic. However, SARI surveillance has been resumed in early 2022.
- The ILI surveillance was implemented in Lebanon during the pandemic in November 2020, integrating SARS-CoV-2 within the surveillance system.
- Across the country, there are 13 sentinel sites: 9 ILI and 4 SARI sentinel sites (Map 1). Currently, 11 of these sites are active.
- As per the national guideline, sentinel sites are collecting specimens and establishing links to the NIC that is supported by WHO to maintain a high virological surveillance capacity and adequate stock of testing kits.
- Ahead of the 2023/24 influenza season, the Ministry of Public Health (MoPH) in Lebanon received 10,000 doses of seasonal influenza vaccine from the Partnership for Influenza Vaccine Introduction (PIVI) under the Task Force of Global Health (TFGH). The vaccination campaign prioritized high-risk groups such as healthcare workers, elderly individuals, and people with co-morbidities, resulting in a total of 7,907 influenza doses administered, with 885 distributed through the hospital network for health workers and 7,022 through the Primary Health Care (PHC) network for PHC health workers, PHC elderly beneficiaries, elderly homes, dialysis patients, and children with comorbidities.
- 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

- With the support of WHO, the MoPH organized a series of refresher training sessions for healthcare professionals at designated sentinel sites ahead of the influenza season. These training sessions focused on raising awareness among participants about case enrollment process as well as the procedures for data and specimen collection, following standardized national guidelines.
- WHO and MoPH are thoroughly assessing and reviewing 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.
- MoPH consistently advocates for seasonal influenza vaccination within high-risk populations through ongoing health education campaigns.
- WHO is committed to providing ongoing technical and operational support to the MoPH in strengthening the 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.
- Close monitoring of hospital and ICU admission rates for patients suffering severe acute respiratory infections and ensuring adequate hospital supplies.
- Ensuring availability and accessibility of seasonal influenza vaccine among high-risk groups in the early days of the season.
- Ensuring the integration of testing samples for influenza, SARS-CoV-2, RSV, and other respiratory viruses into existing influenza surveillance systems.
- Continuous advocacy for non-pharmaceutical public health measures to limit the transmission of influenza and other respiratory diseases.
- MoPH and WHO should closely monitor the trends of influenza activity in recent weeks and implement the required preventive measures.

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

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