Revitalizing influenza surveillance in South East Asia during COVID–19

In South East Asia, the initial response to COVID–19 severely affected influenza surveillance, as key personnel and infrastructure were diverted to cope with the crisis. But now a multi-pronged strategy, jointly developed and deployed by WHO and countries, has reinstated much needed influenza surveillance activities to ensure continued pandemic preparedness.

By the end of April 2020, 10 out of 11 countries in WHO’s South East Asia region (SEAR) had begun reporting COVID–19 cases in different phases of transmission and were already responding to the pandemic. A decade of pandemic influenza preparedness in the region meant countries were able to quickly scale up their COVID–19 responses: by repurposing the national influenza workforce, infrastructure and preparedness platforms, they managed to rapidly increase their COVID–19 detection and surveillance capacities. But this success came at a cost to influenza surveillance, which suffered significantly reduced levels of laboratory diagnosis, virus sharing and data reporting.

WHO’s regional office for SEAR (SEARO) soon recognized the need to re-prioritize influenza surveillance, even in the face of the COVID–19 crisis. Supported by WHO global and regional senior management, and guided by the Global Influenza Programme (GIP), SEARO developed country-specific plans to get the job done. Working with WHO country offices and Ministry of Health officials, it did SWOT (strengths, weaknesses, opportunities and threats) analyses of national surveillance frameworks, searched for possible solutions to key problems and gaps, identified potential WHO support, provided recommendations for action and carried out joint performance monitoring, in parallel to the ongoing COVID–19 responses. The GIP’s webinars on the interface between influenza and COVID–19, held in June and July 2020, were particularly useful in helping countries understand the need to maintain a high level of commitment to sustaining influenza preparedness in the region.

The result of this multi-pronged strategy is that all SEAR countries have now resumed influenza surveillance. In addition, three countries have started reporting both COVID–19 and influenza through Flu Mart, in line with the WHO operational considerations for COVID–19 surveillance using GISRS; and six more are working to do so too. The strategy also helped re-start the sharing of influenza viruses, which will provide vital information for the next vaccine composition meeting.

The success of SEARO’s revitalization strategy is due to a combination of strong leadership and advocacy from senior management, clear policy guidance from GIP, high levels of country engagement, joint action plans and specific support. All of this looks set to continue. Most recently, at the 73rd Regional Committee meeting, Ministers of Health agreed to strengthen regional pandemic responses by focusing on the committee’s sixth flagship priority, to scale up capacities in emergency risk management. To that end, support from the Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution in conjunction with technical guidance from GIP will continue to be invaluable for Member States.