

1. Managing influenza: a priority infectious hazard in the Western Pacific

Over the past decade, many new subtypes of influenza viruses – including A(H5N1), A(H5N2), A(H5N6), A(H5N8), A(H7N9) and A(H9N2) – have been detected, assessed and addressed through surveillance and response systems. Given the constantly changing nature of influenza viruses, the timing and severity of an influenza pandemic cannot be predicted.

Influenza, especially avian and pandemic influenza, will continue to be a priority infectious hazard for the Region, and managing these threats has been embedded in APSED III. WHO has worked with Member States in strengthening surveillance and response systems, and in conducting exercises to test preparedness and response capacities.

Twenty-one national influenza centres, three WHO collaborating centres and two essential regulatory laboratories in the Region contribute to the Global Influenza Surveillance and Response System. This system determines influenza vaccine composition and evaluates pandemic risk of emerging strains. National influenza centres, such as the ones in Cambodia and the Lao People's Democratic Republic, and the WHO collaborating centres in Australia, China and Japan, continue to provide valuable contributions to this work.

This laboratory network promotes sharing of influenza viruses and genetic



The Victorian Infectious Diseases Reference Laboratory, a WHO Collaborating Centre for Reference and Research on Influenza, trains staff of the national influenza centres in the Region to upgrade skills on virus isolation and characterization.

sequences through the Global Initiative on Sharing All Influenza Data. An interactive, web-based platform at the Regional Office further supplements existing global tools. Recent influenza outbreaks highlighted the strength of these reporting networks and the WHO response capacity.

Indicator-based surveillance for respiratory diseases tracks seasonal influenza trends. Sentinel sites for influenza-like illness and hospitalized respiratory infections were established in many countries in the Western Pacific. Guidelines have been developed to ensure sustainability of surveillance systems.

Multisectoral collaboration at the animal–human interface is crucial in addressing zoonotic threats under APSED III. The response to A(H7N9) shows the strength of WHO's collaboration with the Food and Agriculture Organization of the United Nations (FAO) and other stakeholders to monitor virus evolution and conduct joint risk assessments.

Managing influenza threats will continue to be a top priority under the WHO Health Emergencies Programme. Renewed efforts will be made to strengthen pandemic influenza preparedness, including virus sharing, data utilization, vaccine development and emergency preparedness. ■