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Subject: ADVISORY REGARDING THE PREVENTION AND CONTROL OF SEASONAL INFLUENZA (2026–2027)

1. BACKGROUND

Influenza is an acute viral respiratory infection caused by influenza viruses, principally Influenza A and B, and is responsible for seasonal epidemics throughout the world. The disease is readily transmissible and may give rise to severe illness, particularly amongst older persons, young children, pregnant women and individuals suffering from underlying chronic medical conditions.

During the 2026–2027 influenza season, influenza activity is being reported across several geographical regions. According to the latest available update of the World Health Organization (WHO), covering epidemiological Week 44 (ending 1 November 2026), global influenza positivity remained below 10%, with Influenza A viruses continuing to predominate. Increased influenza positivity was, however, observed in certain countries across Southern and South-Eastern Asia, amongst other regions.

In Pakistan, seasonal influenza surveillance is undertaken through the Integrated Disease Surveillance and Response System (IDSR), including the monitoring of Influenza-like Illness (ILI) and Severe Acute Respiratory Infection (SARI). The NIH IDSR Week 41 bulletin recorded 47,417 suspected ILI cases and 1,805 suspected SARI cases nationally. Such findings underscore the necessity of maintaining heightened vigilance, strengthening laboratory-supported surveillance and ensuring timely identification and management of influenza cases.

In view of the foregoing, and having regard to the anticipated seasonal increase in respiratory illnesses, it is considered necessary that all concerned health authorities and institutions should take appropriate preventive and control measures in order to mitigate the public-health consequences of seasonal influenza.

2. OBJECTIVES OF THE ADVISORY

The objective of this advisory is to apprise the health authorities, healthcare institutions and other concerned stakeholders of the measures required for the prevention, early detection and control of seasonal influenza, and to ensure adequate preparedness for the anticipated increase in patient attendance and workload in outpatient and inpatient departments during the ensuing months.

3. PUBLIC HEALTH IMPACT

Seasonal influenza viruses, including Influenza A(H3N2), may produce illness ranging from mild to moderate respiratory symptoms, but may also progress to severe disease, particularly amongst persons belonging to high-risk categories.

The principal modes of transmission are respiratory droplets and aerosols generated during coughing, sneezing and talking, as well as through direct contact with an infected individual or indirect contact with contaminated surfaces followed by touching of the eyes, nose or mouth. Transmission is facilitated in crowded, poorly ventilated and enclosed environments.

Early identification, timely notification and appropriate clinical management of suspected influenza cases are essential for limiting transmission and reducing the risk of severe complications and mortality.

The following categories of persons are particularly vulnerable to develop severe influenza-related complications:

- Elderly individuals aged 65 years and above.
- Young children below five years of age.
- Individuals who are overweight or obese.
- Immunocompromised individuals, including persons living with HIV/AIDS and those undergoing chemotherapy or other immunosuppressive treatment.
- Persons suffering from chronic medical conditions, including diabetes, cardiac disease and respiratory illnesses.
- Pregnant women.

It is, therefore, imperative that early detection, prompt treatment and vaccination be accorded due consideration, particularly amongst the aforesaid vulnerable groups.

4. PREVENTION AND CONTROL MEASURES

Where an individual is suffering from influenza or has been in close contact with a person exhibiting influenza-like symptoms, the following precautions should be observed for the prevention and control of transmission:

- **Hand hygiene:** Frequent and thorough washing of hands with soap and water should be practiced. Where soap and water are not readily available, an appropriate alcohol-based hand sanitizer may be used.
- **Respiratory hygiene:** The mouth and nose should be covered with a tissue or the elbow whilst coughing or sneezing. Used tissues should be disposed of properly, followed by hand hygiene.
- **Isolation of sick individuals:** Persons exhibiting influenza-like symptoms should remain at home, take adequate rest and refrain from attending workplaces, educational institutions or other crowded settings whilst ill.
- **Social distancing:** Close contact with other individuals should be avoided during the period of illness, particularly contact with persons belonging to high-risk groups.

5. RISK COMMUNICATION

All concerned health authorities and institutions are advised to disseminate clear, accurate and timely information regarding seasonal influenza, its modes of transmission, clinical manifestations and available preventive measures.

Particular emphasis should be laid upon the importance of vaccination, early recognition of warning signs, timely consultation with healthcare providers and adherence to recommended infection prevention and control practices.

Community leaders, healthcare workers, educational institutions and media representatives should be appropriately engaged for the dissemination of public-health messages and the prevention of misinformation, particularly in relation to the protection of vulnerable populations.

6. VACCINATION

Vaccination remains the most effective means of preventing influenza infection and reducing the incidence of severe illness, complications and mortality, particularly amongst high-risk populations.

The World Health Organization recommends seasonal influenza vaccination, with particular priority accorded to pregnant women, young children, elderly individuals, persons suffering from chronic medical conditions and healthcare workers.

For the 2026–2027 Northern Hemisphere influenza season, WHO has recommended the following viral composition for seasonal influenza vaccines:

a. Egg-based vaccines

- A/Missouri/11/2025 (H1N1)pdm09-like virus.
- A/Darwin/1454/2025 (H3N2)-like virus.
- B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.

b. Cell culture-, recombinant protein- or nucleic acid-based vaccines

- A/Missouri/11/2025 (H1N1)pdm09-like virus.
- A/Darwin/1415/2025 (H3N2)-like virus.
- B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.

Notwithstanding the occurrence of antigenic drift and genetic variation amongst circulating influenza viruses, vaccination remains an important measure for reducing the severity of illness and the risk of influenza-associated mortality.

7. CASE MANAGEMENT

Seasonal influenza is generally a self-limiting illness and treatment is principally supportive. Nevertheless, in hospitalized patients, early initiation of antiviral treatment may shorten the duration of illness and reduce the risk of complications.

Antiviral treatment, particularly Oseltamivir (Tamiflu), is recommended for patients hospitalized with severe, complicated or progressive influenza illness. In general, persons belonging to the following categories should be considered at increased risk of influenza-related complications and may require prompt antiviral treatment, as clinically indicated:

- Children aged below two years.
- Adults aged 65 years and above.
- Persons suffering from underlying comorbidities.

- Immunocompromised individuals, including those whose immune function is compromised by medication or HIV infection.
- Pregnant women and women in the postpartum period, particularly within two weeks following delivery.
- Persons below 19 years of age receiving long-term aspirin therapy.
- Persons who are morbidly obese.
- Residents of nursing homes and other long-term care facilities.
- Patients suffering from chronic medical conditions, including cardiac, pulmonary, renal, metabolic, neurodevelopmental, hepatic or hematological diseases.

Clinical assessment and management should be undertaken in accordance with the patient's condition, severity of illness and applicable national clinical guidelines.

8. REQUIRED SURVEILLANCE MEASURES

Enhanced surveillance for Influenza-like Illness (ILI) and Severe Acute Respiratory Infection (SARI) should be maintained throughout the influenza season, with particular attention to the early identification of unusual increases in respiratory illness and the timely investigation of potential outbreaks.

In order to ensure uniformity in reporting and standardization of surveillance practices across the country, the following case definitions are proposed for adoption:

a. **Influenza-like Illness (ILI)** "An acute respiratory infection with fever of ≥38°C and cough, with onset within the last 10 days."
b. **Severe Acute Respiratory Infection (SARI)** "An acute respiratory infection with a history of fever of ≥38°C and cough, with onset within the last 10 days, requiring hospitalization."

9. SAMPLE COLLECTION AND LABORATORY INVESTIGATION

For the purpose of laboratory confirmation and identification of circulating influenza viruses, the following procedures shall be observed:

a. Specimen Collection

- Respiratory specimens, including throat swabs, nasal swabs, nasopharyngeal swabs and nasopharyngeal aspirates, may be collected from suspected cases.
- Bronchoalveolar lavage fluid may be collected from intubated patients, where clinically indicated.
- All specimens should be collected using appropriate infection prevention and control precautions and placed immediately in Viral Transport Medium (VTM).

b. Transportation of Specimens

- Specimens should be transported to designated provincial influenza sentinel laboratories identified by NIH or to the National Institute of Health, Islamabad, under intimation to the Centre for Disease Control (CDC-NIH).
- For coordination regarding specimen referral and transportation, the CDC-NIH may be contacted at Telephone: 051-9255566 and Fax: 051-9255099.

- Specimens may be transported at 2–8°C and delivered to the laboratory within four days of collection. Where prolonged storage is anticipated, specimens should be maintained at −20°C or lower, preferably at −70°C for long-term preservation.
- All referred specimens must be accompanied by duly completed epidemiological investigation forms containing the relevant clinical and demographic particulars of the suspected patients.

c. Documentation

The updated national guidelines pertaining to the prevention, control and clinical management of influenza, together with the prescribed patient history form for ILI/SARI surveillance, may be obtained from the official NIH website (www.nih.org.pk). The completed forms shall accompany the respective specimens at the time of referral to NIH.

10. DISSEMINATION AND IMPLEMENTATION

The foregoing advisory is issued for information, guidance and necessary action. All Provincial and Regional Health Departments, public and private healthcare institutions, designated influenza sentinel laboratories and other concerned stakeholders are requested to ensure its wide circulation and due observance within their respective jurisdictions.

The concerned authorities are further requested to maintain enhanced surveillance, ensure timely reporting of suspected ILI and SARI cases, strengthen laboratory-based confirmation and apprise the National Institute of Health of the preventive and control measures undertaken in their respective areas of jurisdiction.