



World Health Organization

DPR Korea

Situation Report #01

26.01.2018

**DEMOCRATIC PEOPLES REPUBLIC OF KOREA
EMERGENCY – Influenza outbreak**

DPRK MAP



**178,259 cases of
influenza Like
Illness (ILI)**



**110,015 cases
positive for influenza
A /H1N1pdm 09**



**04 Deaths attributable to
ILI cases**

Situation update:

On 22 January 2018, the Ministry of Public Health (MoPH), DPR Korea reported a total of 126,574 influenza like illness (ILI) cases for the period from 1 December 2017 to 16 January 2018. Of the reported ILI cases, 81,640 were positive for influenza A/H1N1 pdm 09. Due to the severe cold winter in December there was an upsurge in ILI cases. Therefore, MoPH collected 3,408 samples randomly from some of the ILI/SARI sentinel surveillance sites in the national influenza surveillance network of these samples, 2198 (65%) were found to be positive for influenza A/ H1N1pdm09. Subsequently, the MoPH provided the age distribution of the 126,574 ILI cases. Of these ILI cases, 8,901 (7%) were in the age group of 0-1 year, 20,100 (17.8%) in 2- 4 years, 19,369 (15.3%) in 5- 14 years, 50,134 (39.6%) in 15-49 years, 20,555 (16.2%) in 50-64 years and 7,515 (5.9%) in > 64 year age group. During the week from 17 – 23 January, MOPH reported another 51,685 ILI cases of which 28,375 were positive for influenza A /H1N1pdm09. From 1 December 2017 to 23 January 2018, there were a cumulative total of 178259 ILI cases and 110015 laboratory confirmed cases of influenza A/H1N1 pdm 09. There were a total of 4 reported deaths attributable to ILI. The reported case fatality rate was 0.002%. Among these deaths, three were children < 5 years of age and one was an adult.

Public health concerns

It is an outbreak of seasonal influenza. As the severely cold winter is persisting, the occurrence of influenza like illness cases may protract. Therefore there is a need for implementing non-pharmaceutical public health measures through a public education campaign. These non-pharmaceutical public health measures include washing hands frequently, adhering to cough etiquette (covering cough or sneeze), and cleaning surfaces touched by numerous people, particularly in public areas. For those having

symptoms suggestive of influenza, staying at home is an effective measure to prevent the spread of influenza.

WHO does not recommend closing of schools, any travel or trade restrictions or entry screening with a view to preventing and controlling this seasonal influenza outbreak.

Health needs, priorities and gaps

The outbreak of influenza has been wide-spread in the country for more than a period of one month. Hence deployment of seasonal influenza vaccines to prevent the outbreak has a very limited role. Therefore proper case management with a view to preventing complications and mortality remains to be the priority action for this event. Identification of cases of influenza like illness at the early stage with a focus on severe cases and high risk groups and their referral to hospitals for optimal management inclusive of administration of antiviral drugs is important. The high risk population such as children < 5 year age, pregnant females, elderly and immune compromised influenza patients should have priority access to oseltamivir. In view of ongoing severe winter, health workers dealing with influenza like illness patients may be vaccinated with seasonal influenza vaccines for keeping health services functional and access to oseltamivir if they contact the infection needs to be ensured.

WHO action

WHO Country Office is closely working with the MoPH, DPR Korea to collect and conduct a detailed epidemiological analysis of reported influenza cases for assessing the factual epidemiological situation and deciding the appropriate scale of containment measures. A weekly reporting system has been established for facilitating the grading of the outbreak and monitoring the trend of transmission of the ILI cases. The communication materials and guidelines for containment of seasonal influenza outbreak have been shared with the MoPH.

Regular consultation with the WHO Regional Office and the Global Influenza Programme of the WHO HQ for appraising the situation, initiation of a three level tele-conference for grading the outbreak and seeking technical support has already taken place.

WHO is working to bring an international expert to assist the WHO Country Office to take stock of the situation and provide further technical support to the MoPH, DPR Korea.

WHO has already mobilized a total of 6500 dosages of oseltamivir which will reach the country during the last week of January and first week of February 2018.

WHO has assured the support to the DPRK Government to send influenza specimens to a WHO Collaborating Centre for confirming the sub-types of circulating influenza virus strains.

WCO DPR Korea is in contact with the WHO Regional Office, HQ and the WHO country office for China for expeditious procurement and supply of needful commodities for containing the situation.

On 24 of January, WHO also convened the health sector working group meeting where partner united nations and other international agencies have been apprised of the situation and requested for participation in containing the situation specially in the conducting public health education campaigns

The three levels of WHO together conducted the Initial Rapid Assessment (IRA). Following IRA, a grading call was also organized between the three levels of WHO. The emergency was ungraded in the want of detailed epidemiological information. WHO will reconsider grading when the requisite detailed data will be available for review.

Contact Persons:

WHO Country Office
Dr. Thushara Fernando
WHO Representative to DPRK
Email: fernandot@who.int

WHO SEARO (South East Asian Regional Office)
Dr. Roderico Ofrin
Regional Emergency Director, WHO SEARO
Email: ofrinr@who.int