



# Update Influenza A (H1N1) Regional Report



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To date, the **United States has confirmed** a total of **160 human cases** of influenza A (H1N1): 4 in Arizona, 24 in California, 2 in Colorado, 1 in Connecticut, 4 in Delaware, 2 in Florida, 3 in Illinois, 3 in Indiana, 2 in Kansas, 1 in Kentucky, 8 in Massachusetts, 2 in Michigan, 1 in Minnesota, 1 in Missouri, 1 in Nebraska, 1 in Nevada, 7 in New Jersey, 50 in New York, 1 in Ohio, 13 in South Carolina, 28 in Texas and 2 in Virginia. Other suspected cases are being investigated. 6 hospitalizations and a death have been registered. The dead case is a child of 22 months old. The age range of the confirmed cases is from 22 months to 81 years (a median of 16 years).

From 17 April to May 1<sup>st</sup>, **Mexico** has reported 4,691 suspected cases of influenza with severe pneumonia including 99 deaths. The significant increase in the number of suspected cases is due to the change in the case definition. Previously, a suspected case was one that presented fever, cough, and difficult breathing. Now, it is one that presents fever and at least one of the following symptoms: cough or odynophagia (sore throat upon swallowing). The suspected cases were recorded in all Mexican states. The most affected are: Aguascalientes, Baja California, Distrito Federal, Durango, Estado de México and San Luis Potosí. The majority of these have occurred in previously healthy young adult people. There have been few cases in individuals under 3 or over 59 years old. 1,262 of the suspected cases have required hospitalization.

The number of probable cases of influenza A (H1N1) is 105, while **397 cases have been confirmed**, with 16 death cases among them. The considerable variation in the number of confirmed cases as of today is due to the recent laboratory confirmation of samples collected in previous weeks.

In **Canada**, to date **51 human cases** of influenza A (H1N1) have been **confirmed** (8 in Alberta, , 15 in British Columbia, 1 in New Brunswick, 14 in the province of New Scotland, 1 in Quebec and 12 in Ontario) some of them with recent trip history to Cancun, Mexico. All the cases developed a mild form of influenza like illness. 2 of the cases presented, in addition, gastrointestinal symptoms. All of them are currently recovered and none required hospitalization. Laboratory tests were conducted in Winnipeg, Canada. Indigenous transmission is not discarded since not all the confirmed cases have trip history to Mexico

On 2 May, Costa Rica notified the laboratory confirmation of 1 case of influenza A (H1N1). Detailed information is expected shortly. In addition, 3 probable cases whose laboratory samples are being processed were recorded.

The press has reported information on suspected cases in several countries of the Region; however this information has not been confirmed.

## International Health Regulations (IHR)

At the request of the Director-General (DG) of WHO, the IHR Emergence Committee has been summoned and is advising the DG on the event. On its first day of deliberation, 25 April, it concluded that the present event constitutes a **Public Health Emergency of International Concern**.

On 29 April 2009, the DG decided to elevate the pandemic alert to Phase 5. In order to come to this urgent decision, the DG considered epidemiological information from the most affected countries, as well as the result of the scientific meeting held that same day. The latter indicated the existence of sustained outbreaks of influenza A (H1N1) at the community level in more countries within the Region.

The decision to increase the pandemic level of the alert should permit Member States to provide the required leadership and coordination as well as to consider the possibility of executing their contingency plans.

The DG recommends not closing borders or restricting travel. However, it is prudent for people who are sick to delay travel. Moreover, returning travelers who have become sick should seek medical attention in line with guidance from national authorities.

Production of seasonal vaccine should continue, but at the same time, WHO is making all the efforts to facilitate the process of development of a vaccine against influenza A (H1N1).

The Committee will continue to advise the DG on the basis of the available information.

## Recommendations

### Enhanced surveillance

At this time, enhanced surveillance is recommended. On its Web page, PAHO has published orientations for the enhancement of surveillance activities, which are directed to the investigation of:

- Clusters of cases of ILI/SARI of unknown cause
- Severe respiratory disease occurring in one or more health workers
- Changes in the epidemiology of mortality associated with ILI/SARI; increase of observed deaths by respiratory diseases; or increase of the emergence of severe respiratory disease in previously healthy adults/adolescents.
- Persistent changes observed in the response to the treatment or evolution of a SARI.

The following risk factors should also cause suspicion of influenza A (H1N1):

- Close contact with a confirmed case of influenza A (H1N1) while the case was sick.
- Recent travel to an area where there are confirmed cases of influenza A (H1N1) have been confirmed

## **Virological surveillance of influenza A (H1N1)**

It is recommended that National Influenza Centers (NIC) immediately submit to the WHO Collaborating Center for influenza (CDC of the United States) all positive but unsubtypable specimens of influenza A. Shipment procedures are the same as those used by NICs for seasonal influenza specimens.

The test protocols for the detection of seasonal influenza by Polymerase Chain Reaction (PCR) cannot confirm influenza A (H1N1) cases. The Centers for Disease Control and Prevention of the United States are preparing testing kits that will include the primers and probes as well as the required positive control samples. The kits will be sent in the first week of May to those NICs that currently use the CDC protocol.

## **Infection prevention and control in health care facilities**

Since the main form of transmission of this disease is by droplets it is recommended strengthening the basic precautions to prevent their dissemination, for example the hygiene of hands, adequate triage in the health facilities, environmental controls, and the rational use of the personal protective equipment in accordance with the local regulations.

The complete guides "Epidemic-prone & pandemic-prone acute respiratory diseases Infection prevention & control in health-care facilities" are available at:

[http://new.paho.org/hq/index.php?option=com\\_content&task=blogcategory&id=805&Itemid=569](http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=805&Itemid=569)

## Influenza A/H1N1 Region of the Americas. 2 May 2009, 13:00 hrs

