



Update New virus *Influenza A (H1N1)*



Regional Report (25 May 2009 – 23 h GMT; 18 h EST)

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The data and information of this report are updated daily and are available at: http://new.paho.org/hq/index.php?option=com_frontpage&Itemid=1&lang=en Data can change as new notifications from countries are received.

The information is obtained from official websites of the Ministries of Health of the countries of the Americas and information submitted by the International Health Regulations (IHR) National Focal Points.

Summary of the current situation

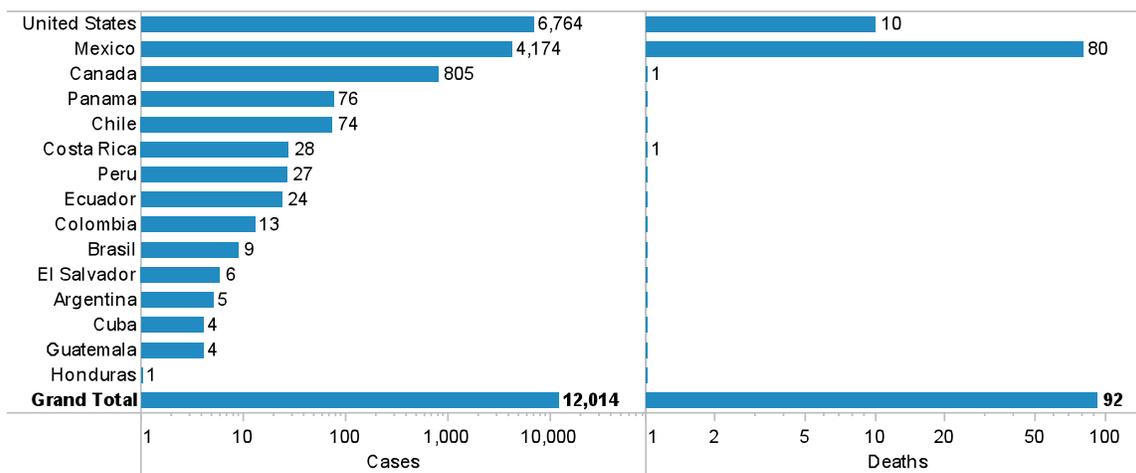
Up to 25 May 2009, **12,014 confirmed cases** of the new virus influenza A (H1N1) infection, including **92 deaths**, have been notified in **15 countries** of the Americas: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras Mexico, Panama, Peru and the United States. (Figure 1)

The date of the onset of symptoms of the first confirmed case was 28 March 2009 in the United States. WHO is not recommending any travel restrictions related to the outbreak of the *Influenza A (H1N1)* virus.

As of **25 May 2009**, **46** countries around the world have officially reported **12,515 cases** of *Influenza A (H1N1)* infection, including **92 deaths**.

In the Americas Region, there were 264 confirmed cases more than yesterday. The **United States** have reported **1 death**.

Figure 1. Number of confirmed cases and deaths by the new virus *Influenza A (H1N1)* Countries of the Americas - Updated to **25 May 2009**

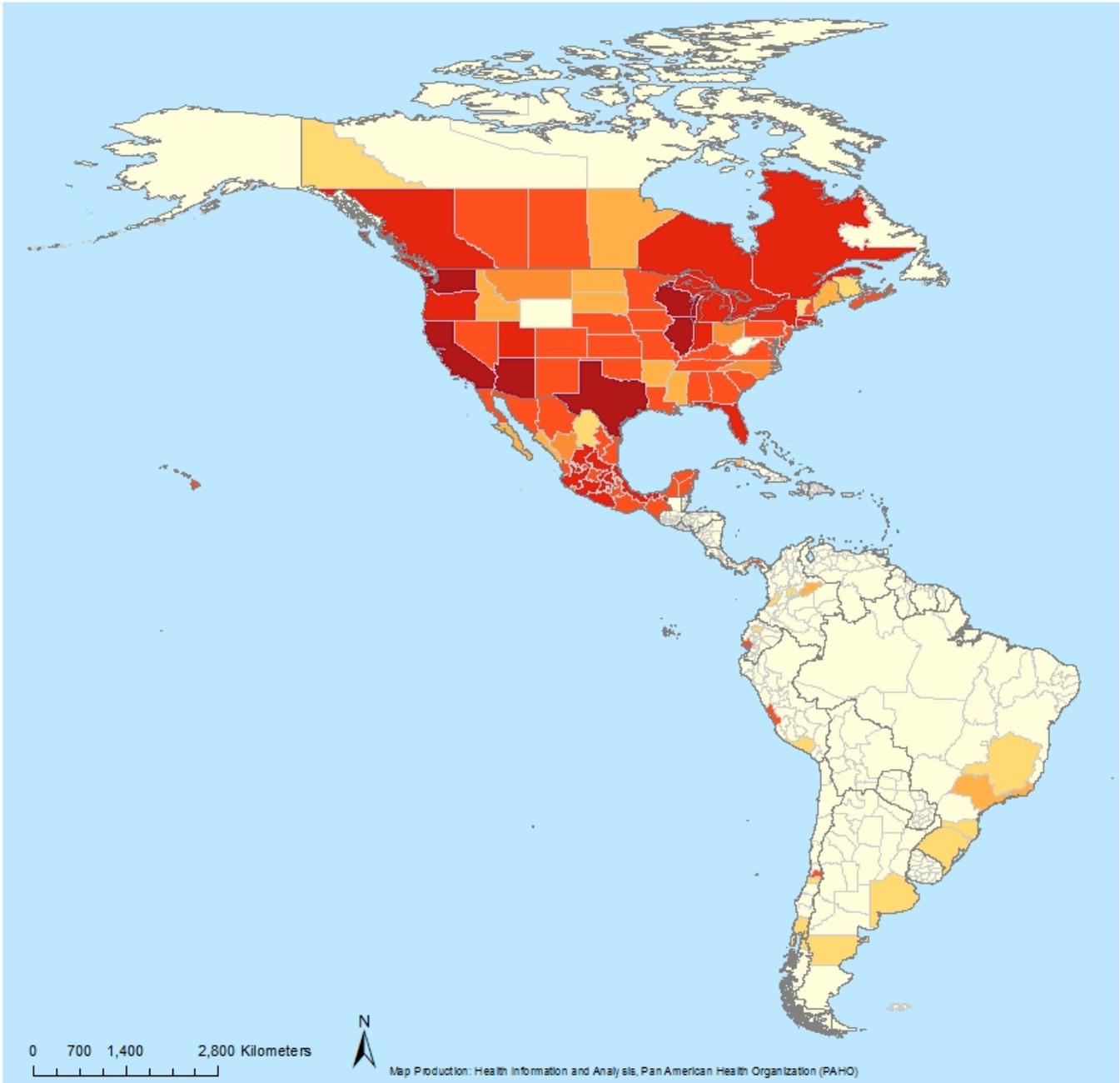


Source: Ministries of Health of the countries of the Americas.

WHO Director-General, Dr. Margaret Chan, made the closing remarks to the 62nd World Health Assembly on May 22nd, 2009. Among the highlights about the new virus *Influenza A (H1N1)* were:

- ✓ The strength of a country's health system will make the biggest difference in sickness and survival during an influenza pandemic.
 - ✓ For the first time in history, we are watching the conditions conducive for the start of a pandemic unfolds before our eyes. On the one hand, this gives us an unprecedented opportunity. The world is alert and on guard as never before. On the other hand, this gives us a dilemma. Scientists, clinicians, and epidemiologists are capturing abundant signals. But we do not have the scientific knowledge to interpret these signals with certainty. We have clues, many clues, but very few firm conclusions.
 - ✓ Preparedness measures on multiple levels have already been launched. In these matters, we cannot go any higher.
 - ✓ **On the basis of current knowledge, what we might expect to see in the coming weeks and months:**
 - **First**, A (H1N1) is a very contagious virus. We expect it to continue to spread to new countries and continue to spread within countries already affected.
 - **Second**, this is a subtle, sneaky virus. It does not announce its presence or arrival in a new country with a sudden explosion of patients seeking medical care or requiring hospitalization. In fact, most countries need a sudden explosion of laboratory testing to detect its presence and follow its tracks.
 - This creates yet another dilemma. We can all be grateful to the many countries that have engaged in rigorous detection and investigation, and rigorous studies of clinical cases, especially those requiring hospitalization. These efforts contribute to our understanding of the virus, its patterns of spread, and the spectrum of sickness it can cause. But these efforts are disruptive and extremely resource intensive.
 - How long can these efforts be sustained? The answer depends on the situation, the capacities, and the risks in each individual country, and even in different areas within a country. WHO cannot, at this point, solve the dilemma through universal guidance.
 - Countries should adjust their responses in line with the changing patterns of disease. We are in the early days and do not know enough to make sweeping recommendations.
 - **Third**, up to now, the new virus has largely circulated in the Northern Hemisphere, where epidemics of seasonal influenza should be winding down. We need to watch the behavior of H1N1 very carefully as it encounters other influenza viruses circulating during the winter season in the Southern Hemisphere. The current winter season gives influenza viruses an opportunity to inter-mingle and possibly exchange their genetic material in unpredictable ways.
 - **Fourth**, in cases where the H1N1 virus is widespread and circulating within the general community, countries must expect to see more cases of severe and fatal infections. We do not, at present, expect this to be a sudden and dramatic jump in severe illnesses and deaths. But countries, especially in the developing world, where populations are most vulnerable, should prepare to see more than the present small number of severe cases, which are being picked up under the best detection and testing conditions possible.
 - **Finally**, she reminded them that the decision to declare an influenza pandemic is a responsibility that Dr. Chan takes very seriously and she will consider all the scientific information available. She will be advised by the Emergency Committee, established in compliance with the International Health Regulations. She will also consider the fact that science finds its application and its value in serving people. As she mentioned: "in serving people, we need their confidence, their comprehension, and their trust".
- Full text on:
http://www.who.int/dg/speeches/2009/62nd_assembly_address_20090522/en/index.html
- For further information** visit the PAHO portal for the new Influenza virus A (H1N1):
http://new.paho.org/hq/index.php?option=com_content&ask=blogcategory&id=805&Itemid=569&lang=en

Influenza A (H1N1). Region of the Americas. 25 May 2009 (23 h GMT; 18 h EST)



0 700 1,400 2,800 Kilometers



Map Production: Health Information and Analysis, Pan American Health Organization (PAHO)

