

# Regional Update Pandemic (H1N1) 2009

(September 04, 2009 - 22 h GMT; 17 h EST)

## **Update on the Qualitative Indicators**

For Epidemiological Week 34 (EW 34), from 23 August to 29 August, 20 countries reported updated information to the Pan American Health Organization (PAHO) regarding the qualitative indicators<sup>1</sup> to monitor pandemic (H1N1) 2009 (Table 1). Only those 20 countries were included in this analysis.

Presently, 16 countries in the Region report having *widespread* geographical distribution of the pandemic (H1N1) 2009 virus, with Belize including itself in this category for the first time. Both Saint Kitts and Nevis and Dominica report having *no activity* of pandemic influenza last week (Map 1).

Four countries reported an *increasing* trend of respiratory disease, namely Bolivia, Ecuador, Paraguay, and Venezuela. While Paraguay had reported a *decreasing* trend in the previous three weeks, this week they report a shift to *increasing* trend (Map 2).

Regarding the **intensity** of acute respiratory disease, four countries report *high* intensity—Bolivia, El Salvador, Mexico, and Paraguay. Bolivia increased their reported status from *low or moderate* intensity to *high* this week. Conversely, three countries reported

experiencing lower intensity than last week: Mexico changed its status to *high* intensity after three weeks of *very high* intensity; and Argentina and Costa Rica changed their status from *high* intensity to *low or moderate* (Map 3).

Of the 19 countries for which there is available information, 9 countries (Belize, Bolivia, Brazil Costa Rica, Ecuador, El Salvador, Mexico, Paraguay, and Peru) reported experiencing *moderate* impact on health care services. This week, no countries reported experiencing a severe impact on health care services (Map 4).

Bolivia and Paraguay both reported *widespread* geographic spread, *increasing* trends of respiratory disease, *high* intensity of acute respiratory disease, and *moderate* impact on health care services.

The World Health Organization (WHO) does not recommend any restrictions to travel or the closing of borders due to pandemic (H1N1) 2009.

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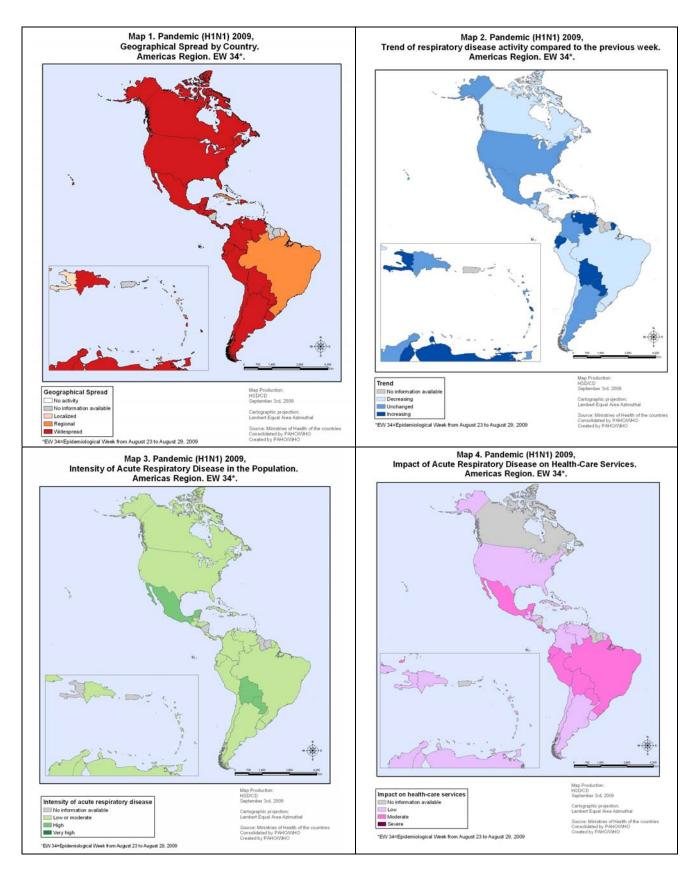
<sup>&</sup>lt;sup>1</sup> See Annex 1

**Table 1.** Weekly monitoring of qualitative indicators for the Pandemic (H1N1) 2009. Last Epidemiological Week available. Americas Region

Country	Geographic spread	Trend	Intensity	Impact on Health Care Services	EW
Antigua and Barbuda	Regional	Unchanged	Low or moderate	Low	Not specified
Argentina	Widespread	Unchanged	Low or moderate	Low	32
Bahamas	Regional	Unchanged	Low or moderate	Moderate	32
Barbados	Widespread	NIA	Low or moderate	NIA	31
Belize	Widespread	Unchanged	Low or moderate	Moderate	33
Bolivia	Widespread	Increasing	High	Moderate	34
Brazil	Regional	Decreasing	Low or moderate	Moderate	34
Canada	Widespread	Decreasing	Low or moderate	NIA	33
Chile	Widespread	Decreasing	Low or moderate	Low	34
Colombia	Widespread	Unchanged	Low or moderate	Low	33
Costa Rica	Widespread	Decreasing	Low or moderate	Moderate	34
Cuba	Regional	Decreasing	Low or moderate	Low	34
Dominica	No activity	Unchanged	Low or moderate	Low	34
Dominican Republic	Widespread	Unchanged	Low or moderate	Low	34
Ecuador	Widespread	Increasing	Low or moderate	Moderate	34
El Salvador	Widespread	Decreasing	High	Moderate	34
Grenada	Localized	Unchanged	Low or moderate	Low	31
Guatemala	Widespread	Decreasing	Low or moderate	Low	34
Guyana	NIA	NIA	NIA	NIA	
Haiti	Localized	Increasing	NIA	Low	Not specified
Honduras	Widespread	Decreasing	Low or moderate	Low	33
Jamaica	Widespread	Unchanged	Low or moderate	Low	32
Mexico	Widespread	Unchanged	High	Moderate	34
Nicaragua	NIA	NIA	NIA	NIA	
Panama	Widespread	Decreasing	Low or moderate	Low	34
Paraguay	Widespread	Increasing	High	Moderate	33
Peru	Widespread	Decreasing	Low or moderate	Moderate	34
Saint Kitts and Nevis	No activity	Decreasing	Low or moderate	Low	34
Saint Lucia	Widespread	Unchanged	Low or moderate	Low	34
Saint Vincent and the Grenadines	Localized	Unchanged	NIA	NIA	28
Suriname	NIA	NIA	NIA	NIA	
Trinidad and Tobago	Widespread	Unchanged	Low or moderate	Low	30
United States of America	Widespread	Unchanged	Low or moderate	Low	32
Puerto Rico (U.S.)	NIA	NIA	NIA	NIA	
Virgin Islands (U.S.)	NIA	NIA	NIA	NIA	
Uruguay	Widespread	Decreasing	Low or moderate	Low	30
Venezuela	Widespread	Increasing	Low or moderate	Low	34

NIA: No Information Available

Source: Ministries of Health of the countries in the Region



Note: EW 34 maps were produced using the last available information. Please refer to Table 1.

#### Update on the number of cases and deaths

As of 4<sup>th</sup> September 2009, a total of 120,653 confirmed cases have been notified in all 35 countries in the Americas Region. A total of 2,467 deaths have been reported among the confirmed cases in 22 countries of the Region.

In addition to the figures displayed in Table 2, the following overseas territories have confirmed cases of pandemic (H1N1) 2009: The following overseas territories have confirmed cases of pandemic (H1N1) 2009: American Samoa, U.S. Territory (8); Guam, U.S. Territory (1); Puerto Rico, U.S. Territory (20); Virgin Islands, U.S. Territory (49); Bermuda, UK Overseas Territory (1); Cayman Islands, UK Overseas Territory (14); British Virgin Islands, UK Overseas Territory (2); Turks and Caicos

Islands (3); Martinique, French Overseas Community (44); Guadeloupe, French Overseas Community (17); Guyane, French Overseas Community (29); Saint-Martin, French Overseas Community (15); Netherlands Antilles, Aruba (13); Netherlands Antilles, Bonaire (29); Netherlands Antilles, Curaçao\* (46)\*; Netherlands Antilles, St. Eustatius (1); and Netherlands Antilles, St. Maarten (22).

\* Three cases were reported on a cruise-ship.

The distribution of cases and deaths at the first sub-national level can be found in the interactive map available through the following link: http://new.paho.org/hq/images/atlas/en/atlas.ht ml.

**Table 2.** Number of cases and deaths confirmed for the Pandemic (H1N1) 2009 virus Region of the Americas. Updated as of 4<sup>th</sup> September 2009, (17 h GMT; 12 h EST).

	Number of	Number	New cases	New deaths
Country	confirmed	of deaths	(since	(since
	cases	or deaths	August 28)	August 28)
Antigua &				
Barbuda	3	0	0	0
Argentina	8,240	465	0	0
Bahamas	23	0	0	0
Barbados	60	0	0	0
Belize	23	0	0	0
Bolivia	1,446	21	57	2
Brazil	6,592	657	1,386	100
Canada*	10,156	72	0	0
Chile**	12,194	130	0	0
Colombia	507	29	0	0
Costa Rica	1,115	33	57	0
Cuba	306	0	0	0
Dominica	1	0	0	0
Dominican				
Republic	373	11	191	6
Ecuador	1,382	36	0	0
El Salvador	729	17	3	0
Grenada	3	0	0	0
Guatemala	720	12	0	0
Guyana	7	0	0	0
Haiti	5	0	0	0
Honduras	404	8	33	0
Jamaica	80	4	0	0
Mexico	21,857	193	997	14
Nicaragua	1,053	4	394	2
Panama	693	7	46	1
Paraguay	472	52	0	0
Peru	6,789	98	181	18
Saint Kitts &				
Nevis	6	1	0	0
Saint Lucia	13	0	0	0
Saint Vincent &				
Grenadines	2	0	0	0
Suriname	11	0	0	0
Trinidad &				
Tobago	97	0	0	0
United States*	43,771	556	0	0
Uruguay*	550	20	0	0
Venezuela	970	41	187	17
TOTAL	120,653	2,467	3,532	160

**Source**: Ministries of Health of the countries in the Region

<sup>\*</sup>This country no longer updates on the total number of confirmed cases; only on the number of deaths.

<sup>\*\*</sup>There are 358,446 cases compatible with the case definition; of those, 12,194 have been confirmed for the pandemic (H1N1) 2009 virus.

## Description of severe pandemic (H1N1) 2009 confirmed cases in selected countries

The characteristics of severe or hospitalized confirmed cases for Canada, Chile, and Brazil are displayed in Table 3. Based on information provided during the reporting period, the majority of hospitalized cases in Canada and Chile were young adults (median age of 25 and 31 years of age, respectively). For these two countries, the

proportion of women was slightly greater than fifty percent. The percentage of patients having at least one underlying medical condition varied between 36.9% to 57.2%. In Brazil and Canada, less than thirty percent of the fertile- age female cases were pregnant.

**Table 3:** Descriptive Epidemiology of Severe or Hospitalized Confirmed Cases of Pandemic (H1N1) 2009 Influenza

	Brazil	Canada	Chile
Source	Ministry of Health Influenza epidemiological Report, No. 6, August 2009	Public Health Agency of Canada, FluWatch:phac- aspc.gc.ca/fluwatch	Ministry of Health, Pandemic Influenza Weekly Report, August 26, 2009
Reporting period	Through EW33	Through EW33	Through August 26, 2009
Reporting of severe or hospitalized cases	Hospitalized cases	Hospitalized cases	Severe cases
Number of hospitalized or severe confirmed cases	n=5,206	n=1,441	n=1,480
Female (%)		51.6	51.0
Median age (years)		25	31
Pregnant (%)	29.7 <sup>2</sup>	27.9 <sup>1</sup>	
Co-existing medical conditions (%)	36.9 <sup>4</sup>	57.2 <sup>3</sup>	46.0

<sup>1</sup>Among women 15-44 years of age 2Among women 15-49 years of age 3Not defined, but excludes pregnancy

<sup>4</sup> Not defined but includes pregnancy

## **Update on the Virological Situation**

Influenza virus antiviral susceptibility testing is done routinely as part of the surveillance activities carried out by the WHO collaborating center for Surveillance, Epidemiology & Control of Influenza at the U.S. Centers for Disease Control and Prevention.

Susceptibility to neuraminidase inhibitors is carried out for the neuraminidase inhibition assay and resistant viruses are sequenced o determine the presence of established molecular marker of resistance. The susceptibility to adamantanes is carried out by

determining the presence of established molecular markers of resistance.

All the 127 pandemic (H1N1) 2009 viruses isolated in Latin America and the Caribbean and tested by the CDC for antiviral susceptibility so far have shown sensitivity to both oseltamivir and zanamivir. Also, all 132 pandemic (H1N1) 2009 viruses tested for susceptibility to adamantanes have shown resistance to these antivirals.

Anexo 1. Qualitative indicators for the monitoring of pandemic (H1N1) 2009

Geographical spread: re	fers to the number and distribution of sites reporting influenza activity.		
No activity:	No laboratory confirmed case(s) of influenza, or evidence of increased or unusual respiratory disease activity.		
Localized:	Limited to one administrative unit of the country (or reporting site) only.		
Regional:	Appearing in multiple but <50% of the administrative units of the country (or reporting sites).		
Widespread:	Appearing in ≥50% of the administrative units of the country (or reporting sites).		
No information available:	No information available for the previous 1 week period.		
Trend of respiratory disease activity compared to the previous week: refers to changes in the level of			
respiratory disease activ	ity compared with the previous week.		
Increasing:	Evidence that the level of respiratory disease activity is increasing compared with the previous week.		
Unchanged:	Evidence that the level of respiratory disease activity is unchanged compared with the previous week.		
Decreasing:	Evidence that the level of respiratory disease activity is decreasing compared with the previous week.		
No information available.			
	ratory Disease in the Population: is an estimate of the proportion of the population isease, covering the spectrum of disease from influenza-like illness to pneumonia.		
Low or moderate:	A normal or slightly increased proportion of the population is currently affected by respiratory illness.		
High:	A large proportion of the population is currently affected by respiratory illness.		
Very high:	A very large proportion of the population is currently affected by respiratory illness.		
No information available.			
<b>Impact on Health-Care Services:</b> refers to the degree of disruption of health-care services as a result of acute respiratory disease.			
Low:	Demands on health-care services are not above usual levels.		
Moderate:	Demands on health-care services are above the usual demand levels but still below the maximum capacity of those services.		
Severe:	Demands on health care services exceed the capacity of those services.		
No information available.			

Source: Updated interim WHO guidance on global surveillance of human infection with pandemic (H1N1) 2009 virus. 10 July 2009.

The data and information in this report will be updated on a weekly basis and available at: <a href="http://new.paho.org/hq/index.php?option=com">http://new.paho.org/hq/index.php?option=com</a> content&task=blogcategory&id=814&Itemid=1206

This report was prepared based on the indicators in the document *Human infection with pandemic (H1N1) 2009 virus: updated interim WHO guidance on global surveillance* available at: (http://www.who.int/csr/disease/swineflu/notes/h1n1\_surveillance\_20090710/en/index.html).

The information presented herein has been obtained through the official sites of the Ministries of Health of the countries in the Region as well as official reports submitted by the International Health Regulation (2005) National Focal Points.