Update:
Influenza A (H1N1)—
Regional Report

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Today 10 May USA reports a new death due to *Influenza* A/H1N1 in the state of Washington and Panama has increased to 15 the number of confirmed cases.

As of 10 May 2009, the total number of **confirmed cases** of *Influenza* A (H1N1) recorded is **4,476,** including **53 deaths, in 10 countries of the Americas (Argentina, Brazil, Canada, Colombia, Costa Rica, El Salvador, Guatemala, Mexico, Panama and the United States).**

To date the **United States has confirmed** a total of **2,532 cases** of *Influenza* A (H1N1), **including 3 deaths** (two in Texas and one in the state of Washington), in 44 States (including the District of Columbia): 4 in Alabama, 182 in Arizona, 282 in California, 39 in Colorado, 24 in Connecticut, 44 in Delaware, 53 in Florida, 3 in Georgia, 6 in Hawaii, 1 in Idaho, 466 in Illinois, 39 in Indiana, 43 in Iowa, 36 in Kansas, 3 in Kentucky, 9 in Louisiana, 4 in Maine, 23 in Maryland, 88 in Massachusetts, 114 in Michigan, 7 in Minnesota, 10 in Missouri, 13 in Nebraska, 9 in Nevada, 4 in New Hampshire, 7 in New Jersey, 30 in New México, 190 in New York, 7 in North Carolina, 6 in Ohio, 14 in Oklahoma, 17 in Oregon, 10 in Pennsylvania, 7 in Rhode Island, 32 in South Carolina, 1 in South Dakota, 54 in Tennessee, 108 in Texas, 63 in Utah, 1 in Vermont, 16 in Virginia, 102 in Washington, 4 in Washington D.C. and 357 in Wisconsin. Other suspected cases are being investigated.

From 1 March to 9 May, **Mexico** has reported **2,062 confirmed cases** of *Influenza* A (H1N1), **including 48 deaths**, in 30 of 32 States. The states with the highest number of confirmed cases are the Federal District (Mexico City), State of Mexico, San Luis Potosi and Hidalgo.

In **Canada**, up to 10 May **284 human cases** of *Influenza* A (H1N1) have been **confirmed, including 1 death** in Alberta, in 9 of 13 Provinces (48 in Alberta, 79 in British Columbia, 2 in New Brunswick, 56 in Nova Scotia, 15 in Quebec, 1 in Manitoba, 76 in Ontario, 3 in Prince Edward Island and 4 in Saskatchewan).

To date **Costa Rica** has reported **8 confirmed cases** of *Influenza* A (H1N1) **including 1 death**. On 3 May, **Colombia** reported **1 confirmed case** of *Influenza* A (H1N1), while **El Salvador** reported **2 confirmed cases** of *Influenza* A (H1N1). On 5 May, **Guatemala** notified **1 confirmed case** of *Influenza* A (H1N1). On 8 May, **Argentina** reported **1 confirmed case** of *Influenza* A (H1N. To date **Brazil has** reported **6 confirmed cases** of *Influenza* A (H1N1) and Panama has confirmed 15 cases.

Various countries of the Region are reporting suspected and probable cases. This indicates that surveillance enhancement is producing results.

International Health Regulations (IHR)

The Director-General of WHO determined on 25 April that this event constitutes a **Public Health Emergency of International Concern**. On 29 April, the Director General decided to raise the pandemic alert to Phase 5.

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.

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 their regular WHO Collaborating Center for influenza 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 Sates (CDC) has begun to ship testing kits that will include the primers and probes as well as the required positive control samples.

Current available evidence indicates that the technique of Immunofluorescence (IF) has low sensitivity for the identification of the new *Influenza* A virus (H1N1). As a result, its results are not recommended as a basis to rule out suspected cases. Furthermore, the suspected cases with positive results for *Influenza* A, but unsubtypable, obtained by PCR have a high probability of being confirmed as cases of the new *Influenza* A virus (H1N1).

Case Definitions

The following case definitions are for the purpose of reporting probable and confirmed cases of *Influenza* A (H1N1) virus infection to WHO.

Clinical case description
Acute febrile respiratory illness (fever >38°C) with the spectrum of disease from influenza-like illness to pneumonia.

1. A **Confirmed case** of *Influenza* A(H1N1) virus infection is defined as an individual with laboratory confirmed *Influenza* A(H1N1) virus infection by one or more of the following tests*:
   - Real time RT-PCR
   - viral culture
   - four-fold rise in *Influenza* A(H1N1) virus specific neutralizing antibodies.

2. A **Probable case** of *Influenza* A(H1N1) virus infection is defined as an individual with an influenza test that is positive for *Influenza* A, but is unsubtypable by reagents used to detect seasonal influenza virus infection OR
   An individual with a clinically compatible illness or who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.

* Note: The test(s) should be performed according to the most currently available guidance on testing (http://www.who.int/csr/disease/swineflu/en/index.html).

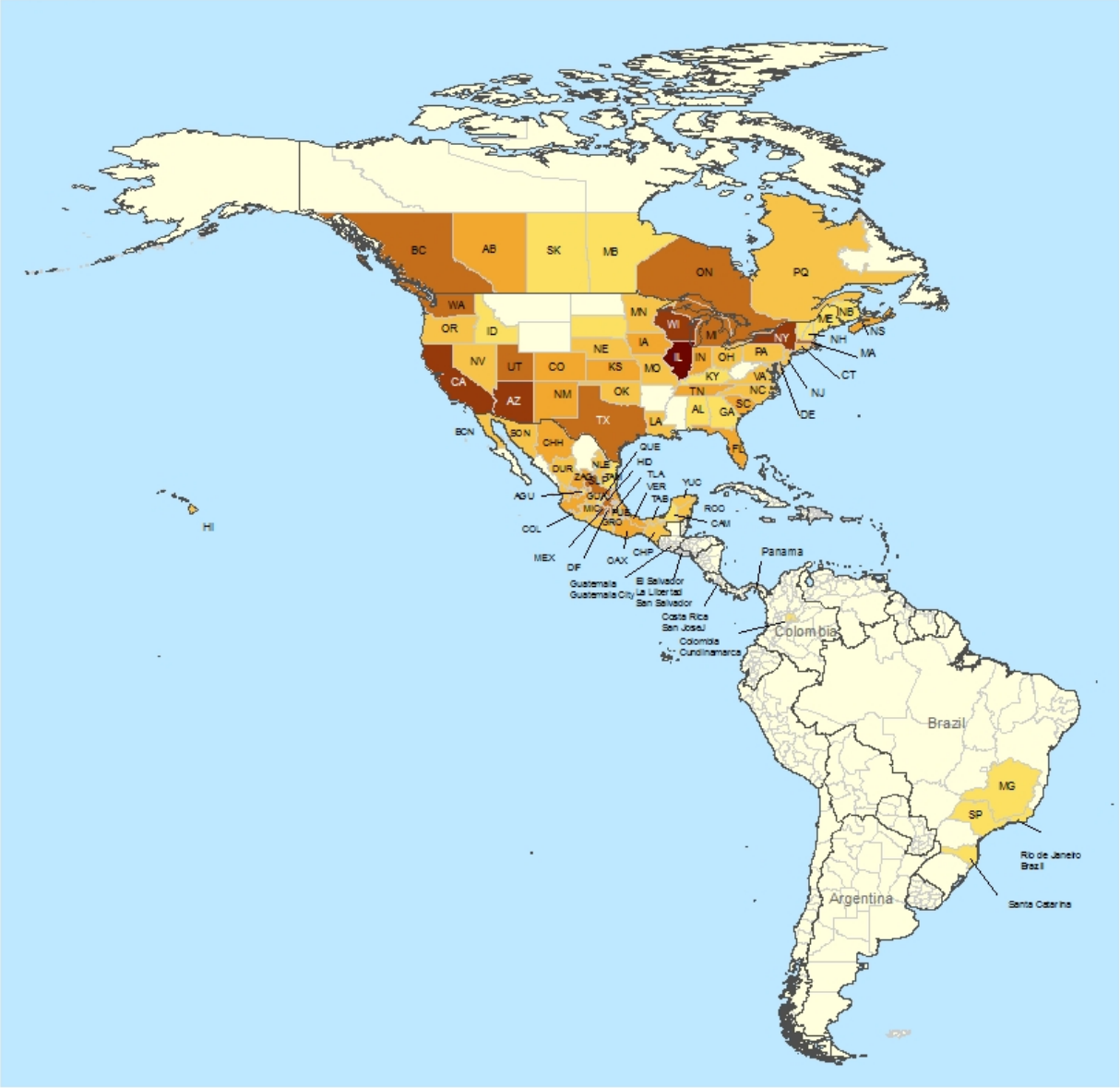
Infection prevention and control in health care facilities

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

Organización Panamericana de la Salud
Oficina Regional de la Organización Mundial de la Salud

Influenza A/H1N1
Region of the Americas. 10 May 2009, 13:00 hrs



Country	Confirmed Cases	Deaths
Argentina	1	0
Brazil	6	0
Canada	280	1
Colombia	1	0
Costa Rica	8	1
El Salvador	2	0
Guatemala	1	0
United States	2532	3
Mexico	1626	48
Panama	15	0
Total	4472	53

Confirmed cases by States

- 0
- 1 - 5
- 6 - 25
- 26 - 60
- 61 - 175
- 176 - 392
- 393 - 668

0 700 1,400 2,800 Kilometers

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