Pan American Health Organization

Up date
New virus *Influenza* A(H1N1)

Regional Report
(13 May 2009 - 17 h)

Epidemiological Alerts

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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

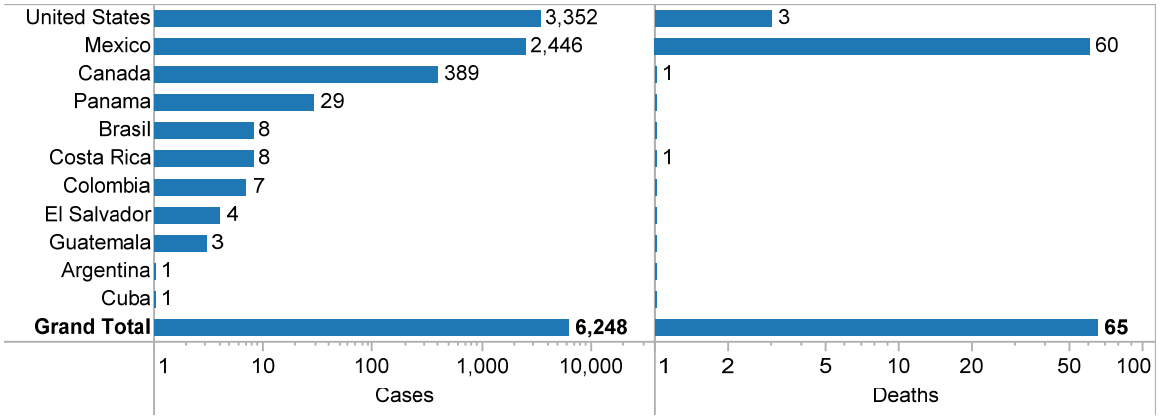
Up to 13 May 2009, **6.248 confirmed cases** of the new virus influenza A (H1N1), including **65 deaths**, have been notified in **11 countries** of the Americas: Argentina, Brazil, Canada, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Mexico, Panama and the United States. **(Figure 1).** The date of the onset of symptoms of the first confirmed case was 28 March 2009 in the United States.

WHO is not recommending travel restrictions related to the outbreak of the *Influenza* A(H1N1) virus.

Individuals who are ill should delay travel plans and returning travelers who fall ill should seek appropriate medical care. These recommendations are prudent measures which can limit the spread of many communicable diseases, including *Influenza*.

Today, Mexico reported two deaths and increased the number of cases to 2.446. The countries that continue notifying new cases are: Canada, Colombia, the United States, Mexico and Panama.

Figure 1. Number of confirmed cases and deaths by the new virus influenza A (H1N1) in countries of the Americas
Updated **to 12 May 2009**



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

Assessing the severity of an influenza pandemic

The major determinant of the severity of an influenza pandemic, as measured by the number of cases of severe illness and deaths it causes, is the inherent virulence of the virus.

Even a pandemic virus that initially causes mild symptoms in otherwise healthy people can be disruptive, especially under the conditions of today's highly mobile and closely interdependent societies. Moreover, the same virus that causes mild illness in one country can result in much higher morbidity and mortality in another. In addition, the inherent virulence of the virus can change over time as the pandemic goes through subsequent waves of national and international spread.

To date, the following observations can be made, specifically about the H1N1 virus, and more generally about the vulnerability of the world population. Observations specific to H1N1 are preliminary, based on limited data in only a few countries.

The H1N1 virus strain causing the current outbreaks is a new virus that has not been seen previously in either humans or animals. Although cannot be reached at present, that pre-existing immunity to the virus will be low or non-existent.

H1N1 appears to be more contagious than seasonal influenza. The secondary attack rate of seasonal influenza ranges from 5% to 15%. Current estimates of the secondary attack rate of H1N1 range from 22% to 33%.

With the exception of the outbreak in Mexico, which is still not fully understood, the H1N1 virus tends to cause very mild illness.

In the two largest and best documented outbreaks to date, in Mexico and the United States of America, a younger age group has been affected than seen during seasonal epidemics of influenza.

In terms of population vulnerability, the tendency of the H1N1 virus to cause more severe and lethal infections in people with underlying conditions is of particular concern.

Apart from the intrinsic mutability of influenza viruses, other factors could alter the severity of current disease patterns, though in completely unknowable ways, if the virus continues to spread.
Scientists are concerned about possible changes that could take place as the virus spreads to the southern hemisphere and encounters currently circulating human viruses as the normal influenza season in that hemisphere begins.

The fact that the H5N1 avian influenza virus is firmly established in poultry in some parts of the world is another cause for concern. No one can predict how the H5N1 virus will behave under the pressure of a pandemic.

At present, H5N1 is an animal virus that does not spread easily to humans and only very rarely transmits directly from one person to another.

Source: Assessing the severity of an influenza pandemic. World Health Organization (WHO).

http://www.who.int/csr/disease/swineflu/assess/disease_swineflu_assess_20090511/en/index.html

Infection, Prevention and Control Documents

Infection prevention and control of epidemic- and pandemic- prone acute respiratory diseases (ARDs) in health care. *WHO Interim Guidelines* (WHO/CDS/EPR/2007.6).

This document provides guidelines on essential interventions for the prevention and control of infections of acute respiratory diseases in health care. It provides a practical and simple direction on triage, administrative strategies, including isolation, environmental control, use of personal protective equipment (PPE), mortuary care, postmortem examination, engineering and environmental controls for autopsy and preparedness planning for ARD epidemics. http://www.who.int/csr/resources/publications/WHO_CDS_EPR_2007_6c.pdf

For further information visit the PAHO portal for the new Influenza virus A(H1N1):
http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=805&Itemid=569&lang=en