



Up date
New virus *Influenza A(H1N1)*



Regional Report
(17 May 2009 – 23 h GMT; 18 h EST) Vol. 6, No. 33

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 17 May 2009, **8,409 confirmed cases** of the new virus influenza A (H1N1) infection, including **74 deaths**, have been notified in **14 countries** of the Americas: Argentina, Brazil, Canada, **Chile**, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, 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.

These recommendations are prudent measures which can limit the spread of many communicable diseases, including *Influenza*.

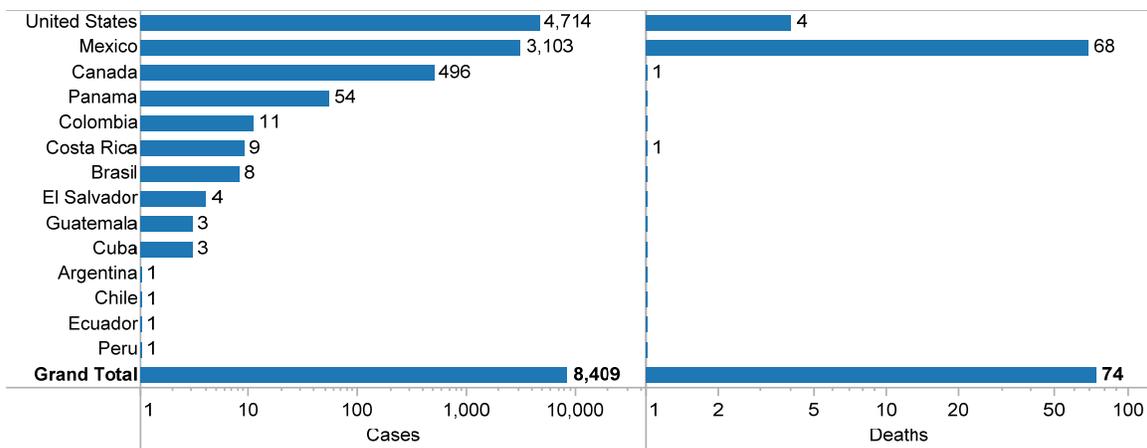
Until **23 h GMT; 18 h EST of 17 May 2009**, the number of countries around the world with confirmed cases of influenza A (H1N1) increased to **40**. In the Americas Region, **Chile** notified its first confirmed case. A 32 year old female patient that arrived from Punta Cana, Dominican Republic at 3:40 AM. The patient is receiving the required health care and the measures required to halt outbreak are being taken.

In other Regions the countries with first confirmed cases are **Malaysia** (2); **India** (1) and **Turkey** (1).

Continuing **surveillance** activities must be intensified.

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.

Figure 1. Number of confirmed cases and deaths by the new virus influenza A (H1N1) in countries of the Americas - Updated to 17 May 2009



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

Recommendations

Enhanced surveillance

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.
- 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.

- Severe respiratory disease occurring in one or more health workers
- 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 travels 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 States (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).

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.

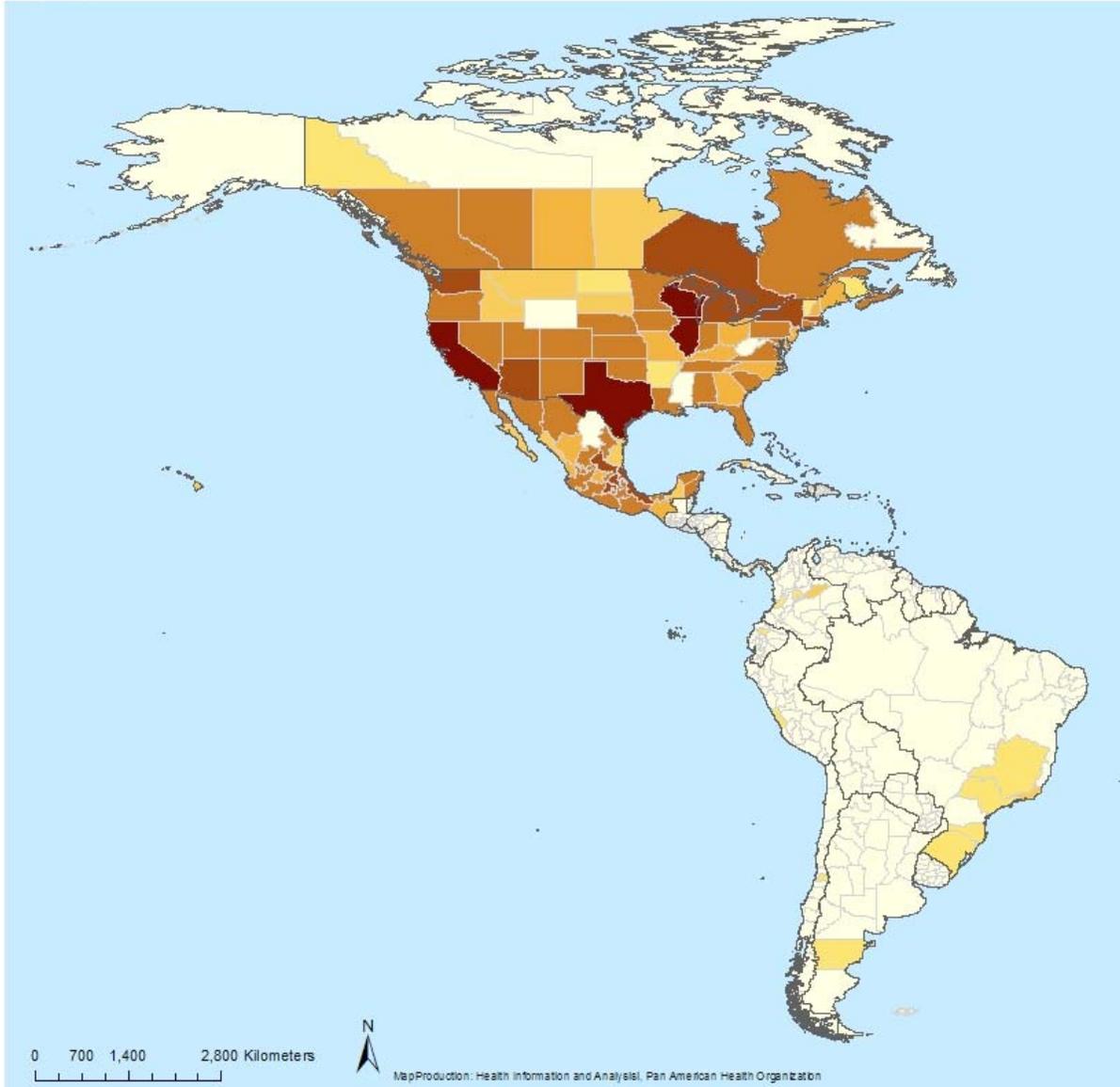
The complete guides "Epidemic-prone & pandemic-prone acute respiratory diseases Infection prevention & control in health-care facilities" are available at:

http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=805&Itemid=569

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

Influenza A/H1N1. Region of the Americas. 17 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

