

Regional Update Pandemic (H1N1) 2009

(August 14, 2009 - 17 h GMT; 12 h EST)

Update on the Qualitative Indicators

For **epidemiological week 31** (EW 31, August 2 to August 8) 17 countries have reported updated information to the Pan American Health Organization (PAHO) regarding the qualitative indicators¹ to monitor the pandemic (H1N1) 2009 **(Table 1)**. Data from the most recent week of notification is considered for the purposes of the analysis below (EW 28 – 31).

Presently, 22 countries in the Region report having widespread geographical distribution of the pandemic (H1N1) 2009 virus. Brazil reported that the geographical distribution is more limited during EW 31, thus its status changed from widespread to regional spread. Barbados reported information on geographical spread of pandemic influenza activity for the first time, reporting widespread distribution for EW 31. While Saint Kitts and Nevis informed having localized activity of pandemic influenza last week, on EW 31 their status has changed to no activity (Map 1).

Four countries reported an *increasing* **trend** of respiratory disease, namely Belize, Haiti, Peru, and Saint Lucia. Three countries (Bolivia, Guatemala and Paraguay) that have reported *increased* trend in previous week, reported *unchanged* trend in the EW 31 **(Map 2)**.

Regarding the **intensity** of acute respiratory disease when comparing to the same period in previous years, Mexico reported having a *very high* intensity for EW 31, an increase from previous week. Argentina, Canada, Cuba, El Salvador, Guatemala, and Paraguay maintained their status of *high* intensity **(Map 3)**.

Of the 24 countries with information available, 8 countries (Bolivia, Brazil, Cuba, Ecuador, El Salvador, Guatemala, Mexico and Paraguay) reported experiencing *moderate* impact on health care services. For EW 31, no country reported a *severe* impact on health care services (Map 4).

For the last four epidemiological weeks, Mexico reported having a *decreasing* trend of respiratory diseases. Nevertheless, the intensity of acute respiratory disease increased from *high* in the previous three epidemiological weeks to *very high* in EW 31

Paraguay had changed the report on trend of respiratory disease activity from *increasing* to *decreasing during* EW 31. However, they continue to report having *high* intensity of acute respiratory disease.

Argentina, Chile, and Venezuela report a decreasing trend since EW 29, upon an increasing trend until EW 28.

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

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¹ See Table 4

Map 1. Pandemic (H1N1) 2009, Geographical Spread by Country. Americas Region. EW 31*.



Map 3. Pandemic (H1N1) 2009, Intensity of Acute Respiratory Disease in the Population. Americas Region. EW 31*.



Map 2. Pandemic (H1N1) 2009, Trend of respiratory disease activity compared to the previous week. Americas Region. EW 31*.



Map 4. Pandemic (H1N1) 2009, Impact of Acute Respiratory Disease on Health-Care Services. Americas Region. EW 31*.



*EW 31=Epidemiological Week from August 2 to August 8, 2009

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	Unch an ged	Low or moderate	Low	Not specified
Argentina	Widespread	Decreasing	High	Low	31
Bahamas	Regio na l	NIA	NIA	NIA	28
Barbados	Widespread	NIA	Low or moderate	NIA	31
Belize	Localized	In creasing	NIA	NIA	28
Bolivia	Widespread	Unch an ged	Low or moderate	Moderate	31
Brazil	Regional	Unch an ged	Low or moderate	Moderate	31
Cana da	Widespread	Decreasing	High	NIA	29
Chile	Widespread	Decreasing	Low or moderate	Low	31
Colombia	Widespread	Unch an ged	Low or moderate	Low	31
Costa Rica	Widespread	NIA	NIA	NIA	28
Cuba	Regional	Unch an ged	High	Moderate	29
Dominica	No activity	Unch an ged	Low or moderate	Low	31
Dominican Republic	Widespread	Decreasing	Low or moderate	Low	30
Ecuador	Widespread	Unch an ged	Low or moderate	Moderate	31
El Salvador	Widespread	Decreasing	High	Moderate	31
Grenada	Localized	Unch an ged	Low or moderate	Low	31
Guatemala	Widespread	Unch an ged	High	Moderate	31
Guyana	Localized	NIA	NIA	NIA	28
Haiti	Localized	Increasing	NIA	Low	Not specified
Honduras	Widespread	NIA	NIA	NIA	28
Jamaica	Widespread	Decreasing	Low or moderate	Low	Not specified
Mexico	Widespread	Decreasing	Very High	Moderate	31
Nicaragua	Widespread	NIA	NIA	NIA	28
Panama	Widespread	Decreasing	Low or moderate	Low	31
Paraguay	Widespread	Decreasing	High	Moderate	30
Peru	Widespread	In creasing	Low or moderate	Low	Not specified
Saint Kitts and Nevis	No activity	Unch an ged	Low or moderate	Low	31
Saint Lucia	Widespread	Increasing	Low or moderate	Low	31
Saint Vincent and the Grenadines	Localized	Unch an ged	NIA	NIA	28
Suriname	NIA	NIA	NIA	NIA	
Trinidad and Tobago	NIA	NIA	NIA	NIA	
United States of America	Widespread	Decreasing	Low or moderate	Low	29
Puerto Rico (U.S.)	Regional	NIA	NIA	NIA	28
Virgin Islands (U.S.)	NIA	NIA	NIA NIA		28
Uruguay Venezuela	Widespread Widespread	Decreasing Decreasing	Low or moderate	Low	30 31
NIA: No Information Available		Decreasing	LOW OF HIDUCIALE	LOVV	21

NIA: No Information Available

Source: Ministries of Health of the countries in the Region

Update on the number of cases and deaths

As of August 14, 2009, a total of 105,882 confirmed cases have been notified in all 35 countries in the Americas Region. A total of 1,579 deaths have been detected among the confirmed cases in 22 countries of the Region. Nicaragua and Venezuela reported their first deaths during EW 31.

In addition to the figures displayed in **Table 2**, 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 (15); Guadeloupe, French Overseas Community (11); Saint-Martin, French Overseas Community (4); Netherlands Antilles, Aruba (13); Netherlands Antilles, Bonaire (28); Netherlands Antilles, Curaçao (43)*; Netherlands Antilles, St. Eustatius (1); and Netherlands Antilles, St. Maarten (16).

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

^{*} Three cases were reported on a cruise-ship.

Table 2. Number of cases and deaths confirmed for the Pandemic (H1N1) 2009 virus Region of the Americas. Updated as of August 14, 2009 (17 h GMT; 12 h EST).

Country	Number of			New deaths
	confirmed cases	deaths	(since August 7)	(since August 7)
Antigua & Barbuda	3	0	0	0
Argentina	6768	404	1058	66
Bahamas	23	0	0	0
Barbados	47	0	13	0
Belize	23	0	0	0
Bolivia	1069	13	116	4
Brazil*	2959	192	0	96
Canada*	10156	66	0	4
Chile**	12104	112	74	8
Colombia	298	18	23	1
Costa Rica	865	28	110	3
Cuba	264	0	0	0
Dominica	1	0	0	0
Dominican Republic	182	5	0	0
Ecu ad or	1039	23	158	5
El Salvador	626	12	58	3
Grenada	3	0	1	0
Guatemala	624	10	76	0
Guyana	7	0	0	0
Haiti	3	0	0	0
Honduras	278	7	24	1
Jamaica	64	4	0	1
Mexico	18390	162	974	16
Nicaragua	543	1	33	1
Panama	622	3	22	1
Paraguay	261	27	17	0
Peru	3559	23	0	0
Saint Kitts & Nevis	4	1	1	0
Saint Lucia	8	0	2	0
Saint Vincent & Grenadines	1	0	0	0
Suriname	11	0	0	0
Trinidad & Tobago	97	0	0	0
United States*	43771	436	0	83
Uruguay*	550	20	0	0
Venezuela	659	12	217	12
TOTAL	105882	1579	2977	305

Source: Ministries of Health of the countries in the Region

^{*}These countries no longer update on the total number of confirmed cases. However they do update the number of deaths.

^{**} There are 352.742 cases compatible with the case definition; of those, 12,104 have been confirmed for the pandemic (H1N1) 2009 virus.

Update on the Virological Situation

Virological data obtained from Ministry of Health websites, Ministry of Health reports to PAHO and notifications from National Influenza Centers (NICs) is included below.

For the purposes of this analysis, only countries (or laboratories) that reported data on influenza sub type were considered. We excluded from the calculations of the percentages, results from samples of influenza that were not subtyped or were unsubtypeable.

Virological information for countries (or laboratories) that provided that level of detail is display in Table 3.

Among viruses that were subtyped as *influenza A* (seasonal H1, H3 or pandemic (H1N1) 2009), the predominant virus is the pandemic one (H1N1) 2009 in most countries for which information was available.

Table 3. Relative circulation of pandemic (H1N1) for selected countries

Country	Epidemiological Week	%	Pandemic (H1N1) 2009	
·	week		All subtyped influenza A	
Argentina	30	100%		
Brazil*	29	94.3%		
Canada	30	98.7%		
Chile	31	100.%		
Colombia	27	44.7%		
Costa Rica	17-25	99.8%		
Cuba	29	77.1%		
Panama	30	100%		
USA	30	99.0%		
MEDIAN			99.0%	

Source: Ministries of Health and National Influenza Centers of the countries in the Region

^{*} Data from Evandro Chagas Institute

Table 4. Qualitative indicators for the monitoring of pandemic (H1N1) 2009

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Geographical spread: re	efers 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 dis	ease 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.			
Intensity of Acute Respiratory Disease in the Population: is an estimate of the proportion of the population with acute respiratory disease, 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.			
Impact on Health-Care Services: 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: http://new.paho.org/hg/index.php?option=com_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.