2009 Pandemic Influenza in CAREC Member Countries: Summary and Lessons Learnt

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Outline

+ Summary of 2009 influenza pandemic in CMCs

* Respiratory illnesses in CMCs post pandemic

+ Lessons learnt from the influenza pandemic

Summary of the influenza pandemic in CAREC Member Countries



Influenza Pandemic in CAREC Member Countries

 All 21 CAREC member countries reported laboratory confirmed cases of pandemic influenza A (H1N1)

* Co-circulation of seasonal influenza A (H3N2 and H1N1) and influenza B

	Epidemiologic Weeks 1-18, 2010			Epidemiologic Weeks 1-52, 2009					
	Number of	Cases (Percentage of total specimens tested)		Number of Cases	Cases (Percentage of total specimens tested)				
Country	Cases wih Specimens Tested	Pandemic (H1N1) influenza	Influenza B	wih Specimens Tested	Pandemic (H1N1) influenza	Influenza B	Seasonal Influenza A H1N1 [¥]	Seasonal Influenza A H3N2 [*]	Influenza A (Untyped) [¥]
					(Weeks 15-52, 2009)				
Anguilla	0			48	14 (29.2%)			2 (4.2%)	
Antigua & Barbuda	0			24	4 (16.7%)			1 <i>(4.2%)</i>	
Aruba	0			406	57 (14.0%)				3 (0.7%)
Bahamas	0			49	24 (49.0%)			1 (2.0%)	
Barbados	23	1 (4.3%)		443	155 (35.0%)	15 <i>(3.4%)</i>		3 (0.7%)	2 (0.5%)
Belize	5	1 (20.0%)		173	46 (26.6%)	2 (1.2%)		6 (3.5%)	1 (0.6%)
Bermuda	-	4 (-)		73	26 (35.6%)			1 (1.4%)	
British Virgin Islands	3			58	25 (43.1%)				1 (1.7%)
Cayman Islands	6	1 (16.7%)		362	129 (35.6%)	4 (1.1%)	10 (2.8%)	10 <i>(</i> 2.8% <i>)</i>	2 (0.6%)
Dominica	9		1 (11.1%)	173	49 (28.3%)				
Grenada	0			67	28 (41.8%)			1 (1.5%)	
Guyana	3	1 (33.3%)		124	29 (23.4%)				
Jamaica ^a	-	7 (-)		4,712	195 <i>(4.1%)</i>	12 (0.3%)	9 (0.2%)	7 (0.1%)	15 (0.3%)
Montserrat	2			44	21 (47.7%)				1 (2.3%)
Netherlands Antilles ^b	0			263	128 (48.7%)				
St. Kitts & Nevis	3			45	10 (22.2%)				1 (2.2%)
St. Lucia	12			199	75 (37.7%)				, ,
St. Vincent & Grenadines	0			51	19 (37.3%)				
Suriname	-	23 (-)	2 (-)	576	110 (19.1%)	4 (0.7%)	9 (1.6%)	3 (0.5%)	13 (2.3%)
Trinidad & Tobago	1	` , ,	ì	815	270 (33.1%)	10 (1.2%)	, í	4 (0.5%)	7 (0.9%)
Turks & Caicos Islands	0			140	45 (32.1%)	2 (1.4%)			, ,
Total	-	38	3	8,845	1,459 (16.5%)	49 (0.6%)	28 (0.3%)	39 (0.4%)	46 (0.5%)

Data Source: The CAREC Laboratory and country-submitted reports as at May 21, 2010

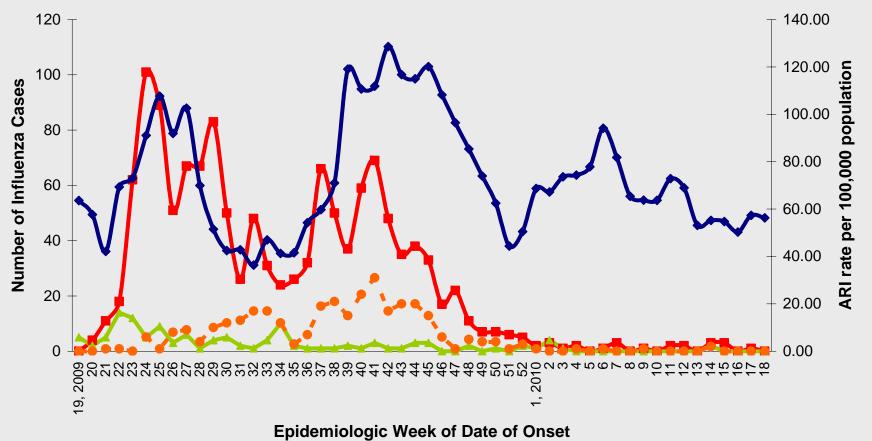
Notes:

- a Five specimens from Jamaica were mixed influenza specimens
- b Of the 128 Pandemic (H1N1) lab confirmed cases reported, 59 were from Curacao, 38 were from Bonaire, 29 were from St. Maarten, 1 was from St. Eustatius and 1 was from Saba. Three of the cases from Curacao were from a cruise ship
- ¥ No Seasonal Influenza A has been identified in cases with date of onset in 2010



Figure 1: Laboratory Confirmed Pandemic (H1N1) Cases and Seasonal Influenza A and B and Acute Respiratory Infections Incidence rate per 100,000 Population

Epidemiologic Week 19, 2009 - Week 18, 2010; CAREC Member Countries



Pandemic H1N1 Cases
Seasonal Influenza A and B
ARI incidence rates per 100,000 population
Hospitalized Pandemic H1N1 Cases





Influenza Pandemic in CAREC Member Countries

- + Over 300 hospitalizations and 22 deaths
- * Region experienced two waves of pandemic
- Second wave declined at the end of 2009
- + No resistance to oseltamivir identified

Respiratory illnesses post pandemic





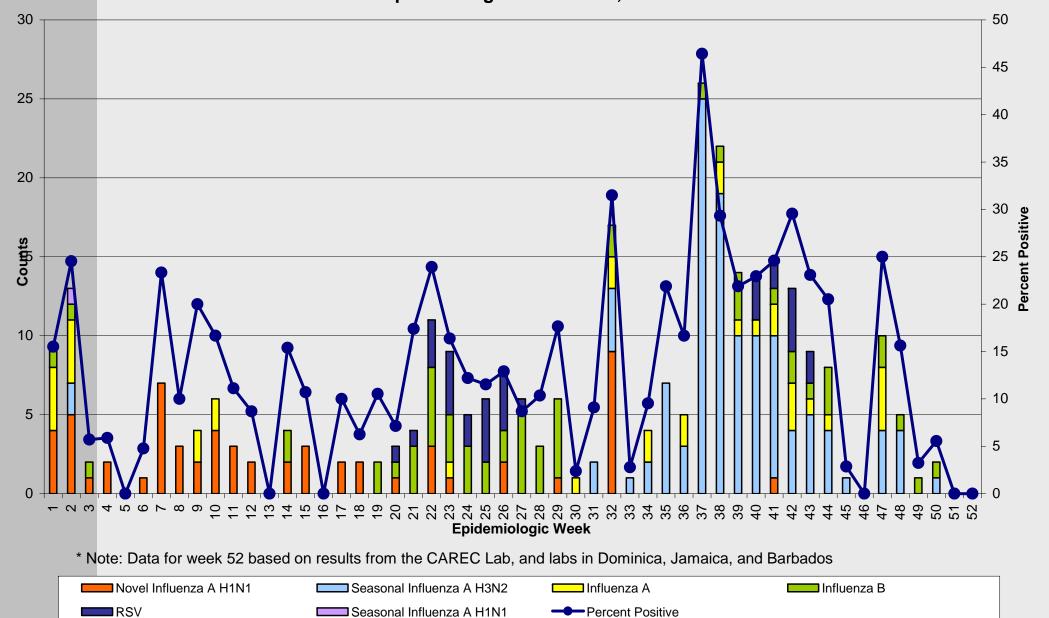
During 2010:

Co-circulation of pandemic influenza
 (H1N1), seasonal influenza A (H3N2) and influenza B at times

- * Influenza A(H3N2) was predominant type
- + Some RSV also circulating



Laboratory Confirmed Influenza Cases by Type and Subtype CAREC Member Countries Epidemiologic Weeks 1-52, 2010*

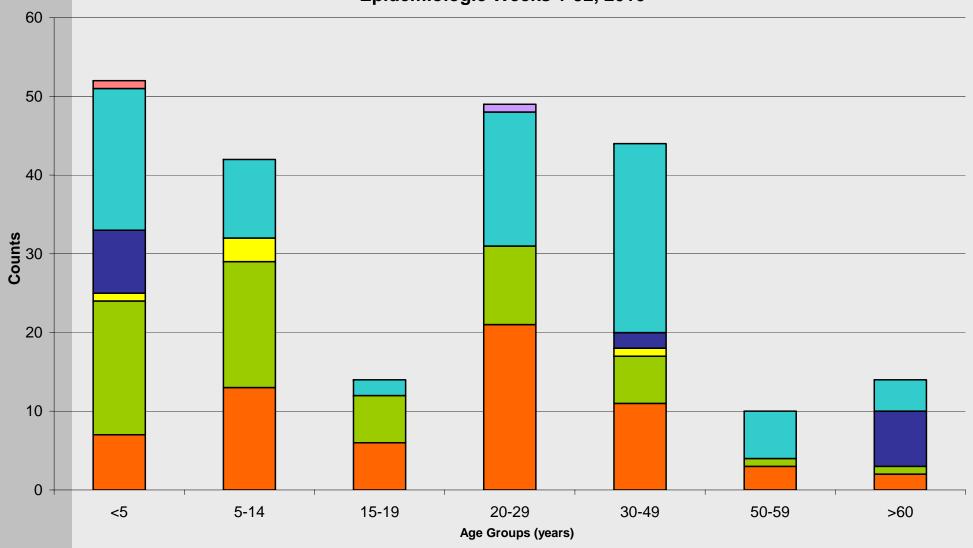






Graph F - Distribution of Laboratory Confirmed Influenza Cases by Age Group at the CAREC Laboratory and in Selected CAREC Member Countries

Epidemiologic Weeks 1-52, 2010*



^{*}Note: includes data from specimens tested at the CAREC Lab and labs in Jamaica and Suriname

■Novel Influenza A H1N1 ■Influenza B □Influenza A ■RSV ■Seasonal Influenza A H3N2 ■Adenovirus ■Seasonal Influenza A H1N1





Lessons Learnt from the pandemic



Pandemic Plans

- + Need to be prepared always, no comfort zone
- * Adequate intersectorial plan and planning is critical for each country
- + Plans require continuous evaluation and adaptation to meet the changing needs of the disease situation
- + Must include a vaccination strategy



Surveillance and response

- + Has to be efficient and timely
- Requires clinical, epidemiological and laboratory input in a collaborative manner
- + Surge capacity to support surveillance and response is essential
- Surveillance for respiratory illnesses
 (NOT just pandemic influenza) needs to be strengthened

Laboratory needs

+ Surge capacity for laboratory testing is essential

* Reserves of laboratory supplies should be available prior to the influenza season.

* A regional laboratory network is needed to support the detection of influenza and other respiratory illnesses.



Communication

+ Public education and reassurance have to be continuous and at all levels of society

+ Sharing of experiences and technical information needs to be ongoing and is essential within and between countries



Conclusion

Caribbean Community responded well to a rapidly changing status of pandemic influenza

Countries must be adequately prepared to identify and respond to other public health emergencies of international concern in the future with strong surveillance systems

Thank you for your kind attention



