



Up date  
New virus *Influenza A(H1N1)*



Regional Report  
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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](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 15 May 2009, **8,189 confirmed cases** of the new virus influenza A (H1N1) infection, including **72 deaths**, have been notified in **13 countries** of the Americas: Argentina, Brazil, Canada, 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.

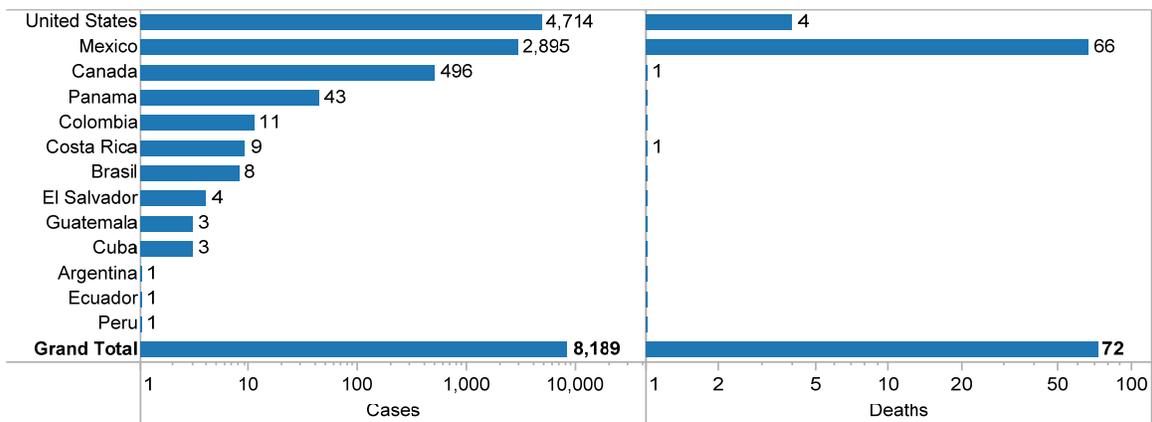
Individuals who are ill should delay travel plans and returning travelers who fall ill should seek appropriate medical care.

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

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

**As of 07:00 GMT, 16 May 2009, 36 countries** around the World, have officially reported **8,451 confirmed cases** and **72 deaths** of Influenza (AH1N1) infection to the World Health Organization (WHO).

**Figure 1.** Number of confirmed cases and deaths by the new virus influenza A (H1N1) in countries of the Americas - Updated to 16 May 2009



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

## Preliminary findings of clinical characterization of dead patients with confirmed diagnosis by the new virus influenza A (H1N1) occurred in Mexico

The new influenza A H1N1 virus is posing a challenge for the clinical management of cases. This preliminary report is an attempt to describe the most important findings of the presentation and clinical evolution of the dead patients with confirmed diagnosis by the new influenza A (H1N1) virus between 10 April 2009 and 7 May 2009 throughout the country. The information is based on the clinical charts of the 45 dead cases in that period. This preliminary report is the result of work carried out by the Mexican National Commission of Medical Arbitration (CONAMED) with the support of consultants of PAHO/WHO.

### Characteristics of the cases:

The median of the age was of 31 years old (range of 0-75), with a predominance of females (26 of 45 cases corresponding to 58%).

The time elapsed from the onset of the symptoms up to the admission in the hospital had a median of 6 days (range 1-20) and to the time of the death of 10 days (range 2-33). The average stay in the hospital was of 3 days (range 0-17).

The main symptoms at the time of the admission to the hospital were: fever 42/45 (93%); cough 39/45 (87%), dyspnea 36/45 80%, presence of expectoration 27/45 (60%) and general illness condition in 25/45 (56%). With regard to the results of the hemogram, at admission the patients presented leukocytosis in 17/45 (38%) with a tendency to the lymphocytopenia in 25/45 (55%); leukopenia was also found in 12/45 patients (27%).

Not all the patients were subject to the same examination protocol or at least it was not recorded in the clinical chart at the time of its review. Among the laboratory findings at admission, they pointed out low oxygen saturation and the elevation of the liver enzymes. A saturation of oxygen was observed by oximetry under 90% in 27/28 patients (96%); LDH (lactate dehydrogenase) on 270 U/L in 16/16 (100%); GGT (range-

glutamyl transpeptidasa) on 64 U/L in 6/6 (100%); CPK (creatinin-fosfo-kinase) on 195 U/L in 9/10 patients (90%); AST(Aspartato aminotransferase) on 40 U/L in 23/26 (88%) and ALT (Alanine Aminotransferase) on 55 U/L in 19/26 (73%).

Pulmonary radiological images at admission were described as pneumonia of multiple foci in 23/40 patients (57.5%); diffuse nodular alveolar infiltrate in 11 of 40 (27.5%) and basal bilateral opacities in 4 of 40 (10%). Only two patients presented pleural effusion image.

Approximately half of the dead cases were in previously healthy people 23/43 (53%). Preexisting conditions were present in 20 of the 43 cases studied (46%). The most frequent underlying condition was morbid obesity, not-insulin-dependent diabetes, systemic hypertension, or a combination of the above in 12 of the 20 cases (60%). One of the dead cases was pregnant with 34 weeks of gestation that finished prematurely in caesarean section, with survival of the newborn. With regard to the administered treatments, 27 of 45 (61%) received antivirals: Oseltamivir (19), Amantadine (6), and Zanamivir (2). The median between the symptom onset and the administration of this treatment was of 8 days (range 1-26); 69% (27/39) of the patients received support with mechanical ventilation.

Most of the cases who died presented multiple complications at some point during the hospitalization, being the most frequent syndrome of acute pulmonary respiratory insufficiency in 27/45 (60%) and renal failure or multiple organ failure in 11/45 (24%). Bacterial co-infection was registered only in 3/45 cases. Finally, the most frequent diagnosis on death certificates was atypical pneumonia in 49%, followed by syndrome of acute respiratory insufficiency in 33%.

**Source:** Comisión Nacional de Arbitraje Médico (CONAMED).

**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](http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=805&Itemid=569&lang=en)

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