



Pandemic (H1N1) 2009

(February 8, 2010 - 17 h GMT; 12 h EST)

The information contained within this update is obtained from data provided by Ministries of Health of Member States and National Influenza Centers through reports sent to Pan American Health Organization (PAHO) or updates on their web pages.

I- Evolution of the pandemic

North America

In Canada, in EW 04 the national influenza-like illness (ILI) consultation rate increased slightly as compared to the previous week but remained below the historical average. The overall number of hospitalizations, ICU admissions, and deaths associated with the pandemic virus remained low, as compared to the levels seen in October and November 2009. A total of 13 oseltamivir-resistant isolates have been reported since April 2009.

In Mexico, from EW 02 to EW 03 there was a 6% increase in the number ILI and severe acute respiratory illness (SARI) cases.

In the United States, the proportion of outpatient consultations for ILI remained below the national baseline for 4 consecutive weeks. All ten sub-national surveillance regions reported the proportion of outpatient visits for ILI to be below their region specific baseline. Laboratory-confirmed influenza hospitalization rates remained stable, but high, especially in children 0–4 years of age. The proportion of deaths attributed to pneumonia and influenza remained above the epidemic threshold. A total of nine influenza-associated pediatric deaths were reported, of which eight were associated with the pandemic virus. A total of 59 oseltamivir-resistant isolates have been detected since April 2009.

Caribbean

In countries providing these data SARI hospitalization incidence increased from EW 1 to EW 2, but remained much lower than the peak levels seen in EWs 40/41.

Weekly Summary

- In North America, acute respiratory disease activity remained stable and is lower than expected in most areas
- In the Caribbean, Jamaica and Cuba reported increasing trends in acute respiratory disease, while the other countries reported unchanged or decreasing trends
- In Central America, Costa Rica reported a decreasing trend in acute respiratory disease while Guatemala reported an increasing trend
- South American countries reported decreasing or unchanged trends of acute respiratory disease
- In North America, a median of 100% of subtyped influenza A viruses were pandemic (H1N1) 2009
- 113 new confirmed deaths in six countries were reported; in total there have been 7,374 cumulative confirmed deaths

These countries reported variable spread of influenza. Dominica reported no influenza activity, while Barbados and Cuba reported regional activity, and Jamaica reported widespread activity. These countries also reported variable trends of respiratory disease activity, with Cuba and Jamaica reporting increasing trends, Dominica reporting an unchanged trend, and Barbados reporting a decreasing trend. All these countries reported low/moderate intensity of acute respiratory disease and low impact of acute respiratory disease on health care services.

¹ Participating CAREC member countries, which include, Barbados, Bahamas, Dominica, Jamaica, St Vincent and the Grenadines, and Trinidad and Tobago, were assessed together

Central America

Influenza activity was reported as widespread in Costa Rica but no influenza activity was reported in Guatemala. Costa Rica reported a decreasing trend in acute respiratory disease, while Guatemala reported an increasing trend, for the second consecutive week. Costa Rica reported a low/moderate intensity of acute respiratory disease while Guatemala reported a high intensity. These countries reported low or moderate impact of acute respiratory disease on health care services.

South America

Andean

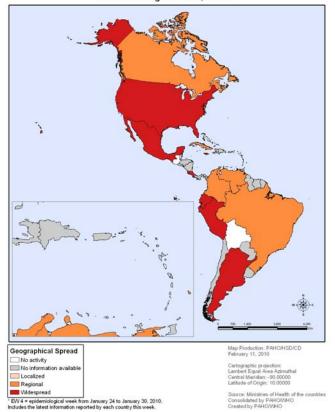
Influenza activity was reported as widespread in Ecuador and Peru, regional in Colombia and Venezuela, and no activity in Bolivia. Acute respiratory disease trends were reported as decreasing or unchanged in all countries. The intensity of acute respiratory disease and the impact of acute respiratory disease on health-care services were reported as low or moderate for these countries.

Southern Cone

Influenza activity was reported as widespread in Argentina and regional in Brazil. The trends of acute respiratory disease were reported as unchanged in Argentina and decreasing in Brazil. The intensity of acute respiratory disease and the impact of acute respiratory disease on health-care services were reported as low or moderate for these countries.

In EW 03, Argentina reported a low incidence of ILI (0.2 per 100,000 population); this incidence has remained under the epidemic threshold for fourteen consecutive weeks.

Map 1. Pandemic (H1N1) 2009, Geographical Spread by Country. Americas Region. EW 4, 2010*.



Map 3. Pandemic (H1N1) 2009, Intensity of Acute Respiratory Disease in the Population. Americas Region. EW 4, 2010*.



Map 2. Pandemic (H1N1) 2009, Trend of respiratory disease activity compared to the previous week. Americas Region. EW 4, 2010*.



Map 4. Pandemic (H1N1) 2009, Impact of Acute Respiratory Disease on Health-Care Services. Americas Region. EW 4, 2010*.



II- Description of hospitalizations and deaths among confirmed cases of pandemic (H1N1) 2009

A table containing the number of deaths reported to PAHO is included in Annex 2.

The ratio of males to females among hospitalized cases was approximately one (Table 1). Hospitalizations were highest in children and young adults. Underlying comorbidities were present in approximately 50% of hospitalized cases.

Table 1: Description of hospitalizations and severe cases—selected countries

Table 1. Description of nospitalizations and severe cases—selected countries				
	Argentina	Canada	CAREC ²	
Reporting period	Until EW 3, 2010	April 12, 2009–January 30, 2010	April 16, 2009–January 20, 2010	
Type of cases reported	Hospitalized	Hospitalized, confirmed	Hospitalized, confirmed	
Number of cases	14,125	8,142	337	
Percentage of women	-	50	47.1	
Age	Most affected age group: 0–4 years (incidence 76.2/ 100,000 population)	Median 29 years	Most affected age groups: 0–14 and 20–49	
Percent with underlying co- morbidities	-	52.5	-	
Co-morbidities most frequently reported (%)	-		Obesity (7.7)	
Percent pregnant among women of child-bearing age	-	20.4*	10.2**	

^{*} Percent of pregnant women among women 15 to 44 years of age

^{**} Percent of pregnant women among all women

² CAREC countries and territories include Anguilla, Antigua, Barbados, Belize, Bermuda, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Netherlands Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands

Overall, approximately half of deceased cases were among women (Table 2). The percentage of cases with underlying co-morbidities varied from 57 to 77%.

Table 2: Description of deaths among confirmed cases of pandemic (H1N1) 2009 in selected countries

	Argentina	Canada	CAREC ³	Colombia
Reporting period	Until EW 3, 2010	April 12, 2009– January 30, 2010	April 16, 2009–January 20, 2010	Until EW 04, 2010
Number of confirmed deaths	626	422	21	205
Percentage of women	No gender differences	48.9	<u>-</u>	-
Age	Highest rate in 50–59 year age group	Median 53 years	-	Highest percentage (78%) in 15–65 year age group
Percent with underlying co- morbidities	-	77.4	57.1	-
Co-morbidities most frequently reported (%)	-	-	Obesity (47.6)	
Percent pregnant among women of child-bearing age	-	8*	14.3**	-

^{*} Percent of pregnant women among women 15 to 44 years of age
** The denominator used was all deaths as information was not provided about women of child-bearing age

³ CAREC countries and territories include Anguilla, Antigua, Barbados, Belize, Bermuda, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Netherlands Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands

III- Viral circulation

For the purpose of this analysis, only countries which reported data on influenza A subtypes were considered. We excluded from the calculations of the percentages, results from samples of influenza A that were not subtyped or were unsubtypeable.

Currently, in North America, pandemic (H1N1) 2009 continues to predominate among circulating subtyped influenza A viruses in the Region (Table 3).

Table 3: Relative circulation of pandemic (H1N1) 2009 for selected countries—last EW available

Country	Epidemiologic Week	Percentage of pandemic (H1N1) 2009*
Canada	04	100
USA	04	100
MEDIAN percentage pand	demic (H1N1) 2009	100

^{*}Percentage of pandemic (H1N1) 2009 virus = Pandemic (H1N1) 2009 virus / All subtyped influenza A viruses

Table 4: Cumulative relative circulation of pandemic (H1N1) 2009 for selected countries

Country	Epidemiologic Week	Percentage of pandemic (H1N1) 2009*		
Canada	August 30, 2009 – January 30, 2010	99.7		

^{*}Percentage of pandemic (H1N1) 2009 virus = Pandemic (H1N1) 2009 virus / All subtyped influenza A viruses

Annex 1: Weekly monitoring of pandemic epidemiological indicators for countries that provided updated information—Region of the Americas, Epidemiologic Week 04, 2010

Country	Geographic spread	Trend	Intensity	Impact on Health Care Services	EW
Antigua and Barbuda					
Argentina	Widespread	Unchanged	Low or moderate	Low	3
Bahamas					
Barbados	Regional	Decreasing	Low or moderate	Low	3
Belize					
Bolivia	No activity	Unchanged	Low or moderate	Low	4
Brazil	Regional	Decreasing	Low or moderate	Low	4
Canada	Regional	Unchanged	Low or moderate		4
Chile					
Colombia	Regional	Unchanged	Low or moderate	Low	4
Costa Rica	Widespread	Decreasing	Low or moderate	Low	3
Cuba	Regional	Increasing	Low or moderate	Low	4
Dominica	No activity	Unchanged	Low or moderate	Low	4
Dominican Republic					
Ecuador	Widespread	Unchanged	Low or moderate	Low	4
El Salvador					
Grenada					
Guatemala	No activity	Increasing	High	Moderate	4
Guyana					
Haiti					
Honduras					
Jamaica	Widespread	Increasing	Low or moderate	Low	3
Mexico	Widespread	Unchanged	Low or moderate	Low	4
Nicaragua					
Panama					
Paraguay					
Peru	Widespread	Decreasing	Low or moderate	Low	4
Saint Kitts and Nevis					
Saint Lucia					
Saint Vincent and the Grenadines					
Suriname					
Trinidad and Tobago					
United States of America	Widespread	Unchanged	Low or moderate	Low	4
Uruguay					
Venezuela	Regional	Decreasing	Low or moderate	Low	4

NIA = No information available

Annex 2: Number of deaths confirmed for the pandemic (H1N1) 2009 virus Region of the Americas. Updated as of February 5, 2010 (17 h GMT; 12 h EST). Source: Ministries of Health of the countries in the Region.

	urce. Millistries of Health of the countries in the Regio		
Country	Cumulative number of deaths	New deaths (since Jan 29, 2010, 12 h EST)	
Southern Cone			
Argentina	617		
Brazil	1,632		
Chile	155	2	
Paraguay	47	0	
Uruguay	20		
Andean Area			
Bolivia	59		
Colombia	203		
Ecuador	120	3	
Peru	212	2	
Venezuela	133	1	
Caribbean Countries			
Antigua & Barbuda	0	0	
Bahamas	1	0	
Barbados	3	0	
Cuba	53	0	
Dominica	0	0	
Dominican Republic	23		
Grenada	0	0	
Guyana	0	0	
Haiti	0		
Jamaica	7	0	
Saint Kitts & Nevis	2	0	
Saint Lucia	<u>-</u> 1	0	
Saint Vincent & Grenadines	0	0	
Suriname	2	0	
Trinidad & Tobago	5	0	
Central America	·		
Belize	0		
Costa Rica	47		
El Salvador	33	0	
Guatemala	18		
Honduras	16		
Nicaragua	11		
Panama	11	0	
North America			
Canada	426	0	
Mexico	1026	57	
United States	2,491	48	
TOTAL	7,374	113	
TOTAL	1,314	113	

As of 5 February, 2010, a total of 7,374 deaths have been reported among the confirmed cases in 28 countries of the Region. In addition to the figures displayed in Annex 2, the following overseas territories have confirmed deaths of pandemic (H1N1) 2009: United Kingdom Overseas Territories; Cayman Islands (1 death); French Overseas Communities: Guadeloupe (5 deaths), French Guiana (1 death) and Martinique (1 death).