

Regional Update

Pandemic (H1N1) 2009

(November 23, 2009 - 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, the national influenza-like illness (ILI) consultation rate has decreased for the last two weeks but remained above the historical average for the seventh consecutive week. The number of influenza outbreaks remained high and these outbreaks were mostly reported in the school setting. From EW44 to EW 45, there was more than a two-fold increase in the number of deaths (35 to 84) and an almost two-fold increase in the number of hospitalizations (163 to 261). Hospitalization rates continued to be highest in those less than 20 years of age.

In Mexico, trends of acute respiratory disease remained unchanged, with high intensity of acute respiratory disease, and moderate impact of acute respiratory disease on health care services. The states of Aguascalientes, Coahuila, Mexico, Durango, and Baja California had the greatest increases in the incidence of confirmed cases as compared to last week.

In the United States, the proportion of outpatient consultations for ILI decreased for the third consecutive week. All ten sub-national surveillance regions reported decreases in the proportion of outpatient visits for ILI as compared to the previous week, but all reported the ILI proportion to be above the region-specific baseline. Laboratory-confirmed influenza hospitalization rates remained high, especially in children 0–17 years of age. The proportion of deaths attributed to pneumonia and influenza remained above the epidemic threshold for the seventh consecutive week. A total of 21 influenza-associated pediatric deaths were reported this week. In total, since August 30, 2009, 113 pediatric deaths associated with the pandemic virus have occurred. The United States is investigating a possible cluster of four oseltamivir-resistant cases in a hospital setting.

Caribbean

These countries all reported decreasing trends in acute respiratory disease and low or moderate impact of acute respiratory disease on health care services. Intensity of acute respiratory disease was reported as high in Cuba, but low/moderate in the remaining countries.

In the French territories, influenza-like illness activity has been decreasing and in some areas is below what is expected for this time of year.

Weekly Summary

- •Respiratory illness activity remained above what is expected for this time of year in Canada, Mexico, and the United States; in the United States, the proportion of deaths attributed to pneumonia and influenza remained above the epidemic threshold
- •The United States is investigating a possible cluster of four oseltamivirresistant cases in a hospital setting
- •Caribbean countries reported mostly decreasing trends and low to moderate intensity of acute respiratory disease
- •Central America continues to report overall decreasing trends in acute respiratory disease
- •Most of South America had stable or decreasing trends of acute respiratory disease, with the exception of Ecuador and Venezuela, which reported an increasing trend
- •A median of 99.9% of subtyped influenza A viruses were pandemic (H1N1) 2009
- •The United States reported a total of 21 osteltamivir-resistant pandemic (H1N1) 2009 cases since April 2009
- 554 new confirmed deaths in eight countries were reported; in total there have been 5,360 cumulative confirmed deaths

Central America

These countries reported mostly decreasing trends of acute respiratory disease; Guatemala, however, reported an increasing trend of acute respiratory disease. Overall, intensity of acute respiratory disease remained low/moderate and impact of acute respiratory disease on health care services was low.

South America

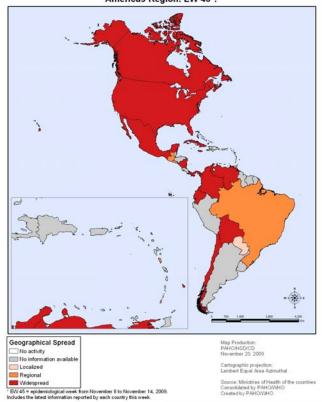
Andean

These countries reported mostly widespread influenza activity, low/moderate intensity of acute respiratory disease, and low or moderate impact of acute respiratory disease on health care services. Ecuador and Venezuela reported new increasing trends of acute respiratory disease; while Colombia, after seven weeks of increasing trends, reported a decreasing trend of acute respiratory disease.

Southern Cone

These countries reported both unchanged and decreasing trends of acute respiratory disease with widespread and regional influenza activity. Intensity of acute respiratory disease was low/moderate and impact of acute respiratory disease on health care services was low.

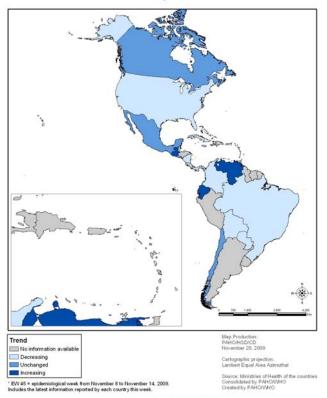
Map 1. Pandemic (H1N1) 2009, Geographical Spread by Country. Americas Region. EW 45*.



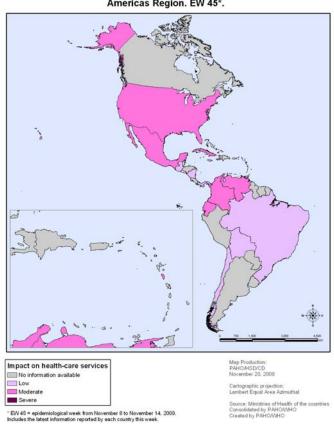
Map 3. Pandemic (H1N1) 2009, Intensity of Acute Respiratory Disease in the Population. Americas Region. EW 45*.



Map 2. Pandemic (H1N1) 2009, Trend of respiratory disease activity compared to the previous week. Americas Region. EW 45*.



Map 4. Pandemic (H1N1) 2009, Impact of Acute Respiratory Disease on Health-Care Services. Americas Region. EW 45*.



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

A table containing case counts reported to PAHO is included in Annex 2.

Approximately half of hospitalized cases were among women (Table 1). Hospitalizations were highest in young adults and children. In Canada, underlying comorbidities were present in approximately 60% of hospitalized cases

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

	Country				
	Canada	CAREC ¹	Guadaluope, French Guyana and Martinique	Paraguay	Peru
Reporting period	From August 30, 2009 to November 14, 2009	Until November 11, 2009	Until November 15, 2009	Until November 20, 2009	Until November 16, 2009
Type of cases reported	Hospitalized, confirmed	Hospitalized, confirmed	Hospitalized	Hospitalized	Severe, confirmed
Number of hospitalizations	3,432	283	314	155	635
Percentage of women	49.6%	46.2%	56.4%	54%	52%
Age	Median 26 years	Most affected age group: 0-14 and 20-49 years	Median 25 years (French Guyana)	Median 24 years; highest number in 20-39 year age group	Highest percentage (38%) 0-9 year age group
Percent with underlying co-morbidities	59.0%	-	-	-	-
Co-morbidities most frequently reported (%)	-	Obesity (8%)	Obesity (14.6%), Asthma (12.4%), Sickle cell anemia (9.2%), Respiratory disease (6%)	-	-
Percent pregnant among women of child-bearing age	16.8%*	10.3%**	-	-	-

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

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^{**} The denominator used was among all women as information was not provided about women of child-bearing age

¹ 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 55.6% to 77.6%.

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

	Countries			
	Canada	CAREC ²	Mexico	Peru
Reporting period	From August 30, 2009 to November 14, 2009	Until November 11, 2009	Until November 17, 2009	Until November 16, 2009
Number of confirmed deaths	129	18	520	192
Percentage of women	51.9%	-	49.8%	53%
Age	Median 52.5 years	-	Highest number in 35-39 years age group	Mean 36.8 years; highest percentage in 50-59 years and 0-9 years age group
Percent with underlying co-morbidities	70.4%	55.6%	-	77.6%
Co-morbidities most frequently reported (%)	-	Obesity (50%)	Metabolic (36%), Smoking (15.8%), Cardiovascular (8.8%), Respiratory (6.2%)	Metabolic (23.4%), Cardiovascular (21.4%), Respiratory (12.5%), Neurologic (8.3%), Renal (7.8%)
Percent pregnant among women of child-bearing age	0%*	16.7%**	-	_

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

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

^{**} The denominator used was all deaths as information was not provided about women of child-bearing age

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.

Pandemic (H1N1) 2009 continues to predominate among circulating subtyped influenza A viruses (Tables 3, 4). Of note is that in Haiti, from weeks 36 through 44, only 61% of circulating subtyped influenza A viruses were pandemic (H1N1) 2009 and the remainder were H3N2.

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

Country	Epidemiologic Week	Percentage of pandemic (H1N1) 2009*	
Canada	45	99.9	
USA	45	99.9	
MEDIAN percentage pande	emic (H1N1) 2009	99.9	

^{*}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*		
CAREC ³	1-45	95.0		
Guadeloupe	30-45	99.6		
French Guyana	30-45	92.5		
Haiti	36-44	61.0		
Nicaragua	Through November 18	96.7		
Saint Martin	30-45	97.0		
MEDIAN percentage pandemic (H1N1) 2009		95.8		

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

IV-Antiviral Resistance

The Centers for Disease Control and Prevention (CDC) complete antiviral susceptibility testing on isolates submitted by various countries in the Region. To date, 365 samples submitted from 18 countries were found to be sensitive to neuraminidase inhibitors (oseltamivir and zanamivir). In the United States, since April 2009, a total of 21 cases of oseltamivir-resistant pandemic virus have been identified.

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

Annex 1: Weekly monitoring of pandemic epidemiological indicators for countries that provided updated information—Region of the Americas, Epidemiologic Week 45

Country	Geographic spread	Trend	Intensity	Impact on Health Care Services	EW
Antigua and Barbuda					
Argentina					
Bahamas					
Barbados	Widespread	Decreasing	Low or moderate	Low	45
Belize					
Bolivia	Widespread	Decreasing	Low or moderate	Low	45
Brazil	Regional	Decreasing	Low or moderate	Low	45
Canada	Widespread	Unchanged	High	NIA	45
Chile	Widespread	Unchanged	Low or moderate	Low	45
Colombia	Widespread	Decreasing	Low or moderate	Moderate	45
Costa Rica					
Cuba	Widespread	Decreasing	High	Moderate	45
Dominica	Regional	Decreasing	Low or moderate	Moderate	45
Dominican Republic					
Ecuador	Widespread	Increasing	Low or moderate	Moderate	45
El Salvador	Regional	Unchanged	Low or moderate	Low	45
Grenada	Regional	Decreasing	Low or moderate	Low	45
Guatemala	Regional	Increasing	Low or moderate	Low	44
Guyana					
Haiti					
Honduras					
Jamaica	Widespread	Decreasing	Low or moderate	Low	44
Mexico	Widespread	Unchanged	High	Moderate	45
Nicaragua	Widespread	Decreasing	Low or moderate	Low	45
Panama	Widespread	Decreasing	Low or moderate	Low	45
Paraguay	Localized	Decreasing	High	N/A	45
Peru					
Saint Kitts and Nevis					
Saint Lucia					
Saint Vincent and the Grenadines					
Suriname					
Trinidad and Tobago					
United States of America	Widespread	Decreasing	High	Moderate	45
Uruguay					
Venezuela	Widespread	Increasing	Low or moderate	Moderate	45

NIA = No information available

Annex 2: Number of deaths confirmed for the pandemic (H1N1) 2009 virus Region of the Americas. Updated as of 20th November 2009, (17 h GMT; 12 h EST).

Source: Ministries of Health of the countries in the Region.

	Source: Will listiles of Health of the Coun	
Country	Cumulative number of deaths	New deaths (since Nov. 13)
Southern Cone		
Argentina	593	0
Brazil	1,368	0
Chile	140	0
Paraguay	43	0
Uruguay	20	0
Andean Area		
Bolivia	57	1
Colombia	149	9
Ecuador	88	6
Peru	190	0
Venezuela	103	0
Caribbean Countries		
Antigua & Barbuda	0	0
Bahamas	0	0
Barbados	3	0
Cuba	20	13*
Dominica	0	0
Dominican Republic	23	1
Grenada	0	0
Guyana	0	0
Haiti	0	0
Jamaica	5	0
Saint Kitts & Nevis	1	0
Saint Lucia	1	0
Saint Vincent & Grenadines	0	0
Suriname	2	0
Trinidad & Tobago	5	0
Central America		
Belize	0	0
Costa Rica	38	0
El Salvador	23	0
Guatemala	18	0
Honduras	16	0
Nicaragua	11	0
Panama	11	0
North America		
Canada	250	89
Mexico	540	58
United States	1,642	377
TOTAL	5,360	554

^{*}The increase in the number of deaths for Cuba was accumulated over a two week period

As of **20 November**, a total of **5,360 deaths** have been reported among the confirmed cases in **27 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 (2 deaths), French Guiana (1 death) and Martinique (1 death).