

# Update: Influenza A (H1N1)— Regional Report



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Two new countries have confirmed cases of *Influenza* A/H1N1. Yesterday, Brazil reported **4 confirmed cases of** *Influenza* **A/H1N1** and today, Argentina reported **one case**. As of 8 May 2009, the total number of **confirmed cases** of *Influenza* A (H1N1) recorded is **3,067**, including **46 deaths**, **in 9 countries of the Americas (Argentina, Brazil, Canada, Colombia, Costa Rica, El Salvador, Guatemala, Mexico and the United States).** The increase in the number of cases in the United States since yesterday is due to the recent laboratory-confirmation of samples that were collected in previous weeks.

To date, the **United States has confirmed** a total of **1,639 cases** of *Influenza* A (H1N1), including 2 deaths in Texas, in 43 States (including the District of Columbia): 4 in Alabama, 131 in Arizona, 107 in California, 25 in Colorado, 4 in Connecticut, 39 in Delaware, 6 in Florida, 3 in Georgia, 5 in Hawaii, 1 in Idaho, 392 in Illinois, 29 in Indiana, 5 in Iowa, 12 in Kansas, 3 in Kentucky, 7 in Louisiana, 4 in Maine, 4 in Maryland, 83 in Massachusetts, 49 in Michigan, 1 in Minnesota, 9 in Missouri, 4 in Nebraska, 8 in Nevada, 3 in New Hampshire, 7 in New Jersey, 8 in New México, 174 in New York, 7 in North Carolina, 6 in Ohio, 4 in Oklahoma, 15 in Oregon, 2 in Pennsylvania, 7 in Rhode Island, 29 in South Carolina, 1 in South Dakota, 36 in Tennessee, 93 in Texas, 24 in Utah, 14 in Virginia, 33 in Washington, 1 in Washington D.C. and 240 in Wisconsin. Other suspected cases are being investigated.

From 1 March to 6 May, **Mexico** has reported **1,204 confirmed cases** of *Influenza* A (H1N1), including 44 deaths, in 29 of 32 States. The states with the highest number of confirmed cases are the Federal District (Mexico City)I, Mexico State, San Luis Potosi and Hidalgo. The majority of these cases have occurred in previously healthy young adults.

In **Canada**, to date **214 human cases** of *Influenza* A (H1N1) have been **confirmed** in 9 of 13 Provinces: (33 in Alberta, 54 in British Columbia, 2 in New Brunswick, 53 in Nova Scotia, 11 in Quebec, 1 in Manitoba, 56 in Ontario, 2 in Prince Edward Island and 2 in Saskatchewan). Some of the cases had recent travel history to Mexico. All of the cases developed a mild form of influenza-like illness. Some of the cases also presented gastrointestinal symptoms. Indigenous transmission is not discarded since not all of the confirmed cases have recent travel history to Mexico.

On 2 May, **Costa Rica** notified **1 confirmed case** of *Influenza* A (H1N1). On 3 May, **Colombia** reported **1 confirmed case** of *Influenza* A (H1N1), while **El Salvador** reported **2 confirmed cases** of *Influenza* A (H1N1). On 5 May, **Guatemala** notified **1 confirmed case** of *Influenza* A (H1N1) in a person that had travelled to Mexico. On 7 May Brazil reported **4 confirmed cases** of *Influenza* A (H1N1), all of them with recent travel history to affected areas. Today, Argentina reported the confirmation of **1 confirmed case** of *Influenza* A (H1N1) with travel history to Mexico.

Various countries of the Region are reporting suspected and probable cases. This indicates that surveillance enhancement is producing results.

## International Health Regulations (IHR)

The Director-General of WHO determined on 25 April that this event constitutes a **Public Health Emergency of International Concern**. On 29 April, the Director General decided to raise the pandemic alert to Phase 5.

The DG recommends **not closing borders or restricting travel**. However, it is prudent for people who are sick to delay travel. Moreover, returning travelers who have become sick should seek medical attention in line with guidance from national authorities.

### **Recommendations**

#### **Enhanced Surveillance**

At this time, enhanced surveillance is recommended. On its Web page, PAHO has published orientations for the enhancement of surveillance activities, which are directed to the investigation of:

- Clusters of cases of ILI/SARI of unknown cause
- Severe respiratory disease occurring in one or more health workers
- Changes in the epidemiology of mortality associated with ILI/SARI; increase of observed deaths by respiratory diseases; or increase of the emergence of severe respiratory disease in previously healthy adults/adolescents.
- Persistent changes observed in the response to the treatment or evolution of a SARI.

The following risk factors should also cause suspicion of Influenza A (H1N1):

- Close contact with a confirmed case of Influenza A (H1N1) while the case was sick.
- Recent travel to an area where there are confirmed cases of Influenza A (H1N1) have been confirmed

# Virological Surveillance of Influenza A (H1N1)

It is recommended that National Influenza Centers (NIC) immediately submit to their regular WHO Collaborating Center for influenza all positive but unsubtypable specimens of *Influenza* A. Shipment procedures are the same as those used by NICs for seasonal influenza specimens.

The test protocols for the detection of seasonal influenza by Polymerase Chain Reaction (PCR) cannot confirm *Influenza* A (H1N1) cases. The Centers for Disease Control and Prevention of the United Sates (CDC) has begun to ship testing kits that will include the primers and probes as well as the required positive control samples.

Current available evidence indicates that the technique of Immunofluorescence (IF) has low sensitivity for the identification of the new *Influenza* A virus (H1N1). As a result, its results are not recommended as a basis to rule out suspected cases. Furthermore, the suspected cases with positive results for *Influenza* A, but unsubtypable, obtained by PCR have a high probability of being confirmed as cases of the new *Influenza* A virus (H1N1).

#### **Case Definitions**

The following case definitions are for the purpose of reporting probable and confirmed cases of *Influenza A (H1N1)* virus infection to WHO.

#### Clinical case description

Acute febrile respiratory illness (fever  $>38^{\circ}\text{C}$  ) with the spectrum of disease from influenza-like illness to pneumonia.

- A Confirmed case of Influenza A(H1N1) virus infection is defined as an individual with laboratory confirmed Influenza A(H1N1) virus infection by one or more of the following tests\*:
  - Real time RT-PCR
  - viral culture
  - four-fold rise in Influenza A(H1N1) virus specific neutralizing antibodies.
- 2. A **Probable case** of *Influenza* A(H1N1) virus infection is defined as an individual with an influenza test that is positive for *Influenza* A, but is unsubtypable by reagents used to detect seasonal influenza virus infection OR
  - An individual with a clinically compatible illness or who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.

## Infection prevention and control in health care facilities

Since the main form of transmission of this disease is by droplets it is recommended strengthening the basic precautions to prevent their dissemination, for example the hygiene of hands, adequate triage in the health facilities, environmental controls, and the rational use of the personal protective equipment in accordance with the local regulations.

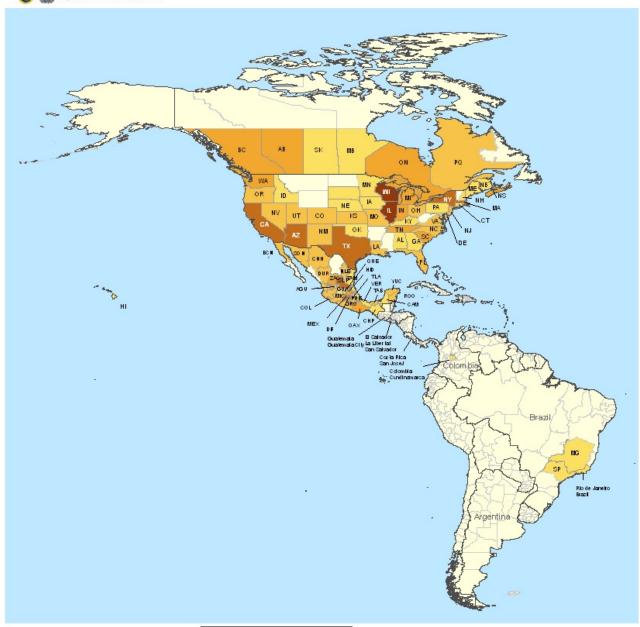
The complete guides "Epidemic-prone & pandemic-prone acute respiratory diseases Infection prevention & control in health-care facilities" are available at:

http://new.paho.org/hq/index.php?option=com\_content&task=blogcategory&id=805&Itemid=569

<sup>\*</sup> Note: The test(s) should be performed according to the most currently available guidance on testing (http://www.who.int/csr/disease/swineflu/en/index.html).



# Influenza A/H1N1 Region of the Americas. 8 May 2009, 13:00 hrs



Country	Confirmed	
	Cases	D eaths
Argentina	1	0
Brazil	4	0
Cana da	214	0
Colombia	1	0
Costa Rica	1	0
El Salvador	2	0
Guatemala	1	0
United States	1639	2
Mexico	1204	44
Total	3067	46

