



Up date
New virus *influenza* A (H1N1)



Regional Report
(12 May 2009 - 17 h)

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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 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

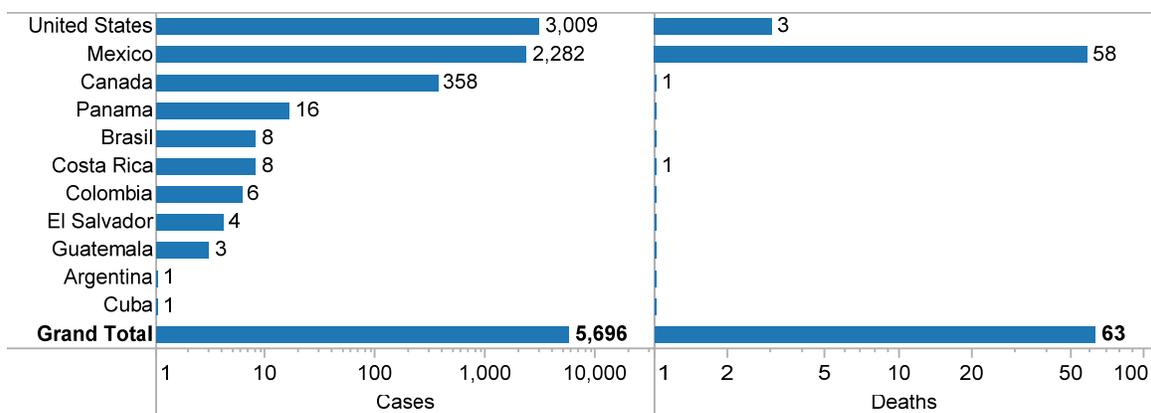
Up to 12 May 2009, **5,696 confirmed cases** of the new virus influenza A (H1N1), including 63 deaths, have been notified in **11 countries** of the Americas: Argentina, Brazil, Canada, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Mexico, Panama and the United States. (**Figure 1**). The date of the onset of symptoms of the first confirmed case was 28 March 2009 in the United States.

WHO reported that as of 11 May 2009, 30 countries around the world had officially notified confirmed cases of the new virus influenza A (H1N1).

New cases:

Since yesterday, 3 countries in the Region notified new confirmed cases: Cuba notified its first case in the Province of Matanzas; Guatemala, 2 cases in the capital; and Panama, one case in the capital.

Figure 1. Number of confirmed cases and deaths by the new virus influenza A (H1N1) in countries of the Americas
Updated to 12 May 2009



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

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

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°C) with the spectrum of disease from influenza-like illness to pneumonia.

1. 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.

1. 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 unsubtypeable 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.

* 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>).

* Some countries in the region of the Americas use modified versions of the case definitions.

Clinical treatment of cases

According to the current available data, the majority of people infected by the new virus influenza A (H1N1) present mild clinical symptoms that do not require hospitalization or antiviral treatment. However, the prescription of antiviral treatment should respond to symptoms of severity or to the presence of risk factors. Simple supporting therapy, such as antipyretics and hydration is sufficient in the majority of the cases. The use of aspirin and derivatives should be avoided in children and young adults, because of the risk of Reye syndrome.

The new virus influenza A (H1N1) is sensitive in vitro to Oseltamivir. However, it should be emphasized that the knowledge of the safety and efficacy of this drug comes from the

experience in the treatment of seasonal influenza.

In the event of confirmed or suspected cases of infection by the new virus influenza A (H1N1) that fulfill clinical criteria of severity, the treatment with Oseltamivir has to be initiated immediately. The therapeutic dose is 75 mg/vo every 12 hours, for adults. For children, the dose has to be adjusted by weight. More available information in:

http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=1307&Itemid=

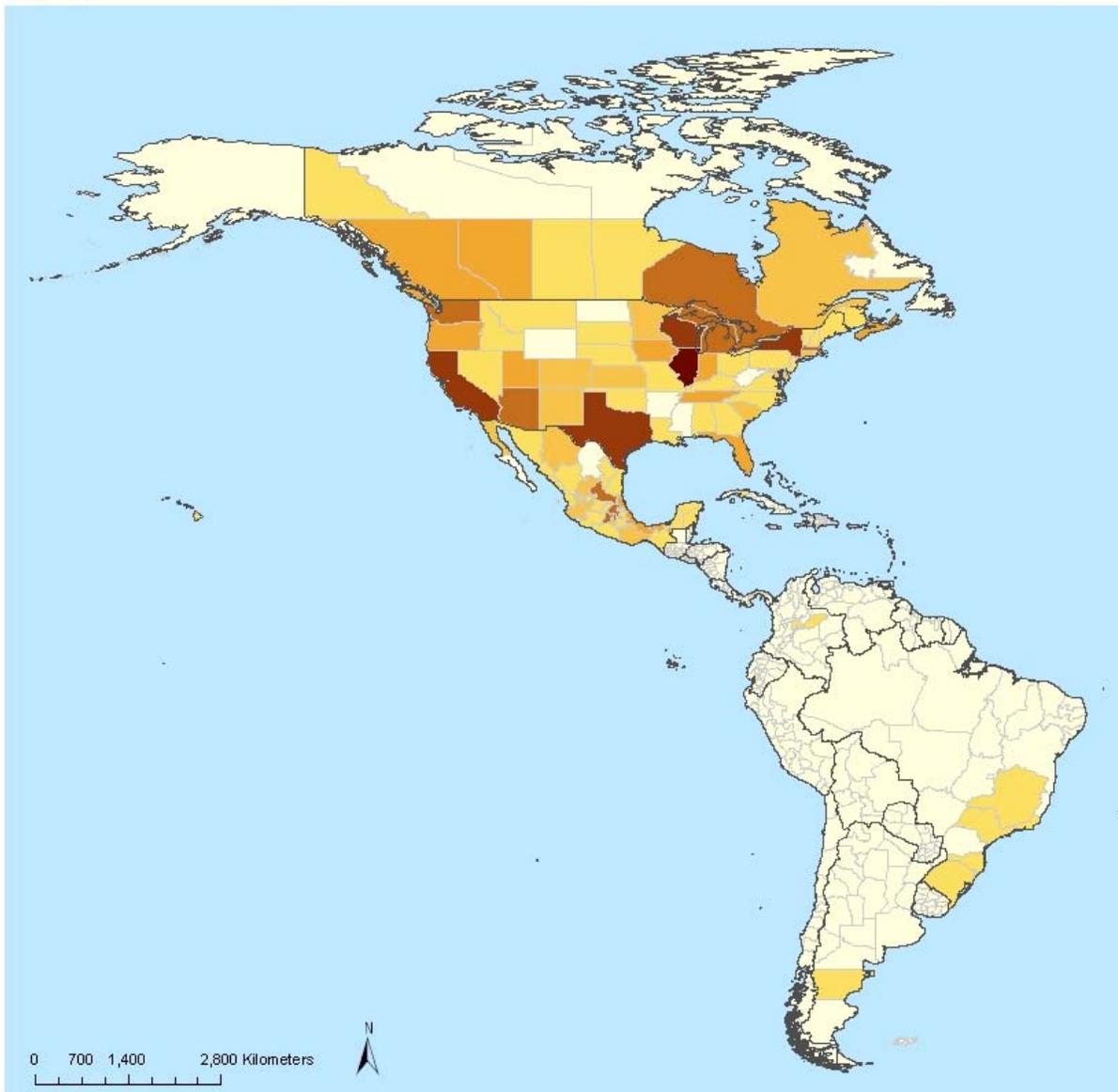
Self-medication with antiviral treatment without medical recommendation is discouraged.

For further information please visit the PAHO web site of the new virus influenza A (H1N1)

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



Influenza A/H1N1 Region of the Americas. 12 May 2009, 17:00 hrs



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