



Update New virus *Influenza A(H1N1)*



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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 18 May 2009, **9,372 confirmed cases** of the new virus influenza A (H1N1) infection, including **79 deaths**, have been notified in **14 countries** of the Americas: Argentina, Brazil, Canada, Chile, 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.

WHO is not recommending any travel restrictions related to the outbreak of the *Influenza A(H1N1)* virus. Individuals who are ill should delay travel plans and returning

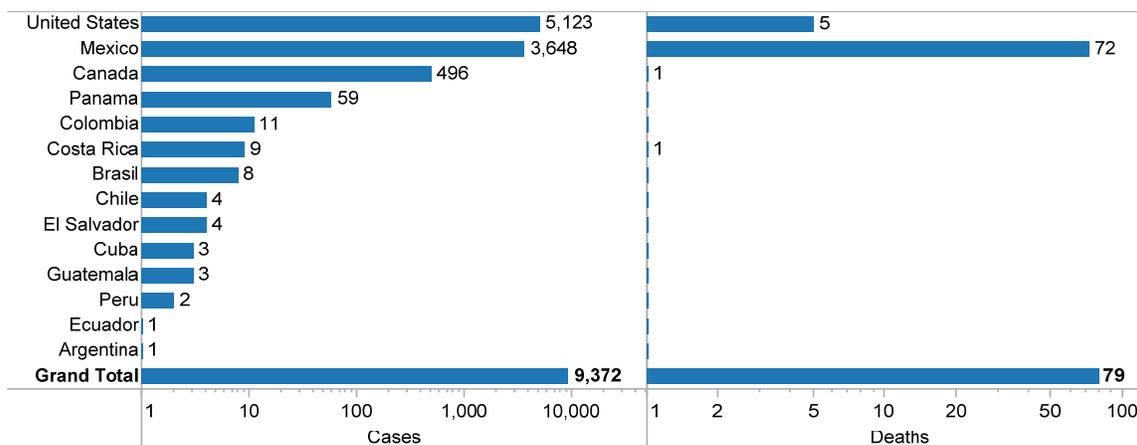
travelers who fall ill should seek appropriate medical care.

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

Continuing surveillance activities must be intensified. The following risk factors should also indicate a suspected case 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

Figure 1. Number of confirmed cases and deaths by the new virus influenza A (H1N1) in countries of the Americas - Updated to 18 May 2009



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

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

Advice on the use of masks in the community setting in Influenza A (H1N1) outbreaks

At present, evidence suggests that the main route of human-to-human transmission of the new Influenza A (H1N1) virus is via respiratory droplets, which are expelled by speaking, sneezing or coughing.

Any person who is in close contact (approximately 1 meter) with someone who has influenza-like symptoms (fever, sneezing, coughing, running nose, chills, muscle ache etc) is at risk of being exposed to potentially infective respiratory droplets. In health-care settings, studies evaluating measures to reduce the spread of respiratory viruses suggest that the use of masks could reduce the transmission of influenza. In the community, however, the benefit of wearing masks has not been established, especially in open areas.

Nonetheless, many individuals may wish to wear masks in the home or community setting, particularly if they are in close contact with a person with influenza-like symptoms, for example while providing care to family members. Furthermore, using a mask can enable an individual with influenza-like symptoms to cover their mouth and nose to help contain respiratory droplets, a measure that is part of cough etiquette.

Using a mask incorrectly however, may actually increase the risk of transmission, rather than reduce it. If masks are to be used, this measure should be combined with other general measures to help prevent the human-to-human transmission of influenza, training on the correct use of masks and consideration of cultural and personal values.

General advice

It is important to remember that in the community setting the following general measures may be more important than wearing a mask in preventing the spread of influenza.

For individuals who are well:

- Maintain a distance of at least 1 meter from any individual with influenza-like symptoms, and:
- refrain from touching mouth and nose;
- perform hand hygiene frequently, by washing with soap and water or using an alcohol-based handrub, especially if touching the mouth and nose and surfaces that are potentially contaminated;
- reduce as much as possible the time spent in close contact with people who might be ill;
- reduce as much as possible the time spent in crowded settings;
- improve airflow in your living space by opening windows as much as possible.

For individuals with influenza-like symptoms:

- stay at home if you feel unwell and follow the local public health recommendations;
- keep distance from well individuals as much as possible (at least 1 meter);
- cover your mouth and nose when coughing or sneezing, with tissues or other suitable
- for materials that contain respiratory secretions, dispose them immediately after use or wash them. Clean hands immediately after contact with respiratory secretions.

- improve airflow in your living space by opening windows as much as possible.

Correct use of masks (derives from the practices in health-care settings):

- place mask carefully to cover **mouth and nose** and tie securely to minimize any gaps between the face and the mask
- while in use, avoid touching the mask: whenever you touch a used mask, for example when removing or washing, clean hands by washing with soap and water or using an alcohol-based handrub
- replace masks with a new clean, dry mask as soon as they become damp/humid; do not re-use single-use masks; discard single-use masks after each use and dispose of them immediately upon removing.

For further information: Infection prevention and control of epidemic- and pandemic-prone acute respiratory diseases in health care WHO Interim Guidelines (Jul 2007) available at:

http://www.who.int/csr/resources/publications/WHO_CD_EPR_2007_6/en/index.html.

Influenza A/H1N1. Region of the Americas. 18 May 2009 (23 h GMT; 18 h EST)

