



Explanatory note on seasonal influenza

13 March 2012

Influenza outbreaks occur annually, which affect public health and can have social and economic impacts. The weekly influenza in the Americas situation reports produced by PAHO/WHO demonstrate that influenza viruses A and B are currently circulating. Among the influenza A subtype viruses circulating are influenza A(H3N2) and A(H1N1)pdm09.

To reduce the impact caused by outbreaks of seasonal influenza PAHO/WHO reminds Member States facing intense circulation of influenza viruses to maintain their routine surveillance activities, promote appropriate clinical management and disseminate information to the public on preventative measures. Member States of the Southern Hemisphere are also called upon to begin prevention and control preparations prior to the start of the season with the greatest circulation of influenza viruses.

The intensity of seasonal influenza outbreaks differs and can affect all age groups, although the highest risk of developing severe manifestations is in children under two years of age, adults over 65 years of age, pregnant women and persons of any age who have underlying medical conditions.

There are three types of seasonal influenza viruses: A, B and C. The influenza in the Americas situation reports indicate that the viruses currently circulating are typical strains of influenza A and B. Among the currently circulating subtypes of influenza A are influenza A (H3N2) and A (H1N1) pdm09. Notably, since the end of the influenza A(H1N1)pdm09 pandemic was declared in August 2010, the virus has been considered a seasonal strain, which signifies that it will circulate like other viruses and the clinical management and outbreak response is the same as for any other seasonal influenza virus.

The likely occurrence of outbreaks increases during the autumn and winter seasons in temperate regions. On a weekly basis, the Pan American Health Organization / World Health Organization (PAHO/WHO) publishes an online situation report on seasonal influenza in the Region.¹ PAHO/WHO periodically issues guidelines to reinforce the prevention and control of influenza outbreaks.

PAHO / WHO reminds Member States with current circulation of influenza to continue their efforts to reduce the impact of any outbreaks through epidemiological and laboratory surveillance, appropriate clinical management of patients and dissemination of information on preventive measures aimed at the population.

Member States of the Southern Hemisphere are also called upon to begin preparations prior to the start of the season with the greatest circulation of the virus.

Seasonal influenza outbreak response recommendations follow.

¹ Regional surveillance of influenza and other respiratory viruses. Available at:
http://new.paho.org/hq/index.php?option=com_content&task=view&id=3352&Itemid=2469&to=2246

Recommendations: Seasonal influenza outbreak response

Epidemiological and laboratory surveillance

- Routine influenza surveillance activities should be continued, which should include both epidemiologic and laboratory surveillance. Epidemiologic surveillance should include the surveillance of out-patient influenza-like illness (ILI) and hospitalizations for severe acute respiratory infection (SARI). In those cases, samples of clinical and epidemiological significance should be taken and analyzed within the capacity established by the national laboratory system.
- To understand, identify and characterize the influenza virus circulation, PAHO/WHO recommends following the guidelines for SARI surveillance as indicated in the SARI Surveillance Protocol.²
- All specimens that are unsubtypeable and specimens with inconclusive or unexpected subtyping results should be forwarded, as soon as possible, to the WHO Collaborating Center for influenza, the Centers for Disease Control and Prevention in Atlanta, for additional testing.

Clinical management

- Influenza should be considered as the cause of infection for any febrile patient admitted to a healthcare facility with respiratory symptoms.
- Some groups of the population are more susceptible to developing serious infections and require special attention such as children under two years of age, adults over 65 years of age, pregnant women and people with underlying clinical conditions. These cases should be considered for antiviral treatment (oseltamivir) at the onset of symptoms.
- Treatment should be initiated even in the absence of laboratory confirmation of influenza. The treatment success rate is highest when treatment is administered early.

Information for the public

- The public should be informed that the primary form of transmission of influenza is through interpersonal contact and highlighting the following:
 - o Washing hands is the most effective way of reducing transmission.
 - o Disseminating knowledge of “respiratory etiquette” can also help in preventing the transmission of the virus.
 - o People with fever should avoid leaving their homes to go to work or to other public places until the fever is gone.

² Operational guidelines for the enhanced national surveillance of severe acute respiratory illnesses (SARI). PAHO 2011.

Available at: http://new.paho.org/hq/index.php?option=com_content&task=view&id=3353&Itemid=2470&to=2256&lang=en

Vaccination

- PAHO/WHO reiterates the recommendations formulated by the Technical Advisory Group (TAG) at its last meeting in July 2011, regarding the vaccination of older children, those with underlying conditions and health workers. Given the vulnerability of pregnant women to influenza infection complications, TAG urges countries to strengthen the vaccination of pregnant women.