



# Update New virus Influenza A (H1N1)



## Regional Report (22 May 2009 – 23 h GMT; 18 h EST)

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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](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

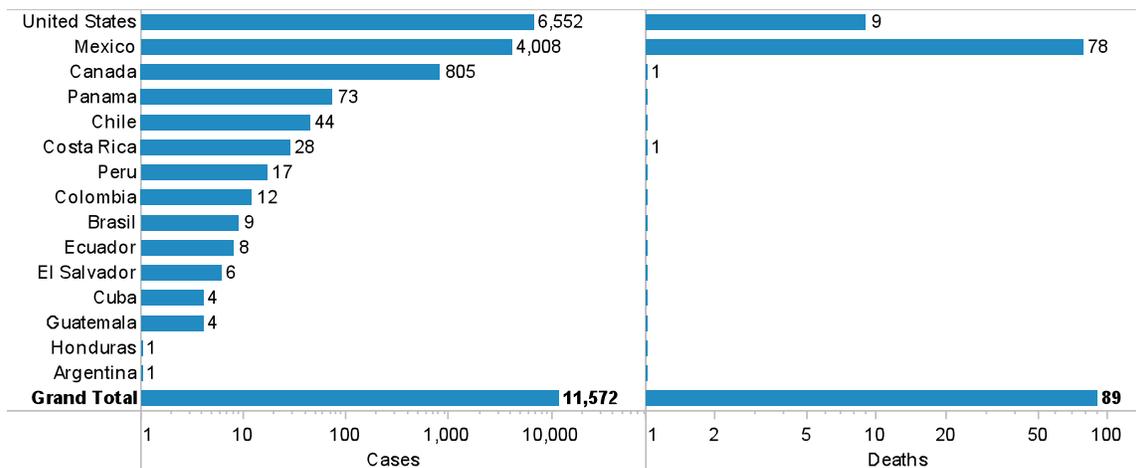
Up to 22 May 2009, **11,572 confirmed cases** of the new virus influenza A (H1N1) infection, including **89 deaths**, have been notified in **15 countries** of the Americas: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, **Honduras** Mexico, Panama, Peru 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.

**Honduras** confirmed its **first case** of *Influenza A (H1N1)* on May 21, 2009 in the city of San Pedro Sula. The affected was a nine year old girl who resides in the neighborhood of Cabañas. The case was detected by the Ministry of Health's Sentinel Surveillance.

**Figure 1.** Number of confirmed cases and deaths by the new virus influenza A (H1N1) in countries of the Americas - Updated to 22 May 2009



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

## Concern over flu pandemic justified

For five long years, outbreaks of highly pathogenic **H5N1 avian influenza** in poultry, and sporadic frequently fatal cases in humans, have conditioned the world to expect an influenza pandemic, and a highly lethal one. As a result of these long years of conditioning, the world is better prepared, and very scared. As we now know, a new influenza virus with great pandemic potential, the **new influenza A (H1N1) strain**, has emerged from another source on another side of the world. Unlike the avian virus, the new A (H1N1) virus spreads very easily from person to person spreads rapidly within a country once it establishes itself, and is spreading rapidly to new countries and causes mainly mild illness, with few deaths, outside the outbreak in Mexico. We expect this pattern to continue.

New diseases are, by definition, poorly understood when they emerge, and this is most especially true when the causative agent is an influenza virus. Influenza viruses are the ultimate moving target. Their behaviour is notoriously unpredictable. No one can say how the present situation will evolve. The emergence of the H1N1 virus creates great pressure on governments, ministries of health, and WHO to make the right decisions and take the right actions at a time of great scientific uncertainty.

On 29 April 2009, the WHO- General Director raised the level of pandemic influenza alert from phase 4 to phase 5. We remain in **phase 5 today**. This virus may have given us a grace period, but we do not know how long this grace period will last. Presence of the virus has now been confirmed in several countries in the southern hemisphere, where **epidemics of seasonal influenza will soon be picking up**. We have every reason to be concerned about interactions of the new A (H1N1) virus with other viruses that are currently circulating in humans.

Moreover, we must never forget that the H5N1 avian influenza virus is now firmly established in poultry in several countries. No one can say how this avian virus will behave when pressured by large numbers of people infected with the new A (H1N1) virus.

The move to phase 5 activated a number of stepped up preparedness measures. Public health services, laboratories, WHO staff, and industry are working around the clock. A defining characteristic of a pandemic is the almost universal vulnerability of the world's population to infection. Not all people become infected, but nearly all people are at risk. Manufacturing capacity for antiviral drugs and influenza vaccines is finite and insufficient for a world with 6.8 billion inhabitants. It is absolutely essential that countries do not squander these precious resources through poorly targeted measures.

To date, most outbreaks have occurred in countries with good detection and reporting capacities. We are fortunate that the outbreaks are causing mainly mild cases of illness in these early days and **urge** the international community to use this grace period wisely and to look closely at anything and everything we can do, collectively, to protect developing countries from, once again, bearing the brunt of a global contagion; **reached out** to the manufacturers of antiviral drugs and vaccines and to Member States, donor countries, UN agencies, civil society organizations, nongovernmental organizations, and foundations. Finally, **stressed** to the

countries the absolute need to extend preparedness and mitigation measures to the developing world. The world of today is more vulnerable to the adverse effects of an influenza pandemic than it was in 1968, when the last pandemic of the previous century began. The speed and volume of international travel have increased to an astonishing degree. As we are seeing right now with H1N1, any city with an international airport is at risk of an imported case. The radically increased interdependence of countries amplifies the potential for economic disruption.

These vulnerabilities, affect all countries. On current evidence, most cases of severe and fatal infections with the A (H1N1) virus, outside the outbreak in Mexico, are occurring in people with underlying chronic conditions. In recent years, the burden of chronic diseases has increased dramatically, and shifted dramatically, from rich countries to poorer ones. The developing world has, by far, the largest pool of people at risk for severe and fatal A (H1N1) infections.

The next pandemic will be the first to occur since the emergence of HIV/AIDS and the resurgence of tuberculosis, also in its drug-resistant forms. Today's world has millions of people whose lives depend on a regular supply of drugs and regular access to health services. What will happen if sudden surges in the number of people requiring care for influenza push already fragile health services over the brink? What will happen if the world sees the end of an influenza pandemic, only to find itself confronted, say, with an epidemic of extensively drug-resistant tuberculosis? Are the world's public health services fit-for-purpose under the challenging conditions of this 21st century?

We have good reason to believe that pregnant women are at heightened risk of severe or fatal infections with the new virus. In the midst of all these uncertainties, one thing is sure. When an infectious agent causes a global public health emergency, health is not a peripheral issue. It moves straight to centre stage. An effective public health response depends on strong health systems that are inclusive, offering universal coverage right down to the community level. It depends on adequate numbers of appropriately trained, motivated, and compensated staff.

The **International Health Regulations (IHR)**, give the health sector an advantage that financial managers, at the start of last year's crisis, did not have when faulty policies precipitated a global economic downturn. The **IHR** provide a coordinated mechanism of early alert, and an orderly system for risk management that is driven by science, and not by vested interests. An influenza pandemic is an extreme expression of the need for global solidarity. We are all in this together. And we will all get through this, together.

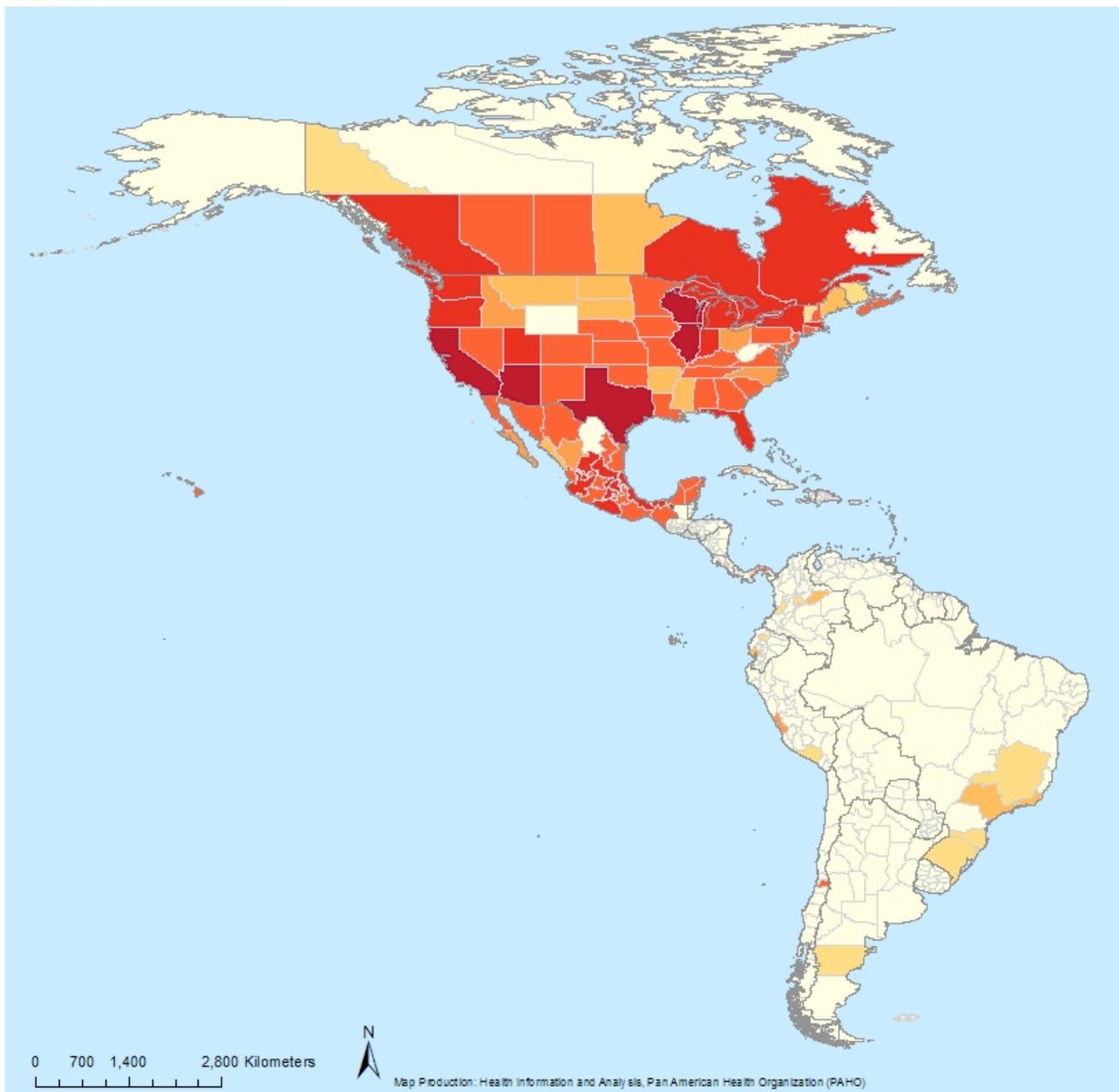
*Extracted from the speech given by Dr. Margaret Chan, Director - General of WHO, during the inaugural session of the 62nd World Health Assembly on May 18, 2009, Geneva.*

Full text available at:  
[http://www.who.int/dg/speeches/2009/62nd\\_assembly\\_address\\_20090518/en/index.html](http://www.who.int/dg/speeches/2009/62nd_assembly_address_20090518/en/index.html)

**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](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.

22 May 2009 (23 h GMT; 18 h EST)



0 700 1,400 2,800 Kilometers



Map Production: Health Information and Analysis, Pan American Health Organization (PAHO)

