



Update New virus Influenza A (H1N1)



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

Vol. 6, No. 39

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.

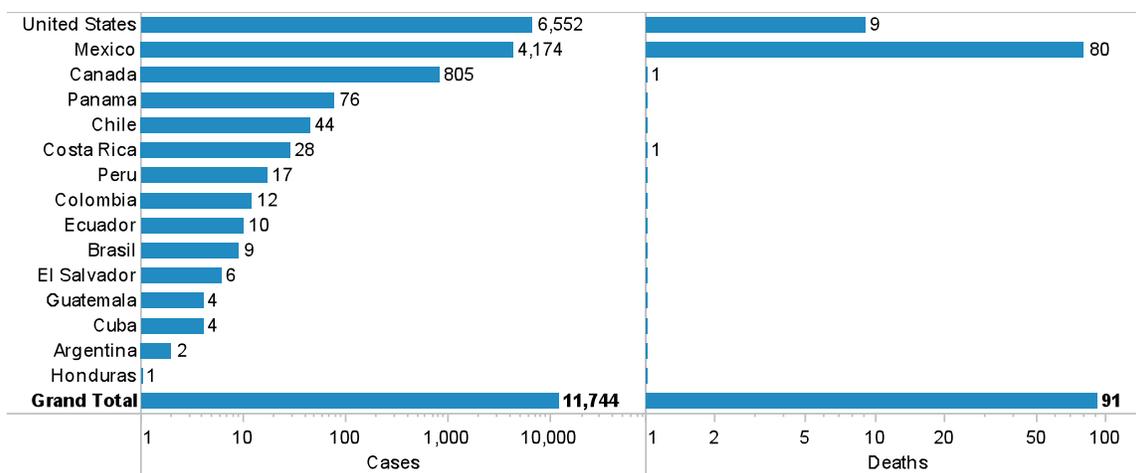
Summary of the current situation

Up to 23 May 2009, **11,744 confirmed cases** of the new virus influenza A (H1N1) infection, including **91 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.

Figure 1. Number of confirmed cases and deaths by the new virus influenza A (H1N1) in countries of the Americas - Updated to 23 May 2009



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

Summary of clinical data of the new virus Influenza A (H1N1) California, United States

To date there have been limited communications concerning the clinical spectrum and the evolution of disease by the new Influenza A (H1N1) virus. The Centers for Disease Control and Prevention (CDC) has recently published a summary of the clinical data of patients hospitalized in California with infection by the new Influenza A (H1N1) virus.¹ The report indicates that the behavior of the disease in terms of severity and hospitalization is being similar to that of seasonal influenza. From 15 April to 15 May 2009, from a total of 533 cases, 30 patients needed hospitalization (5.6% CI 95%: 3,7-7,6). The median age of the admitted patients was of 27.5 years (range, 27 days to 87 years) and 70% were women. The most common diagnosis at admission was of pneumonia and dehydration. 64% of the patients presented a subjacent disease, being the most common: pulmonary diseases or cardiac chronicles, immunosuppression, diabetes, and obesity. The most frequent symptoms were fever, cough, vomiting, and difficult breathing. Most of the cases (60% of those with a chest x-ray) presented radiological alterations compatible with pneumonia. Six patients required admission in ICUs and four needed mechanical ventilation. No evidence of secondary bacterial infection was found in any of the cases. 50% of the patients received treatment with Oseltamivir. Of the patients who presented multilobar infiltrates (1/3 of the total), only 9% received treatment and the majority evolved favorably.

Up to 17 May, 23 of the patients had been discharged with a median of hospital stay of 4 days (range, 1 to 10 days), while 7 were still hospitalized with a median of hospital stay of 15 days (range, 4 to 167 days). The report concludes that previously healthy patients did not present complications and had short hospital stays. However, some patients developed severe disease and

prolonged hospitalization. Although the extreme age or the subjacent diseases could contribute to the severity of the disease in this group of patients. Of the 30 patients who needed hospitalization in California, 5 were pregnant women (16.7%) and 2 of them presented complications (miscarriage and premature rupture of membranes).

Given the greatest vulnerability of pregnant women to influenza, documented by the excess of deaths in pregnant women during the previous influenza pandemics and also by seasonal influenza², there is interest in obtaining evidence on the incidence, severity and complications of the infection with the new influenza A(H1N1) virus in this population group. In this regard, there is a preliminary report available published by the MMWR. The latter presents details of 3 cases of infection by the new Influenza A(H1N1) virus in pregnant women. On 10 May, the total number of confirmed cases in the U.S. (n = 2,532), included a total of 20 pregnant women (0.8%) infected by the new virus, of which 3 (15%) needed hospitalization and one of them died.³ These findings are important to maximize the precautions of contact of pregnant women with confirmed or probable cases of *Influenza A (H1N1)*, as well as the early beginning of the antiviral treatment, when symptoms were present.

Note: This article has been taken from the *Morbidity and Mortality Weekly Report (MMWR)*. Centers for Disease Control and Prevention (CDC). (April – May 2009).

<http://www.cdc.gov/mmwr/>

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

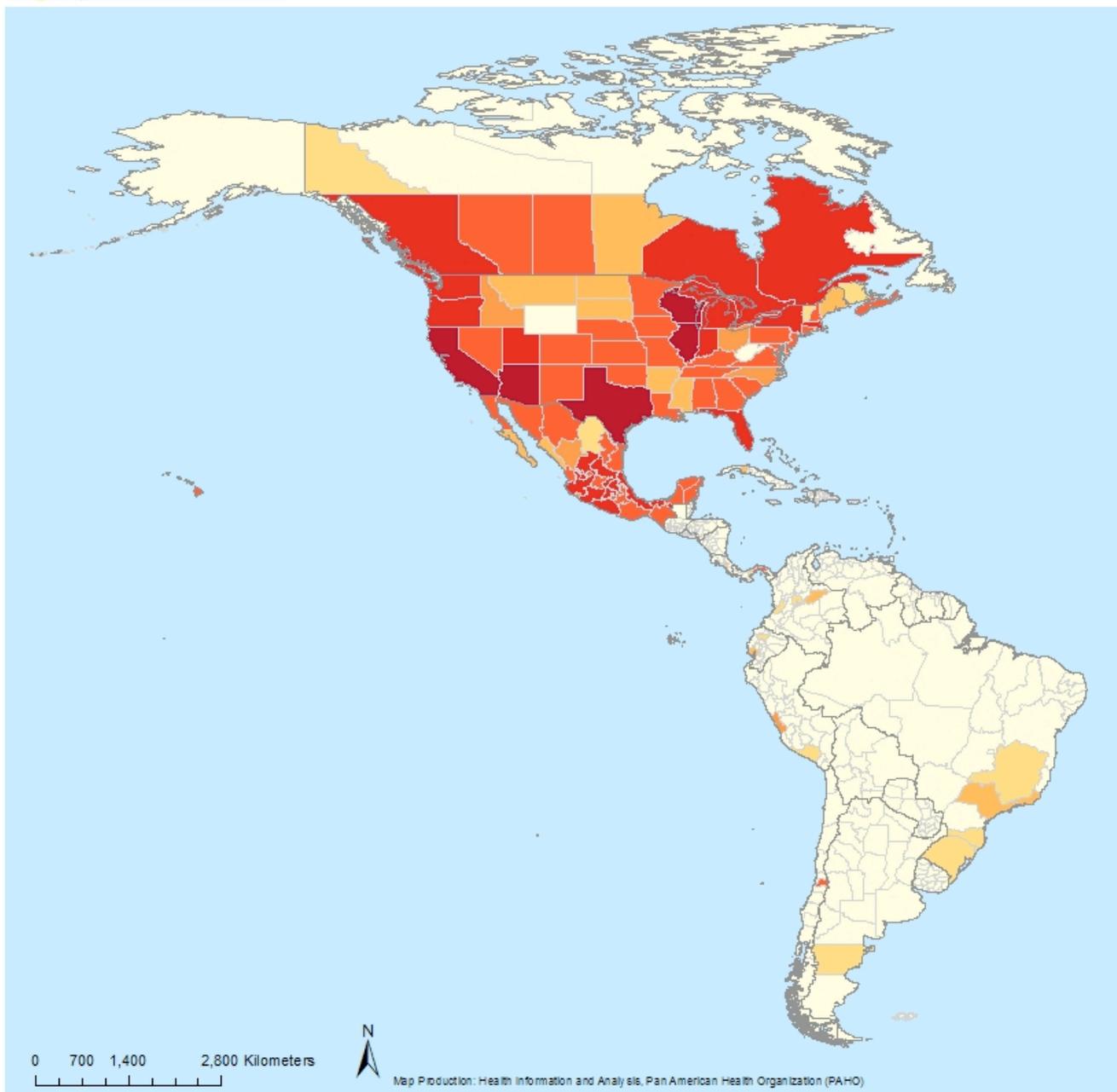
² Dodds L, McNeil SA, Fell DB, et al. Impact of influenza exposure on rates of hospital admissions and physician visits because of respiratory illness among pregnant women. *CMAJ* 2007;176:463--8.

³

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5818a3.htm>

¹ <http://www.cdc.gov/mmwr/pdf/wk/mm58e0518.pdf>

Influenza A (H1N1). Region of the Americas. 23 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)

