



# Update New virus Influenza A (H1N1)



## Regional Report (24 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

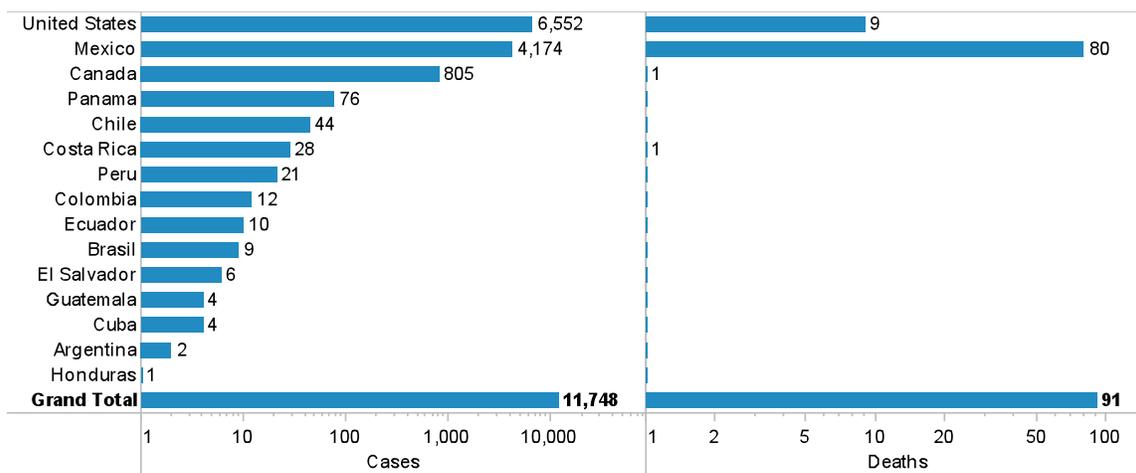
Up to 24 May 2009, **11,748 confirmed cases** of the new virus influenza A (H1N1) infection, including **91 deaths**, have been notified in **15 countries** of the Americas: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Peru and 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.

So far, available evidence shows that most cases of severe and fatal infections with the *Influenza A (H1N1)* virus, outside the outbreak in Mexico, are occurring in people with underlying chronic conditions.

**Figure 1.** Number of confirmed cases and deaths by the new virus influenza A (H1N1) in countries of the Americas - Updated to **24 May 2009**



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

## Implemented Public Health measures in 150 countries due to the new virus Influenza A (H1N1) epidemic

To date a total of 150 countries have implemented public health measures as follows:

- ✓ 96 out of 150 (64.0%) countries are screening travelers for influenza-like symptoms and some countries are using thermal scanners as follows:
  - Scanning travelers with thermal scanners (45 out of the 96 countries – 47%)
    - 4 out of 45 (9%) countries scan travelers departing from the country
    - 21 out of 45 (47%) countries scan travelers arriving from affected regions
    - 27 out of 45 (60%) countries scan travelers arriving from all countries
- ✓ 43 out of 150 (29%) countries are sending out health and information brochures
- ✓ 24 out of 150 (16%) countries are providing a hotline service with advice to callers
- ✓ 16 out of 150 (11%) countries are canceling trips.
- ✓ 55 out of 150 (37%) countries are providing travel advisories.
- ✓ 53 out of 150 (35%) countries are imposing trade bans.
- ✓ 32 out of 150 (21%) countries are imposing quarantine measures.
- ✓ 73 out of 150 (49%) countries are stockpiling antiviral.

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### Assessing the severity of an influenza pandemic

- The major determinant of the severity of an influenza pandemic, as measured by the number of cases of severe illness and deaths it causes, is the inherent virulence of the virus.
- Even a pandemic virus that initially causes mild symptoms in otherwise healthy people can be disruptive.
- The same virus that causes mild illness in one country can result in much higher morbidity and mortality in another.
- The inherent virulence of the virus can change over time as the pandemic goes through subsequent waves of national and international spread.

To date, the following observations can be made, specifically about the A (H1N1) virus, and more generally about the vulnerability of the world population and are preliminary:

- The H1N1 virus strain causing the current outbreaks is a new virus that has not been seen previously in either humans or animals. Although cannot be reached at present, that pre-existing immunity to the virus will be low or non-existent.
- The new virus Influenza A (H1N1) appears to be more contagious than seasonal influenza. The secondary attack rate of seasonal influenza ranges from 5% to 15%. Current estimates of the secondary attack rate of A(H1N1) range from 22% to 33%.
- In the two largest and best documented outbreaks to date, in Mexico and the United States of America, a

younger age group has been affected than seen during seasonal epidemics of influenza.

- In terms of population vulnerability, the tendency of the H1N1 virus to cause more severe and lethal infections in people with underlying conditions is of particular concern.
- Scientists are concerned about possible changes that could take place as the virus spreads to the southern hemisphere and encounters currently circulating human viruses as the normal influenza season in that hemisphere begins.
- The fact that the H5N1 avian influenza virus is firmly established in poultry in some parts of the world is another cause for concern. No one can predict how the H5N1 virus will behave under the pressure of a pandemic.

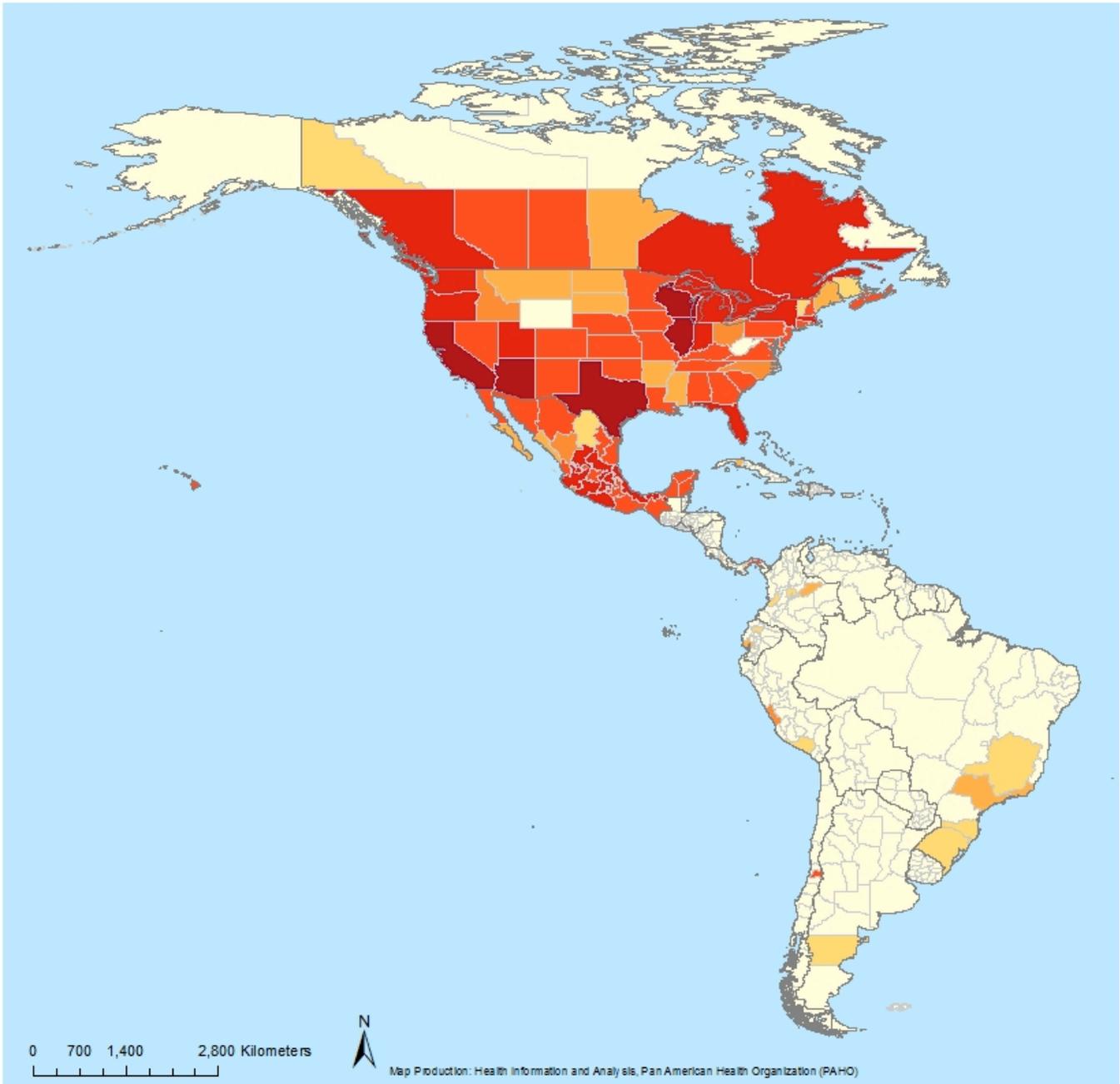
**Source:** Assessing the severity of an influenza pandemic. World Health Organization (WHO).

[http://www.who.int/csr/disease/swineflu/assess/disease\\_swineflu\\_assess\\_20090511/en/index.html](http://www.who.int/csr/disease/swineflu/assess/disease_swineflu_assess_20090511/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. 24 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)

