



# Update New virus *Influenza A (H1N1)*



## Regional Report

(26 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 26 May 2009, **12,536 confirmed cases** of the new virus influenza A (H1N1) infection, including **95 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 **Dominican Republic** exported **1 case** and was reported by Chile on May 17.

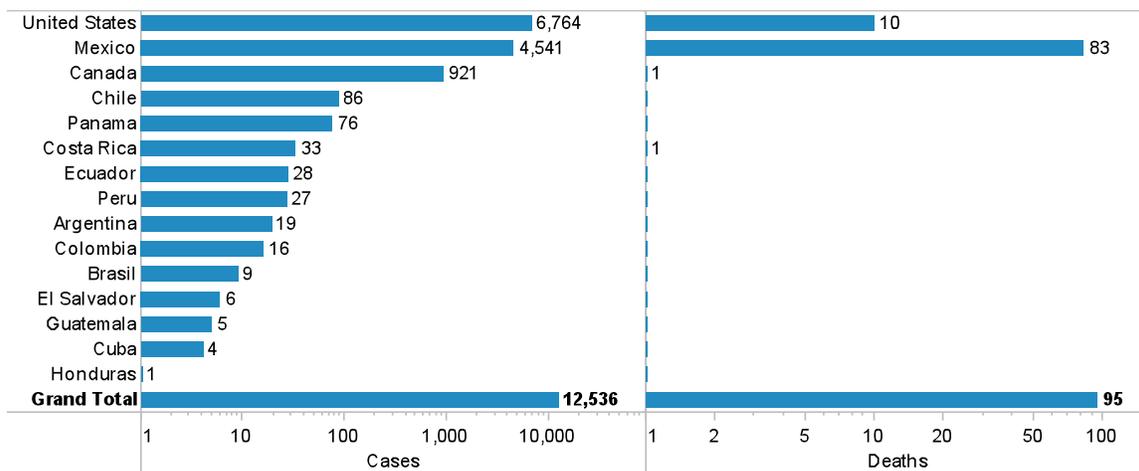
WHO is not recommending any travel restrictions related to the outbreak of the *Influenza A (H1N1)* virus.

As of **26 May 2009**, **46 countries** around the world have officially reported **12,954 cases** of *Influenza A (H1N1)* infection, including **95 deaths**.

In the Americas Region, there were **522 confirmed cases** more than yesterday. Today, **Mexico** reported **3 deaths**.

The date of the onset of symptoms of the first confirmed case was 28 March 2009 in the United States.

**Figure 1.** Number of confirmed cases and deaths by the new virus *Influenza A (H1N1)* Countries of the Americas - Updated to **26 May 2009**



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

## Summary Report of a High-Level Consultation: new *Influenza A (H1N1)* WHO -Geneva, 18 May 2009

In view of the threat posed by the current outbreak of new *Influenza A (H1N1)*, the Director - General of the World Health Organization convened a High-Level Consultation for all Member States at the start of the Sixty-second World Health Assembly. The consultation provided an opportunity for Member States to share experiences, to discuss lessons learnt, and to highlight the challenges that now confront the world community.

### Lessons learnt

- 1. The strength of a country's health system will make being prepared has made a vital difference:** Investment in developing national and regional pandemic preparedness plans over the past five years has paid major dividends. People and institutions know what to do and have been ready to work with each other. Even where the recent outbreak has revealed weaknesses in planning, there is now an opportunity for these to be remedied.
- 2. The International Health Regulations (2005) have been tested for the first time in a public health emergency affecting multiple countries** and the experience has shown that Member States are prepared to meet their 2005 commitments. The importance of transparency, rapid information sharing, and collaboration between and within countries were key themes in many presentations.
- 3. Success depends on a multi-stakeholder approach:** Many preparedness plans emphasize a whole of government approach. Recent experience from the countries currently most affected shows the value of including others (for instance international agencies and neighboring countries) in what are otherwise exclusively national discussions. Communication with the pharmaceutical and vaccine industry and with experts from other relevant fields started immediately and continues. No one organization can succeed alone – harnessing the energies of the private and voluntary sector is essential. A successful response is one that engages a well-informed public as active partners in the ongoing response.
- 4. Effective communication is paramount.** Real-time exchange of information has been a key feature of the response so far. The short time that elapsed between first reports of the outbreak, diagnosis and international action illustrates this. Communication with the general public is equally important, balancing the need to make people aware of risk without causing panic, and, on the other hand, avoiding complacency. This is a particular concern given the uncertainty inherent in how the new influenza A (H1N1) virus will evolve. Evaluating the effectiveness of communications (levels of public awareness, degree of concern) is a key element of the strategy.
- 5. Science-based approaches remain the bedrock of the response:** The outbreak is at different stages in different countries and continents. In some circumstances a policy of aggressive containment appears to have limited the spread of infection, and has bought time for more extensive preparation. In others, containment is no longer feasible and mitigation of impact is the logical approach. In either case, and in deciding on how and when to move from a policy of containment to mitigation, the vital factor is having good data for decision-making. Participants strongly reaffirmed the need for policy – in relation to the disease itself and to any restrictions imposed on the movement of people or consumption of goods – to be based on scientific evidence.
- 6. Health systems matter:** Many of the countries that have been affected to date stressed the importance of universal access to health care, and the need for strong primary health care. The health system is vital at all stages in the response to the epidemic: from detection and confirmation cases to providing care, treatment and advice to those affected. Ensuring continuity of health care services is a key part of preparedness planning. This may include plans for how those affected can access treatment - by phone, Internet, or through community health care workers—without having to attend health-care facilities themselves.

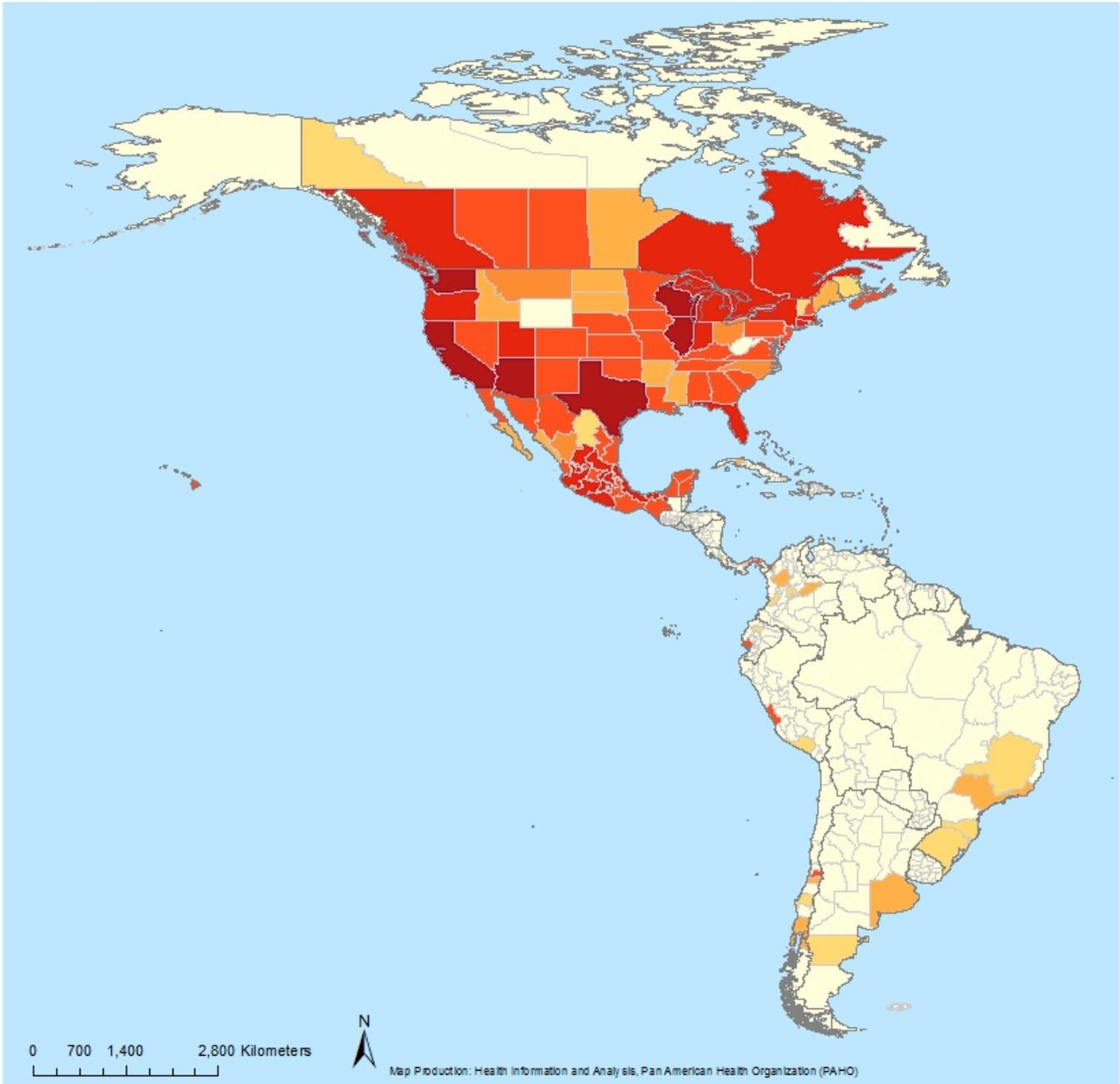
#### Full text available:

[http://www.who.int/csr/resources/publications/swineflu/technical\\_consultation\\_summaryreport2009\\_05\\_18/en/index.html](http://www.who.int/csr/resources/publications/swineflu/technical_consultation_summaryreport2009_05_18/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. 26 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)

