



# Update New virus *Influenza A (H1N1)*



## Regional Report (27 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 27 May 2009, **14,207 confirmed cases** of the new virus influenza A (H1N1) infection, including **99 deaths**, have been notified in **17 countries** of the Americas: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, **Dominican Republic**, Ecuador, El Salvador, Guatemala, Honduras Mexico, Panama, Peru, United States and **Uruguay**. (Figure 1)

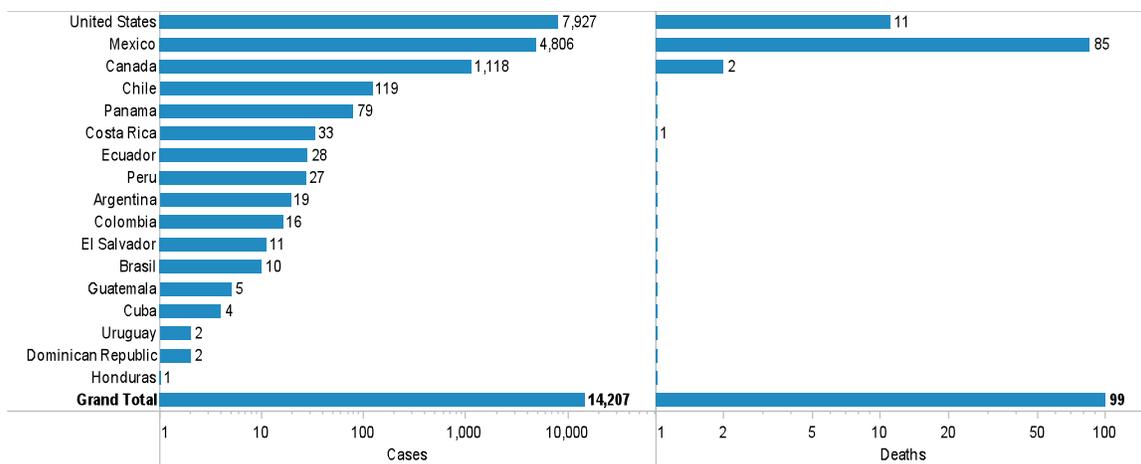
The date of the onset of symptoms of the first confirmed case was 28 March 2009 in the United States. WHO is not recommending any travel restrictions related to the outbreak of the *Influenza A (H1N1)* virus.

As of **27 May 2009, (23h GMT; 18h EST)**, **48** countries around the world have reported a total of **15,064 cases** of *Influenza A (H1N1)* infection, including **99 deaths**; **94%** of global cases are from the Americas.

In the Americas Region, there were **1,671 confirmed cases** more than yesterday.

The **Dominican Republic** and **Uruguay** have reported **their first two cases**, each, increasing to **17 the countries** affected in the Region of the Americas.

**Figure 1.** Number of confirmed cases and deaths by the new virus *Influenza A (H1N1)* Countries of the Americas - Updated to 27 May 2009



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

## **Pandemic Influenza preparedness and mitigation in refugee and displaced populations WHO guidelines for humanitarian agencies. Second Edition, 2008**

An influenza pandemic occurs when a novel influenza virus appears against which the human population has limited or no immunity, and which transmits efficiently from person to person, resulting in several simultaneous epidemics worldwide with the potential for considerable morbidity and mortality. With the increase in global transport and communications, as well as in urbanization and overcrowded conditions, epidemics caused by the new influenza virus are likely to quickly take hold around the world. The impact of a novel pandemic influenza virus on refugee and displaced populations is expected to be severe.

### **Target audience**

These practical field-based guidelines are intended for use by humanitarian agencies, e.g. nongovernmental organizations (NGOs), UN organizations coordinating these services, and donor agencies providing financial support for the populations concerned. They also target ministry of health staff working with refugee and displaced populations at local and national levels. They are intended not only for camp settings but also for open settings with displaced populations living dispersed among local communities.

Risk factors for increased morbidity and mortality from pandemic influenza in these populations include:

- overcrowding, particularly in camp settings;
- poor access to basic health-care services that will be accentuated by a pandemic;
- limited or no access to hospitals for supportive care and treatment of complications;
- high prevalence of malnutrition;
- high incidence/prevalence of other communicable diseases, e.g. acute respiratory illnesses,
- malaria, diarrhoeal diseases;
- logistic challenges resulting from often remote locations or ongoing active conflict;
- lack of adequate surveillance/early warning systems to detect cases or clusters;
- poor links to national disease surveillance systems;
- possible exclusion from national influenza preparedness and response activities;
- lack of trained and equipped staff to investigate outbreaks and manage ill persons.

While WHO and the United Nations (UN) have encouraged each country to create a national pandemic preparedness plan (PPP), these national plans, developed by government ministries including health and agriculture, may not take sufficiently into account refugee and displaced populations. This is particularly of concern in countries where health-care programmes for these populations are implemented by humanitarian agencies, often coordinated by UN

organizations. This gap could leave these populations more vulnerable to the impact of a pandemic.

### **Key principles**

1. Although influenza pandemics are recurring and well-documented phenomena, it is not possible to predict either the onset of the next pandemic or its specific viral cause.
2. Pandemic preparedness efforts, though targeting a future event, can strengthen public health systems and improve health-care worker safety now.
3. Known public health measures taken by individuals and communities, such as social distancing, respiratory etiquette, hand hygiene, and household ventilation, are currently the most feasible measures available to reduce or delay disease (morbidity) and death (mortality) caused by pandemic influenza.
4. Pandemic preparedness efforts should complement and reinforce other disease programmes and not divert existing health-care resources from humanitarian programmes.
5. The primary goal of pandemic preparedness is to mitigate the local impact of a pandemic.
6. Containment of an emerging pandemic strain, once detected, is a separate activity that will be coordinated by WHO and implemented through and with national governments.
7. A system of triage and prioritization should be in place for each health-care setting to maximize impact and to focus efforts on the most effective interventions in the event of a pandemic.

**Source:** Disease Control in Humanitarian Emergencies Epidemic and Pandemic Alert and Response. May 2006. WHO. WHO/HSE/EPR/DCE/2008.3

Full text available:  
[http://www.who.int/diseasecontrol\\_emergencies/HSE\\_EPR\\_DC\\_E\\_2008\\_3rweb.pdf](http://www.who.int/diseasecontrol_emergencies/HSE_EPR_DC_E_2008_3rweb.pdf)

**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)

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