

UpdateNew virus *Influenza* A (H1N1)



Regional Report

(12 June 2009 - 23 h GMT; 18 h EST)

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The data and information are updated daily and are available at: http://new.paho.org/hq/index.php?option=com_frontpage&Itemid=1&Iang=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

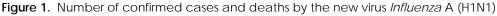
As of 12 June 2009, 30,180 confirmed cases of the new virus influenza A (H1N1) infection, including 163 deaths, have been notified in 26 countries of the Americas: Argentina, Bahamas, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Panama, Peru, United States, Trinidad and Tobago, Uruguay and Venezuela. (Figure 1)

In the Americas Region, there were **4,717** additional **confirmed cases** compared to the previous day.

The **United States** notified **17** new deaths caused by the new influenza A (H1N1) virus.

Influenza A (H1N1) Developing policy/guidance on Antivirus (AV)s

As/when AV supply is limited, AVs should not be used prophylactically and should be reserved for high-risk groups (e.g., those whose immune systems are compromised, those who have underlying chronic conditions, and those women who are pregnant), and for those who are exhibiting severe illness.



Countries of the Americas - As of 12 June 2009 **United States** 17,855 45 108 Mexico 2,978 Canada Chile 1.694 343 Argentina Panama Costa Rica 104 Dominican Republic 93 Honduras Guatemala 85 El Salvador 69 Ecuador 67 Nicaragua 56 Brazil 54 Uruguay Colombia Venezuela Paraguay Jamaica Cuba Bolivia Trinidad & Tobago Barbados Bahamas 1 Dominica 1 **Grand Total** 163 1,000 100,000 1 100 10,000 100 Cases Deaths

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

Evidence that led WHO to declare Phase 6

- The virus is now circulating in over 70 countries
- WHO have held extensive consultations with the eight countries with the most A (H1N1) cases
- These countries all say that they have, at least, limited community spread
- They admit that, at the same time, the limitations of their surveillance systems may mean that they are not picking up the true extent of community transmission/spread
- Therefore, it is difficult to rule out the existence of community transmission in these countries
- Collectively, there is sufficient evidence that indicates community transmission of a level and degree which
 means that this virus is not stoppable. Taken all together, the evidence is that we are at Phase 6
- It is not the evidence from any one country that has led us to declare **Phase 6**, it is the combination of the evidence from around the world: the virus is present in over **70 countries**, and there appear to be numerous examples of transmission which can not be ruled as being community transmission
- Epidemiologically, this is Phase 6
- This is a global disease, a global phenomenon and a global assessment and as such it is not right to say that a single country has led us to going to Phase 6. The overall situation has dictated we go to 6: we are following the science
- You can find information about in which countries have reported the most cases and how the spread is
 occurring in each of these countries: in fact, the dynamics in each country is difficult so it would not be fair to
 single out a single country

Severity

- The impacts of a pandemic can range of scale from mild to severe. WHO assesses this pandemic, at this time, to be a "moderate" pandemic because in a small percentage of cases people can develop severe illness and die.
- In the vast majority of cases, as seen in the US and elsewhere, the virus produces mild disease
- Currently, the overwhelming majority of people who get this disease recover without medical attention
- However, a few people, even young and healthy people, have been shown to develop severe disease.
- Severity can vary from country to country depending on vulnerable populations and health care system resilience.
- We believe, given the worldwide extension of this infection, and the number of cases we are seeing, that mortality from this A (H1N1) will be greater than from yearly seasonal influenza especially in countries where there is a high proportion of people with underlying conditions such as malnutrition and immunosuppression (due to various causes).
- The severity of this virus can increase over time.

Duration of the pandemic

 Based on this historical record, pandemics have lasted for years, sometimes visiting countries each flu season.

Countries should adapt plans and interventions to the current pandemic, which is assessed as moderate

- Countries should calibrate their response to the current severity assessment
- Countries may want to focus their efforts on mitigating the health and social impact of the virus through care of ill persons rather than attempts to contain the transmission of the disease.

- Not all actions geared towards tackling a more severe outbreak may be necessary.
- Member States should continue monitoring for increases in severity, genetic changes and health systems to ensure continuity and rapid adjustments.

Uncertainty

- This virus, like all influenza viruses, can change so WHO will be closely monitoring it as the pandemic evolves.
- Currently there is a great deal unknown about this pandemic because the disease itself is new.
 Health protection and care decisions will be made on the best available information; however, that may change and both health care authorities and individuals need to keep up to date and adapt their behaviour.

WHO is recommending

- No border closings. Because the virus is already widespread, it will not be possible to stop it at the border, port or the airport. There is no evidence that these measures stop the spread of the disease, and they may be very disruptive for international traffic and trade.
- No restriction of travel. People, who are infected with the virus and are capable of infecting others, may not show symptoms so they cannot be identified from others who are not infected.
- Greater emphasis on providing care with a decreased emphasis on stopping the spread of the virus. Now that a pandemic has been declared, the Government will need to focus its resources on caring for those who fall ill.

For further information visit the PAHO portal for the new *Influenza* virus A (H1N1): http://new.paho.org/hq/index.php?option=com_c ontent&task=blogcategory&id=805&Itemid=569&Ia ng=en



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