

ECDC SITUATION REPORT

Influenza A(H1N1)v infection

Update 14 July 2009,
17:00 hours CEST

Main developments in past 24 hours

- 253 new cases confirmed reported from the EU and EFTA countries;
- 2,148 new cases reported from non-EU and EFTA countries, reaching a total of 105,050;
- Media discussing three UK deaths with no underlying conditions, including a GP;
- Belgium announces a mitigation strategy and Finland stops contact tracing travellers;
- Nature online published a letter on *in vivo* and *in vitro* studies on the influenza A(H1N1)v strain;
- WHO immunization recommendations by SAGE were published.

This report is based on official information provided by the national public health websites, or through other official communication channels. An update on the number of confirmed cases as of 14 July 2009, 17:00 hours CEST, is presented in Table 1 and Table 2.

Disclaimer: the number of confirmed cases reported is based on laboratory test results, except for the US. Depending on the national laboratory testing policies, the actual number of cases by country may therefore be higher.

Epidemiological update

Out of the 31 EU and EFTA countries, 30 countries have reported a total of 14,294 confirmed cases, including 16 deaths. In the past 24 hours, 253 new cases were confirmed from the EU and EFTA countries.

Outside of the EU and EFTA countries, a total of 2,148 new cases have been reported within the last 24 hours, including 9 deaths; 1 new fatal case reported from Australia, Jamaica, 2 from Bolivia, Philippines and 3 from Colombia. The global number of confirmed cases is 119,344 and 591 deaths.

Several UK and international media sources are discussing recent three deaths among people with no underlying conditions; a 30-year old man from Essex, a 6-year old girl from London and a 64-year old male general practitioner from Bedfordshire. The causes of death for the two latter are yet to be officially reported. Cases of severe illness and death among previously healthy people are not unexpected during influenza pandemics or seasonal influenza epidemics. Health care workers will continue to be at risk of infection as the pandemic proceeds and appropriate infection control measures should be vigorously applied during contacts with potentially infectious patients.

Belgium officially announced yesterday a move towards mitigation as the national control strategy. This implies discontinuing contact tracing procedures and changing from laboratory based surveillance to surveillance via a sentinel network. Finland announced discontinuing contact tracing for cases related to air and ground transport.

A [letter](#) published by the journal Nature is being discussed in the media today. The main results of the study suggest that sera from people born before 1920 have neutralizing antibody activity against the pandemic H1N1

strain. In addition, replication of the influenza A(H1N1)v virus in mice, ferrets and non-human primates is more efficient than with the seasonal H1N1 and causes more severe lung lesions in these species.

WHO recommendations on pandemic (H1N1) 2009 vaccines

The Strategy Advisory Group of Experts (SAGE) is the highest level of advisory bodies in WHO on immunization matters. SAGE met last week on 7 July to be updated about the epidemiological status and the clinical status of H1N1 as well as being provided with an update on expected vaccine availability. They also reviewed the status of production of the current seasonal epidemic vaccine.

At the end of the meeting SAGE delivered recommendations that have been adopted by the WHO Director-General last Friday on potential options for vaccine use.

First of all, SAGE does not consider that there is a need to recommend a "switch" from seasonal to pandemic vaccine production, as most of the production of the seasonal vaccine for the 2009-2010 influenza season in the northern hemisphere is almost complete and is therefore unlikely to affect production of pandemic vaccine.

Regarding pandemic (H1N1)v vaccines, any decision – to be taken at country level according to the local epidemiological situation and vaccine availability – should derive from which objective every single country might set among a) reduce transmission of the pandemic virus; b) protect the integrity of essential services; c) reduce morbidity and mortality.

In view of these three objectives countries might have, and depending on their own decision, they may consider immunization of different groups:

- all countries should immunize their health-care workers as a first priority to protect the essential health infrastructure;
- then, a step-wise approach to vaccinate particular groups may be considered as vaccines available initially will not be sufficient. SAGE suggests the following groups for consideration, noting that countries need to determine their order of priority based on country-specific conditions:
 - o pregnant women;
 - o those aged above 6 months with one of several chronic medical conditions;
 - o healthy young adults of 15 to 49 years of age;
 - o healthy children;
 - o healthy adults of 50 to 64 years of age;
 - o and healthy adults of 65 years of age and above.

SAGE recommended to promote production and use of adjuvanted vaccines and live attenuated influenza vaccines, in view of the anticipated limited vaccine availability at global level. Under this perspective, it is very important to implement post-marketing surveillance of the highest possible quality, as some new technologies involved in the production of some pandemic vaccines, have not yet been extensively evaluated for their safety in certain population groups. In the same way, rapid sharing of the results of immunogenicity and post-marketing safety and effectiveness studies among the international community will be essential for allowing countries to make necessary adjustments to their vaccination policies.

The briefing note on the WHO recommendations on pandemic (H1N1) vaccines is available at the link:

http://www.who.int/csr/disease/swineflu/notes/h1n1_vaccine_20090713/en/index.html

The audio file and the transcript of the press briefing is available at the link:

<http://www.who.int/mediacentre/multimedia/swineflupressbriefings/en/index.html>

All background documents of the 7th July 2009 SAGE meeting are available at the link:

http://www.who.int/immunization/sage/previous_july2009/en/index.html

Table 1: Reported new confirmed cases and cumulative number of influenza A(H1N1)v as of 14 July 2009, 17:00 hours (CEST) in the EU and EFTA countries

Country	Confirmed cases reported in the last 24h*	Cumulative number of confirmed cases	Deaths among confirmed cases**
Austria	2	35	-
Belgium	15	124	-
Bulgaria	1	17	-
Cyprus	39	297	-
Czech Republic	-	20	-
Denmark	4	77	-
Estonia	-	15	-
Finland	6	109	-
France***	-	464	-
Germany	26	763	-
Greece	33	323	-
Hungary	-	26	-
Iceland	-	4	-
Ireland	25	144	-
Italy	44	224	-
Latvia	-	6	-
Lithuania	-	5	-
Luxemburg	-	13	-
Malta	7	82	-
Netherlands****	-	152	-
Norway	-	65	-
Poland	-	33	-
Portugal	5	99	-
Romania	2	55	-
Slovakia	2	30	-
Slovenia	4	25	-
Spain	-	1034	2
Sweden	23	187	-
Switzerland	15	148	-
United Kingdom	-	9718	14
Total	253	14294	16

Note: cases reported in the EU and EFTA countries correspond to the EWRS notifications by Member States or Ministry of Health websites.

*Cases reported between 11 July 17:00 hours and 12 July 17:00 hours

**Deaths are included in the cumulative number of confirmed cases

*** Cases reported from France include those reported from Reunion-Mayotte (5), Antilles-Guyane (8), French Polynesia (5) and French New Caledonia (34).

**** Cases from the Netherlands include those reported from Aruba and the Netherlands Antilles

Table 2: Reported cumulative number of confirmed cases and deaths of influenza A(H1N1)v as of 14 July 2009, 17:00 hours (CEST) outside of the EU and EFTA area

Country	Confirmed cases reported in the last 24h*	Cumulative number of confirmed cases	Deaths among confirmed cases**
OTHER EUROPEAN COUNTRIES and CENTRAL ASIA			
Bosnia and Herzegovina	-	2	-
Channel Islands	-	16	-
Croatia	-	3	-
Former Yugoslav Republic of Macedonia	2	5	-
Island of Man	6	7	-
Monaco	-	1	-
Montenegro	-	10	-
Russian Federation	-	3	-
Serbia	13	50	-
Ukraine	-	1	-
MEDITERRANEAN AND MIDDLE-EAST			
Algeria	-	7	-
Bahrain	-	29	-
Egypt	12	102	-
Iran	-	1	-
Iraq	4	20	-
Israel	-	727	-
Jordan	-	32	-
Kuwait	2	44	-
Lebanon	-	53	-
Libya	-	1	-
Morocco	-	20	-
Occupied Palestinian Territory	-	104	-
Oman	2	8	-
Qatar	-	23	-
Saudi Arabia	-	149	-
Syria	-	3	-
Tunisia	-	5	-
Turkey	-	40	-
United Arab Emirates	-	8	-
Yemen	-	8	-
AFRICA			
Botswana	1	1	-
Cape Verde	-	3	-
Ethiopia	-	3	-
Ivory Coast	-	2	-
Kenya	1	22	-
Mauritius	-	1	-
Seychelles	-	1	-
South Africa	8	70	-
Tanzania	-	1	-
Uganda	4	5	-
NORTH AMERICA			
Canada	-	9717	39
Mexico	-	11699	121

***USA	-	37246	211
CENTRAL AMERICA AND CARIBBEAN			
Antigua and Barbuda	1	3	-
Bahamas	4	21	-
Barbados	-	20	-
Bermuda	-	2	-
British Virgin Islands	-	2	-
Cayman Islands	-	14	-
Costa Rica	-	351	4
Cuba	-	144	-
Dominica	-	1	-
Dominican Republic	-	108	2
El Salvador	14	379	3
Guatemala	-	339	2
Guyana	-	2	-
Honduras	-	123	1
Jamaica	6	39	2
Nicaragua	-	357	-
Panama	-	480	-
Saint Lucia	-	1	-
Saint Vincent	-	1	-
Suriname	-	11	-
Trinidad-Tobago	-	65	-
SOUTH AMERICA			
Argentina	-	2928	94
Bolivia	-	547	2
Brazil	-	1027	2
Chile	-	9549	25
Colombia	14	166	7
Ecuador	17	256	2
Paraguay	7	125	3
Peru	159	1912	5
Uruguay	-	550	9
Venezuela	3	234	-
NORTH-EAST AND SOUTH ASIA			
Afghanistan	-	14	-
Bangladesh	-	19	-
China (mainland)	60	1362	-
Hong Kong SAR China	62	1327	-
India	-	153	-
Japan	263	2919	-
Macao SAR China	8	81	-
Nepal	-	6	-
South Korea	79	446	-
Sri Lanka	-	22	-
Taiwan	-	72	-
SOUTH-EAST ASIA			
Brunei Darussalam	45	300	1
Cambodia	1	9	-
Indonesia	-	28	-
Laos Peoples Democratic Republic	1	7	-
Malaysia	304	772	-
Myanmar	-	1	-

Philippines	959	2668	3
Singapore	-	1217	-
Thailand	-	2428	9
Vietnam	61	309	-
AUSTRALIA AND PACIFIC			
Australia	-	9050	19
Cook Islands	-	1	-
Fiji	25	44	-
New Zealand	-	1779	7
Papua New Guinea	-	1	-
Republic of Palau	-	1	-
Samoa	-	1	-
Vanuatu	-	3	-
TOTAL	2148	105050	573

Note: cases reported in non-EU and EFTA countries correspond to cases published on Ministry of Health websites, or through WHO, or through credible media source quoting national authorities. Therefore, some of these cases may be taken out at a later stage if not validated.

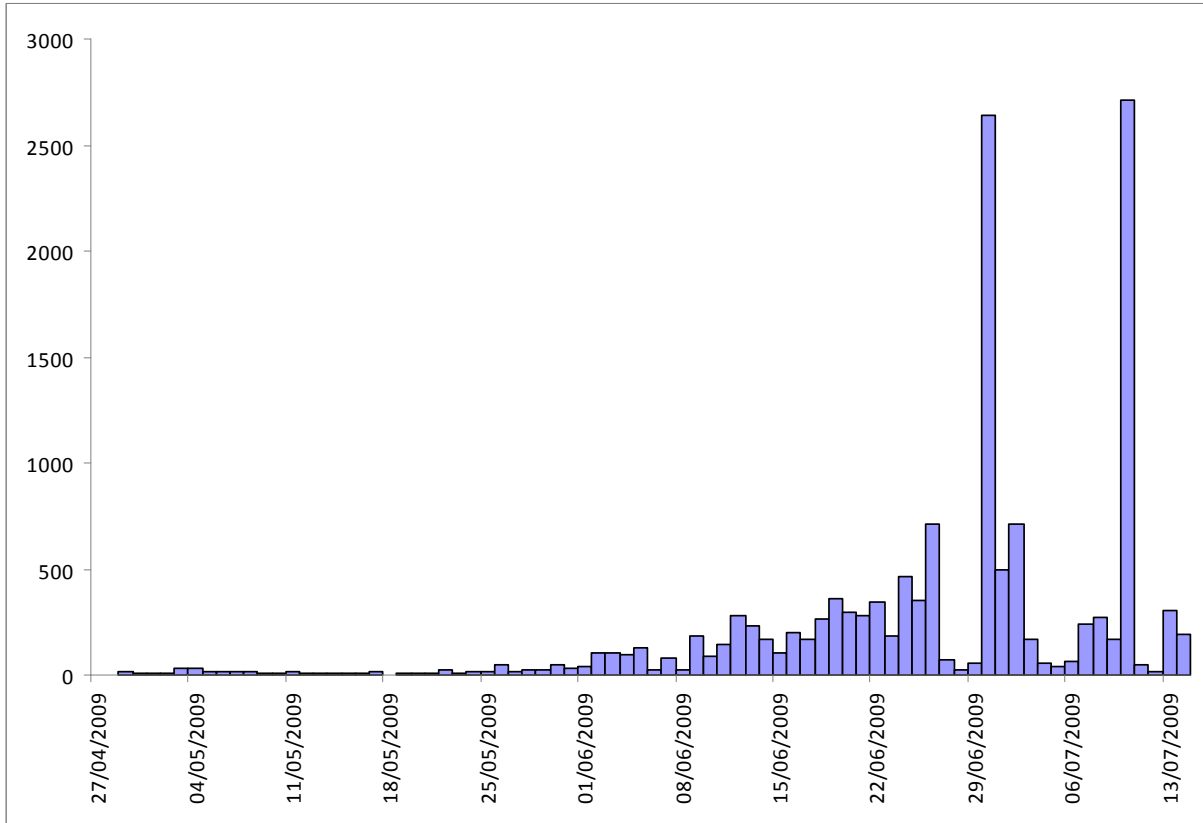
* Cases reported between 11 July 17:00 hours and 12 July 17:00 hours

** Deaths are included in the cumulative number of confirmed cases

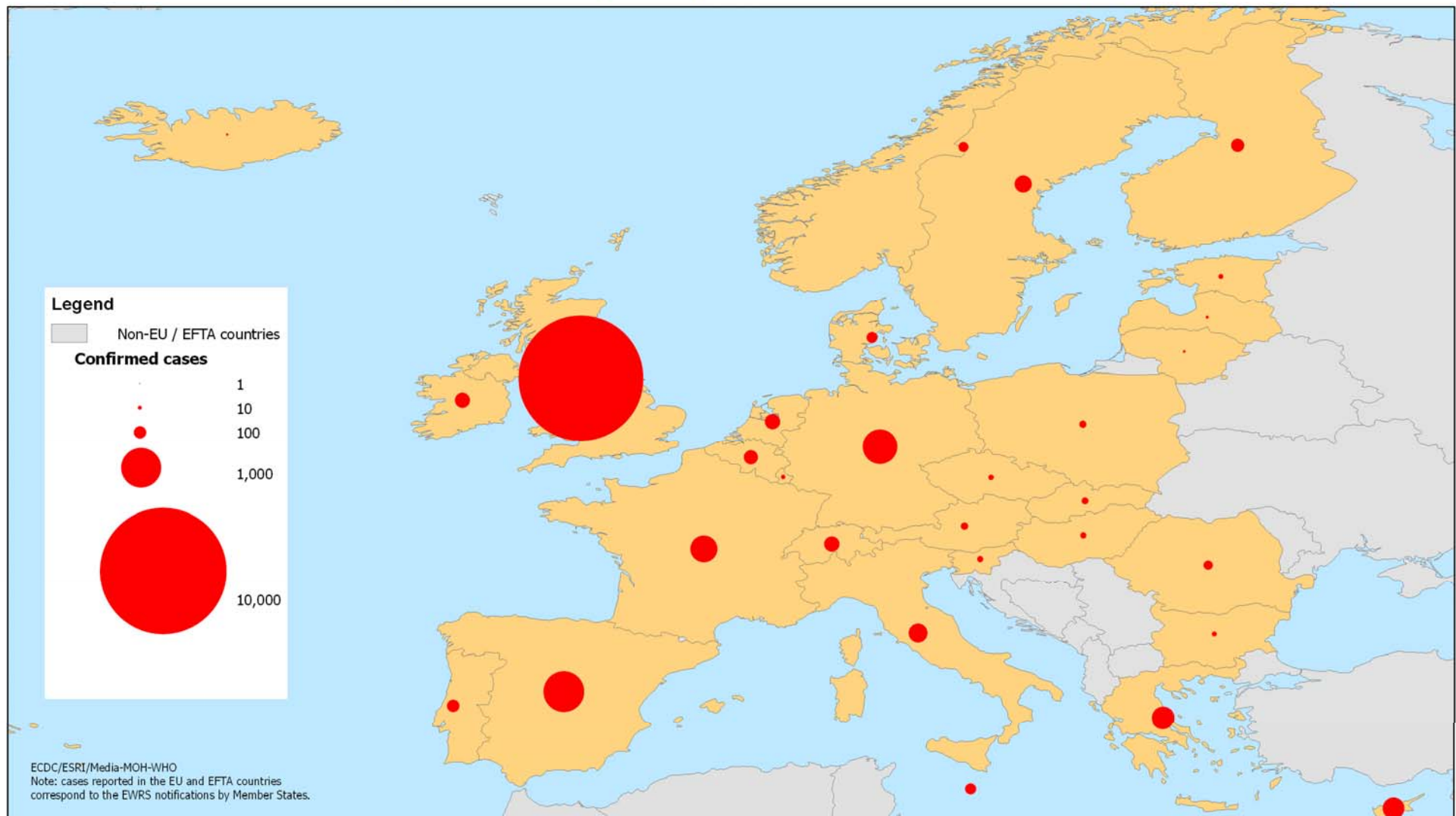
*** Cases in the US include both probable and confirmed cases. They also include confirmed cases from Puerto Rico

Figure 1: Distribution of confirmed cases of influenza A(H1N1)v infection by date of notification, EU and EFTA countries, 29 April to 14 July 2009 (n = 14,041)

* The values of the columns represent the day of notification (from 00:00 till 24:00). The sharp increase observed in the reports received on June 30 and July 10 represent batch reporting from the UK in the previous days.



Reported cumulative number of confirmed cases of influenza A(H1N1)v in EU and EFTA countries, as of 14 July 2009, 17:00 hours CEST



Reported cumulative number of confirmed cases of influenza A(H1N1)v by country, as of 14 July 2009, 17:00 hours CEST

