



Ministry of Health of Brazil
Secretariat of Health Surveillance
Standing Committee of Public Health Emergency

Public Health Emergency of International Concern – PHEIC

**Occurrences of human case infection by A (H1N1)
Note 7th May 2009, 9:30 (local time)**

I. General Information

On 24th April, 2009, Friday, the World Health Organization (WHO) notified Member States on the occurrence of human cases of influenza A(H1N1) in Mexico, since 18th March, 2009, and, lately, in the United States of America (USA).

On 25th April, 2009, Saturday, following the guidelines of the International Health Regulation (IHR 2005), WHO declared this event as a Public Health Emergency of International Concern (PHEIC). Immediately, in the same day, the Standing Committee of Public Health Emergency (GPEST, in Portuguese), in the Center for Strategic Information and Response on Public Health Surveillance (CIEVS, in Portuguese)) of the Secretariat of Health Surveillance of the Ministry of Health of Brazil (SVS/MS, in Portuguese) was established to monitor the status of the outbreak and propose appropriated guidelines for the country. Daily meeting are done by this Committee.

Presently this Committee is constituted by representatives of the Ministry of Health, National Agency for Sanitary Surveillance (ANVISA, in Portuguese), Ministry of Agriculture, Livestock and Food Supply (MAPA, in Portuguese), Ministry of Foreign Affairs (MRE, in Portuguese) and the Cabinet of Institutional Security of the Presidency of the Republic (GSI/PR, in Portuguese).

On 29 April 2009, after the 3rd meeting of the WHO Emergency Committee, as established by the International Health Regulation (IHR 2005), the Director-General, Dr Margareth Chan, raised the Public Health Emergency of International Concern (PHEIC) from phase 4 to 5. According to WHO, phase 5 means the occurrence of virus spread among humans with community-level infection in at least two countries of the same WHO region (in this case AMRO).

In the Director-General declaration, the following aspects are highlighted:

- At this stage, effective and essential measures include heightened surveillance, early detection and treatment of cases, and infection control in all health facilities.

- The need that companies manufacturing antiviral drugs to assess capacity and all options for ramping up production, as well as, that the vaccine manufactures contribute to the production of a vaccine against pandemic influenza.
- Recalling that the full clinical spectrum of this disease goes from mild illness to severe disease, it is necessary to continue to monitor the evolution of the situation.
- No matter what the situation is, the international community should treat this as a window of opportunity to ramp up preparedness and response.

The previous temporary recommendations of the 2nd meeting of the IHR Emergency Committee, presented on 27th April 2009, had no changes.

On 30th April 2009, WHO adopted as official denomination *Influenza A(H1N1)* to substitute the previous denomination of *swine flu*.

According to WHO the influenza virus A(H1N1) seems to be similar in all geographical areas.

The Ministry of Health of Brazil reaffirms that all WHO recommendations continue to be accordingly to the ones already adopted by Brazil, especially those ones concerning, up to the moment, the appliance of the “Preparedness Plan to Face Pandemics”, no restrictions to international travel and information to those ones, coming from infected areas, and which present the symptoms of Influenza A(H1N1) to find medical care as soon as possible.

II. On Influenza A(H1N1) in humans

From 24th April, in the sample analyses of collected in cases of influenza syndrome notified by the Governments of Mexico and the United States of America, a new subtype of influenza virus A(H1N1) was identified, and classified as (A/CALIFORNIA/04/2009), which has not been previously detected in humans or swine.

This new subtype of influenza virus A(H1N1) is transmitted form person-to-person, mainly by coughing or sneezing and the contact with respiratory secretions of infected people. According to the internet site of the Government of Mexico (see link on item VI), the symptoms can start from a period of 3 to 7 days and the transmission occurs especially in close spots.

According to WHO, there is no relationship between the contact of humans with swine or the intake of swine meat and its related products and the infection by the influenza A(H1N1) virus.

III. Information on the Public Health Emergency of International Concern (PHEIC)

A. Countries affected by Influenza A(H1N1): updated up to 9:00 (local time)

N	Country	Places with confirmed cases	Under investigation	Probable	Confirmed	Confirmed Deaths
1	Mexico	25states ⁴	8.174	SA ³	1112	42
2	United States of America	41 states ⁵	SI ²	SI ²	642	2
3	Canada	10 states ⁶	SI ²	SI ²	201	0
4	Spain	14 states ⁷	103	SI ²	73	0
5	United Kingdom	02 countries ⁸	SI ²	8	32	0
6	Germany	SI ²	SI ²	SI ²	10	0
7	França	SI ²	SI ²	SI ²	7	0
8	New Zealand	SA ³	92	15	6	0
9	Italy	SI ²	SI ²	SI ²	4	0
10	Israel	SI ²	SI ²	SI ²	4	0
11	Costa Rica	SI ²	SI ²	SI ²	4	0
12	El Salvador	SI ²	SI ²	SI ²	2	0
13	South Korea	SI ²	SI ²	SI ²	2	0
14	Austria	SI ²	SI ²	SI ²	1	0
15	China	Hong Kong RA	SI ²	SI ²	1	0
16	Colombia	SI ²	SI ²	SI ²	1	0
17	Denmark	SI ²	SI ²	SI ²	1	0
18	Netherland	SI ²	SI ²	SI ²	1	0
19	Ireland	SI ²	SI ²	SI ²	1	0
20	Portugal	SI ²	SI ²	SI ²	1	0
21	Switzerland	SI ²	SI ²	SI ²	1	0
22	Guatemala	SI ²	SI ²	SI ²	1	0
23	Sweden	SI ²	SI ²	SI ²	1	0
Total of Cases			-	-	2.110	44

Legends:

1. **Sources:** Official information published by WHO and governments from affected countries (see links on item VII)
2. **SI:** no available information on official internet sites
3. **SA:** more than two days without update
4. **Affected states in Mexico:** Aguascalientes, Baja California, Chihuahua, Chiapas, Colima, Distrito Federal, Durango, Extra, Guerrero, Guanajuato, Hidalgo, México, Michoacán, Oaxaca, Puebla, Querétaro, Quintana Roo, San Luíz Potosí, Sonora, Tabasco, Tamaulipas, Tlaxcala, Veracruz and Zacatecas
5. **Affected states in the USA:** Alabama, Arizona, California, North Caroline; South Caroline, Connecticut, Colorado, Delaware, Florida, Gerogia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklaroma, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Virginia, Washington and Wisconsin.
6. **Affected states in Canada:** Nova Scotia, British Columbia, Ontario, Quebec, New Brunswick and Alberta
7. **Affected states in Spain:** Andalucía, Aragón, Asturias, Canarias, Cataluña, Comunidad Valenciana, Castilla-La Mancha, Castilla y León, Extremadura, Galicia, Madrid, Murcia e País Vasco.
8. **Affected countries in the United Kingdom:** England and Scotland

B. Further information about affected countries:

According to WHO and health authorities of the countries which present confirmed cases, we inform that:

- Most of the confirmed cases in the with symptoms descriptions present tendency to a moderate clinical frame and favorable response to the treatment;
- The lethality between confirmed cases and death, according to data on 7th May 2009, is approximately of 3,8% in Mexico and 0,3% in the USA.
- In Mexico most of the cases initially reported are young adults previously healthy.
- In the USA, based on the totality of cases reported up to 28th May 2009, age average was 16 years old (interval 3-81) and 81% of the totality of cases were of under 18 years old.
- In some North American and Canadian patients digestive symptoms were reported;
- The Majority of the confirmed cases in several countries has a history of passage through Mexico. Besides this country there were official confirmation of autoctone cases in the United States of America and Spain (Cataluña). In Canada there is report of confirmed cases without history of a trip to Mexico, under investigation.

IV. Case definition for investigation

1. Case under MONITORING

Cases under monitoring are those ones:

- a. Proceeding from infected countries, with no checked fever **AND** coughing, which can come together or not by the other symptoms referred to in the section of suspected cases

OR

- b. Arriving from abroad, in the last 10 days, from non-affected countries **AND** presenting symptoms according to the definition of suspected cases.

2. SUSPECTED Cases

To present suddenly high fever (> 38° C) **AND** coughing which can come together with one or more of the following symptoms: headache, muscular pain, articulations pain or respiratory difficulties **AND**

- a. Have presented symptoms up to 10 days after leaving countries which presented cases of Influenza A(H1N1) **OR**
- b. Have close contact¹, in the last ten days, with someone classified as a suspected case of human infection by the new influenza subtype A(H1N1).

Observation:¹ **Close Contact:** take care, live with or have direct contact with respiratory secretions or body fluids of a suspected case.

Epidemiological Status in Brazil: updated up to 9:30 (local time)

N	Federal Unit	TOTAL OF CASES			
		Under monitoring ^{1,2}	Suspect ³	Confirmed by laboratory ⁴	Discarded ⁵
1	Amazonas	0	0	0	04
2	Bahia	02	0	0	04
3	Ceará	02	0	0	0
4	Distrito Federal	0	02	0	0
5	Espírito Santo	0	0	0	05
6	Goiás	0	02	0	0
7	Mato Grosso do Sul	01	01	0	02
8	Minas Gerais	06	01	0	06
9	Pará	0	0	0	03
10	Paraíba	01	01	0	0
11	Paraná	0	03	0	09
12	Pernambuco	0	01	0	0
13	Rio de Janeiro	01	03	0	18
14	Rio Grande do Norte	02	0	0	07
15	Rio Grande do Sul	0	0	0	01
16	Rondônia	0	01	0	0
17	Santa Catarina	0	02	0	03
18	São Paulo	05	07	0	42
19	Sergipe	0	0	0	04
20	Tocantins	0	0	0	02
Total		20	24	0	110

Legend:

1. All and whichever notified case by health authorities of the Ministry of Health of Brazil. These cases have been monitored to certify if they match the definition of Suspected Case.
2. Cases under monitoring are those ones:
 - a. Proceeding from infected countries, with no checked fever **AND** coughing, which can come together or not by the other symptoms referred to in the section of suspected cases **OR**
 - b. Arriving from abroad, in the last 10 days, from non-affected countries **AND** presenting symptoms according to the definition of suspected cases.
3. All cases which match the criteria of the definition of suspected cases by the Ministry of Health of Brazil are not included within cases under monitoring.
4. All cases confirmed by laboratory testing.

5. All discarded cases by clinical and epidemiological criteria and/or laboratorial ones.

V. Measures and recommendations of the Ministry of Health of Brazil

1. General information

- The Ministry of Health informs that, up to moment, there is no circulation of the subtype of the influenza virus A(H1N1) in Brazil.
- There is no vaccine against this new subtype of influenza virus A(H1N1), responsible for this PHEIC.
- Brazil has a surveillance network to monitor the circulation of respiratory virus strain, besides a preparedness plan to face an eventual influenza pandemic (see item VII).
- Brazil has 22 running Center of Strategic Information and Surveillance Response in Health (CIEVS, in Portuguese) to support health surveillance services and Health Care Units to face Public Health Emergencies.
- All State Health Secretariats were put into action to heighten the convenient monitoring and detection process of suspected cases of acute respiratory diseases. These measures are foreseen in the “Preparedness Plan to Face Pandemics”, which establishes duties to states, municipalities, other entities and reference hospitals.
- The SVS/MS has been notified by health state secretariats on the identification of travelers arriving from infected countries which present suggestive clinical symptomatology of an infectious frame. All travelers who have these symptomatology are sent to reference hospitals to medical evaluation and checking whether they match the definition of suspected case.
- Suspected cases are only those patients which match the definition of suspected cases in item IV.
- During the flight, all passengers of international flights which disembark in Brazil should fill out, obligatorily, the Accompanied Baggage Declaration (DBA, in Portuguese). This document is kept by ANVISA and is used as an information fountain to an eventual search for contacts in case a suspected case is detected in the same airplane.
- All necessary measures are taken in order to make flight crew guide passengers of international flights, during the flight, on signals and symptoms of influenza A(H1N1). Furthermore, the crew will request passengers with these symptoms to be identified.
- When disembarking from whatever international flight, all passengers receive a leaflet in Portuguese, English and Spanish about the signals, symptoms, protective measures, hygiene and guidance to look for medical assistance. Complementarily, INFRAERO, entity responsible for

the Brazilian airports, announces information through the loudspeakers. These actions are intended to include all airports.

- Up to now, there is no report of the circulation this new subtype A(H1N1) among animals.
- Up to the moment. There is no report of circulation of this new subtype of influenza virus A(H1N1) among animals, including the affected areas.
- The intake of swine meat and related products does not represent risk to human health.
- The ANVISA and the Special Secretariat of Ports of the Presidency of the Republic recommended specific measures to surveillance and control in Brazilian ports.
- Updates on the PHEIC are made available daily in the official internet sites (see item VII).

2. Recommendations

a) To those who are traveling to affected areas :

- Concerning the use disposable surgical masks during their stay in the affected areas, follow rigorously the recommendations made by local health authorities.
- When coughing or sneezing, always cover the nose and mouth with a handkerchief, preferably a disposable one.
- Avoid places with high concentrations of people.
- Avoid direct contact with sick persons.
- Do not share food, glasses, bath towels or any objects of personal use.
- Avoid touching the eyes, nose or mouth.
- Wash hands frequently with soap and water, especially after coughing or sneezing.
- If you become ill, seek medical assistance, report any contact with sick persons and inform the authorities of your itinerary on recent trips to affected areas.
- Do not take medication without medical guidance.

Cautious: All travelers should be attentive to protective actions recommended by national authorities of affected area (see item VII).

b) To those who are arriving from affected areas:

Travelers arriving from countries affected by influenza cases of A(H1N1) which present, up to ten days after leaving these areas, with sudden high fever (> 100°F/38° C) and cough, followed by one of the following symptoms headache, muscular and joint pain and respiratory difficulty within a period of up to 10 days after leaving areas affected by swine influenza, should:

- Seek medical assistance at the nearest health unit.
- Inform the health professional about your trip itinerary.

c) To health services:

C1. Procedures concerning suspected cases

- Once the definition of case is considered, send the patient to the reference hospital (see link below) to clinical handling and sample collection, according to what was established by the “Preparedness Plan to Face Pandemics”.
- Immediately notify the suspected cases (according to Ministerial Guidelines SVS/MS – Nº 05/2006) to the Municipal Health Secretariat and/or State Health Secretariat or by e-mail notifica@saude.gov.br . It is also available the electronic notification through the link Influeza/Secretaria de Vigilância em Saúde (see item VII).
- Do active search for of people which contacted the suspected cases which match the definition on item IV above.
- Heighten surveillance actions according to the “Preparedness Plan to face Pandemics” (see item VII).

C2. Procedures concerning cases under monitoring

- Immediately notify cases under monitoring to the Municipal Health Secretariat and/or State Health Secretariat or by e-mail notifica@saude.gov.br . It is also available the electronic notification through the link Influeza/Secretaria de Vigilância em Saúde (see item VII).
- Collect blood and respiratory secretion samples, if available, according to the epidemiological investigation protocol.
- There is no recommendation to hospitalization or specific treatment against Influenza A(H1N1).
- Adopt home quarantine and:
 - ✓ Use surgical disposable mask.
 - ✓ Do not share food, glasses, towels, and personal belongings.
 - ✓ Avoid touching eyes, nose and mouth.
 - ✓ Often wash hands with water and soap, especially after coughing or sneezing.
 - ✓ Keep the environment fresh.
 - ✓ Avoid close contact with other persons.
- Adopt daily clinical monitoring up to the 10th day after the first symptoms, according to the epidemiological investigation protocol. Up to these period:
 - ✓ In case he/she present symptoms according to the definition of suspected case, consider the case as suspect.

- ✓ In case he/she does not present the symptoms according to the definition of suspected case or he/she have another diagnostic, consider the case as discarded.

d) To State Health Secretariats (SES, in Portuguese)

- Maintain reference hospitals to influenza ready and equipped to case assistance.
- Indicate an ambulance from SAMU (ambulances belonging to the national health system) or other ambulance to transport patients.
- Both criteria above should obey rigorously the biosecurity criteria.
- Adopt the protocol of procedures do A(H1N1) available at the internet site of the Secretariat of Health Surveillance.

e) To ports, airports and frontiers (PAF, in Portuguese):

- Heighten surveillance of suspected cases in for all international means of transportation: airplanes, boats and terrestrial vehicles of collective transportation of passengers;
- Keep the Accompanied Baggage Declaration (DBA, in Portuguese), related to travelers information, from all international flights. This measure should also be adopted international bus line transportation.
- Update the specific preparedness plans to influenza pandemics to ports and airports. To elaborate attendance and communication flow in frontier areas, take as the base the model of the Airport Plan and adapt it to the situation;
- Issue the Travelers Sanitary Control Term (TCSV, in Portuguese) when identifying travelers arriving from international flights which present suggestive clinical symptomatology of infectious frame, reminding to immediately send copies to notifica@saude.gov.br and notifica.ggpaf@anvisa.gov.br .
- To all international flights: all front line staff of ANVISA, Customs, Federal Policy, Vigiagro or disembark restricted area operators, which have close contact¹ to travelers, should use: disposable surgical mask and often make hands hygiene.
- To all flights with identification of traveler which match the definition of suspected case (see item IV, 2): all front line staff of ANVISA, Customs, Federal Policy, Vigiagro or disembark restricted area operators, which have close contact¹ to travelers, should use the following Individual Protective Equipment: mask (standard N95 or PFF2), protective glasses, procedures gloves and apron, following the manufacturer recommendations.

- To boats and terrestrial vehicles of collective transportation of passengers which are arriving in Brazil: adopt the same recommendations above concerning the use of Individual Protective Equipments (IPE).
- Adopt the protocol for IPE published on 6th May and available at the internet site of ANVISA.

Observation:

¹ **Close Contact:** take care, live with or have direct contact with respiratory secretions or body fluids of a suspected case.

Further recommendations to ports, airports and frontiers are available at the internet site of ANVISA (see link below).

3. Recommendations to public and private laboratorial units:

Brazil has the Influenza National Diagnostic Network which is set on the Central Laboratories of Public Health in all states and the Federal District and, also in two Frontier Laboratories (Foz do Iguaçu and Uruguaiana municipalities). This Network has three reference laboratories which work at the Instituto Evandro Cagas (Evandro Chagas Institute), in the municipality of Belém, in the state of Pará, at the Instituto Adolfo Lutz (Adolfo Lutz Institute), in the municipality of São Paulo, capital of the state of the same name, and the Institute Oswaldo Cruz (FIOCRUZ), in the municipality of Rio de Janeiro, capital of Rio de Janeiro State. These laboratories are credentialed by the World Health Organization (WHO), as Reference Centers to Influenza (NIC – National Influenza Centers), which includes Brazil in the Global network of Influenza Surveillance.

At the present alert phase of Public Health Emergency of International Concern, sample processing of suspected cases should be done only by Reference Laboratories and, according to WHO guidelines, using molecular biology techniques (PCR Real Time). The Ministry of Health of Brazil will consider as a confirmed case those ones which present laboratorial confirmation of A(H1N1), by the protocol indicated by WHO, but the ones provided by the abovementioned laboratories, though, the methodology of Indirect Immunofluorescence is not indicated to detection of the variable of Influenza A/H1N1.

Considering the biosecurity rules in vigor in Brazil and WHO recommendations, the Ministry of Health reaffirms that the collection of samples of human material must be done rigorously within the parameters of biosecurity good practices and that no handling or processing of material suspected of containing the mentioned virus be done out of the above mentioned laboratories.

VI. Training

The Ministry of Health is structuring a network for training health workers at reference hospitals, ports, airports and frontiers; SAMU, regulation centers and health family teams, and their partners, the Telemedicine Academic Network (RUTE, in Portuguese), Teaching and Researching National Network (RPN, in Portuguese), Academic Federal Hospitals and the Nucleus of Telehealth in Brazil.

This Ministry, through the training network, will prepare institutional material based on the protocols validated by the Standing Committee of Public Health Emergency.

VII. Further Information:

- **Disque Saúde (Health Information):** 0800-61-1997
- **Official sites:**
- **National**
 - **Ministério da Saúde (Ministry of Health of Brazil):**
 - www.saude.gov.br
 - **Secretaria de Vigilância em Saúde (Secretariat of Health Surveillance):**
 - www.saude.gov.br/svs
 - **ANVISA (National Agency of Sanitary Surveillance):**
 - www.anvisa.gov.br
 - **Ministério da Agricultura, Pecuária e Abastecimento (Ministry of Agriculture, Livestock and Food Supply):**
 - www.agricultura.gov.br
 - **Addresses to specific information:**
 - Information internet site of influenza of the Ministry of Health of Brazil
 - http://portal.saude.gov.br/portal/saude/profissional/area.cfm?id_area=1534
 - Information to travelers ANVISA:
 - <http://www.anvisa.gov.br/viajante>
 - Preparedness Plan to Face Pandemic Influenza:
http://portal.saude.gov.br/portal/arquivos/pdf/plano_flu_final.pdf
 - **Internacional**
 - World Health Organization (in English)
 - <http://www.who.int/csr/disease/swineflu/en/index.html>
 - Pan-American Health Organization (in Spanish)
 - <http://new.paho.org/hq/index.php?lang=es>
 - Government of the United States of America (in English)
 - http://www.cdc.gov/swineflu/?s_cid=swineFlu_outbreak_001
 - Government of Mexico (in Spanish)
 - <http://portal.salud.gob.mx/>
 - Government of Canada (in English)
 - <http://www.hc-sc.gc.ca/index-eng.php>

- European Union (in English)
- <http://ecdc.europa.eu/>
- United Kingdom (in English)
- <http://www.dh.gov.uk/en/index.htm>
- Spain (in Spanish)
- <http://www.msc.es/>
- Israel
- <http://www.health.gov.il/english/>
- Netherlands
- <http://www.minvws.nl/en/>
- Switzerland
- <http://www.globalhand.org/home>
- Austria
- <http://www.bag.admin.ch/index.html?lang=en>
- Germany
- http://www.rki.de/cln_109/DE/Content/InfAZ/I/Influenza/IPV/IPV_Node.html?_nnn=true
- China
- <http://www.china.org.cn/english/GS-e/44.htm>
- Denmark
- <http://www.sum.dk/>
- France
- <http://www.ambafrance-uk.org/>
- Italy
- <http://www.ministerosalute.it/>
- New Zealand
- <http://www.moh.govt.nz/>
- Republic of Korea
- english.nw.go.kr
- Ireland
- <http://www.dohc.ie>
- Costa Rica
- <http://www.saludcostarica.net>
- Colombia
- <http://www.minproteccionsocial.gov.co/VBeContent/home.asp>
- South Korea
- http://english.mw.go.kr/front_eng/main.jsp
- Guatemala
- <http://portal.mspas.gob.gt>
- Sweden
- <http://www.sweden.gov.se>