



Office of the UN Resident Coordinator
 UN Donor Influenza Pandemic Update # 13
 24th August, 2009

Influenza A (H1N1)

Background (Overall Pandemic Situation)

As of 13 August 2009, 182,166 cases and 1799 deaths have been reported from 178 countries. The countries and territories/communities that have most recently reported their first confirmed Influenza A (H1N1) 2009 case(s) as of 13 August 2009 are: Ghana, Zambia and Tavalu. First deaths related to the Influenza A (H1N1) 2009 virus have been reported in Iraq, Ireland, Mauritius and West Bank/ Gaza.

Laboratory-confirmed cases of Influenza A (H1N1) 2009 as officially reported to the World Health Organization (WHO) by States Parties to the IHR (2005) as of 13 August 2009.

| Region | Cumulative total as of 31 July 2009 | |
|--|-------------------------------------|-------------|
| | Cases* | Deaths |
| WHO Regional Office for Africa (AFRO) | 1469 | 3 |
| WHO Regional Office for the Americas (AMRO) | 105882 | 1579 |
| WHO Regional Office for the Eastern Mediterranean (EMRO) | 2532 | 8 |
| WHO Regional Office for Europe (EURO) | Over 32000 | 53 |
| WHO Regional Office for South-East Asia (SEARO) | 13172 | 106 |
| WHO Regional Office for the Western Pacific (WPRO) | 27111 | 50 |
| Total | Over 182166 | 1799 |

*Given that countries are no longer required to test and report individual cases, the number of cases reported actually understates the real number of cases.

- General surveillance picture is unchanged from last week. The trend in respiratory disease activity is now decreasing in Chile, Argentina, Australia, Uruguay, Canada, USA and European countries.
- There is an increasing number of cases in Indonesia, India, Guatemala and Paraguay. India and Indonesia seem to be at the beginning of further increase. Majority of cases are still among younger people with median age of 12-17 years (based on data from Canada, Chile, Japan, UK and US).
- Some reports suggest that persons requiring hospitalisation or with fatal illness may be slightly older. Death in young and middle aged adults with severe viral pneumonia - as the main cause of death - continues to be reported. About 40% of these cases occur in individuals without underlying health problems, though this figure varies widely by country reporting.



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- As the disease expands, average age is increasing slightly. This may reflect the situation where the earliest cases occurred as school outbreaks and later expanded to community. WHO's top priority is to determine which groups of people are at increased risk of serious disease so that measures to best protect them can be taken.

Influenza Situation in Nepal

As of today, Nepal has reported 22 confirmed cases of H1N1. All of them were given Tamiflu and put in isolation and all of them have recovered.

Action taken by the Government of Nepal

- ✓ Surveillance activity and health screening at Tribhuvan International Airport and major land-crossing continues.
- ✓ Guidelines on who should get laboratory test; who should seek immediate medical care; and who should get antivirals have been developed and are being translated into Nepali. It will be widely circulated. **(See Annex 1)**
- ✓ A joint press release was issued on 16th August 2009 by the Ministry of Health and Population and the World Health Organization – Nepal. **(See Annex 2)**
- ✓ Public and private hospitals including security forces' hospitals have been instructed to establish an isolation room.
- ✓ Standard Operating Procedures on patient management have been circulated widely to all hospitals.
- ✓ The community mitigation and health promotion materials have been disseminated to the community.
- ✓ Media messages on H1N1 and preventive measures have been disseminated.

Action taken by UN agencies

UNITF Regular Meeting

The **UN Influenza Task Force (UNITF)** held its regular meeting on Friday, 21st August, 2009. WHO Representative, Dr. Alexander Andjaparidze updated on the latest issues around the Influenza A pandemic.

1. Guidelines on Influenza A (H1N1) 2009 will be circulated to all UN staff members.



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2. UNDSS informed that the required number of Tamiflu capsules for all regional offices have been delivered. Staff members have access to the drug through the Area Security Coordinators.

3. It was decided to reduce the frequency of the UNITF meetings. UNITF will meet on a fortnightly basis. The Influenza Updates will be prepared and circulated with the same frequency.

Ends.



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Annex: 1

Guidelines on Pandemic H1N1 2009
Epidemiology and Disease Control Division
Ministry of Health and Population
Government of Nepal

This is generic guidelines for the clinician (who should be tested and treated with anti-viral), public, community, schools and use of mask. All the relevant should strictly follow this guideline.

Who should get tested?

Laboratory testing capacity is limited. Tests are expensive and time consuming. Once it as been shown that there is community transmission, laboratory testing priorities should shift from identifying cases to:

- Confirming infection in new geographical areas or new communities
- Testing severe cases i.e. those who are hospitalized and deaths due to severe acute respiratory illness in the absence of other diagnosis
- Monitoring antiviral resistance and the co-circulation of pandemic (H1N1) 2009 virus and other seasonal viruses

What to do if infected with H1N1?

People who are healthy i.e. (without underlying conditions) and have mild influenza symptoms should:

- Stay at home and away from work, school or crowded areas until symptoms have passed.
- Cover nose and mouth when coughing and sneezing; dispose of tissues carefully.
- Clean hands regularly and immediately after coughing or sneezing with soap and water, or cleanse with alcohol rub.
- Rest, drink plenty of fluids, use a pain reliever for aches. A non-aspirin pain reliever should be used for children and young adults to avoid risk of contracting the potentially deadly Reyes Disease, which can attack all body organs especially the liver and brain.
- Contact a medical doctor by phone if necessary.

When and who should seek immediate medical care?

- People who experience shortness of breath or difficulty breathing should seek care immediately.



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- If your child has fast or strained breathing, continuing fever or convulsions seek care immediately.
- If you have chest pain, become confused/disoriented, have trouble keeping down liquid due to vomiting, become dehydrated seek care immediately.
- If you are pregnant (especially 2nd and 3rd trimester) and become ill with fever, cough and/or sore throat call your doctor immediately.
- Anyone including young and healthy teenager or adults who have serious symptoms you should seek immediate care.

When should antiviral medication be considered?

- Anyone who is seriously ill should take antiviral medication. Antiviral medications are most effective if begun early (within 48 hours). However, since the virus can be shed for several weeks, antiviral may be useful much longer after that.
- Anyone whose fever goes away and then comes back after 2-3 days later should seek medical care.
- Anyone with an underlying condition such as asthma, chronic pulmonary disease, cardiac disease, diabetes mellitus; chronic metabolic diseases; chronic renal diseases; chronic neurological condition or immunosuppressant (including cancers, HIV/AIDS infection, drugs) AND who still has fever after a day should call a doctor to begin oseltamivir within 48 hours.
- Anyone who is above 60 (maybe 50) years of age or has an ill child under 5 years old should call a doctor for advice on antiviral medications.
- Anyone who is otherwise healthy person and still feels unwell after 3-5 days should call a doctor. It may be advisable to begin antiviral medication.

Who is at risk from Pandemic (H1N1) infection?

Pregnant woman, particularly in the second and third trimesters are at risk.

People with underlying health conditions are considered more vulnerable, especially people with chronic respiratory conditions including asthma and chronic obstructive pulmonary disease.

Other high-risk groups include persons with chronic illness such as:

- Cardiac disease
- Diabetes mellitus
- Chronic metabolic diseases
- Chronic renal diseases



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- Haemoglobinopathies (genetically inherited disorders of red blood cell haemoglobin including sickle cell disease and the thalassaemias.)
- Immunosuppressed (including cancers, HIV/AIDS infection, drugs)
- Chronic neurological conditions
- Persons with morbid obesity.
- Indigenous peoples of any age.

Anyone who shows serious symptoms of infection with this virus is at-risk.

Fatalities:

- Should monitor deaths and excess mortality due to respiratory illness
- Should expect and be ready for fatalities.

In past pandemics, deaths associated with the virus have occurred over a two-year period.

That said, we do not expect a sudden jump in the number of severe or fatal infections in the near future.

In some countries around 2% of cases have developed severe illness, often with very rapid progression to life-threatening pneumonia.

High-risk groups include people with underlying chronic health conditions such as asthma, cardiovascular disease, diabetes, auto-immune disorders, and obesity.

Pregnant women are also at increased risk, an important factor given this virus preferentially infects younger people.

Accordingly extra efforts should be made to ensure proper surveillance and appropriate care for these vulnerable populations.

Community transmission:

This is a highly transmissible virus and it will spread in communities. Initially efforts should be made to contain transmission of the disease. But, once community spread takes place, national efforts should focus primarily on mitigating the health and social impact through appropriate care of people at risk, including those with underlying medical conditions and pregnant women.

Efforts should also be directed towards avoiding sudden and uncontrollable increases in the number of cases. To do this, Government of Nepal may consider the suspension of schools and postponing of mass gatherings.

Health systems should prepare to manage a larger caseload, and potentially more serious cases of the illness. Ministry of Health and Population have implementation plans for obtaining essential



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medicines and equipment (ventilators), as well as antivirals and vaccines when they become available. Clinicians should be trained on proper use of ventilators. National protocols on case management of severe pneumonia and acute respiratory failure including acute respiratory distress syndrome (ARDS) should be in place in each hospital and clinical teams managing such cases should be persuaded to adhere to this policy. Healthcare associated infections among healthcare workers and to non-infected patient population are common in this kind of situation and strict infection control measures must be in place while providing care to these patients.

School closures:

Once community spread of this virus takes place, national efforts will focus on mitigating the health and social impact, and avoiding sudden and increases in the number of cases. There is still debate about the usefulness of school closures. However, most studies have shown some benefit in slowing the epidemics. Government of Nepal may consider the suspension of schools depending on the assessment on the cost/benefit of this measure as both the costs and benefits will depend on local context.

If confirmed cases of the virus or a large number of cases of influenza like illness occur among students, faculty, or staff or in the community, institutions officials should consult with local public health authorities on an appropriate response.

Students or staff with influenza-like illness should self-isolate for 7 days after the onset of illness or at least 24 hours after symptoms have resolved - whichever is longer.

If possible, ill persons who wish to seek medical care should contact their health care provider to report illness by telephone or other remote means before seeking care.

Pandemic (H1N1) 2009 tends to infect younger people:

Countries throughout the world report median age for cases between 12-17 years of age. Schools and other semi-closed settings such as camps and military bases where many people interact and are in close contact with one another make for good breeding grounds for viruses

Children, especially those younger than five and those with high-risk medical conditions, are at increased risk of influenza-related complications.

The risk for severe complications from seasonal influenza is highest among children less than two years old.

For otherwise healthy children and young adults who get sick:

Tamiflu is probably not needed as the virus has caused mostly mild disease. But parents should discuss with a medical specialist if uncertain.

Aspirin or products containing aspirin (e.g. bismuth subsalicylate – Pepto Bismol) should **NOT** be used as a pain-killer for anyone under 18-years-old, due to risk of potentially fatal complications.



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Keep sick students home from school for 7 days from onset, or one day after symptoms pass, whichever is longer.

Children and young adults should drink plenty of fluids to avoid dehydration

Danger signs in children indicating a more serious illness include:

- Prolonged fever
- Fast breathing
- Dehydration, convulsions, excessive drowsiness

Urgent medical care should be sought for a child showing any of these signs.

Pregnant women

Pregnant women are at greater risk of complications from the virus, particularly in second and third trimesters.

If pregnant women get sick with flu-like symptoms they should stay home, limit contact with others, and call a doctor. The doctor will decide if testing or treatment is needed. Tests may include a nasal swab which is best to do within the first 4-5 days of getting sick.

Doctors may prescribe Tamiflu or Relenza to pregnant women with H1N1.

Pregnant women should not take any antiviral medication without consulting their doctor. There is little information about the effect of antiviral drugs in pregnant women or their babies, but no serious side effects have been reported.

If sick, pregnant women should make sure they get plenty of rest and fluids.

Treating fever right away is important and paracetamol is the best treatment during pregnancy.

There are simple things pregnant women can do to protect themselves and others. These include:

- washing and drying hands frequently
- staying away from people who are sick
- avoiding crowded places

If alone and feeling ill, pregnant women should get someone to check-up on them often.

For new mothers, breastfeeding should be continued even if the child or mother is unwell, as it protects babies by passing on infection-fighting antibodies from mother to baby.

Use of Masks in the Community-setting



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Effectiveness of masks in preventing the spread of the virus depends on how well it is used or handled by the user. Improper use of the mask or its improper handling/ disposal could potentially increase the spread of the virus.

Advantage of wearing masks in the community setting has not been established, especially in open areas as opposed to enclosed spaces, while in close contact with a person with influenza-like symptoms. Ministry of Health and Population, Government of Nepal is following the current WHO position as follows:

1. Individuals should avoid, as much as possible, coming in close contact with a person with influenza-like symptoms.
2. Individuals with mild illness from pandemic H1N1 infection are the major source of spread of the virus in the community. They should keep distance from well individuals as much as possible (at least 1 meter). Such patients, who are ambulant and able to take care of themselves at home, should be encouraged to self-quarantine themselves at home for the duration of their symptoms and keep their mouth and nose covered with a medical or surgical mask or a disposable tissue while in close contact (distance of 1 meter or less) with non-infected individuals. They should perform hand hygiene frequently, by washing with soap and water or using an alcohol based hand rub. Used masks must be disposed off in a pre-identified and well covered bin for incineration as soon as possible. Some individuals tend to use masks made of cloth pieces for resource reason with an intention to reuse them after cleaning. Such masks need to be appropriately disinfected with regular home detergent immediately after use.
3. If mask use by such patients is a problem because of non-availability or discomfort, the patient should strictly adhere to other respiratory hygiene measures such as coughing or sneezing into a sleeve or the inside of an elbow rather than out in the open.
4. Individuals providing care to patients with pandemic influenza A (H1N1) either at home or a health facility should be trained on the correct use, handling and disposal of masks by a qualified healthcare provider and should have an adequate supply.
5. Non-infected individuals wishing to wear masks in the home or community setting should understand that using a mask incorrectly may actually increase the risk of transmission, rather than reduce it.
6. They should remember that in the community setting some general measures may be more important than wearing a mask in preventing the spread of influenza. These measures are:
 - a. Refraining from touching mouth and nose;
 - b. Frequently performing hand hygiene as described above;
 - c. Avoiding crowded areas and reducing as much as possible the time spent in close contact with people who might be ill; and
 - d. Improving airflow in their living space by opening windows as much as possible.



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7. If masks are to be used in the community setting, proper use and disposal are necessary to derive maximum benefit and avoid any increase in the risk of transmission. Best practices known so far are as follows:
 - a. Placing the mask carefully to cover **mouth and nose** and tie securely to minimize any gaps between the face and the mask;
 - b. Avoiding to touch the mask while in use; performing hand hygiene as described above after touching a mask that is being or has been used;
 - c. Replacing the worn mask with a new clean, dry mask as soon as it becomes damp/humid;
 - d. Not re-using single-use masks; discarding single-use masks after each use and disposing of them immediately upon removing as described above.

Note: There is really no need to use costly N-95 or equivalent masks in the community setting. They are made to prevent infection by droplet nuclei which are less than 5 microns in size. In the current pandemic the transmission in the community is by droplet (not droplet nuclei) infection, which is a particle greater than 5 microns and easily trapped by a medical or surgical mask. Droplet nuclei are dispersed from H1N1 patients in the environment only during certain clinical procedures in a healthcare facility.

For any clarification or addition information, please contact EDCD (put the number of hotline) and email address.



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Annex 2.

Joint Press Release
Ministry of Health and Population, Government of Nepal
And World Health Organization, Nepal

In late April, WHO announced the emergence of a novel influenza A virus. This particular H1N1 strain has not circulated previously in humans. The virus is entirely new, the virus is contagious, spreading easily from one person to another, and from one country to another. Since April, Pandemic phases have been raised gradually from phase 3 to 5. On 11th June 2009, the Pandemic Phase has been raised to Phase 6. So far 177, 457 cases and 1, 462 deaths have been reported in more than 170 countries and territories. Since several countries at advanced stages of the pandemic have changed their strategies to monitor disease activity by other measures and reported number of confirmed cases only reflect a part of total cases infected.

Till today, Ministry of Health and Population have reported 20 cases of Pandemic H1N1 2009. All of them have recovered from the illness.

Activities taken by Ministry of Health and Population

1. There is Avian Influenza Control Project in Ministry of Health and Population, Government of Nepal, which is looking after avian influenza, pandemic H1N1 2009 and other influenza like illnesses since its inception on 2007. This project has enabled the Ministry of Health and Population to handle the current Pandemic H1N1 efficiently because of followings:
 - a. Experts of various specialties are recruited at the central and regional levels.
 - b. Surveillance system has been established for influenza like illnesses
 - c. Various trainings/orientation have been provided to:
 - i. District, Regional and Central Rapid Response Teams on surveillance and response (320 health workers of different districts)
 - ii. Medical doctors, physicians, paediatricians, nurses, other health workers on case management and infection control (81 from different 20 hospitals)
 - iii. Risk communication to health workers as well as journalists (37)
 - iv. On pandemic preparedness plan to all health workers (222 to various districts)
 - v. On laboratory procedures on collection, transportation and testing to laboratory staff (all lab technicians of districts)
 - vi. To district and regional stakeholders
 - d. Laboratory capacity of National Public Health Laboratory has been strengthened.
 - e. Strengthening of the hospital capacity on case management and infection control. Establishment of Referral Hospitals. (name of the hospitals) Equipments have been delivered to various hospitals
 - f. Pandemic Preparedness Plan is in place.
 - g. Stockpiling of Tamiflu, PPEs, Masks, sanitizers and others

Efficiently managed the first and second outbreak of Highly Pathogenic Avian Influenza outbreak in Jhapa District in January and February 2009 with close collaboration between Ministry of Agriculture and Cooperatives.

- Regular health screening of the cullers



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- Establishment of active and passive surveillance in the districts
- Efficient management (identification, transportation, case management) of suspected cases.

Actions taken on after the emergence of H1N1 virus:

The MoHP was better prepared for this Pandemic H1N1 2009 due to the above mention activities and could promptly take following activities very efficiently:

1. Immediately after WHO has alerted Ministry of Health and Population on H1N1 and with close collaboration between MoHP and WHO, the series of planning and coordination meeting were conducted with various line ministries, departments and other stakeholders.
2. All district health offices and regional health directorates were alerted on influenza like illnesses surveillance.
3. Airport health screening desk was established on 29th April, 2009 (Total passengers screened 185,335 and total flights screened 2000)
4. Trainings have been conducted on surveillance, case management, infection control and community mitigation to health workers and other relevant people at central, regional and district levels.
5. Laboratory capacity has been strengthened to carry out the testing of H1N1 in NPHL
6. International and National trainings have been provided to Laboratory person to conduct testing of H1N1
7. Stockpiling of Tamiflu (38,000 treatment regimen), masks, sanitizers and others have been done
8. Hospitals were further strengthened on isolation and MoHP has sent circular to all public and private hospitals to immediately allocate the ward/unit for isolation. A guideline for establishing isolation ward has been circulated.
9. With the H2P partners community level pandemic preparedness plan has been developed. Trainings are being conducted in various districts
10. Risk communication message have been given to the public through various media and other sources. Risk communication templates and leaflets (Flu Dos and Don'ts) have been distributed to all districts. Community volunteers are using these leaflets to communicate with the public.
11. Control Room is established at EDCD
12. MoHP and WHO is providing additional equipments to 5 hospitals for critical care of the patient.

WHO has been providing the resources (technical, logistical and financial) to Ministry of Health and Population on each of the above mention activities.

Health Message to the public

There are everyday actions people can take to stay healthy.

1. Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
2. Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective. Avoid touching your eyes, nose or mouth.

Try to avoid close contact with sick people.



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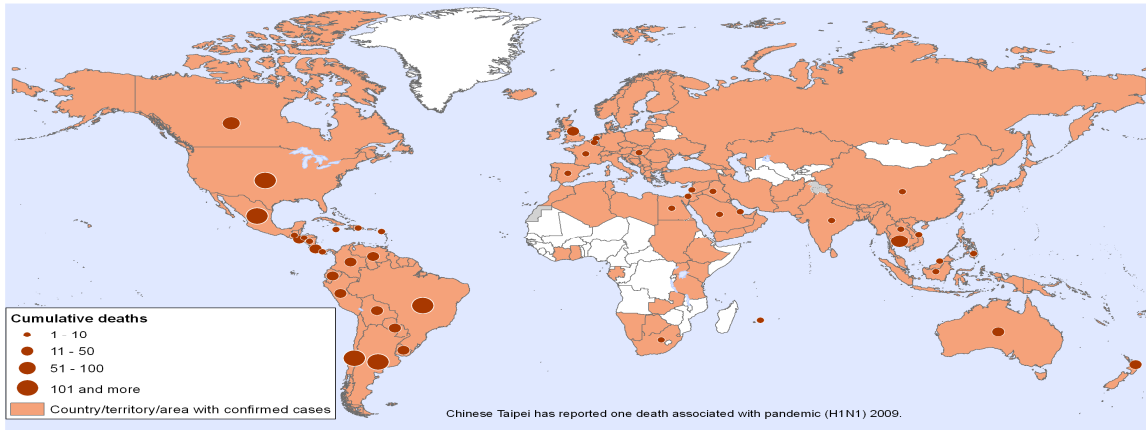
1. Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.
2. If you get sick, it is recommended that you stay home from work or school and limit contact with others to keep from infecting them.
3. We cannot stop this illness at the border. We cannot contain the virus. The goal is to prevent transmission.
4. There is no vaccine for this influenza at this time. The seasonal influenza vaccine component for human H1N1 initially appears to confer no immunity to this influenza. One hypothesis is that exposure to human H1N1 may confer some immunity but there is not enough data at this time to prove or disprove this guess.
5. WHO is not recommending any travel or trade restrictions.



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Annex 3.

Pandemic (H1N1) 2009 *Status as of 13 August 2009*
Countries, territories and areas with lab confirmed cases and number of deaths as reported to WHO



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Map produced: 19 August 2009 13:38 GMT

Data Source: World Health Organization
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization

 **World Health Organization**
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