



Office of the UN Resident Coordinator
UN Donors Pandemic Update # 16
December, 2009

Influenza A (H1N1)

1. Background (Overall Pandemic Situation)

As of 20 December 2009, worldwide more than 208 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including at least 11516 deaths. Case count is likely to be significantly lower than the actual number of cases that have occurred, as many countries have stopped counting individual cases.

Influenza activity has passed its peak in North America and in parts of Western, Northern and Eastern Europe. Influenza activity continues to increase in parts of Central and South-eastern Europe, as well as in South and East Asia. Influenza transmission remains active in much of Western and Central Asia and there is evidence of pandemic virus circulation in most regions of Africa.

WHO Regions	Deaths
WHO Regional Office for Africa (AFRO)	109
WHO Regional Office for the Americas (AMRO)	At least 6670
WHO Regional Office for the Eastern Mediterranean (EMRO)	663
WHO Regional Office for Europe (EURO)	At least 2045
WHO Regional Office for South-East Asia (SEARO)	990
WHO Regional Office for the Western Pacific (WPRO)	1039
Total *	At least 11516

* The reported number of fatal cases is an under representation of the actual numbers as many deaths are never tested or recognized as influenza related.

Influenza Situation in Nepal

As of 27th December, in Nepal 150 confirmed cases of Pandemic H1N1 2009 (male = 106 and female = 44) have been recorded. Many districts have reported the evidence of Pandemic H1N1 transmission and the affected districts so far are: **Kathmandu, Chitwan, Parbat, Bhaktapur, Lalitput, Kaski, Myagdi, Parbat, Sunsari, Morang and Ilam.**

To date Nepal has **reported two cases of death**. One case was referred from Chitwan and the other one was from Bhaktapur. Both had reported to the hospital with features of acute respiratory distress syndrome and were being managed in intensive care.

Several other H1N1 positive cases were also managed in intensive care unit of various hospitals across the country and most of them have recovered except these two.

2. Action taken by the Government of Nepal

1. Health screening at the Point of Entry has been stopped once the evidence of local transmission was available. Local transmission was established during the first week of October.
2. Sporadic and clusters of influenza like illnesses are reported across the country and Ministry of Health and Population MoHP has actively mobilized its rapid response team for the investigation.
3. Guidelines, protocols, Standard Operating Procedures (SOPs) on surveillance, case management, infection control and others have been widely circulated to district health



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offices; regional health directorate; district, regional and tertiary care hospitals and other relevant stakeholders across the country.

4. Orientation on community mitigation and risk communication at regional and district levels are being conducted vigorously. Mass media message on H1N1 and preventive measures have been disseminated and MoHP is planned to officially announce the H1N1 deaths in the country.
5. MoHP has distributed Oseltamivir and other essential accessories to district, regional and tertiary care hospitals including private hospitals and medical institute and have requested to focus on strengthening the capacity on infection control and case management.
6. The community mitigation and health promotion materials have been disseminated to the community.
7. MoHP has already submitted vaccine request to WHO and by the end of January Government of Nepal is receiving the required number of vaccines. Government has also prioritized on who should get the vaccine and priority group in the following order:
 - a. Health care workers and dependents
 - b. Pregnancy
 - c. High risk groups with co-morbid conditions
 - d. Children less than 5 years and elderly people with more than 65 years old.
8. MoHP has considered the preventive methods are crucial for mitigating of this pandemic and has been advocating widely on hand-washing practice and respiratory etiquette for the community.

3. Action taken by the UN Nepal

UN Influenza Task Force (UNITF) held its regular meeting on 17th December. Dr. Nirmal Kandel, WHO briefed the UNITF on H1N1 situation globally and in Nepal. WHO has also provided five sets of intensive care equipments to MoHP on strengthening of hospital capacity, beside its regular technical, financial, logistical and other support.

UNICEF continues to provide technical support to national institutions on communication and awareness raising activities. The agency has also been disseminating key messages at community level districts through school children to families and communities. UNICEF has also been working with other partners like AI.COM, Save the Children Alliance and Plan International to broadcast messages through radio and TV

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Ends.