

Pandemic (H1N1) 2009

CURRENT SITUATION IN MALAYSIA

Technical Committee Meeting 9/2009

Disease Control Division
Ministry of Health

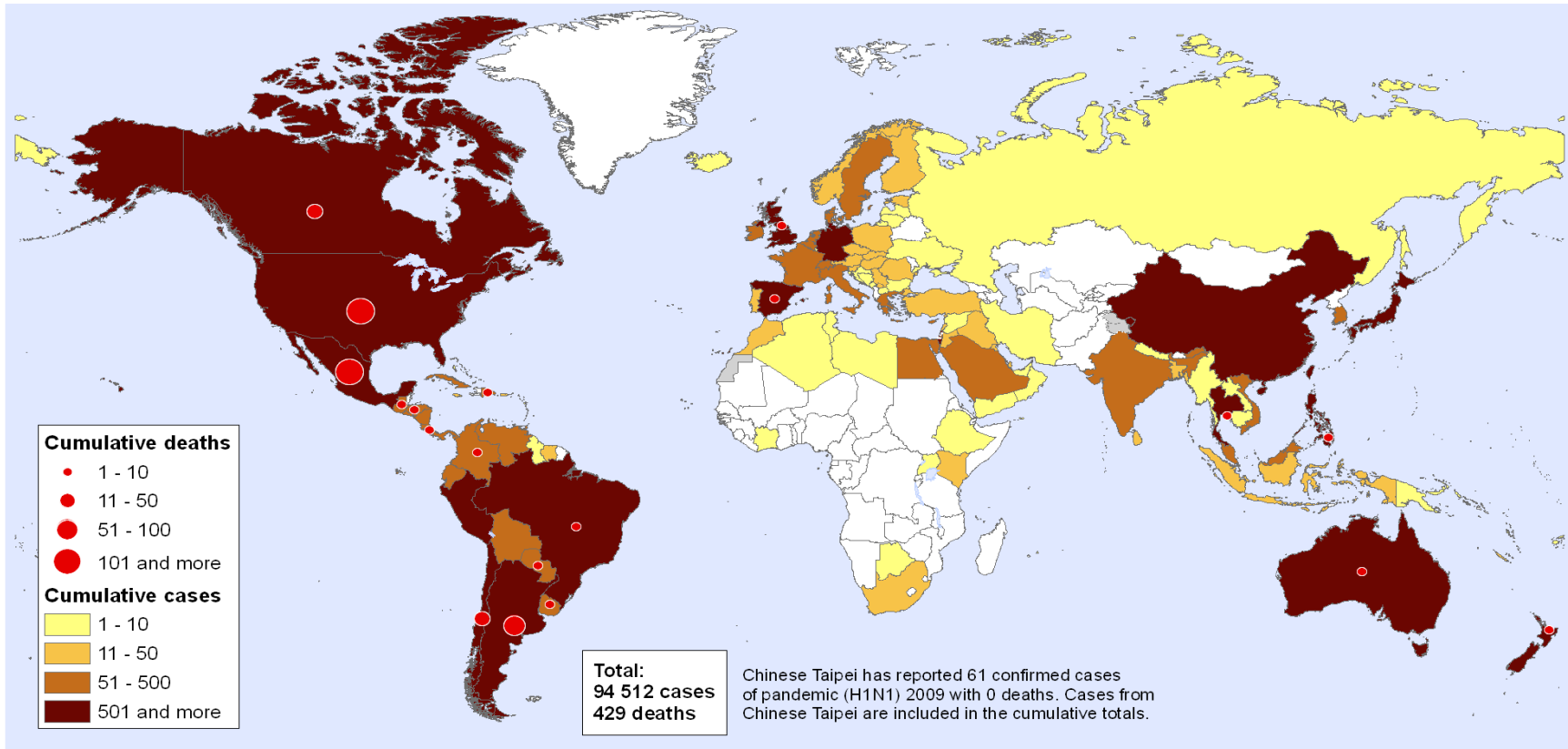
15 July 2009



Global Situation of Influenza A (H1N1) Pandemic – till 6 July 2009

Pandemic (H1N1) 2009,
Number of laboratory confirmed cases as reported to WHO

Status as of 06 July 2009
09:00 GMT



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: 06 July 2009 09:00 GMT

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



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Ministry of Health Malaysia

Global Situation

- **Till 14 July 2009 @ 8.00 am;**
 - **143 countries reported confirmed cases**
 - **111,769 confirmed cases**
 - **550 deaths: case fatality rate – 0.5%**
 - **42 countries local transmission**
 - **10 countries with sustained human-to-human transmission**



Global Situation – Case Fatality Rate

Case fatality rate : range – 0.1 – 3.1%

Country	Case fatality rate (%)	Country	Case fatality rate (%)
Argentina	3.1	Honduras	0.8
Australia	0.2	Mexico	1.0
Bolivia	0.4	New Zealand	0.4
Brazil	0.2	Paraguay	2.5
Brunei Darussalam	0.3	Peru	0.2
Canada	0.4	Philippines	0.1
Chile	0.2	Spain	0.1
Colombia	2.4	Thailand	0.4
Costa Rica	1.1	United Kingdom	0.0
Dominican Republic	1.9	United States of America	0.6
Ecuador	0.8	Uruguay	1.6
El Salvador	0.8		
Guatemala	0.7	Total	0.5



Malaysia's Current Situation

(14 July 2009 @ 9.00 am)

- **First case confirmed on 15 May 2009**
- **Current : 804 confirmed cases of Influenza A H1N1**
 - **555 (69%) imported cases (mostly from countries with local transmission)**
 - **249 (31%) local transmission**
 - **No death**



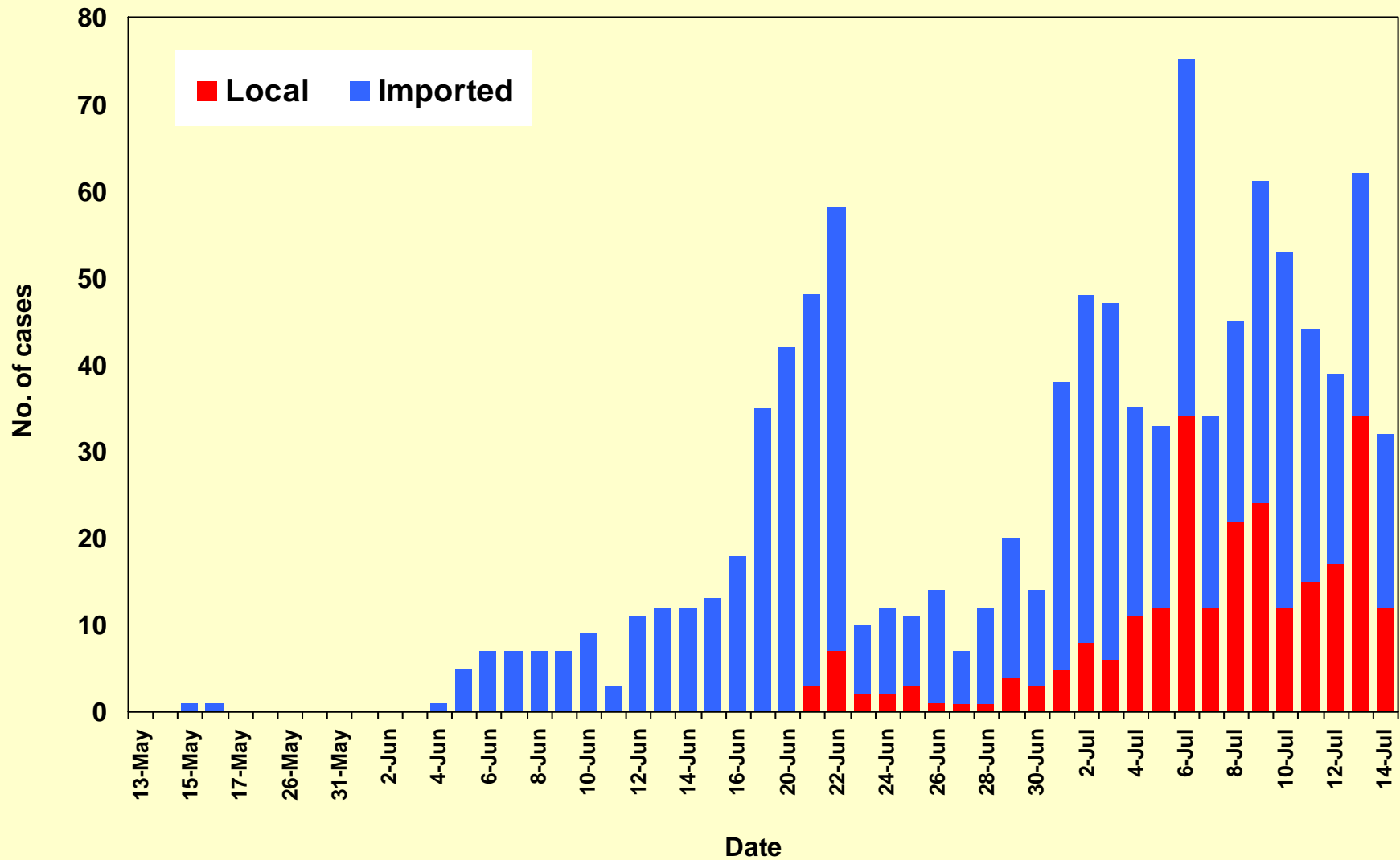
Malaysia's Current Situation

Import cases by countries : till 14 July 2009

Country	Frequency (%)	Country	Frequency (%)
Indonesia	160 (28.8)	Denmark	1 (0.2)
Australia	124 (22.3)	Yemen	1 (0.2)
Thailand	57 (10.3)	Mexico	1(0.2)
Singapore	46 (8.3)	Switzerland	1 (0.2)
Philippines	44 (7.9)	Cambodia	1 (0.2)
United Kingdom	32 (5.8)	Netherland	1 (0.2)
USA	31 (5.6)	Ireland	1 (0.2)
Hong Kong	11 (2.0)	Vietnam	1 (0.2)
Brunei Darussalam	9 (1.6)	Oman	1 (0.2)
China	7 (1.3)	Japan	1 (0.2)
Saudi Arabia	7 (1.3)	France	1 (0.2)
New Zealand	4 (0.7)	Argentina	1 (0.2)
Turkey	2 (0.4)	Macau	1 (0.2)
Kuwait	2 (0.4)	Unknown	2 (0.4)
Canada	2 (0.4)		
India	2 (0.4)	Total	555



Influenza A(H1N1) confirmed cases reported, Malaysia, May – July 2009



Malaysia's Current Situation (Cluster of Cases)

- APPC – 20 cases (M'sian)
- SM Tsun Jin – 18 cases
- KLASS – 12 cases
- Akademi Laut , Melaka – 14 cases
- IT Company, Cyberjaya – 14 cases
- UiTM Lendu, Melaka – 6 cases



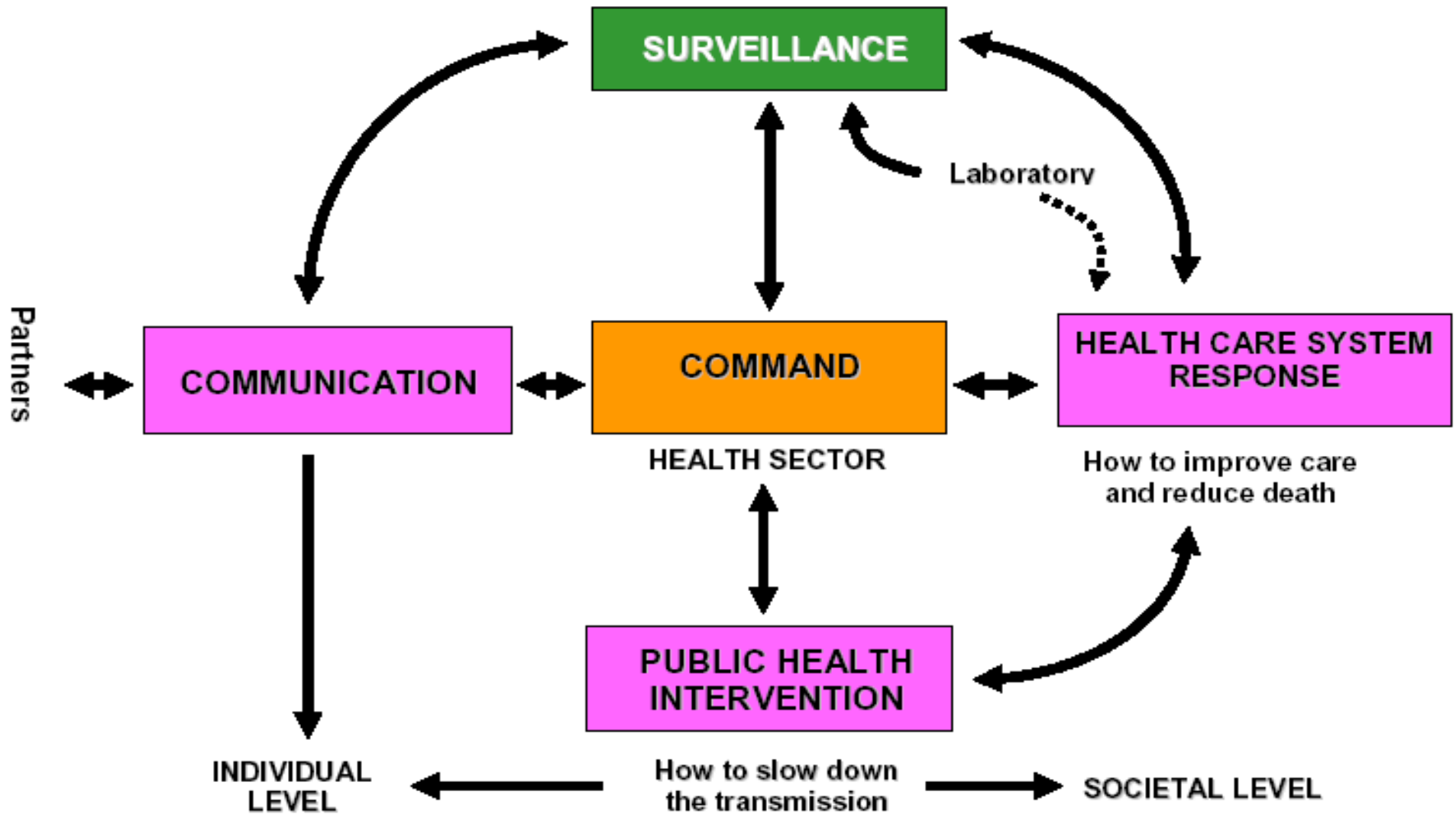
Mitigation Phase

(To make less severe, appear less serious)

- **Pekeliling KPK-10 Julai 2009**
(KKM-171/BKP/07/35/0519 Jld.2(14))
- **reduce transmission and illness severity**
- **Aim of control strategies:**
 - To reduce morbidity and mortality from the disease
 - To slow the spread of disease
 - To minimize disruption to essential services



Figure 1. Framework for responding to the evolving influenza A(H1N1)



Strategies to slow down influenza pandemic

- **Vaccination**
 - Prevent infection and complication
- **Anti-viral**
 - Treatment
- **Public Response** (making less opportunity for virus to spread)
 - Social distancing
 - Respiratory Hygiene
 - Masks
 - Hygiene
 - Risk Communication



Pandemic (H1N1) 2009

(WHO recommendations on pandemic (H1N1) 2009 vaccines)

- The Strategic Advisory Group of Experts (SAGE) on Immunization extraordinary meeting – 11 July 2009
- The experts identified three different objectives that countries could adopt as part of their pandemic vaccination strategy:
 1. protect the integrity of the health-care system and the country's critical infrastructure;
 2. reduce morbidity and mortality; and
 3. reduce transmission of the pandemic virus within communities.



WHO Recommendations

- All countries should immunize their health-care workers as a first priority to protect the essential health infrastructure. As vaccines available initially will not be sufficient, a step-wise approach to vaccinate particular groups may be considered. SAGE suggested the following groups for consideration, noting that countries need to determine their order of priority based on country-specific conditions: pregnant women; those aged above 6 months with one of several chronic medical conditions; healthy young adults of 15 to 49 years of age; healthy children; healthy adults of 50 to 64 years of age; and healthy adults of 65 years of age and above.
- Since new technologies are involved in the production of some pandemic vaccines, which have not yet been extensively evaluated for their safety in certain population groups, it is very important to implement post-marketing surveillance of the highest possible quality. In addition, 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.
- In view of the anticipated limited vaccine availability at global level and the potential need to protect against "drifted" strains of virus, SAGE recommended that promoting production and use of vaccines such as those that are formulated with oil-in-water adjuvants and live attenuated influenza vaccines was important.
- 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, SAGE did not consider that there was a need to recommend a "switch" from seasonal to pandemic vaccine production.



Issues

- **Supply of antivirals to private hospitals, UMMC, HUKM, Hospital ATM.**
- **Clinical samples taken by non-MOH hospitals for testing by IMR. Cost of testing is free**
- **Testing of clinical samples by other laboratories: HSA JB, HRPZ II KB & HPP. However need to buy real time PCR machine (RM 200,000 each)**
- **Absenteeism due to ILI need to monitor by employer. Report to PKD if clustering occur**



Issues

- **BCP of essential services need to be prepared by industry**
- **Pandemic vaccine: amount and when to purchase & risk group to be given**



THANK YOU

