

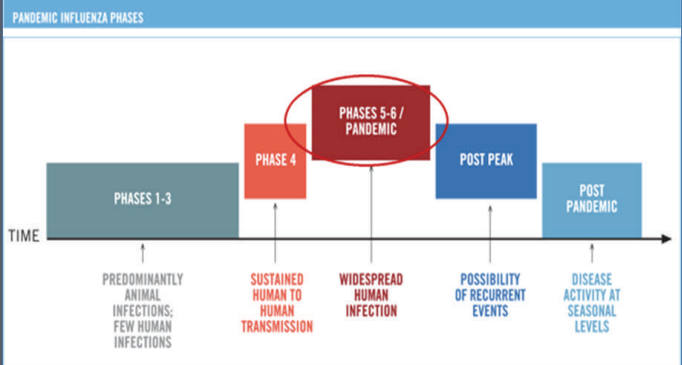


According to The World Health Organisation (WHO), as of 1 November 2009, worldwide more than 199 countries and overseas territories / communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 6000 deaths.

As many countries have stopped counting individual cases, particularly of milder illness, the case count is likely to be significantly lower than the actual number of cases that have occurred. WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and member states and through monitoring of multiple sources of data.

Intense and persistent influenza transmission continues to be reported in North America without evidence of a peak in activity. The proportion of sentinel physician visits due to influenza-like-illness (ILI) (8%) has exceeded levels seen over the past 6 influenza seasons; 42% of respiratory samples tested were positive for influenza and 100% of sub-typed influenza A viruses were pandemic H1N1 2009. Rates of ILI, proportions of respiratory samples testing positive for influenza, and numbers of outbreaks in educational settings continues to increase sharply in Canada as activity spreads eastward. Significantly more cases of pandemic H1N1 have been recorded in Mexico since September than were observed during the initial springtime epidemic.

In Europe and Central and Western Asia, pandemic influenza activity continues to increase across many countries, signalling an unusually early start to the winter influenza season. Active circulation of virus marked by high proportions of sentinel respiratory samples testing positive for influenza has been reported in Belgium (69%), Ireland (55%), Netherlands (51%), Norway (66%), Spain (46%), Sweden (33%), the United Kingdom (Northern Ireland:81%), and Germany (27%). In addition, there is evidence of increasing and active transmission of pandemic influenza virus across Northern and Eastern Europe (including Ukraine and Belarus), and eastern Russia. In Western Asia and the Eastern Mediterranean Region, increasing activity has been reported in Oman and Afghanistan.



The WHO phase of pandemic alert is 5-6, as of 09 November 2009

► **International Travel and H1N1**

WHO does not recommend restricting international travel. As usual it is considered prudent for people who are ill to delay international travel and for people developing symptoms following international travel to seek medical attention.

Regarding the risk of being infected by an influenza virus, travellers are advised, whenever possible, to avoid crowded enclosed spaces and close contact with people suffering from acute respiratory infections. Hand-washing after direct contact with ill persons or their environment may reduce the risk of illness. Ill persons should be encouraged to practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, wash hands).

► **Symptoms**

Patients with swine flu typically have a fever or a high temperature (over 38°C / 100.4°F) and two or more of the following symptoms:

- unusual tiredness
- shortness of breath or cough
- headache
- loss of appetite
- runny nose
- aching muscles
- sore throat
- diarrhoea or vomiting

As with any sort of influenza, how bad and how long the symptoms last will depend on treatment and the patient's individual circumstances. Most cases reported have been relatively mild, with those affected starting to recover within a week.

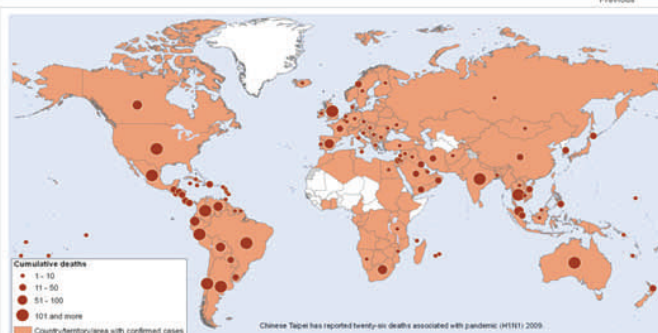
If you think you have swine flu, contact your doctor if:

- you have a serious underlying illness
- you are pregnant
- you have a sick child under one year old
- your condition suddenly gets much worse
- your condition is still getting worse after seven days (five for a child)



Timeline (22 July 2009 onwards)
Pandemic (H1N1) 2009 laboratory confirmed cases
And number of deaths as reported to WHO

Status as of: 01 November 2009





► **Information About Tamiflu**

Tamiflu is a medicine that contains the active substance oseltamivir. Tamiflu is used to treat or prevent influenza (flu) in adults and children over the age of one year:

- in the treatment of flu, it can be used in patients who have the symptoms of flu, when the influenza virus is known to be circulating in the community;
- in the prevention of flu, it can be used in patients who have been in contact with someone who has flu. This is generally done on a case-by-case basis, but can be done in exceptional cases as a seasonal programme, for example when the flu vaccine may not be sufficient and there is a pandemic (a global epidemic of flu).

During a flu pandemic, Tamiflu can also be used to treat children aged between six months and one year. Doctors should make decisions on whether to treat children of this age based on the severity of the disease caused by the flu virus and the child's state of health, to ensure that the child is likely to benefit from the medicine.

Tamiflu cannot replace flu vaccination, and its use should be based on official recommendations. The medicine can only be obtained with a prescription. In the treatment of flu, Tamiflu must be started within two days of the onset of symptoms. It is given as one dose twice a day for five days.

In the prevention of flu, Tamiflu must be started within two days of contact with someone who has flu. It is given as one dose once a day for at least 10 days after contact with an infected person. When Tamiflu is used during a flu epidemic, this dose can be given for up to six weeks.

The active substance in Tamiflu, oseltamivir, acts specifically on the influenza virus, blocking some of the enzymes on its surface known as neuramidases. When the neuramidases are blocked, the virus cannot spread.

Tamiflu has been compared with placebo (a dummy treatment) in studies in the treatment of flu (2,413 adults and adolescents, 741 elderly patients and 1,033 children aged one year or above). The effectiveness was measured using a score card to record symptoms (feeling feverish, muscle pain, headache, sore throat, cough, overall discomfort and runny nose).

In the prevention of flu, Tamiflu was studied in patients who had been exposed to the disease when one of their family members contracted flu (962 cases) or during an epidemic (1,562 subjects aged between 16 and 65 years, and 548 elderly subjects in nursing homes).

The studies measured the number of cases of flu, proven by laboratory tests.

A study also looked at using Tamiflu in a family setting (277 families) for both the treatment of the person with flu, and the treatment or prevention of flu in those in contact with him or her.

In children aged between six months and one year, a small study has been carried out to show that the recommended dose of Tamiflu produces similar levels of the medicine in the blood as the doses that are effective in older children and in adults.

In the treatment studies in adults, Tamiflu reduced the duration of the illness from an average of 5.2 days for patients taking placebo, to 4.2 days for patients taking Tamiflu. The average reduction in the length of the disease in children aged one to six years was 1.5 days.

In the prevention studies, Tamiflu reduced the incidence of flu among the people in contact with a flu sufferer. In the study carried out during an epidemic, 1% of the people taking Tamiflu developed flu after contact, compared with 5% of those taking placebo. In families with one person with flu, 7% of the family members in the household developed flu when receiving prevention with Tamiflu, compared with 20% with no prevention treatment.

The most common side effects with Tamiflu in patients aged 13 years and over (seen in more than 1 patient in 10) are headache and nausea (feeling sick). In children aged between one and 12 years, the most common side effects (seen in more than 1 patient in 10) are vomiting and diarrhoea - similar side effects are seen in children aged less than one year.

The Committee for Medicinal Products for Human Use (CHMP) decided that Tamiflu's benefits are greater than its risks for the treatment and prevention of influenza.

The European Commission granted a marketing authorisation valid throughout the European Union for Tamiflu to Roche Registration Limited on 20 June 2002. The marketing authorisation was renewed on 20 June 2007.

Please check The ANVIL Group's Travel Risk Intelligence Service on a regular basis for updates and further information:

<http://travelriskintelligence.anvilgroup.com>