• Sometimes Nature gives us ... ... .. SECONDS
• Sometimes Nature gives us ... ... .. MINUTES
• Sometimes Nature gives us ... ... .. HOURS
Sometimes Nature gives us ... ... ... DAYS
• Sometimes Nature gives us ... ... ...
YEARS
INFLUENZA VIRUS “A”
H5N1, H1N1...
SPANISH FLU - 1918

• The Spanish Flu pandemic H1N1 is a virus that killed more than 40 million people, a number much higher than World War I deaths.
Mortality Distributions and Timing of Waves of Previous Influenza Pandemics. Proportion of the total influenza-associated mortality burden in each wave for each of four previous pandemics is shown above the blue bars. Mortality waves indicate the timing of the deaths during each pandemic. The 1918 pandemic (Panel B) had a mild first wave during the summer, followed by two severe waves the following winter. The 1957 pandemic (Panel C) had three winter waves during the first 5 years. The 1968 pandemic (Panel D) had a mild first wave in Britain, followed by a severe second wave the following winter. The shaded columns indicate normal seasonal patterns of influenza.

Source: The New England of Journal of Medicine
PANDEMIA H1N1
MEXICO
APRIL 25, 2009

- The CDC reported 6 new cases linked to H1N1 in Mexico
- WHO receives information from Mexico with 884 suspected cases of swine influenza and 62 deaths
- The Mexican government closed all schools in Mexico City
- WHO declared an international public health emergency
MEXICO INFLUENZA SITUATION

DISTRIBUTION OF CASES CONFIRMED FROM THE DATE AT ONSET

Total de casos confirmados: 6,241\(^1\)

Fecha de inicio de síntomas

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\(^1\) En la figura se excluyen 54 casos confirmados.

FUENTE: Base de datos InDRE, SSA. 2009
29 APRIL

- La OMS increased phase 4 to phase 5

- Ten countries reported confirmed cases, including South Korea

- Ms. Margaret Chan (WHO Director) and companies around the world through a teleconference discussed vaccine production.
Distribution of deaths and confirmed cases by age

Confirmed cases and deaths by age group
(2,656 cases and 64 deaths)

- 64 confirmed deaths
- Deaths correspond to 2.4% of total confirmed cases
- 54.7% women

FUENTE: Casos confirmados: Base de datos InDRE.; Defunciones: CONAMED.
Deaths distribution by date

N = 64
Epidemiological curve with confirmed cases, probable cases, and processed samples (onset date)

Total cases: 2,656 confirmed

Fecha de inicio de síntomas
**FATality Rate**

**HUMAN INFLUENZA A (H1N1)**

- **Mexico** 1.73%
- **United States** 0.25%
- **Canada** 0.13%
- **Costa Rica** 0.96%
- **Colombia** 2.38%
- **Guatemala** 0.84%
- **Chile** 0.11%
- **Rep. Dominicana** 1.07%

**Fatality Rate Worldwide** 0.45%

**NOTE:** The fatality rate is calculated only with confirmed cases. No cases are taken into account with minor cases or moderated cases.
Sanitary Surveillance in the Transport System
Close sanitary surveillance was initiated from March 23rd.

Medical checkpoints in transport terminals during sanitary emergencies.

The Health Authority provided the definition for Suspect Case.
1. Maintain Society activity and economy, supporting the transport system

2. To minimize the spread of communicable disease

3. Identify passengers suspect of carrying communicable disease and refer them to proper medical attention

4. Establish a permanent Epidemiological Survey System in the transport nodes
• Inbound, and/or outbound passengers

• Airplanes or ships reporting symptomatic suspicious passengers on board
Level of actions according to the Severity Scale

LOW
• Sanitary event category 1
  • Information and promotion activities, medical self declaration
  • Medical services available

INTERMEDIATE
• Sanitary event category 2
• Information and promotion activities, medical self declaration
• Medical services available
• Body temperature assessment
HIGH

- Sanitary event category 3 or 4
- Information and promotion activities, medical self declaration
- Medical services available
- Body temperature assessment
  - Visual inspection by medical personnel
  - Medical assessment through history physical examination, rapid swab test, etc.
• Distribution of self declaration and health promotion material.

• Body temperature assessment

• Clinical direct inspection
Self Declaration and medical assessment procedures

Nota: esta propuesta podrá adecuarse según con la infraestructura de cada terminal
CONTACTS

- 1) Internal
- Local public health authority
  - Airport medical service providers
- Airlines
- Handling agents
  - Air traffic management
- Local hospital(s)
- Emergency medical services
- Police
- Customs
- Immigration
- Security
- Airport retailers
- Information/customer relations services
- Other stakeholders as necessary
EXTERNAL

Travelers before reaching the airport

Travel agents

International organizations involved with migration

Other airports

Media
d) Medical assessment procedures

- Visual inspection
- Self declaration questionnaire
- Body temperature assessment
If cabin crew identifies a probable case of a communicable disease on board

Airplane commander must:

- Inform air traffic control if a suspect or evident case of a communicable disease is on board
- Aircraft ID
- Airport of origin
- Airport of destination
- Time of arrival
- Number of passengers and crew
- Number of suspect cases on board
• Contact a consulting physician

• Relocate the passenger to an isolated position –if possible-

• Change crew tasks and activities according to the needs of sick passenger(s)

• Use of adequate personal protection equipment
PARTE SANITARIA DE LA DECLARACIÓN GENERAL DE AERONAVE

Declaración sanitaria

Nombre y número de asiento, o función de las personas a bordo, que padecen de una enfermedad distinta del marco o de los efectos de un accidente, que puedan tener una enfermedad transmissible, así como los casos de esa clase de enfermedad desembarcados durante una escala anterior.

La presencia de fiebre (temperatura de 38 °C/100 °F o superior), acompañada de uno o más de los siguientes signos o síntomas, aumenta la probabilidad de que la persona está padeciendo una enfermedad transmissible:

✓ Tos persistente;
✓ Dificultad para respirar;
✓ Dolor persistente;
✓ Vómitos persistentes;
✓ Líneas o puntos cutáneos;
✓ Hemorragia o sangrado sin lesión previa;
✓ Confusión o comportamiento oportuno.

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Detalles relativos a cada desinsectación o tratamiento sanitario (lugar, fecha, hora y método) durante el vuelo. Si no se ha efectuado la desinsectación durante el vuelo, dar detalles de la última desinsectación.

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Firma, si se exige, hora y fecha

Miembro de la tripulación a quien corresponda

1 Esta versión de la Declaración General de Aeronave entró en vigor en 15 de julio de 2007. El documento completo se puede obtener en el sitio web de la Organización de Aviación Civil Internacional [http://www.icao.int].
The airport authority will issue notification to:

- Sanitary authority
- Airport medical services
- Medical authority of SCT
Passenger screening

• Termographic assessment is useful to assess temperature

• Clinical inspection and self declarations have high screening sensibility

• Body temperature is not a useful indicator in airports