

Some lessons learned regarding influenza A (H1N1)

The influenza A (H1N1) pandemic has advanced throughout the whole world. Its manifestations in terms of cases and lethality rates present significant differences between countries whose response capacity also differs. This has also been true of Latin-America, even though a direct relationship between countries' response capacity and the actual situation or the pattern of influenza cannot be shown.

Mensua *et al.*, (1) have examined the degree of Latin-American countries' preparation against the threat of influenza using documentary information covering 2005-2006. Their study presented two findings: Latin-American countries adopted prevention and control plans and these plans indicated a less than 50% overall degree of preparation, seven key aspects being considered: planning and coordinating; surveillance; public health interventions; health service response; essential services; communication; and implementing plans. Some countries (including Colombia) presented slightly higher than 30% degree of preparation. The weakest and most crucial aspects in Latin-America were public health interventions, essential services and putting plans into action. However, this first response phase came to a halt, probably because it mainly responded to the nature of the threat of an epidemic caused by avian influenza which did not present the advertised extent or seriousness at the time.

The current expansion of influenza A (H1N1) took Latin-American countries' control policies and programmes in a state of stagnation. The hurried reactivation led to concentrating response capacity on those aspects directly related to transmission, detecting cases, confirming them and attending them. Such unequal response regarding these aspects has led to situations arising which have hampered interpreting national results and patterns. A high response capacity for attending cases could reduce mortality but not the lethality rate if cases are underestimated. On the contrary, a more concentrated response capacity regarding detecting rather than confirming cases based on case definition corresponding to autochthonous transmission could artificially reduce the lethality rate.

The flu pandemic will perhaps continue affecting us for several years to come. We must integrally assume response capacity in terms of policy and programmes. This has included for some time now detecting and confirming cases, as well as opportune and effective management. However, at the same time, we must consider aspects such as strategic health service orientation, institutional organisation, coordinating medical attention and public health, national and regional control programme management, social participation and communication.

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