



Regional Update EW 45

Influenza
(November 22, 2011 - 17 h GMT; 12 h EST)

PAHO interactive influenza data: http://ais.paho.org/hip/viz/ed_flu.asp
Influenza Regional Reports: www.paho.org/influenzareports

The information presented in this update is based on data provided by Ministries of Health and National Influenza Centers of Member States to the Pan American Health Organization (PAHO) or from updates on the Member States' Ministry of Health web pages.

- In North America, influenza activity remains low, with slightly increase in some regions (Canada: Alberta, British Columbia, Quebec y Ontario).
- In Central America and the Caribbean, the predominance of respiratory syncytial virus (RSV) continued (Costa Rica, El Salvador, Guatemala, Dominican Republic). Among influenza viruses, the circulation of influenza A(H1N1)pmd09 and influenza A/H3N2 (Costa Rica and Nicaragua) continued, influenza B was also detected (Guatemala).
- In the Southern Cone, influenza activity remains low. Low co-circulation of influenza A(H1N1)pmd09 was reported.

Epidemiologic and virologic influenza update

North America

In Canada¹, in epidemiological week (EW) 45, influenza activity continued to increase in some regions (Alberta, British Columbia, Quebec and Ontario), but remained at inter-seasonal levels in the rest of the country. Influenza-like illness (ILI) consultation rates were 21.9 per 1,000 consultations; slightly lower than the previous EW and within the expected levels for this time of year. Compared to other age groups, in EW 45, a higher ILI consultation rate was observed in children between 5 and 19 years old (~50/1,000 consultations). In EW 45, among the total samples analyzed (n=2,037), the percent positivity for respiratory viruses was lower than 1%, which was similar to previous weeks, the percent of influenza positivity increased slightly and the percent of rinovirus positivity decreased compared to previous week. The influenza viruses detected were influenza A/H3, influenza A(H1N1)pmd09 and influenza B.

In the United States², in EW 45, at the national level, the proportion of ILI consultations (1.2%) remained below the national baseline (2.4%). The proportion of deaths attributed to pneumonia and influenza for EW 45 (6.1%) was lower than the epidemic threshold for this time of year (6.9%). In this week, no pediatric deaths associated with influenza were reported. Among all samples tested during EW 45 (n=2,145), the percentage of samples positive for respiratory viruses continued to remain low (<2%), with sporadic detections of influenza A/H3, untyped influenza A, influenza B and one case of influenza A(H1N1)pmd09.

In Mexico, in EW 45, according to laboratory data, of total samples received (n=99), no positive samples for respiratory viruses were detected.

Caribbean

CAREC^{*}, in EW 45, received epidemiological information from Barbados, Dominica, Jamaica and Tobago. The proportion of admissions for Severe Acute Respiratory Infection (SARI) among all hospitalizations (1.7%) decreased slightly compared to the prior week (1.8%). In EW 45, no SARI deaths were reported. According to laboratory data, in EW 45, no positive samples for influenza were detected, although in the last week influenza A(H1N1)pmd09, influenza A/H3N2 and RSV co-circulated.

* Includes Barbados, Belize, Dominica, Jamaica, St Vincents and the Grenadines, St Lucia, Suriname and Trinidad and Tobago

In Jamaica, in EW 45, the proportion of consultations for Acute Respiratory Illness (ARI) was 5.1%, which was slightly higher than the previous week (4.5%). The proportion of SARI admissions was <1% and slightly higher than the previous week and the previous year. In EW 45, no SARI-related deaths were reported. According to laboratory data, in EW 45, no samples positive for respiratory viruses were detected.

In Cuba, according to laboratory data, in EW 45, among all samples tested (n=73), ~55% were positive for respiratory viruses and ~4% of all samples tested were positive for influenza; both percentages were slightly higher than the previous week. In EW 45, concerning respiratory viruses, RSV circulated at low levels compared to the previous week. Concerning influenza viruses, influenza B circulated for the first time since EW 23 and one case of influenza A/H3 was detected.

In the Dominican Republic, according to laboratory data, in EW 46, among all samples tested (n=16), the percentage of samples positive for respiratory viruses was ~45%, which was lower than the previous week. The primary virus in circulation was RSV, followed by parainfluenza.

Central America

In Costa Rica according to laboratory data, in EW 46, among all samples tested (n=136), the percentage of samples positive for respiratory viruses (~45%) was lower than the previous week. RSV has been the predominant virus since EW 28, followed by adenovirus. Between EW 44 and 46, the percentage of samples positive for influenza increased slightly compared to the previous weeks, a progressive increase of influenza A(H1N1)pmd09 and influenza A/H3 cases were detected.

In El Salvador, in EW 45, among all samples tested (n=16), the percentage of positive samples for respiratory viruses was ~15%. RSV was the predominant virus detected, in EW 45.

In Guatemala, in EW 45, according to laboratory data, of all samples tested (n=26), the percentage of samples positive for respiratory viruses was ~30%, and RSV was the primary virus detected, followed by parainfluenza. In EW 45, samples positive for influenza B were detected.

In Honduras³, in EW 44, the proportion of ILI consultations (~5%) was slightly lower than the previous EW (6.4%) and than what was observed during the same period in 2010. The proportion of SARI hospitalizations (~12%) was slightly above the previous EW (~8%) and what was observed in 2010 (~5%). In EW 44, one SARI-related death was reported. According to laboratory data, in EW 44, among all samples tested (n=43), the percentage of samples positive for respiratory viruses remained at ~40%. RSV predominated since EW 35. Concerning influenza viruses, influenza A/H3 was detected.

In Nicaragua, in EW 45, among the samples tested (n=252), the percent positivity for respiratory viruses was ~35% and for influenza viruses was ~30%. In EW 45, the primary virus in circulation was influenza A(H1N1)pmd09, which continued to decrease for the third consecutive week after peaking in EW 42. In lower quantities influenza A/H3 also was detected.

In Panama, in EW 45, positive samples for RSV and other respiratory viruses were detected. In EW 44, no cases positive for influenza were detected, between EWs 42-43 influenza A(H1N1)pmd2009 circulated.

South America – Andean

In Colombia, according to the national laboratory⁴, in EW 44, no positive samples for respiratory viruses were detected in the last three weeks, influenza A(H1N1)pmd09 and influenza A/H3 had co-circulated in variable amounts.

In Ecuador, in EW 44, at the national level, the percentage of SARI hospitalizations, SARI ICU admissions and SARI deaths remained <10%. According to laboratory data, in EW 44, of all samples tested (n=25), the percentage of samples positive for respiratory viruses was 24%. In EW 44, parainfluenza and RSV circulated. Since EW 37, influenza A(H1N1)pmd09 was identified among SARI cases from Cañar, Pichincha, Guayas and Azuay.

In Peru⁵, in EW 43, ARI and pneumonia activity indicators (number of ARI and number of pneumonia cases in children less than 5 years old, respectively) were slightly lower than the previous week, remaining below the expected levels for this time of year. To date this year, 315 deaths associated with pneumonia were reported

in those less than 5 years old of age, which was 18% lower than the average observed in the last three years (2008-2010) for the same period.

South America – Southern Cone

In Argentina⁶, in EW 40, ILI and SARI endemic cannels showed that the number of ILI and SARI cases continued to decrease since peaking in EW 27, and were lower than observed in 2010. According to national laboratory data, in EW 45, among respiratory viruses, RSV was the primary virus detected, which continued to decrease since peaking in EW 23, RSV co-circulated with para-influenza. In EW 45, no samples positives for influenza viruses were detected.

In Brazil, according to Evandro Chagas Institute (Pará), in EW 45, among all samples tested no positive samples for respiratory viruses were detected.

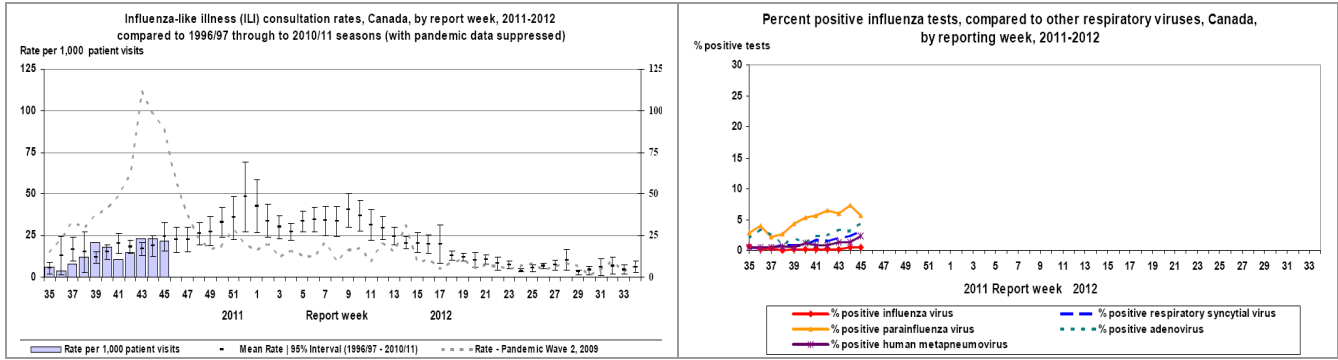
In Chile⁷, in EW 44, ILI activity (3.2 consultation per 100,000 inhabitants) at the national level, was slightly lower than EW 42 (5.5 consultation per 100,000 inhabitants), and remained within expected level for this time of year. In EW 44, the percentage of emergency department admissions for respiratory causes in children under 15 years old accounted for 22.4% of all the consultations and was within the levels observed in 2010. Through EW 44, 16deaths associated with influenza A(H1N1) pmd09 were reported, 13 of them with at least one underlying co-morbidity. According to the virologic data, in EW 44, among samples tested, at national level, the percent positivity for respiratory viruses was 15%, of which 67% were positive for parainfluenza, 21% for adenovirus and 5% for RSV. Concerning influenza viruses, in EW 44, influenza A accounted for ~7% of the detected viruses, and influenza A(H1N1)09 was the primary virus detected.

In Uruguay⁸, in EW 46, the proportion of SARI hospitalizations, ICU admissions and deaths remained <5%. In general, these proportions have continued to decrease since peaking in EW 31.

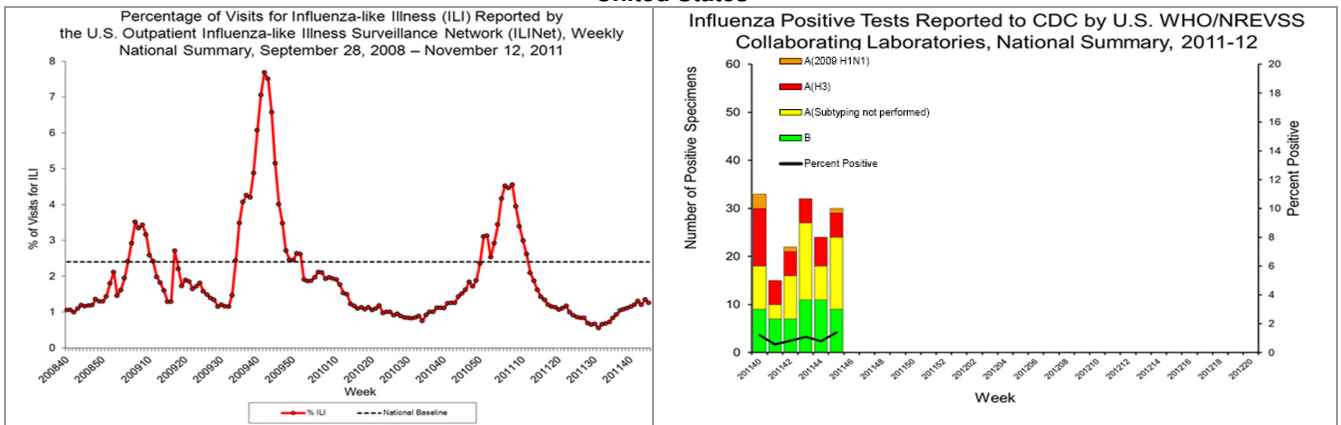
Graphs

North America

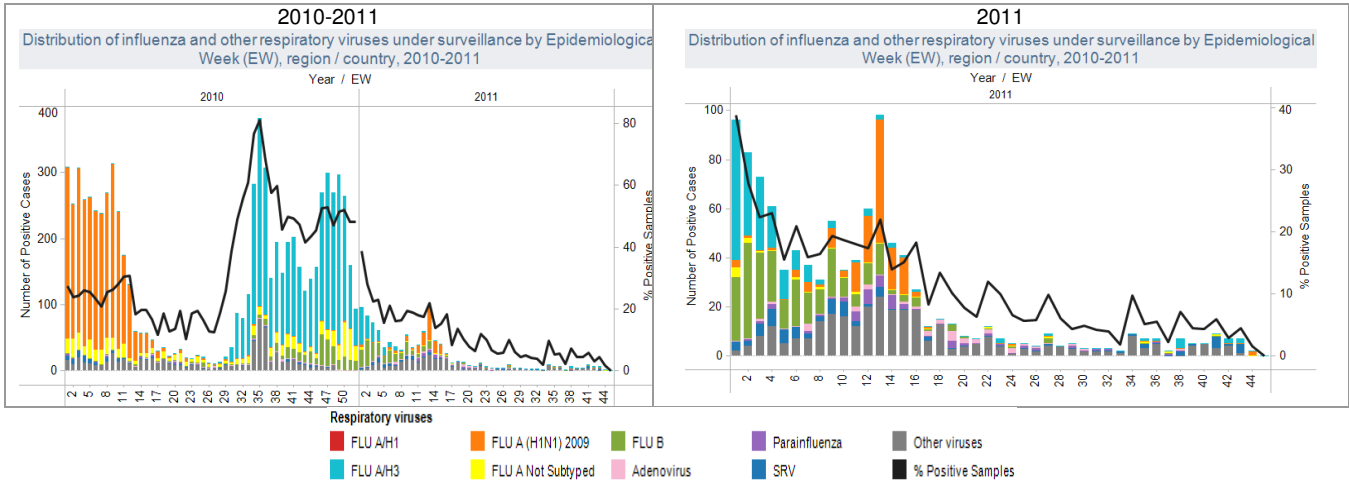
Canada



United States

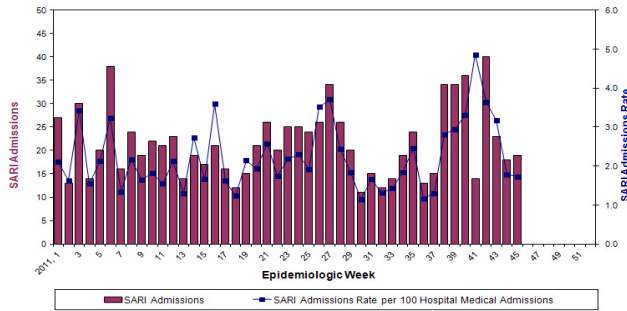


Mexico



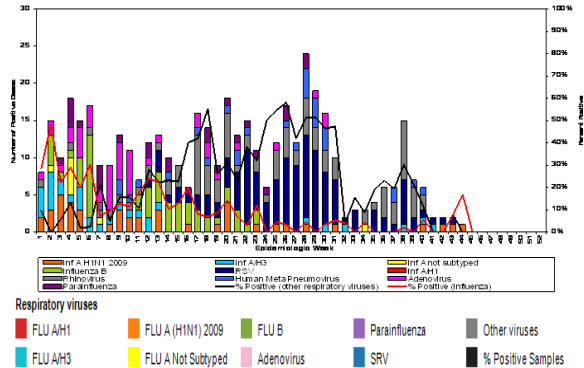
CAREC

Graph A: SARI Admissions and SARI Admissions Rate per 100 Hospital Medical Admissions from Sentinel Sites in Select CAREC Member Countries, 2011*



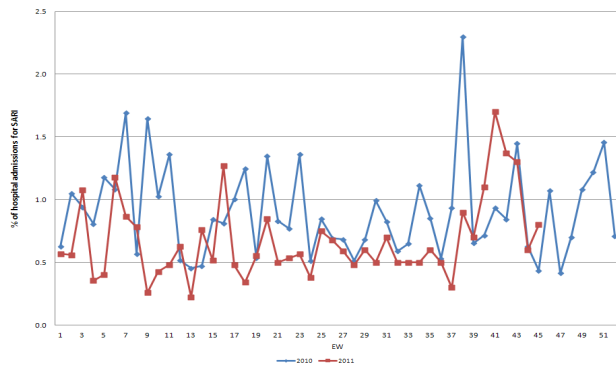
*Note: Graph includes data from Barbados, Dominica, Jamaica, St. Lucia, St. Vincent & the Grenadines and Tobago.

Distribution of Influenza and Other Respiratory Viruses Under Surveillance CAREC Member Countries 2011

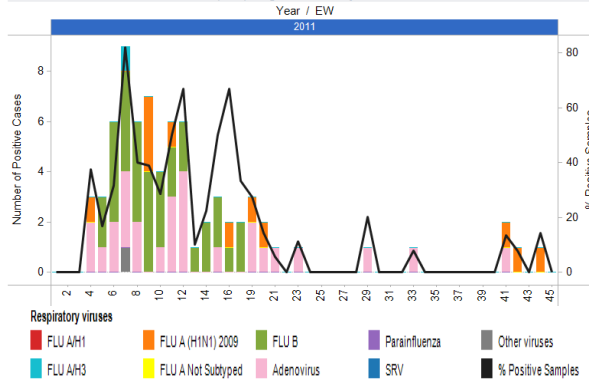


Jamaica

Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI), Jamaica, 2010-2011



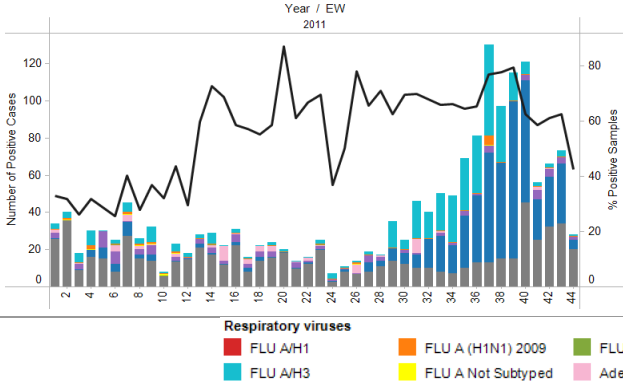
Distribution of influenza and other respiratory viruses under surveillance by Epidemiological Week (EW), region / country, 2010-2011



Cuba y Dominican Republic

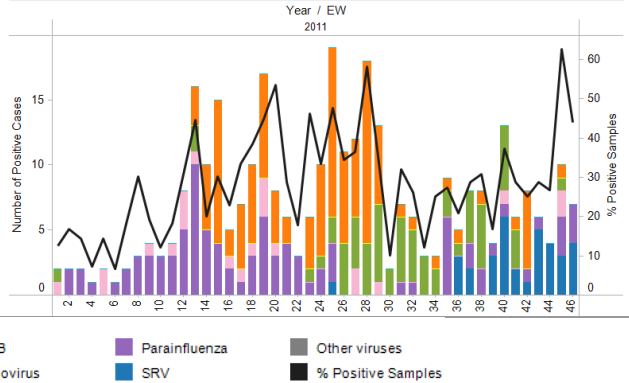
Cuba

Distribution of influenza and other respiratory viruses under surveillance by Epidemiological Week (EW), region / country, 2010-2011



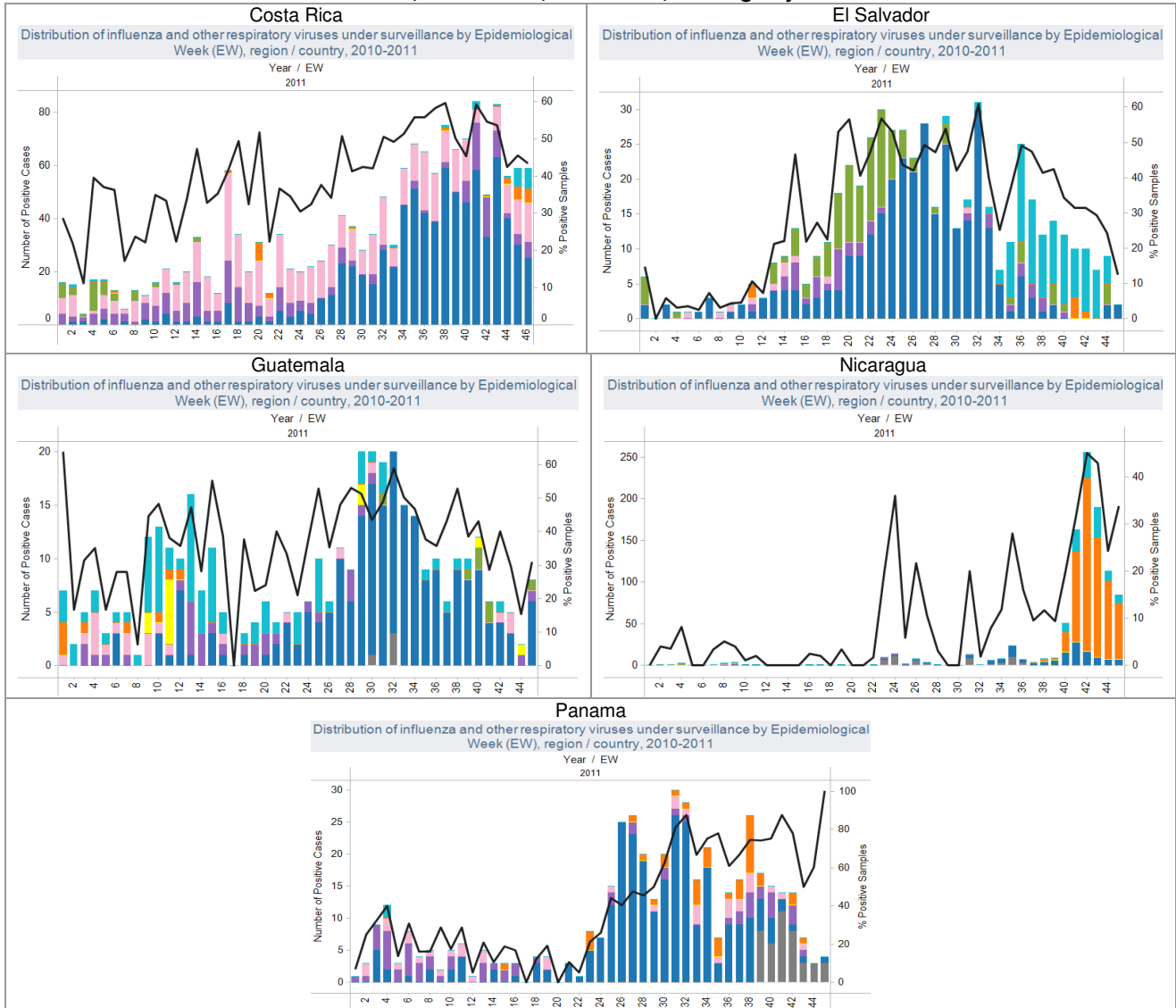
Dominican Republic

Distribution of influenza and other respiratory viruses under surveillance by Epidemiological Week (EW), region / country, 2010-2011



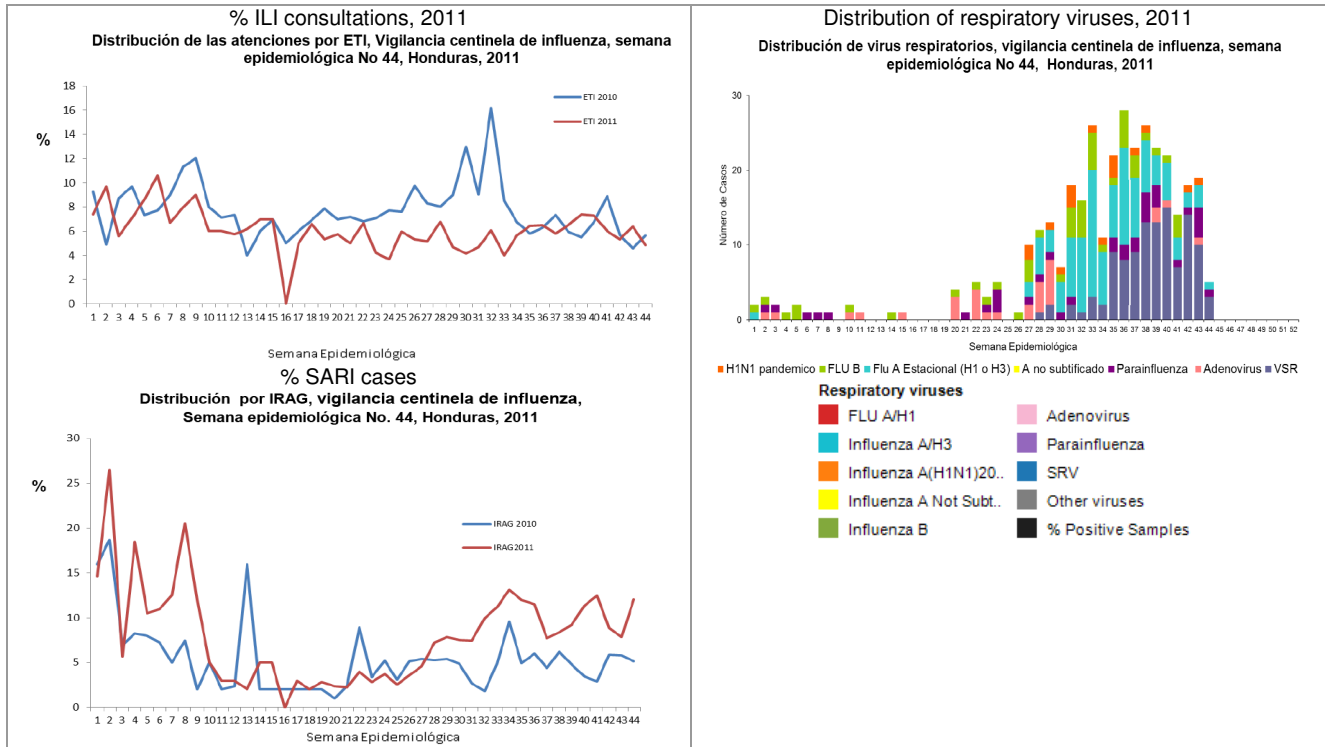
Central America

Costa Rica, El Salvador, Guatemala, Nicaragua y Panama



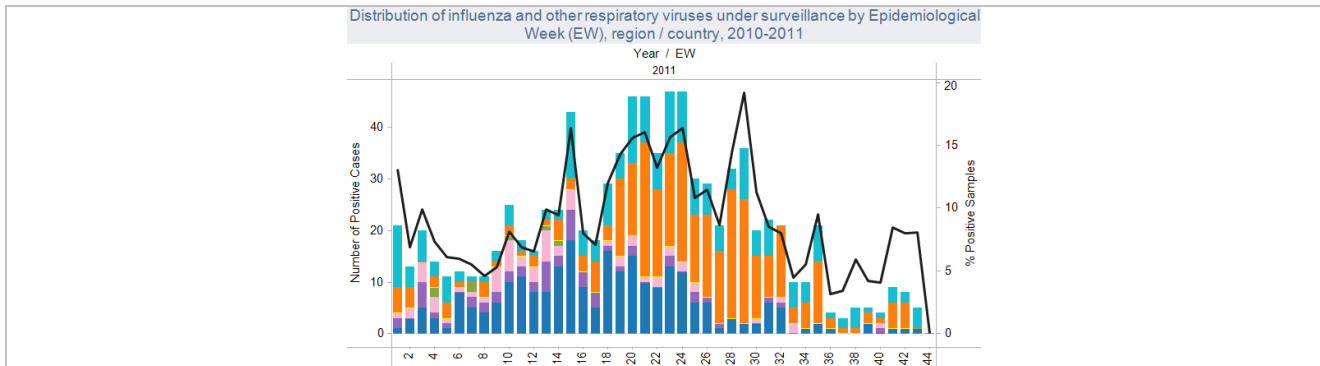
- Respiratory viruses**
- FLU A/H1
 - FLU A (H1N1) 2009
 - FLU B
 - Parainfluenza
 - Other viruses
 - FLU A/H3
 - FLU A Not Subtyped
 - Adenovirus
 - SRV
 - % Positive Samples

Honduras

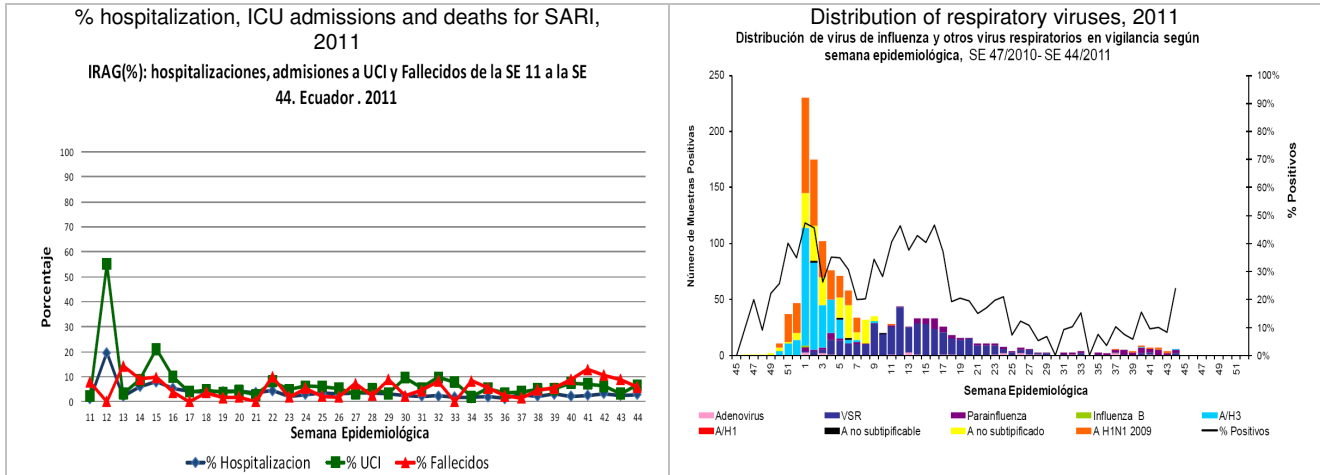


South America - Andean

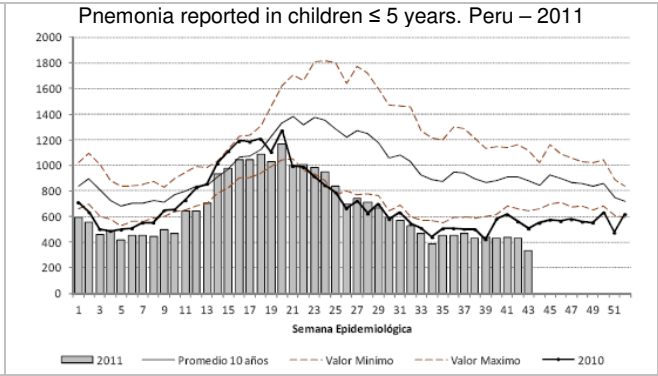
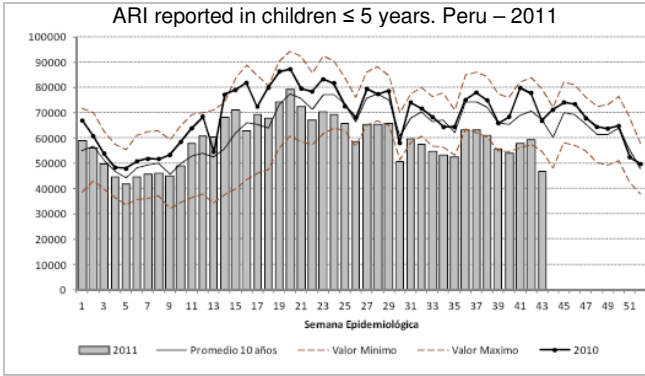
Colombia



Ecuador

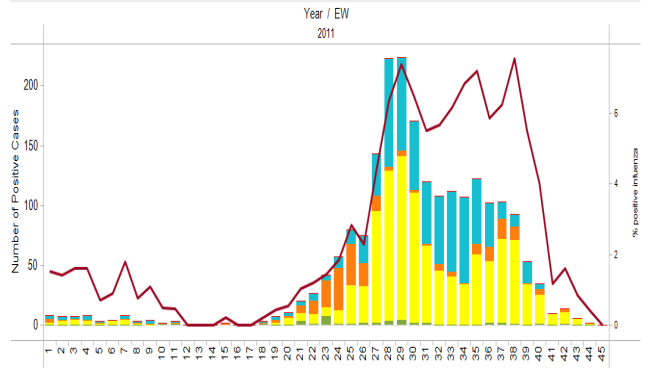
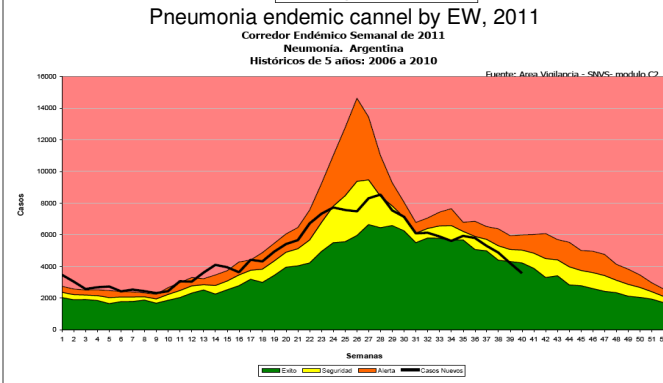
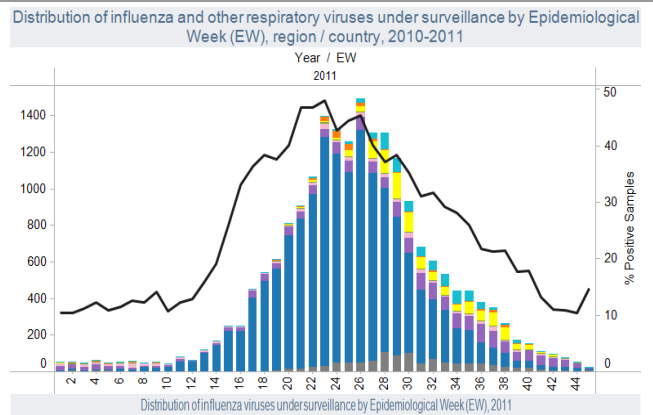
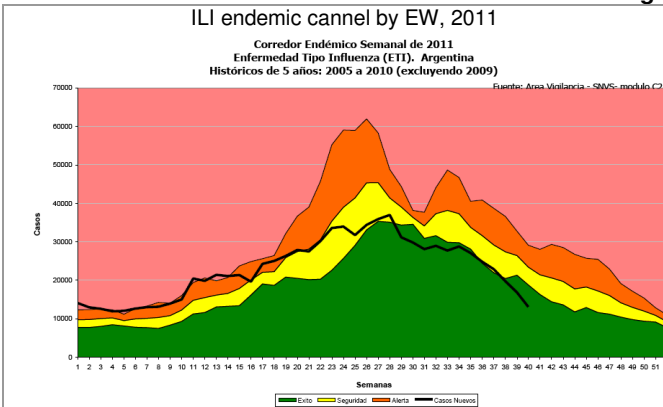


Perú



South America – Southern Cone

Argentina

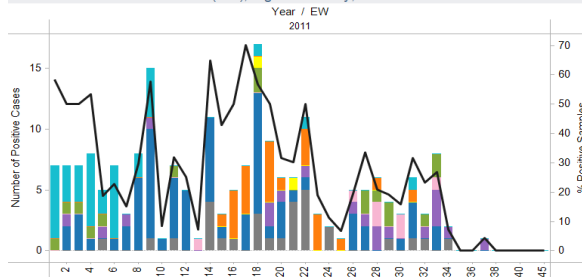


- Respiratory viruses
- FLU A/H1
 - FLU A (H1N1) 2009
 - FLU B
 - Parainfluenza
 - FLU A/H3
 - FLU A Not Subtyped
 - Adenovirus
 - SRV
 - Other viruses
 - % Positive Samples

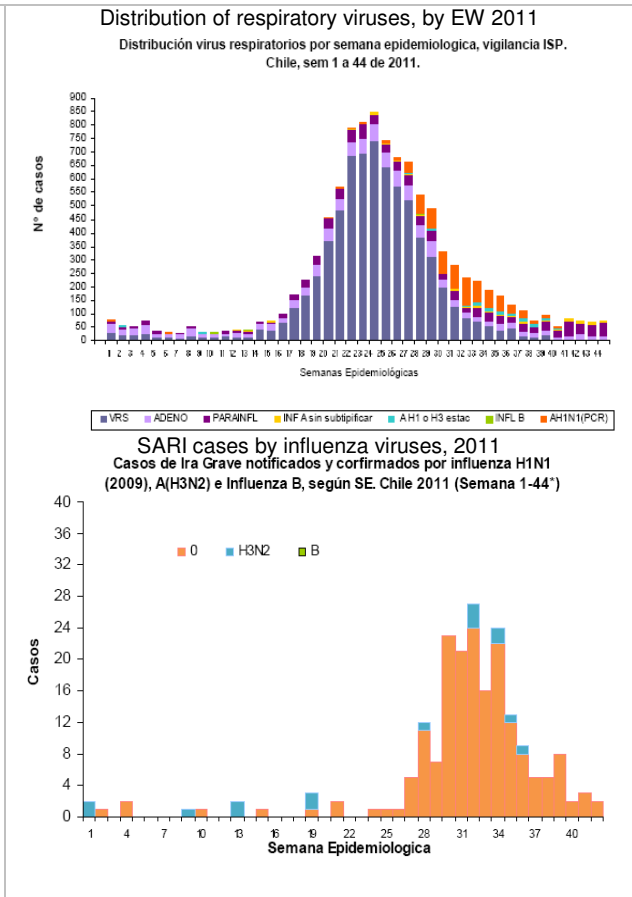
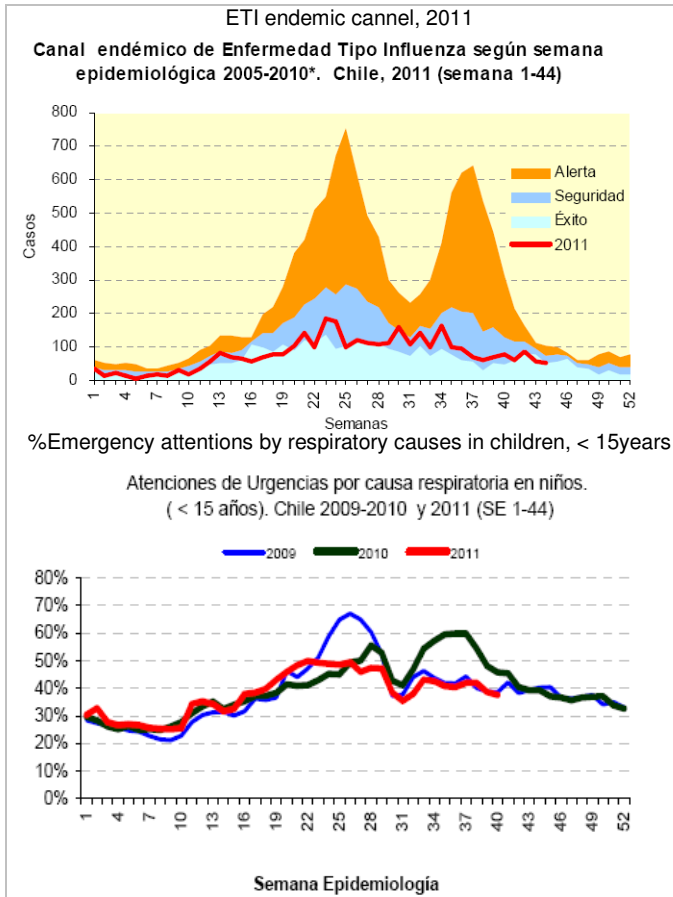
Brasil

Evandro Chagas Institute (Para)

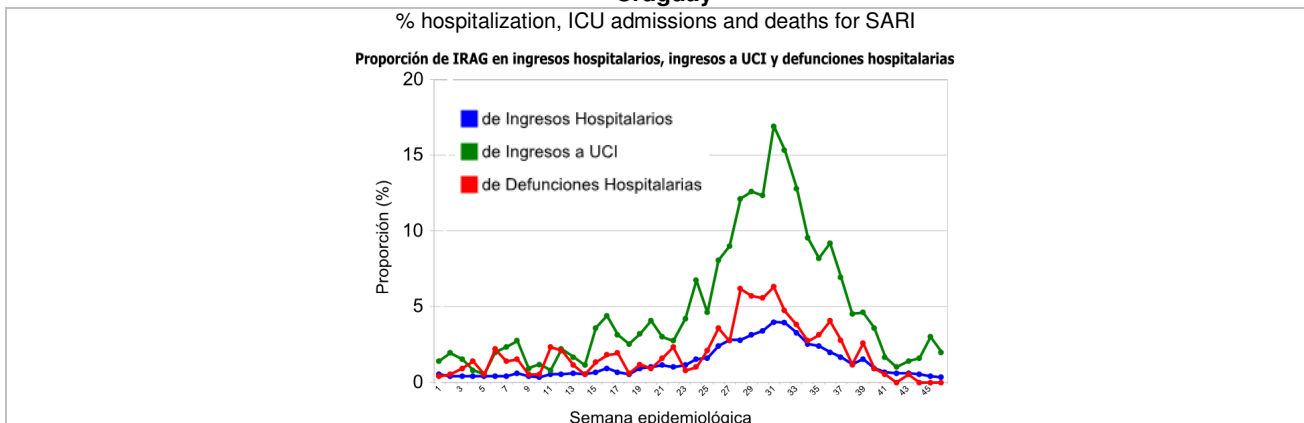
Distribution of influenza and other respiratory viruses under surveillance by Epidemiological Week (EW), region / country, 2010-2011



Chile



Uruguay



¹ FluWatch Report. EWs 45. <http://www.phac-aspc.gc.ca/fluwatch/>

² US Surveillance Summary. Week 45. Centers for Disease Control and Prevention

³ Honduras. Vigilancia centinela de Tegucigalpa y San Pedro Sula. SE 44

⁴ Colombia. Instituto Nacional de Salud.

⁵ Perú. Sala de Situación de Salud. SE 43. Ministerio de Salud. Dirección General de Epidemiología.

⁶ Argentina. Actualización situación de enfermedades respiratorias 2011. SE 44.

⁷ Chile. Informe de situación. SE 44. www.pandemia.cl

⁸ Uruguay. Dirección General de la Salud. División Epidemiología. SE 46. Available at: <https://trantor.msp.gub.uy/epidemiologia/servlet/iraggrafmenu>