



Regional Update EW 52

Influenza
(January 10, 2012 - 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; there has been increased activity in some Canadian regions (Alberta, British Columbia, Quebec Ontario and Saskatchewan), in one state in the USA (Colorado) and in one state in Mexico (Puebla). In Mexico influenza A(H1N1)pmd09 was the predominant virus in circulation.
- In Central America and the Caribbean, the predominance of respiratory syncytial virus (RSV) continued to circulate (Honduras and Dominican Republic), with the circulation of adenovirus and parainfluenza (Costa Rica and Honduras) and other respiratory viruses like coronavirus, rhinovirus (Cuba, Dominican Republic and Panama). Among influenza viruses, influenza A/H3N2 circulated (Costa Rica, Cuba, Guatemala).
- In South America, influenza activity remains low or within the expected level for this period of time, except for Venezuela which reached the ARI epidemic threshold for this time of the year. Influenza A(H1N1)pmd09 (Ecuador) and influenza A/H3N2 (Ecuador and Chile) circulated in low amount.

Epidemiologic and virologic influenza update

North America

In Canada¹, in epidemiological week (EW) 52, influenza activity continued to increase in some regions, but remained at inter-seasonal levels in the majority of regions of the country. Localized influenza activity was reported in three regions of two provinces (within British Columbia y Saskatchewan) and sporadic influenza activity was reported in thirteen regions of five provinces (within Alberta, British Columbia, Ontario, Saskatchewan and Quebec). In EW 52, Influenza-like Illness (ILI) consultation rates were 33.8 per 1,000 consultations; which was higher than the previous EW, but within the expected levels for this time of year. Compared to other age groups, in EW 52, a higher ILI consultation rate was observed in children under 5 years old (86.5/1,000 consultations) and among children 5 to 19 years of age, the ILI consultation rate was (49.3/1,000). In EW 52, among the total samples analyzed (n=2,789), the proportion of RSV and metapneumovirus slightly increased, and the other respiratory virus activity remained stable or decreased compared to the previous weeks. Concerning influenza viruses, in EW 52, the percent positivity for influenza viruses was <3%, which was similar to the previous week; influenza A unsubtype, influenza A/H3, influenza A(H1N1)pmd09 and influenza B were all detected. In EW 52, three outbreaks due to influenza in two long-term care facilities were reported.

In the United States², in EW 52, at the national level, the proportion of ILI consultations (1.7%) remained below the national baseline (2.4%); ILI activity was moderate in one state (Alabama), and in the remaining states the ILI activity was low or minimal. The proportion of deaths attributed to pneumonia and influenza for EW 52 (7%) was lower than the epidemic threshold for this time of year (7.5%). Regarding influenza geographic spread by states, regional influenza activity was observed in one state (Colorado); local influenza activity was observed in 4 states (Texas, Virginia, New Hampshire y Massachusetts), and the rest of the states continued to report sporadic or no influenza activity. In EW 52, no pediatric deaths associated with influenza were reported. Among all samples tested during EW 52 (n=3,310), the percentage of samples positive for influenza remained low (<3%), with sporadic detections of influenza A/H3, and influenza B.

In Mexico, in EW 51, among all samples analyzed (n=29), the percent positivity for respiratory viruses was 4%, and influenza A(H1N1)pmd09 was the only virus detected, mainly in Puebla state.

Caribbean

CAREC^{*}, in EW 52, received epidemiological information from Jamaica and Tobago. In EW 52, the SARI hospitalization rate was 2%, which was slightly lower than the previous week (2.3%). The highest SARI hospitalization rate was reported among children between 6 months and 4 years of age. Since EW 47, no SARI deaths were reported. In EW 49 and 50, RSV was the only virus detected. No influenza viruses were reported since EW 48.

In Jamaica, in EW 52, the proportion of consultations for Acute Respiratory Illness (ARI) was 5%, which was slightly higher than observed in the previous week (4.5%). The proportion of SARI admissions remained <2%, increasing slightly compared to previous EW. In EW 52, no SARI deaths were reported. According to laboratory data, since EW 47, no samples positive for influenza viruses have been detected.

In Cuba, according to laboratory data, in EW 52, among all samples tested (n=25), ~32% were positive for respiratory viruses. In EW 52, influenza A untyped and influenza A/H3 were detected.

In the Dominican Republic, since EW 44, the number of SARI cases has been decreasing. In EW 51, among all samples tested, RSV was the only virus detected.

Central America

In Costa Rica, in EW 52, according to laboratory data, among all samples tested (n=32), the percentage of samples positive for respiratory viruses (~60%) was slightly higher than the previous week. In EW 52, adenovirus was the predominant virus but co-circulated with parainfluenza and RSV. In EW 52, influenza A/H3 was detected.

In Honduras³, in EW 51, the proportion of ILI was (~4%) similar to the previous week (5%) and similar to what was observed in 2010. The SARI hospitalization (~4%) was lower than the previous EW (~7%), and slightly higher than what was observed in 2010. In EW 51, two SARI deaths were reported. According to laboratory data, in EW 51, among all samples tested (n=8), no positive samples for respiratory viruses were reported. No influenza viruses circulated since EW 48. RSV was the predominant virus since EW 37.

In Guatemala, in EW 52, among all samples tested, parainfluenza and influenza A not sub-typed were detected.

In Panama, in EW 52, among all samples tested, the percent positivity for respiratory viruses was ~33%, and samples positives for respiratory viruses were detected, but not for influenza viruses.

South America – Andean

In Ecuador, in EW 51, the percentage of SARI hospitalizations, SARI ICU admissions, and SARI deaths remained under 5%. According to laboratory data, in EW 51, among all samples tested (n=42) the percent positivity for respiratory viruses was ~65%; influenza A(H1N1)pmd09 and influenza A/H3 were detected.

In Peru⁴, in EW 50, ARI and pneumonia indicator activity (number of cases by ARI and pneumonia in children under 5 years old, respectively) were slightly lower than the previous week and remained below expected for this time of the year. Through EW 50 2011, 350 deaths due to pneumonia in children under 5 years old were reported, which was 19% lower than the observed average of the three previous years (2008-2010).

In Venezuela⁵, in EW 51, the ARI endemic channel continued to show a decreasing trend in the number of cases since ~EW 48, matching the epidemiologic threshold or maximum expected for this time of the year. A higher ARI incidence rate was reported in children less than 7 years old. Since EW 47, the pneumonia endemic channel continued to show a decreasing trend and remained within expected levels for this time of the year. In 2011 through EW 51, among all samples tested (n=9,485), the percentage of samples positive

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

for respiratory viruses was ~40%. Concerning influenza viruses, of the total number of samples tested, ~24% of samples tested were positive for influenza A(H1N1)pmd09, ~7% were influenza A/H3 and <1% were influenza B. Between EW 49 and 52, influenza A not sub-typed circulated, influenza A/H3 and influenza A(H1N1)pmd09 were detected among the samples that were sub-typed in the mentioned weeks.

South America – Southern Cone

In Argentina⁶, in EW 48, ILI and SARI endemic channels showed that the number of ILI and pneumonia cases has continued to decrease since peaking in EW 27 and has remained lower than what was observed in the same period in 2010. In EW 51, among all samples analyzed, no positive samples for influenza were detected.

In Chile⁷, in EW 50, the ILI activity (4,3 consultation for 100,000 inhabitants), at national level, was slightly higher than the rate of the previous weeks and slightly above what was observed for this time of the year, remaining in the alert zone of the endemic channel. In the regions of Los Lagos and Los Ríos, an increase in the notification of ILI cases was observed. In EW 50, the percentage of children under 15 years old seeking emergency services for respiratory reasons accounted for the 32% of the attentions, and a decreasing trend was observed since peaking in EW 32, in which respiratory attentions accounted for 43%. Through EW 50, 17 deaths were registered associated with influenza A(H1N1)pmd09, of these 14 had at least one co-morbidity. According to laboratory data, in EW 50, among all the samples tested (n=845), at national level, the percent of positivity for respiratory viruses was ~12%, RSV, parainfluenza and adenovirus were the predominant viruses detected. Among influenza viruses, in EW 50, the percent positivity for influenza viruses was 6%, and influenza A/H3 and influenza A no sub-typed were detected.

In Paraguay⁸, in EW 51, the proportion of ILI consultations (6%) was similar to the previous week (4.7%). In EW 51, the proportions of SARI hospitalization, SARI ICU admissions and deaths remained under 10%. According to laboratory data, in EW 51, no samples positive for respiratory viruses were detected.

Online Course: Training for the National Surveillance Intensified SARI

Now available in English and Spanish, an online course for SARI surveillance training. PAHO's SARI surveillance course consists in four modules, a capstone activity and a final evaluation. In addition, each module is broken down into a didactic component, an activity and a quiz. The course is available at:

<http://cphp.sph.unc.edu/sari/>

Please contact us at flu@paho.org with any questions that you might have about the content of the course.

Standardization of terminology for the variant A(H3N2) virus recently infecting humans[†]

Joint announcement of FAO, OIE and WHO
23 December 2011

FAO, OIE and WHO continue working closely together to address influenza issues related to public health and animal health.

Since July 2011, twelve human cases of infection with a variant influenza A(H3N2) virus have been detected in the United States. To date, no report has been received from elsewhere in the world. This virus has different virological characteristics from current circulating seasonal influenza viruses in humans, and has a new gene constellation: 7 genes from the triple reassortant A(H3N2) viruses known to have been circulating in pigs in the North America and the M gene from an A(H1N1)pdm09 virus, a seasonal virus currently circulating in humans.

In order to improve communications and avoid confusion, FAO, OIE and WHO have established a working group of experts to standardize the terminology for variant influenza viruses. The joint recommendation for the above mentioned A(H3N2) virus is: A(H3N2)v, where "v" stands for "variant".

An example of use of the terminology:

Sporadic human cases of infection with a variant influenza A(H3N2) virus A(H3N2)v have been reported in the USA. The A(H3N2)v virus is different from seasonal viruses currently circulating in humans.

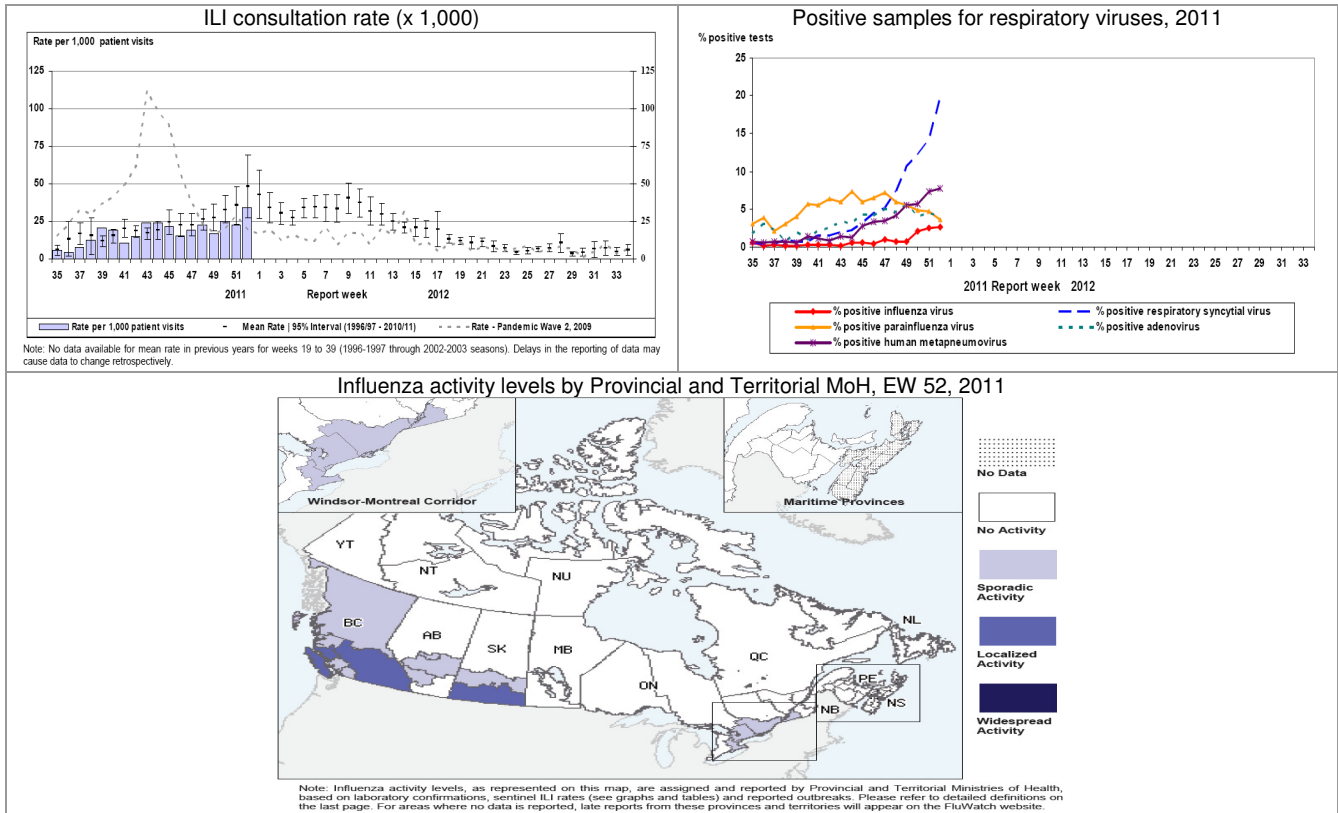
For more information, please contact FAO at GLEWS@fao.org, OIE at scientific.dept@oie.int and WHO at gisrs-whohq@who.int.

[†] WHO. World Health Organization. Normalización de la terminología de la variante del virus A (H3N2) recientemente ha afectado a los seres humanos. Disponible en: http://www.who.int/influenza/gisrs_laboratory/terminology_ah3n2v/en/index.html

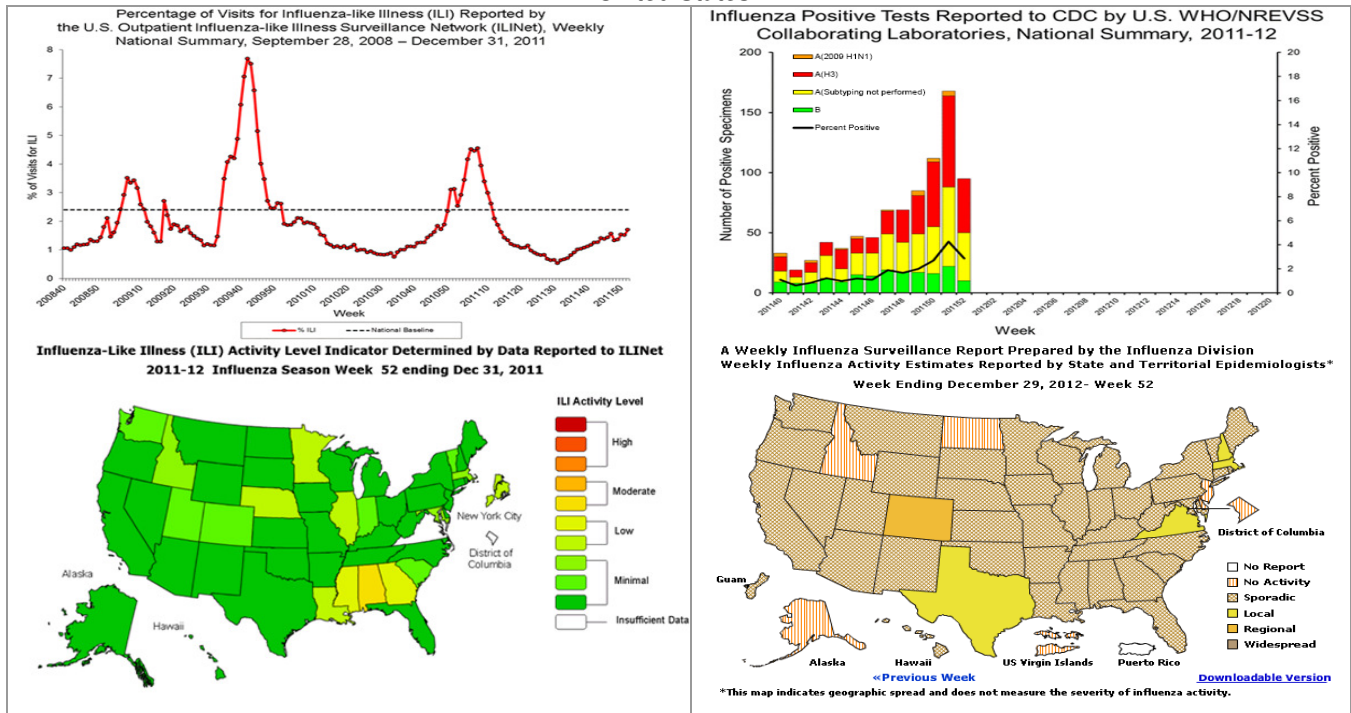
Graphs

North America

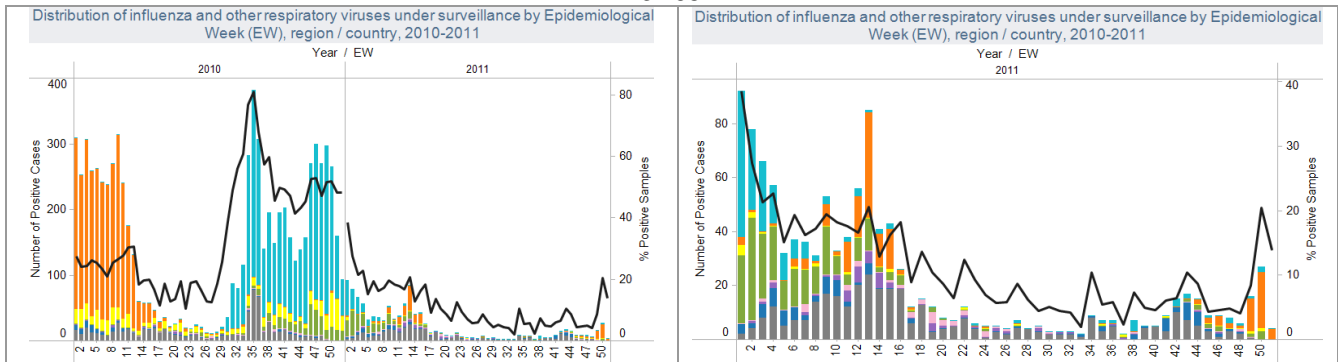
Canada



United States

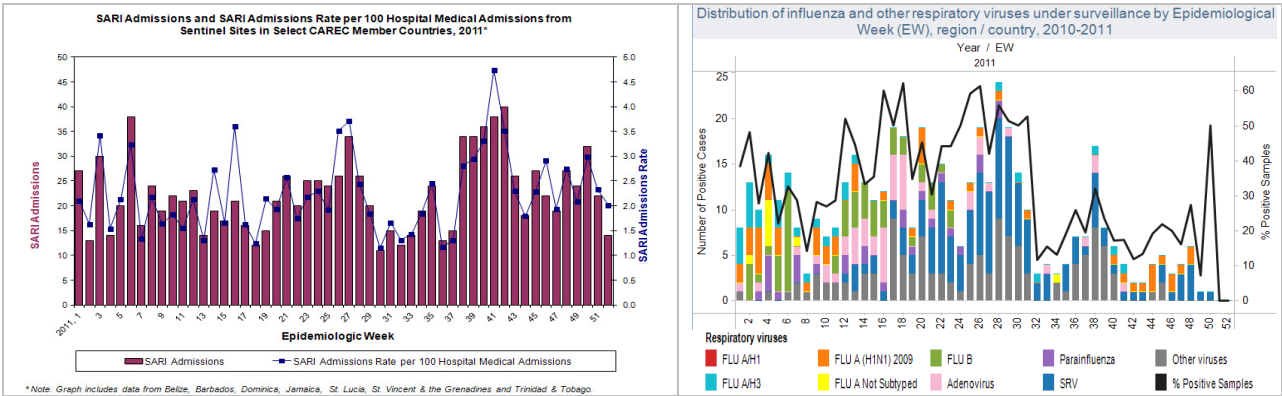


Mexico

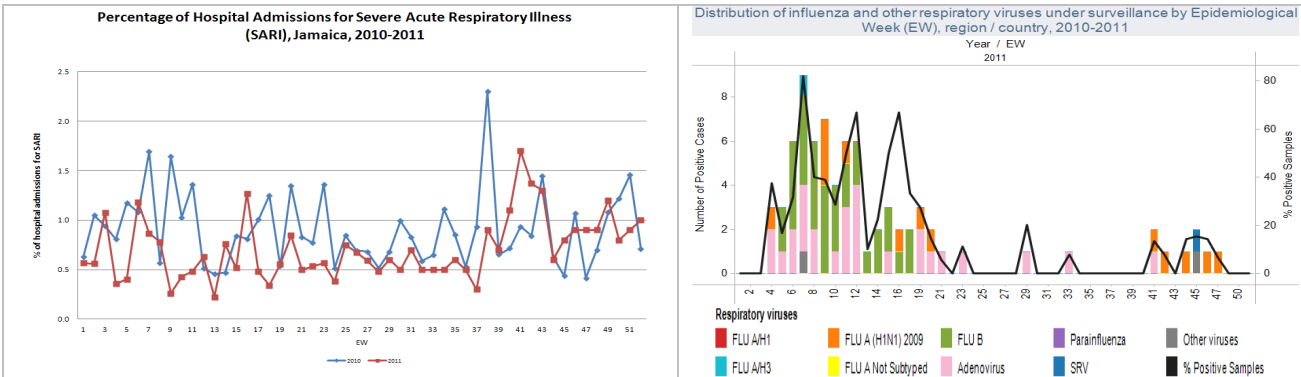


Caribbean

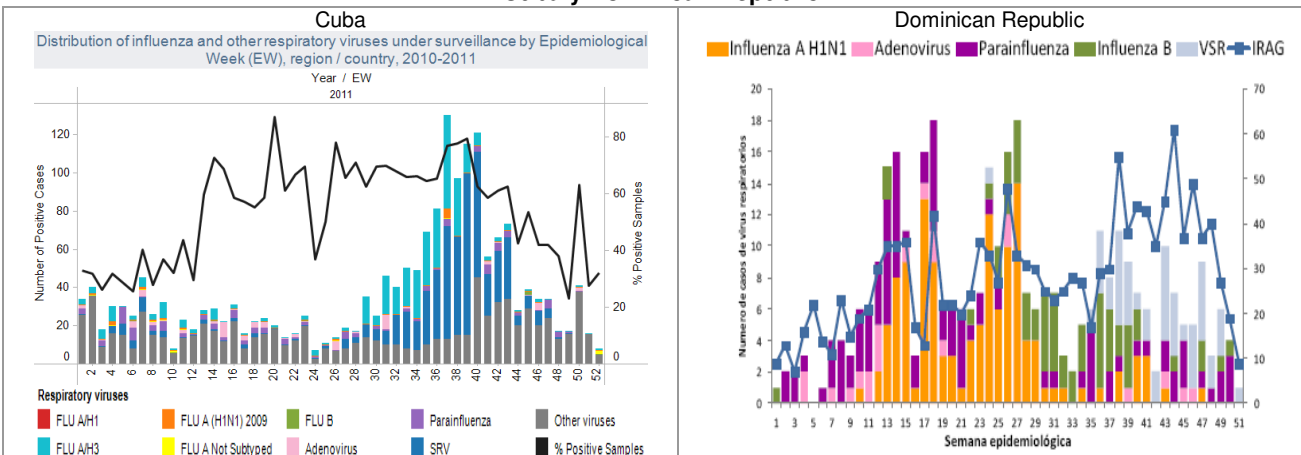
CAREC



Jamaica

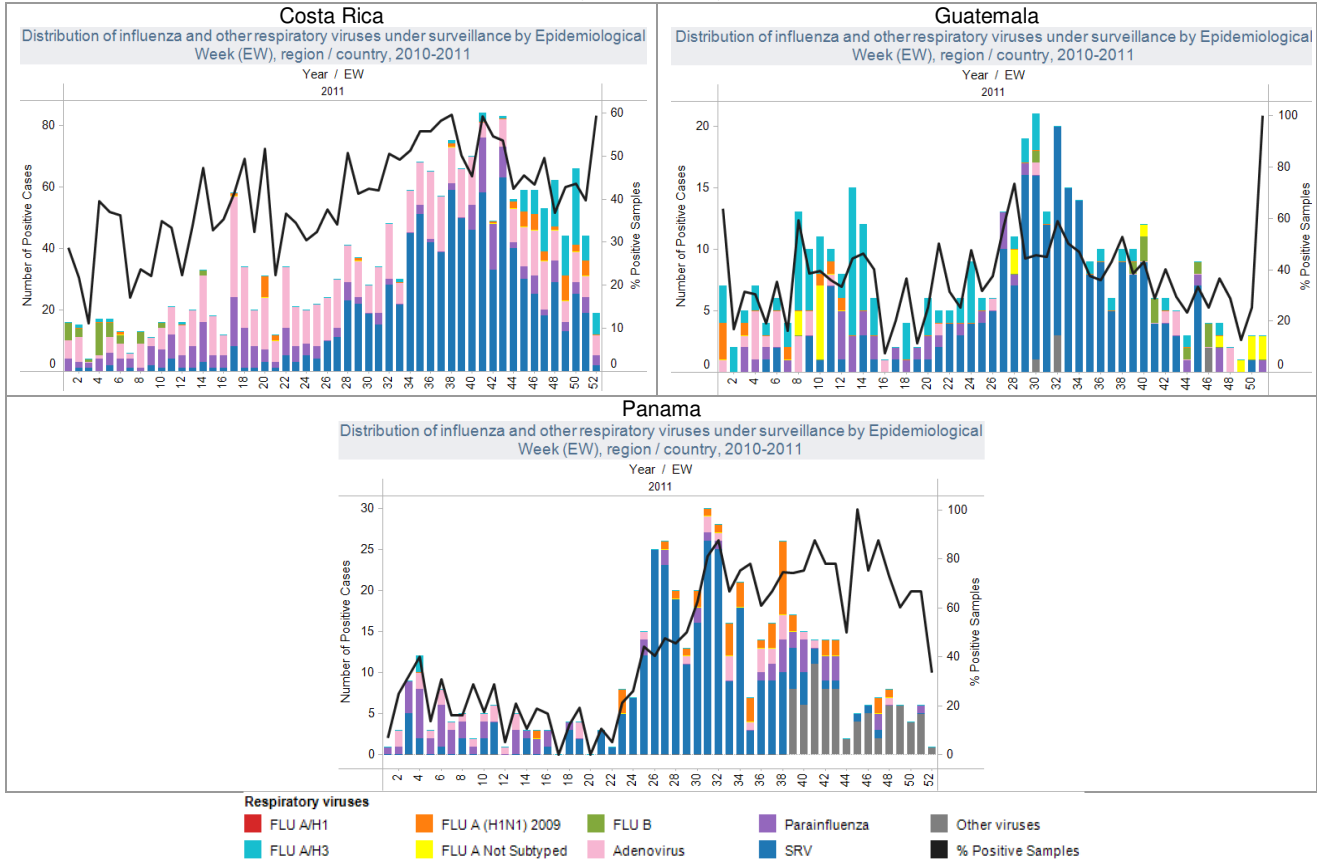


Cuba y Dominican Republic

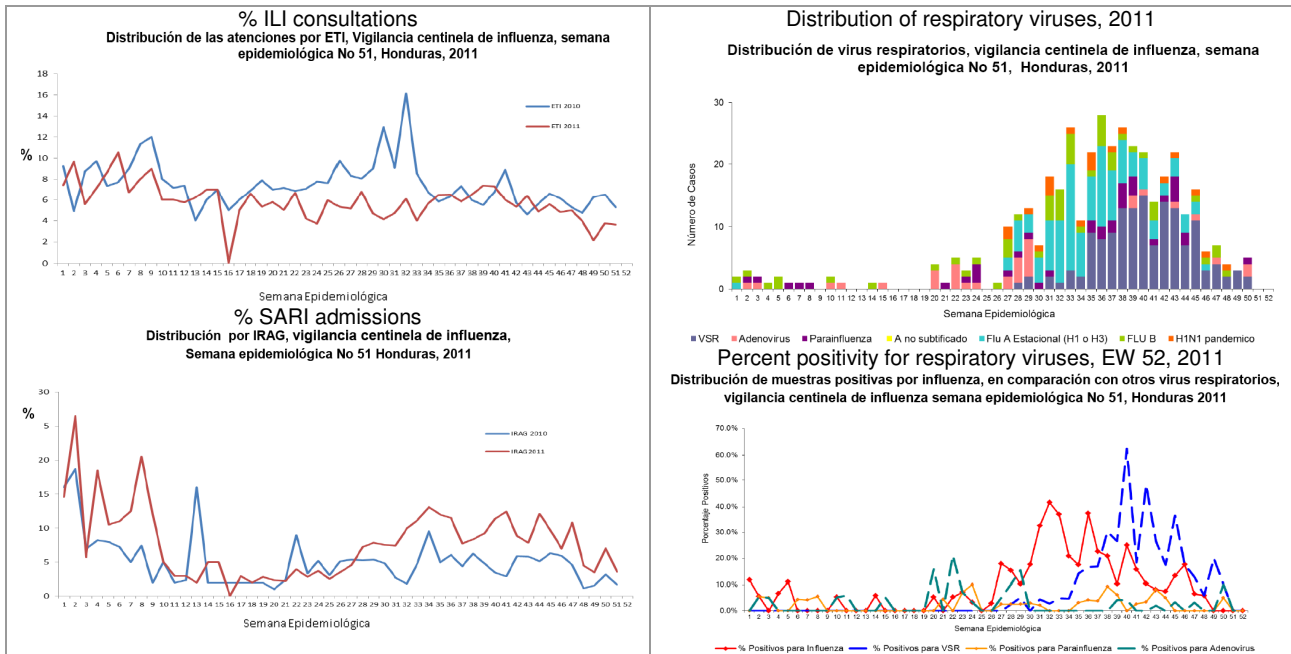


Central America

Costa Rica, Guatemala, and Panama



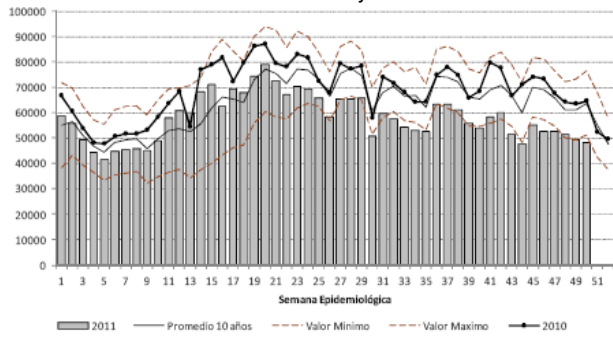
Honduras



South America - Andean

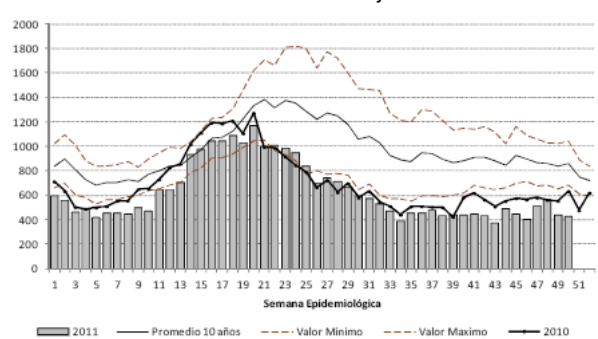
Peru

ARI cases in children under 5 years old. Peru – 2011



FUENTE: Registros de Notificación Colectiva. IRA 2011 - MINSA - Dirección General de Epidemiología (DGE) - Red Nacional de Epidemiología (RENACE).

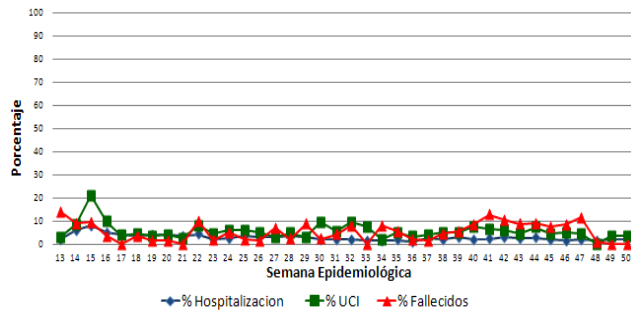
Pneumonia cases in children under 5 years old. Peru - 2011



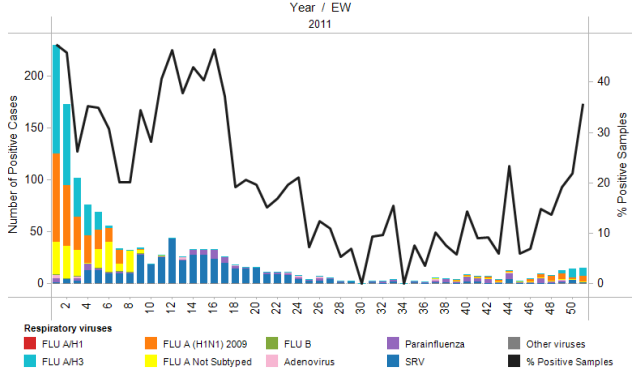
FUENTE: Registros de Notificación Colectiva. IRA 2011 - MINSA - Dirección General de Epidemiología (DGE) - Red Nacional de Epidemiología (RENACE).

Ecuador

% hospitalization, ICU admissions, deaths for SARI, 2011
IRAG(%): hospitalizaciones, admisiones a UCI y Fallecidos de la SE 11 a la SE 50. Ecuador . 2011

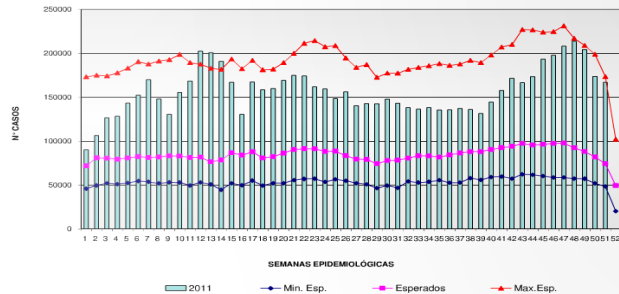


Distribution of influenza and other respiratory viruses under surveillance by Epidemiological Week (EW), region / country, 2010-2011

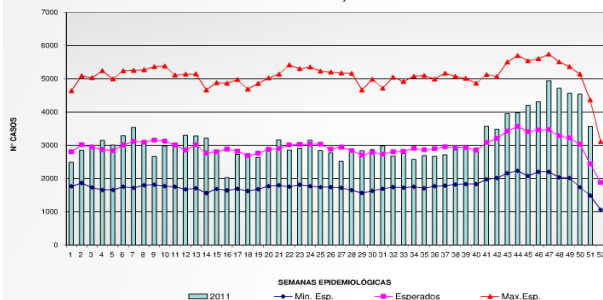


Venezuela

ARI endemic channel, Venezuela, 2011
Infecciones Respiratorias Agudas
Canal endémico 2005 - 2011
Venezuela. 2011

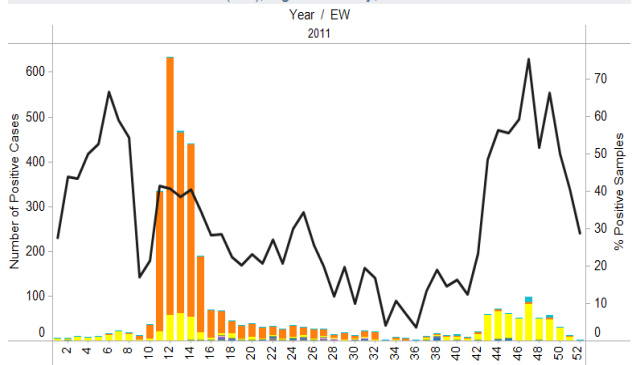


Pneumonia endemic channel, Venezuela, 2011
Neumonías
Canal endémico 2005 - 2011
Venezuela, 2011



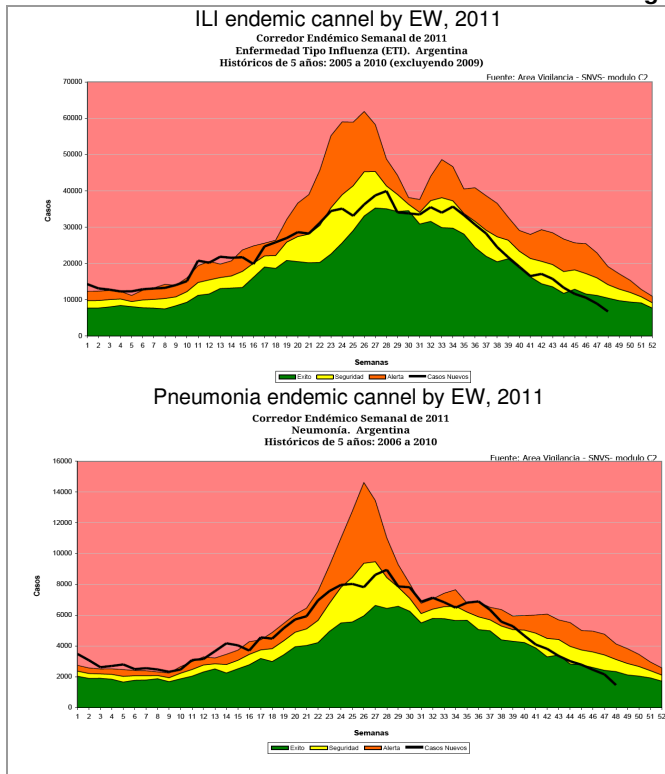
: Dirección de Vigilancia Epidemiológica. MPPS

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

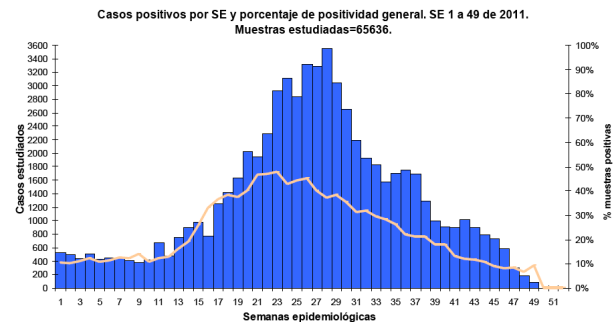


South America – Southern Cone

Argentina

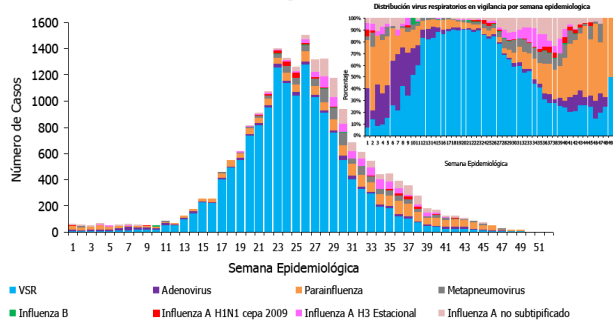


Number of cases and percent positivity for respiratory viruses, 2011



Distribution of respiratory viruses by EW, 2011

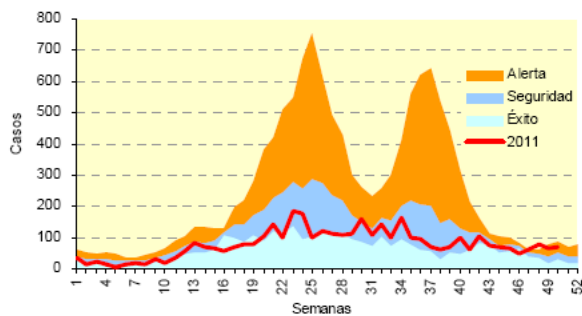
Distribución virus respiratorios en vigilancia por semana epidemiológica SE 1 a 49 de 2011. Argentina n=20709



Chile

ILI endemic channel. Chile, 2011

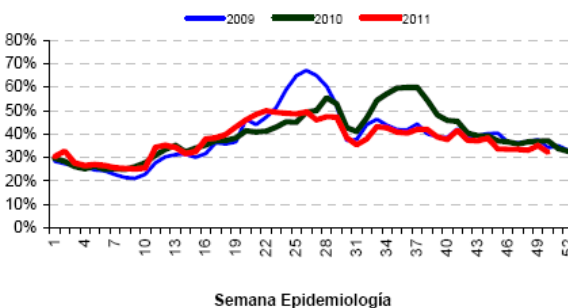
Canal endémico de Enfermedad Tipo Influenza según semana epidemiológica 2005-2010*. Chile, 2011 (semana 1-50)



Fuente: Vigilancia Centinela ETI. EPIDEMIOLOGIA-MINSAL

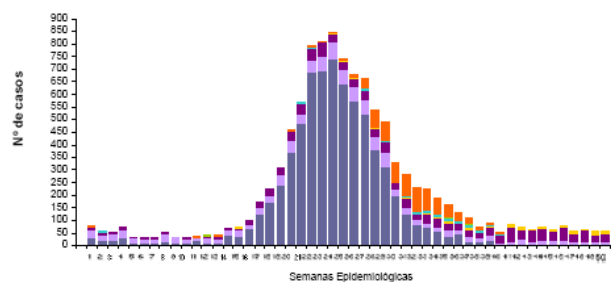
Emergency attentions by respiratory infection in children under 15 years old. Chile, 2009-11.

Atenciones de Urgencias por causa respiratoria en niños (< 15 años). Chile 2009-2010 y 2011 (SE 1-50)



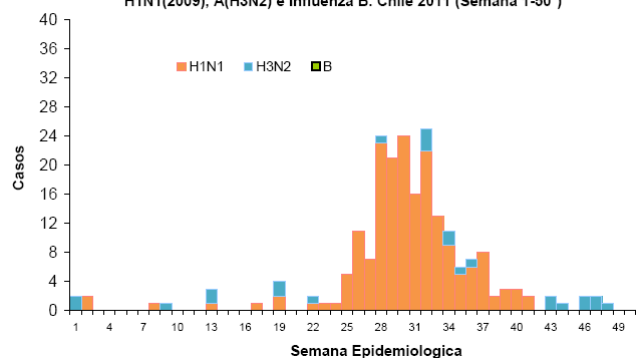
Distribution of respiratory viruses by EW, 2011

Distribución virus respiratorios por semana epidemiológica, vigilancia ISP. Chile, sem 1 a 50 de 2011.

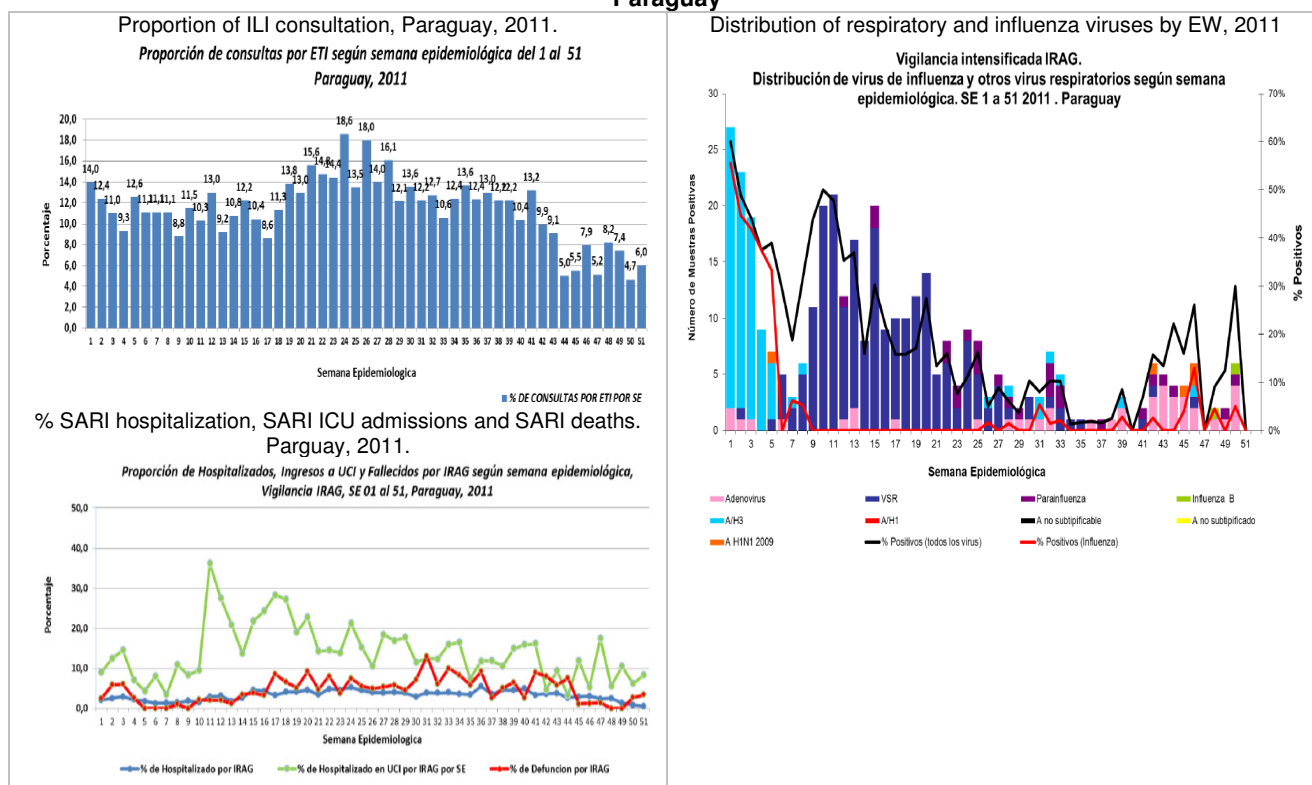


SARI cases by influenza viruses, 2011

Casos de Ira Grave notificados y confirmados por influenza H1N1(2009), A(H3N2) e Influenza B. Chile 2011 (Semana 1-50*)



Paraguay



¹ FluWatch Report. EWs 52. Available at <http://www.phac-aspc.gc.ca/fluwatch/>

² US Surveillance Summary. Week 52. Centers for Disease Control and Prevention

³ Honduras. Vigilancia centinela de Tegucigalpa y San Pedro Sula. SE 51

⁴ Perú. Sala de Situación de Salud. SE 50. Ministerio de Salud. Dirección General de Epidemiología.

⁵ Venezuela. Boletín epidemiológico - SE 51. Ministerio del Poder Popular para la Salud. Available at:

http://www.mpps.gob.ve/index.php?option=com_content&view=article&id=549&Itemid=915

⁶ Argentina. Actualización situación de enfermedades respiratorias 2012. SE 01.

⁷ Chile. Informe de situación. SE 50. Available at: www.pandemia.cl

⁸ Paraguay. Boletín epidemiológico semanal SE 52. Available at:

http://www.vigisalud.gov.py/index.php?option=com_phocadownload&view=category&id=18:vigilancia-eti-irag-ano-2011&Itemid=86