



PAHO interactive influenza data: [http://ais.paho.org/phis/viz/ed\\_flu.asp](http://ais.paho.org/phis/viz/ed_flu.asp)

Influenza Regional Reports: [www.paho.org/influenzareports](http://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 increased but remained within the expected level for this time of year. Among influenza viruses, influenza A(H3N2) was predominant in Canada and the United States and influenza A(H1N1)pmd09 was predominant in Mexico.
- In Central America and the Caribbean, influenza activity remained low or within the expected level for this period of time.
- In South America, influenza activity and acute respiratory illness activity remained low or within expected levels for this period of time.

### Epidemiologic and virologic influenza update

#### *North America*

In Canada, in epidemiological week (EW) 06, 2012, influenza activity continued to increase gradually. In EW 06, the influenza-like illness (ILI) consultation rate declined to 31.0 per 1,000 consultations, but remained within expected levels for this time of year. In EW 06, among the total samples analyzed (n=3,470), the proportion of samples positive for influenza (7.6%) increased as compared to previous week. The proportion of influenza virus detections by type this season to date is as follows: 72.6% influenza A [mainly influenza A(H3N2)] and 27.4% influenza B. Concerning other respiratory viruses, the proportion of tests positive for RSV (19.5%) was similar to the previous week, and RSV was the most prevalent among all respiratory viruses detected. The proportion of positive tests for the other respiratory viruses was similar to previous weeks (coronavirus-6.3%, rhinovirus-5.3%, hMPV-4.7%, adenovirus-2.3%, parainfluenza-2.3%).

In the United States, in EW 06, influenza activity increased but remained relatively low for this time of year. At the national level, the proportion of ILI consultations (1.9%) remained below the national baseline (2.4%). Region 7 (northwest part of the country) continued, for the second consecutive week, to report ILI activity above its' region-specific baseline. Nationally, the proportion of deaths attributed to pneumonia and influenza for EW 06 (6.7%) was below the epidemic threshold for this time of year (7.9%). In EW 06, one pediatric death associated with an influenza B virus was reported. Among all samples tested during EW 06 (n=3,230), the percentage of samples positive for influenza (15.5%) increased as compared to the previous week (10.5%). Nationally, among the positive samples, 95.0% were influenza A [among the subtyped influenza A viruses, mainly influenza A(H3N2)] and 5.0% were influenza B. Nationally, the proportion of tests positive for influenza A(H1N1) pdm09 has increased, most notably in Regions 6 (states of Arkansas, Louisiana, New Mexico, Oklahoma, Texas) and 9 (states of Arizona, California, Hawaii, Nevada).

In Mexico, from EW 1 through the 17 of February 2012,, there were a total of 4,884 cases of influenza detected, of which 90.9% (n=4,440) were influenza A(H1N1)pdm 09. This number includes 149 influenza deaths, of which 90.6% (n=135) were associated with influenza A(H1N1)pdm09. According to laboratory

data, in EW 06, of the total samples analyzed, the proportion of samples positive for influenza remained similar to the prior week (~46%). Influenza A(H1N1)pdm09 was the predominant circulating virus.

### ***Caribbean***

CAREC[1], in EW 06, received epidemiological information from Barbados, Belize, Dominica, Jamaica, Saint Vincent and the Grenadines, Suriname and Tobago. In EW 06, the severe acute respiratory infection (SARI) hospitalization rate was 4%, an increase from the previous week (2.4%). The highest SARI hospitalization rate was reported among children aged 5 months – 14 years (7.7% of hospitalized children in this age group were SARI cases). One SARI-related death was reported in EW 06, 2012. According to laboratory data, in 2012, through EW 06, low circulation of respiratory viruses was detected, mainly influenza A(H1N1)pdm09, and RSV.

In Jamaica, in EW 06, the proportion of consultations for Acute Respiratory Illness (ARI) was 5.3%, which was lower than the previous week. The proportion of SARI admissions was 0.8%, and showed a 0.1% increase compared to the previous week. In EW 06, no SARI deaths were reported. According to laboratory data, a predominance of influenza A(H1N1)pdm09 virus was detected for the second consecutive week.

In Cuba, according to laboratory data, in EW 06, among all samples tested (n=72), 30.6 % were positive for respiratory viruses and 1.4 % for influenza viruses; parainfluenza and influenza A(H3N2) were the predominant respiratory virus detected.

In Dominican Republic, in 2012, through EW 06, parainfluenza has been the predominant respiratory virus detected.

### ***Central America***

In Guatemala, according to laboratory data from EW 06, among the total of samples analyzed (n=16), the percentage of positive samples for respiratory viruses was 12.5%, with influenza A and parainfluenza detected.

In Honduras, according to laboratory data in EW 06, among the samples tested (n=11), 18.2% were positive for respiratory viruses, with only parainfluenza detected.

In Nicaragua, through EW 06, among the tested samples (n=24), 12.5% were positive for respiratory viruses. Influenza viruses were not detected.

### ***South America – Andean***

In Bolivia, according to laboratory data, during EW 05 in La Paz among the samples tested (n=16), 37.5% were positive for respiratory viruses and 31.3% for influenza virus, with both influenza B and RSV detected.

In Peru, at the national level in 2012 through EW 05, 215,461 ARI cases in children under 5 were reported, 1% (n=2131) of which were pneumonias. According to the ARI and pneumonia epidemic channels in children under 5 years of age in EW 05, levels were within what is expected for this time of the year and is not increasing (?) as compared to what was reported in previous years.

### ***South America – Southern Cone***

In Paraguay<sup>1</sup>, through EW 06, ILI activity increased 37.1% with respect to EW 05, 2012, but remained similar to previous years. Eleven of the 18 Health Regions in Paraguay reported an increase with respect to the previous week. In EW 06, the proportion of SARI hospitalizations, SARI ICU admissions and SARI deaths remained under 10%. According to laboratory data, in 2012, through EW 06, among all samples tested, low circulation of respiratory viruses was detected (mainly adenovirus, influenza B, parainfluenza and influenza A(H1N1) pdm09).

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[1] Includes Barbados, Belize, Dominica, Jamaica, St Vincents and the Grenadines, St Lucia, Suriname and Trinidad and Tobago

## Human Avian Influenza Update

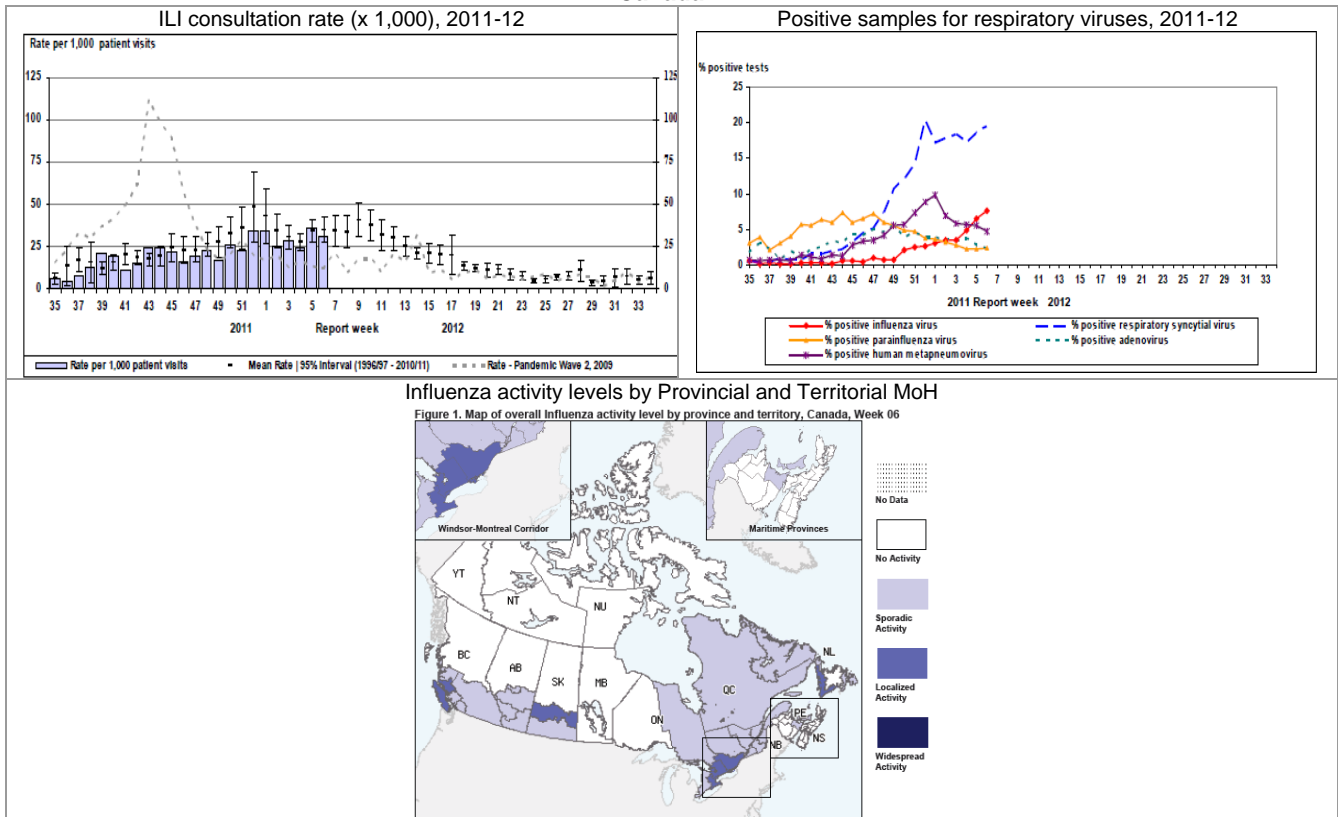
A total of 584 cases and 345 deaths (CFR 59.1%) of Human Avian Influenza have been reported by 15 countries during 2003-2012. In this same period, the highest number of cases were reported by Indonesia (n=152). Cambodia had the highest CFR of 89.4% (17 of 19). For 2012, cases have been reported by Cambodia, China, Egypt, Indonesia and Viet Nam. No cases have been reported from the Americas.

According to countries reports, 53.8% of the cases were female (301/559). Also, the age group with the largest number of cases was 20-29 years of age (23.2%). The highest CFR was among cases with 10-19 years old (73.3%) and the lowest among cases between 0-4 (25.7%) and 70+ years of age.

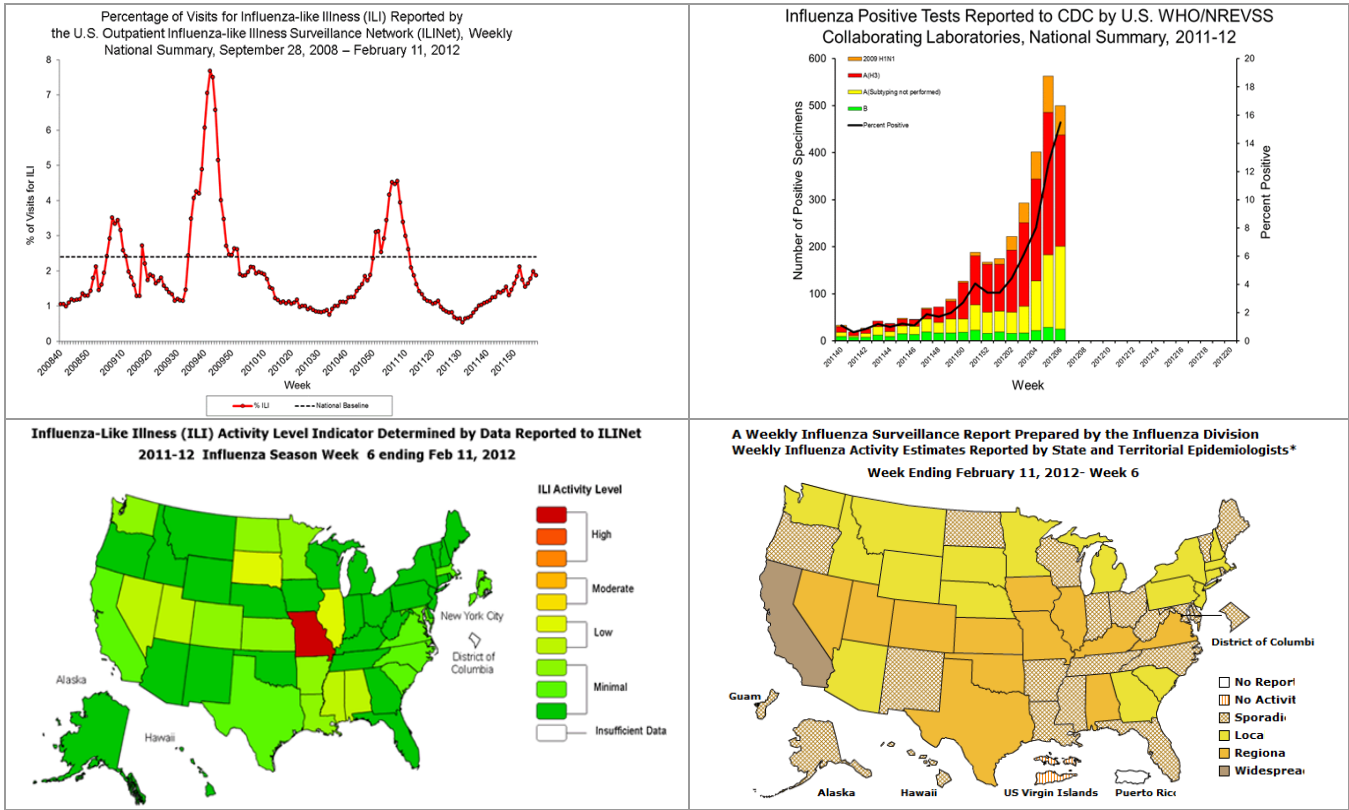
## Graphs

### North America

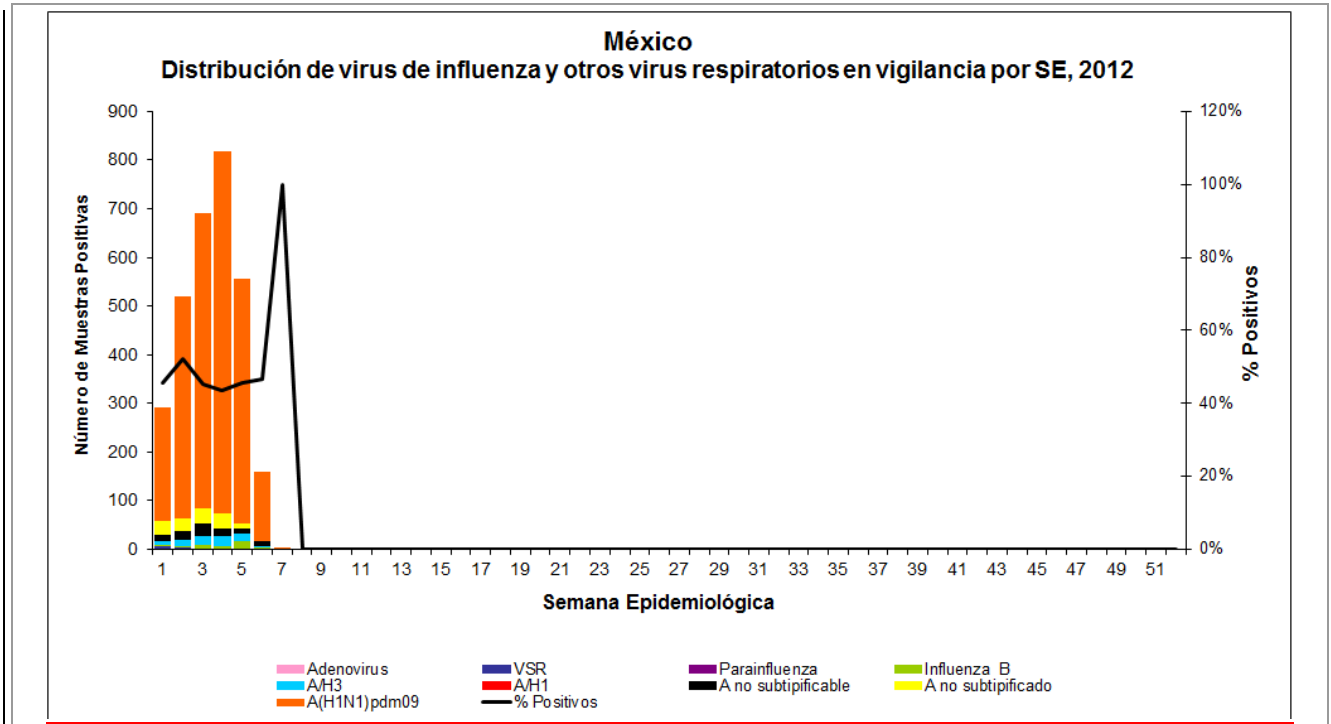
#### Canada



## United States

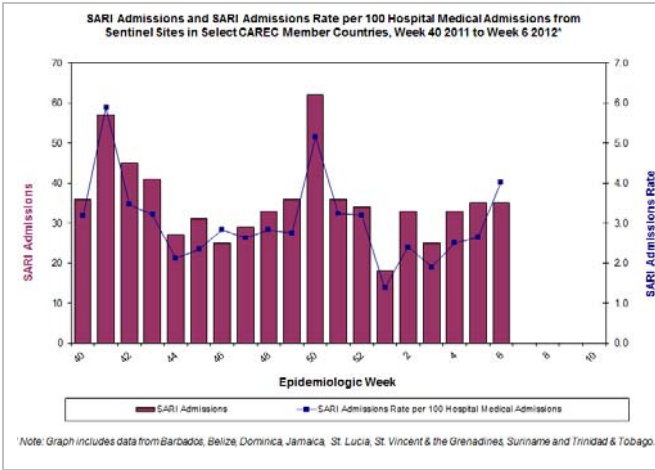


## Mexico

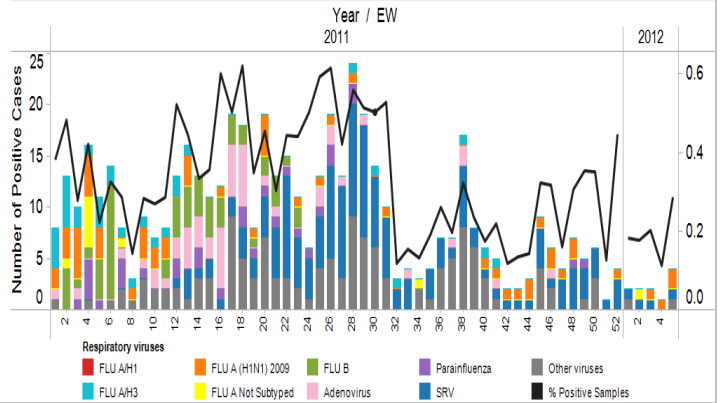


# Caribbean

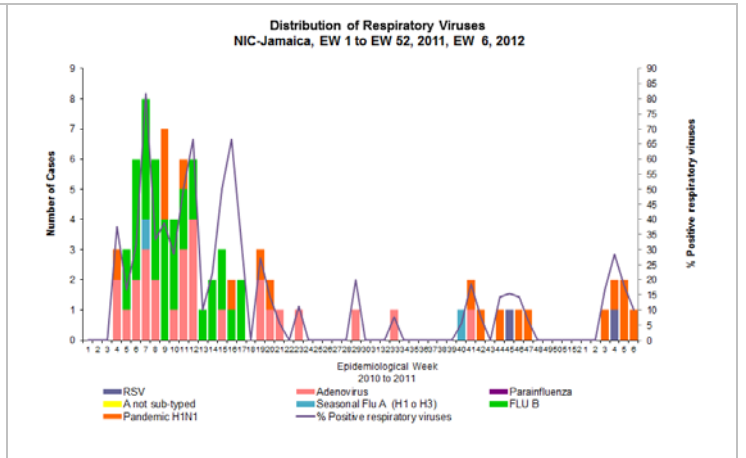
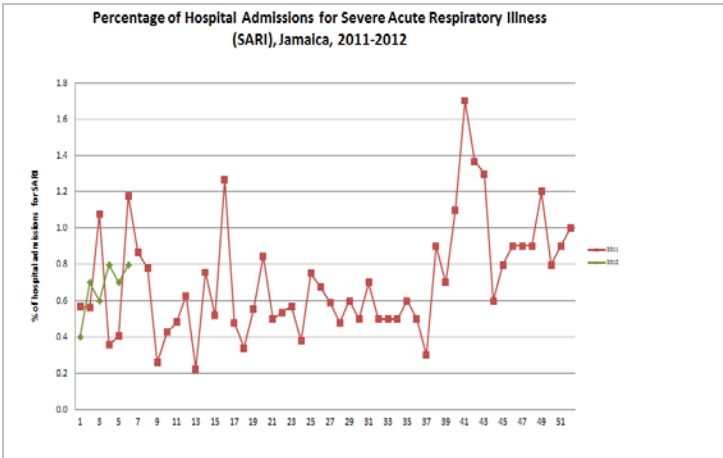
## CAREC



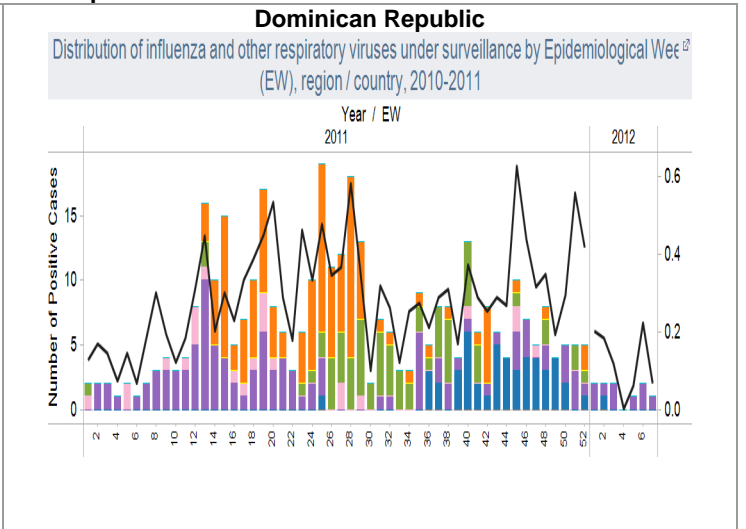
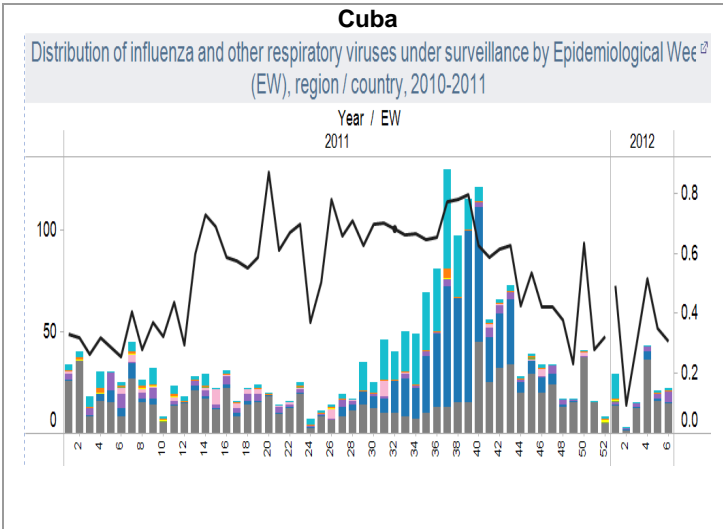
Distribution of influenza and other respiratory viruses under surveillance by Epidemiological Week (EW), region / country, 2010-2011



## Jamaica



## Cuba & Dominican Republic

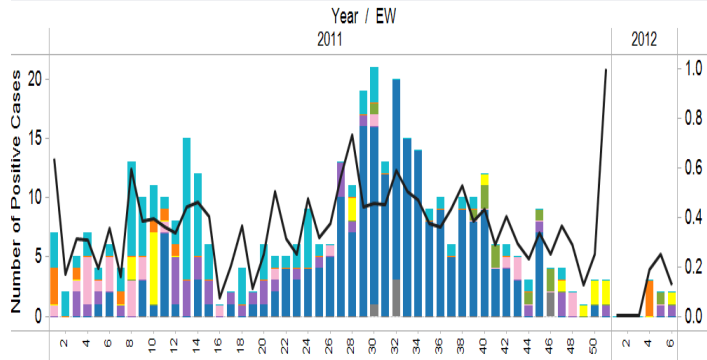


# Central America

## El Salvador, Honduras, Nicaragua

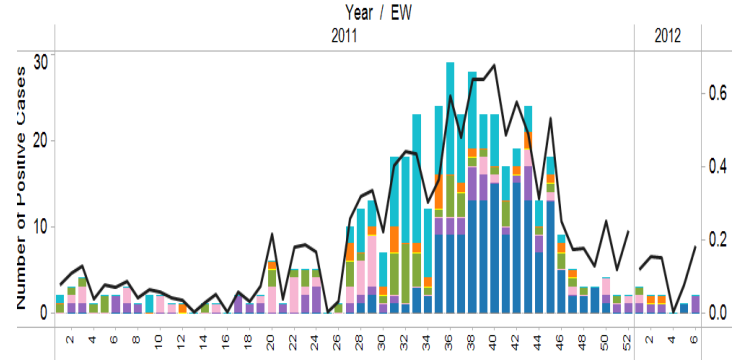
### Guatemala

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



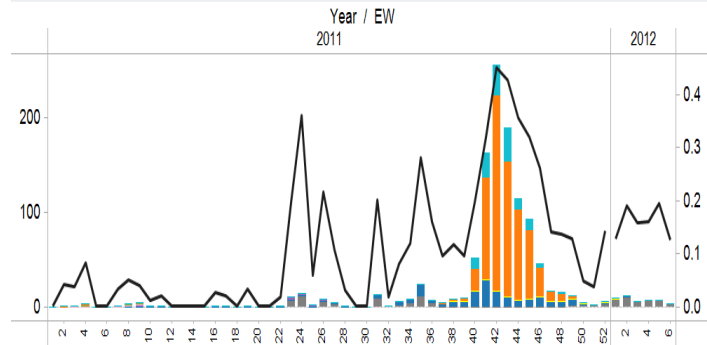
### Honduras

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



### Nicaragua

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



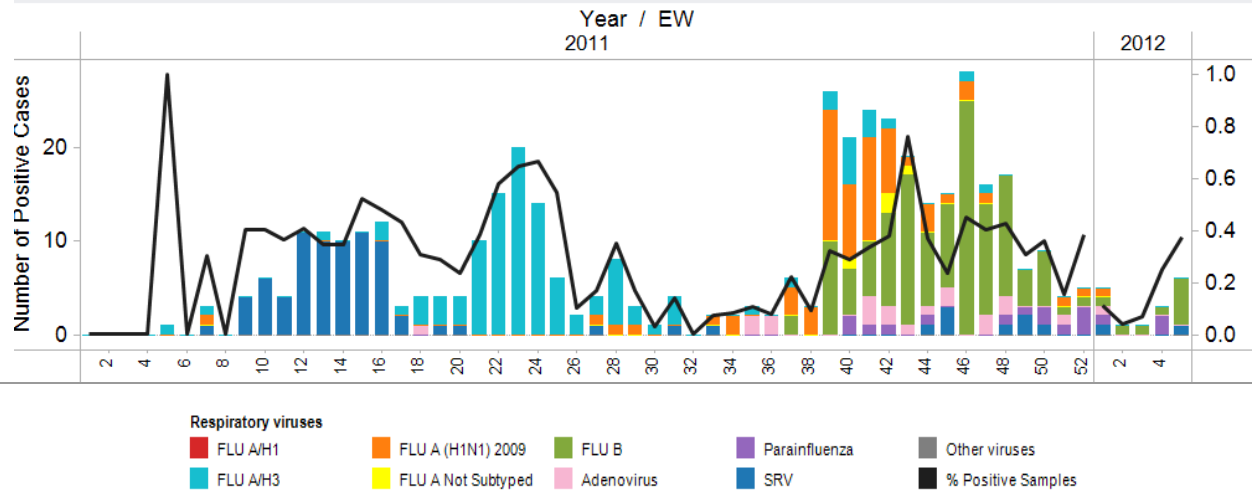
#### Respiratory viruses

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

## South America - Andean

### Bolivia

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



### Peru

ARI endemic channel in children <5 years by EW. 2012

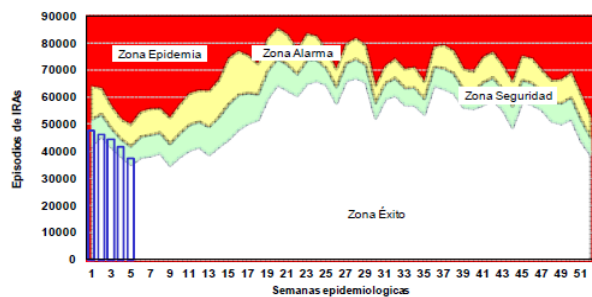


Figura 1: Canal endémico de Episodios de IRA en menores de 5 años. Perú 2012

Pneumonia endemic channel in children <5years by EW. 2012

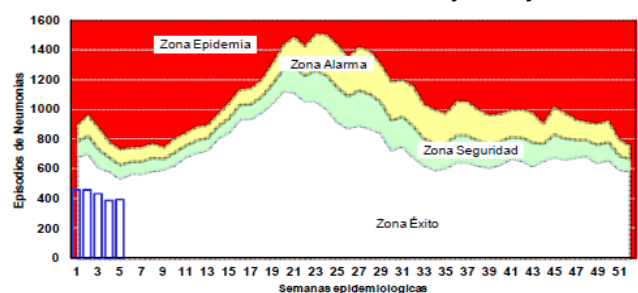


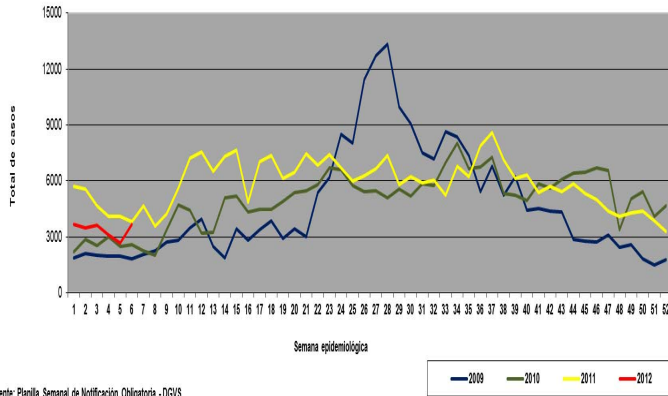
Figura 2: Canal endémico de Episodios de neumonías en menores de 5 años. Perú 2012

# South America – Southern Cone

## Paraguay

### ILI cases

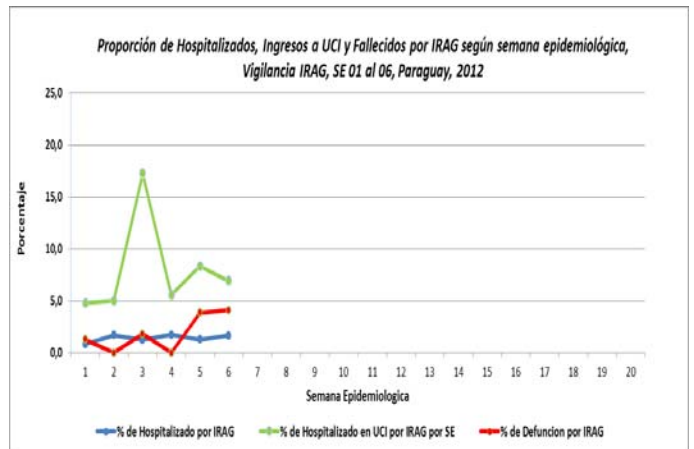
Tendencia de casos sospechosos notificados de ETI en población total según semana epidemiológica. Paraguay, 2009 al 2012 (Semana Epidemiológica N° 6)



Fuente: Planilla Semanal de Notificación Obligatoria - DGVS

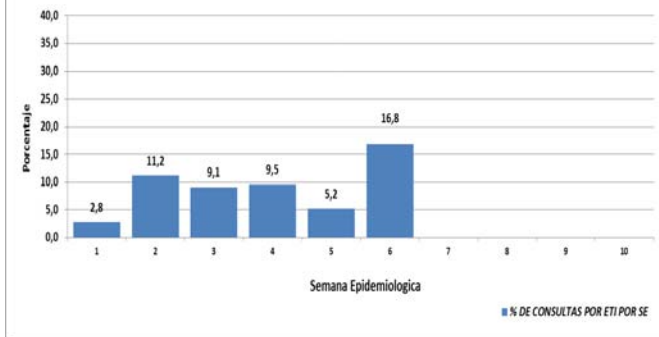
### SARI cases

SARI cases: distribution of respiratory viruses by EW, 2011-2012



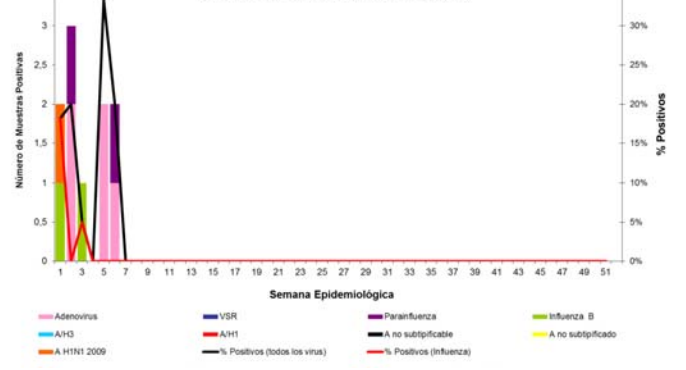
### Proportion of visits for ILI

Proporción de consultas por ETI según semana epidemiológica del 1 al 06 Paraguay, 2012

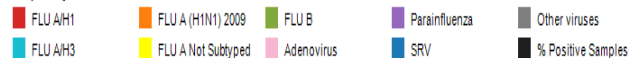


### Flu viruses

Vigilancia intensificada IRAG. Distribución de virus de influenza y otros virus respiratorios según semana epidemiológica. SE 1 a 6 2012. Paraguay



### Respiratory viruses



<sup>1</sup> Paraguay. Boletín epidemiológico semanal SE 05. Available at: [http://www.vigisalud.gov.py/index.php?option=com\\_phocadownload&view=category&id=18:vigilancia-eti-e-irag-ano-2011&Itemid=86](http://www.vigisalud.gov.py/index.php?option=com_phocadownload&view=category&id=18:vigilancia-eti-e-irag-ano-2011&Itemid=86)