



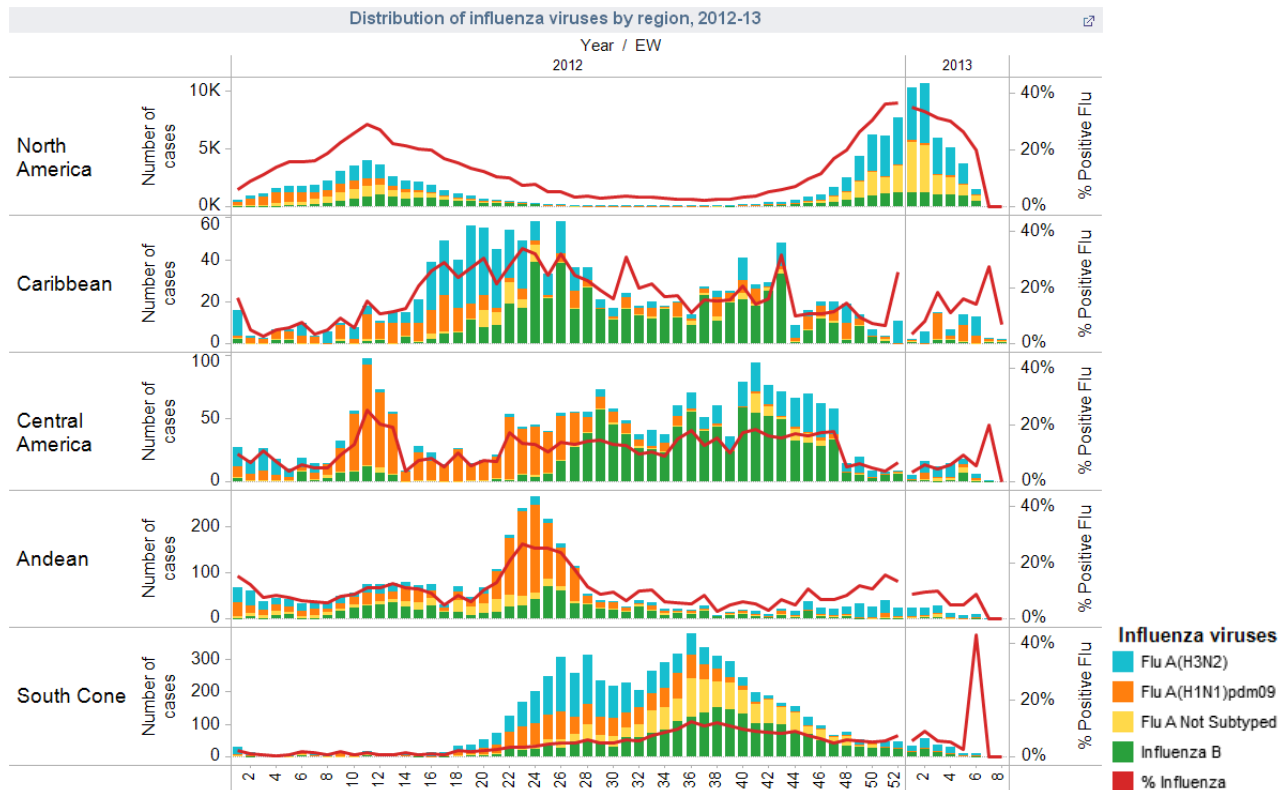
PAHO interactive influenza data: http://ais.paho.org/phis/viz/ed_flu.asp

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.

1. WEEKLY SUMMARY

- **North America:** in Canada and the US, influenza and ILI activity decreased as compared to the previous week. The ILI activity was within the expected levels in Canada, and it decreased in the US, but remained above its national baseline. In the US, the proportion of deaths attributed to pneumonia and influenza remained similar to the previous week, and above the expected level for this time of year. In Canada and the US, among all age groups, those 65 years and older had the highest influenza-associated hospitalization rates. Influenza A(H3N2) was the most commonly detected influenza virus in Canada, the US and Mexico, followed by influenza B. Among other respiratory viruses, the percentage RSV positive cases continued to increase in Canada and the US; and reached levels close to that of influenza.
- **Central America and the Caribbean:** similar or decreased respiratory virus activity was reported in this sub-region as compared to previous weeks. In this sub-region, generally, co-circulation of influenza B, influenza A (H3N2) and influenza A(H1N1)pdm09 continued. Among other respiratory viruses, RSV was the predominant circulating virus in some countries
- **South America:** the respiratory virus activity was within the expected range for this time of year, with the exception of Paraguay whose records slightly exceed that observed in previous years. In the Andean countries, influenza virus A(H3N2) was the predominant virus detected however during an increase in RSV activity was reported in most of these countries. In the Southern Cone and Brazil, influenza A(H3N2) virus was predominantly detected during the last two weeks with the exception of Chile where adenovirus and parainfluenza viruses continued to prevail.

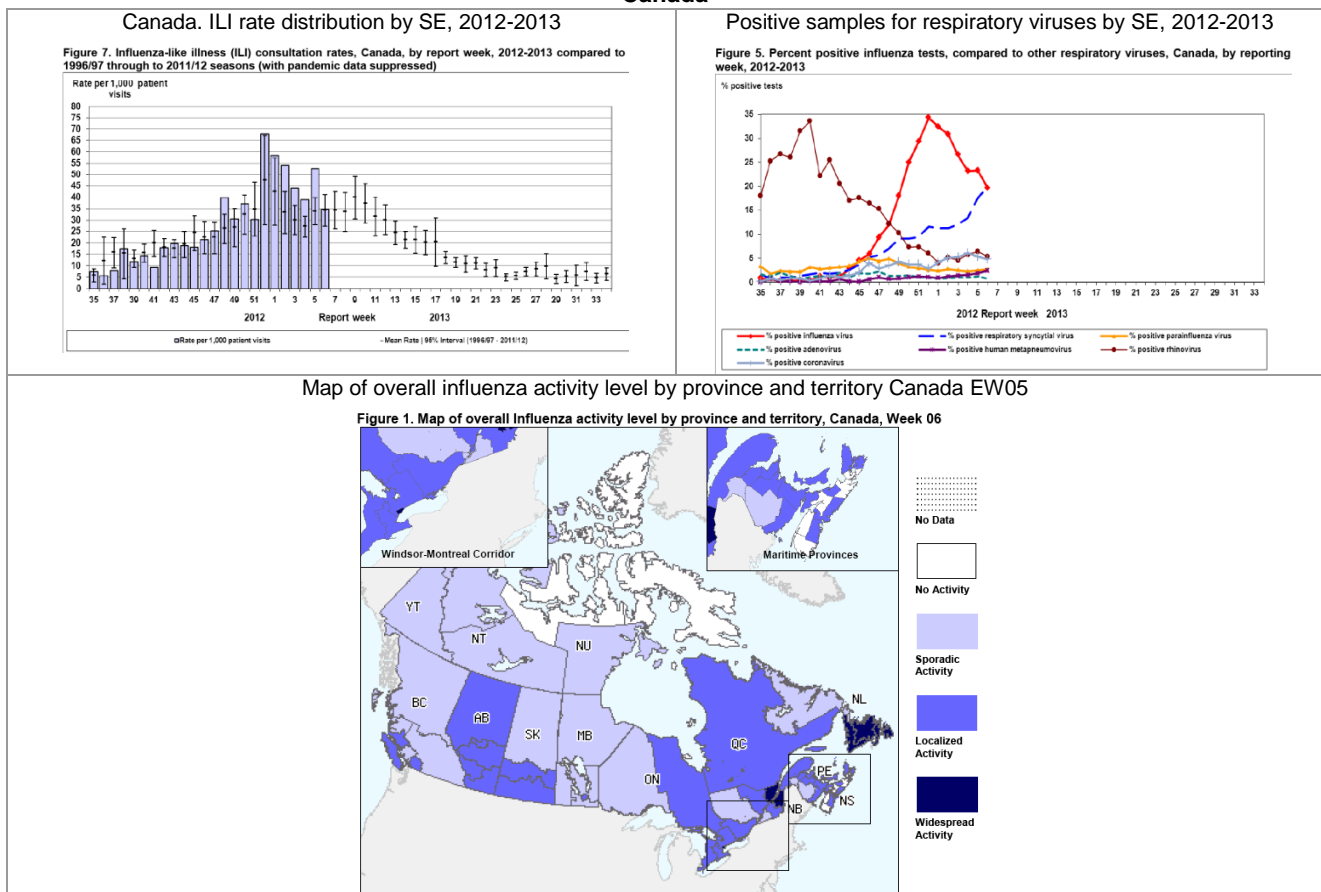


2. EPIDEMIOLOGIC AND VIROLOGIC UPDATE OF INFLUENZA & OTHER RESPIRATORY VIRUSES BY COUNTRY

North America

In Canada¹, in epidemiological week (EW) 06, the influenza-like illness (ILI) rate decreased from 52.8 ILI consultations per 1,000 patient visits in EW 05 to 34.9 in EW 06 and was within the expected levels for this time of year. The number of regions reporting widespread and localized influenza activity decreased, with activity primarily in central and eastern regions of Canada. In EW 06, fewer new influenza/ILI outbreaks were reported compared to the past 5 weeks. The number of influenza-associated hospitalizations reported decreased. To date this season, 3,262 influenza-associated hospitalizations have been reported, with those ≥65 years being the most affected age group (57.4%). Among the total samples analyzed, the proportion of samples positive for influenza decreased from 23.3% in EW 05 to 19.6% in EW 06. Of the influenza cases detected in EW 06, 90.7% were influenza A (32.1% influenza A(H3N2), 7.6% were A(H1N1)pdm09 and 60.3% influenza A untyped) and 9.3% were influenza B (that has increased over the past 3 weeks). Concerning other respiratory viruses, the RSV percent positivity continued to increase from 17.6% in EW 05 to 19.9% in EW 06. Among the characterized influenza viruses this season, the majority have been the vaccine strains (100% of the H1N1pdm09 cases, 100% of the H3N2 cases, and 81% of the influenza B cases).

Canada



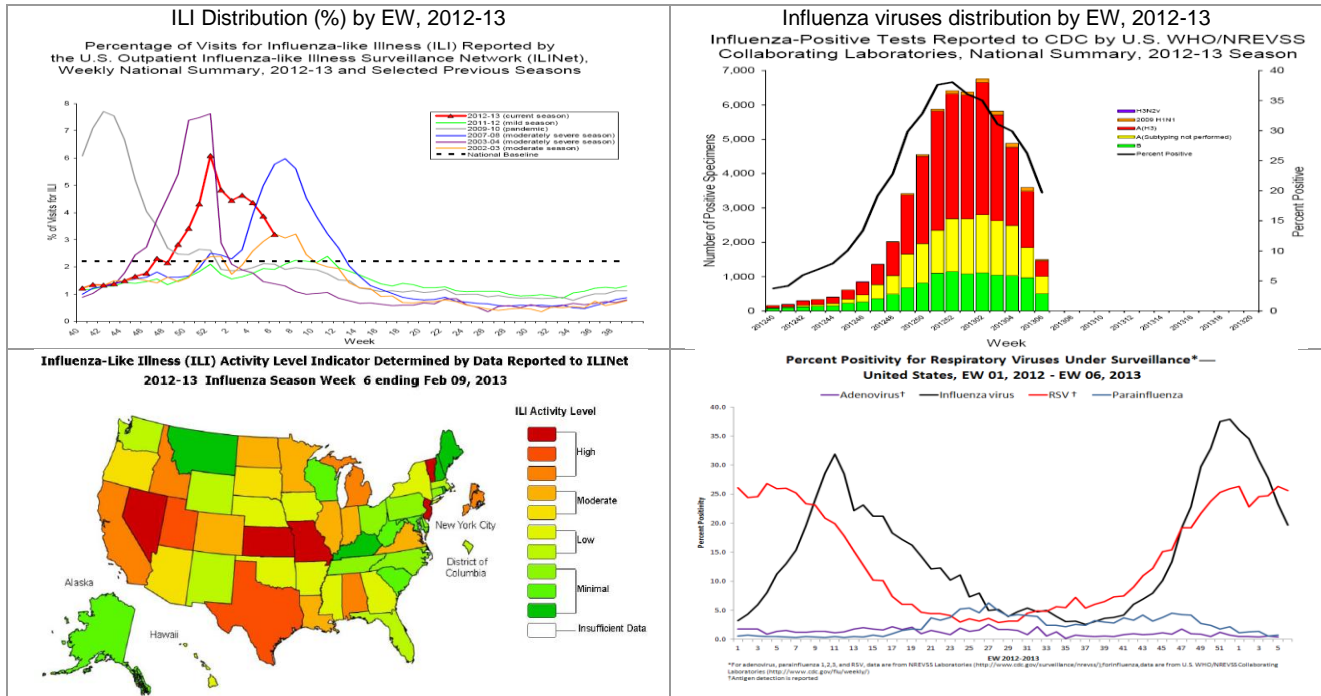
In the United States², EW 06, most of the influenza indicators continued to decrease. Nationally the proportion of ILI consultations (3.2%) decreased as compared to the previous week but remained above the baseline (2.2%); even though most of the Regions reported declines in the ILI proportion, all ten were above their region-specific baselines. Eleven states and New York City experienced high ILI activity. Nationally, the proportion of deaths attributed to pneumonia and influenza for EW 06 (9.1%) was above the epidemic threshold for this time of year (7.6%), and slightly increased as compared to the previous week. In EW 06, five influenza-associated pediatric deaths were reported (one associated with an untyped influenza A virus and four with influenza B). From October 1, 2012 to February 9, 2013 the influenza-associated

¹ FluWatch Report. EW 06. Available at <http://www.phac-aspc.gc.ca/fluwatch/>

² USA: CDC FluView report. EW 06. Available at: <http://www.cdc.gov/flu/weekly/>

hospitalization rate was 32.1/100,000 population, with the highest rates in those 65 years of age and older. Among all samples tested during EW 06 (n=7,608), the percentage of samples positive for influenza (19.7%) decreased for the sixth consecutive week. Nationally, among the positive samples, 66.2% were influenza A [45.2% A (H3N2), 3.9% A(H1N1)pdm09 and 50.9% influenza A unsubtype]. Among the characterized influenza viruses this season, the majority have been the vaccine strains (100% of the A(H1N1)pdm09 cases, 99.4% of the H3N2 cases, and 70.8% of the influenza B cases). Since October 1, 2012, n=234 influenza A(H1N1)pdm09 samples have been tested for resistance to oseltamivir and thus far, only two resistant virus (0.9%) has been detected; this virus was sensitive to zanamivir. Among other respiratory viruses, RSV activity was high, the percentage of positive samples for RSV was 25.6% in EW 06.

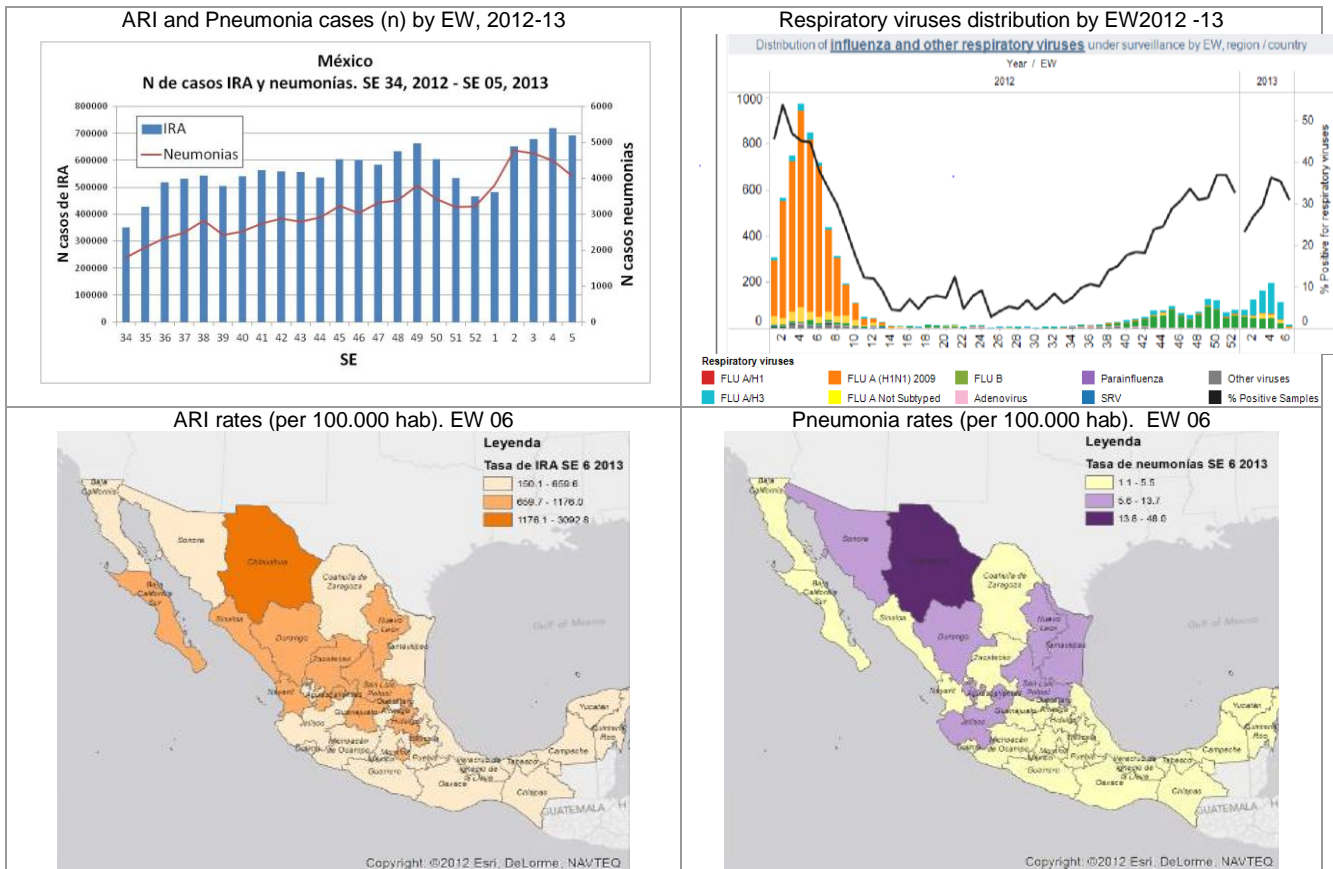
United States



In Mexico³, nationally, in EW 05, the number of ARI cases decreased by 3.7 % as compared to EW 04; while the number of pneumonia cases decreased 9.7% from EW 04. Regionally, the states that reported the highest rates per 100,000 habitants of pneumonia cases were: Chiapas (1.1), Mexico (1.4), Puebla (1.2), Yucatan (1.5) and Quintana Roo(1.6). According to laboratory data, in 2013, in EW 06, among the samples tested (n=55) the percent positivity for influenza viruses decreased from 35% (EW 05) to 31%. Among the positive influenza cases, between EW 03-06, 77% were influenza A (predominantly A(H3N2)) and 23% were influenza B.

³ México. Dirección General de Epidemiología. Información epidemiológica. SE 06.

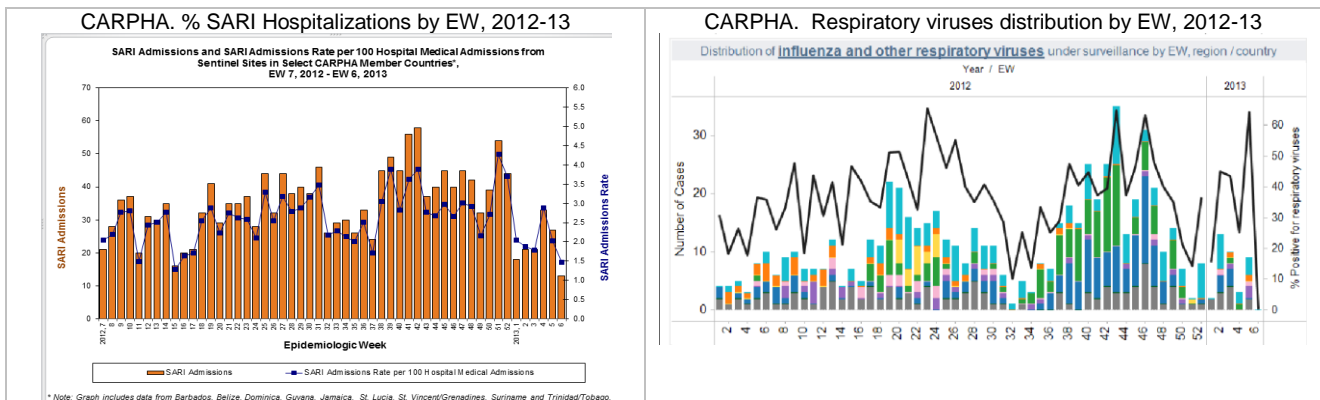
Mexico



Caribbean

CARPHA⁴ received weekly SARI and ARI data from 6 countries for EWs 05 and 06 of 2013: Barbados, Dominica, Jamaica, St. Lucia, St. Vincent & the Grenadines and Trinidad & Tobago. During EW 06, 2013, the proportion SARI hospitalization was 1.5%. The highest rate of SARI was among children under 6 months and children between 6 months to 4 years (5.6% of hospital admissions for children in both age groups were due to SARI). There were no reports of SARI-related deaths from this sub- region during this time. So far in 2013, laboratory reports confirmed the detection of the following viruses: influenza A(H1N1)pdm09 (Anguilla, Trinidad & Tobago), influenza A(H3N2) (Anguilla, Barbados, Bermuda, Cayman Islands, Jamaica, St. Lucia), influenza B (Jamaica), RSV (Belize, Cayman Islands, Trinidad & Tobago), adenovirus (Cayman Islands, St. Lucia), human hetapneumovirus (St. Vincent & the Grenadines), parainfluenza type 1 (Barbados), parainfluenza type 3 (Cayman Islands, St. Lucia), rhinovirus (Anguilla, Belize, Cayman Islands, St. Lucia, Trinidad & Tobago). To date, the overall percentage positivity for all samples tested was 39.3%.

CARPHA

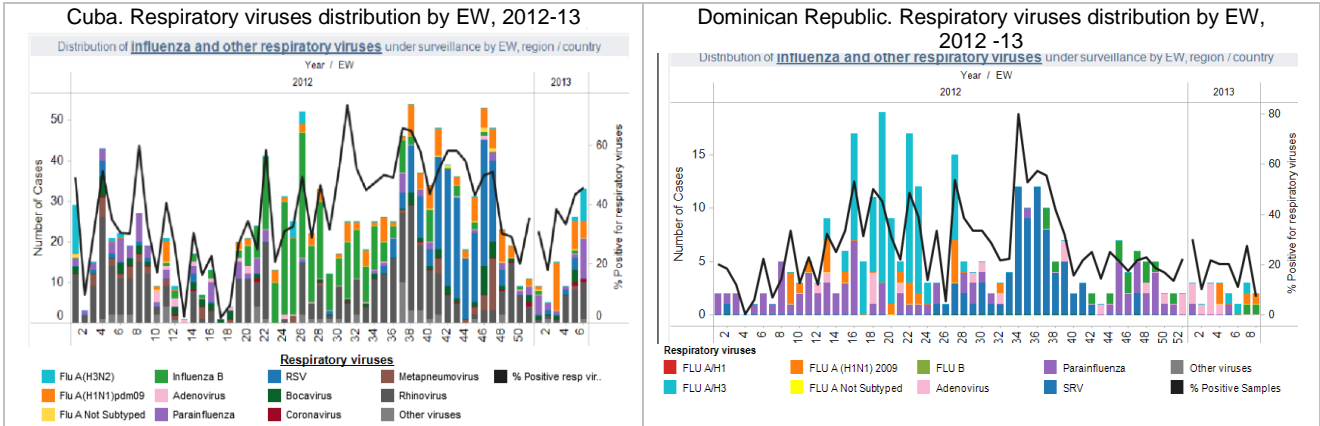


⁴ Caribbean Public Health Agency (CARPHA)

In Cuba, for EW 06, according to the laboratory data, among the samples analyzed (n=72), the percentage of positive samples for respiratory viruses was 45.8% and for influenza viruses was 16.7%. Parainfluenza was mainly detected, followed by influenza A(H3N2), influenza A(H1N1)pdm09 and coronavirus OC-43 .

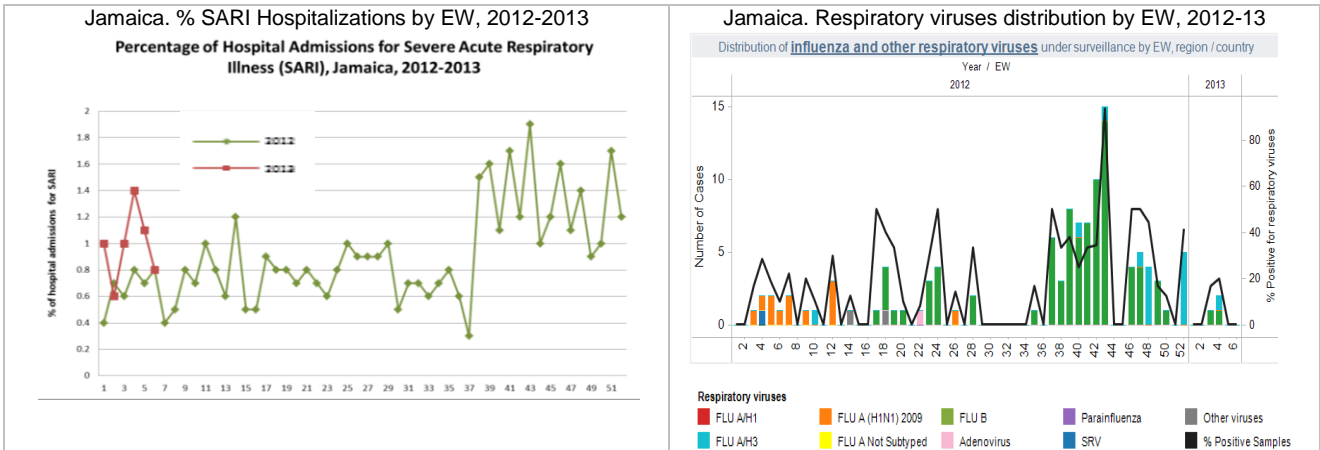
In the Dominican Republic, according to laboratory data, among the 29 samples analyzed, in EW 08, the percentage positive for respiratory viruses was 6.9% .For influenza viruses the percentage positive was also 6.9%. Influenza A(H1N1)pdm09 and influenza A(H3N2) were mainly detected.

Cuba and Dominican Republic



In Jamaica for EW 06, the proportion of consultations for ARI was 5.9% (0.4% higher than EW 05). The proportion of admissions due to SARI was 0.8% (0.3% decrease as compared to EW 05). There were no SARI-related deaths reported for EW 06. According to laboratory data the none of the samples tested (n=4) were positive for influenza virus in EW 06

Jamaica



In French Territories:

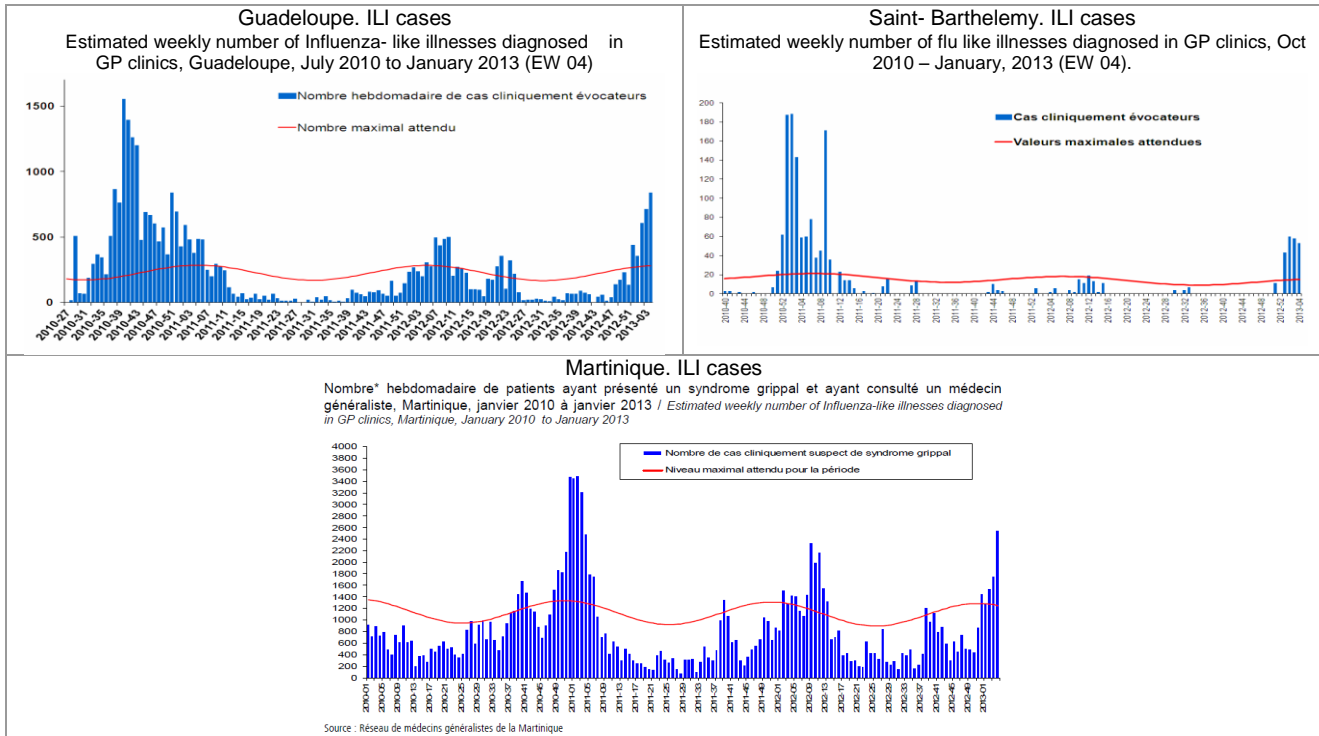
In Guadeloupe⁵, the weekly number of consultations for ILI has increased steadily since EW 48 of 2012, exceeding the maximum expected values for this season. During EWs 03 and 04, 2013, the increase in ILI consultations continued; the number of consultations were estimated to be approximately 710 to 840 consultations over the course of these two weeks. Influenza A(H1N1)pdm09 virus was identified.

⁵ Guadeloupe. Le point épidémiologique — N° 02 / 2013. CIRE Antilles Guyana.

In Saint Bartholomew⁶, weekly reports showed the number of consultations to be zero for several months. These numbers increased, however, during EW 01 of 2013, to a level well above the maximum values expected for this time of the year. No influenza viruses were identified in the last 2 months.

In Martinique⁷, the ILI activity over the last five weeks remained above the expected level for this time of the year. The ILI incidence in EW 04 was 637 cases per 100 000 inhabitants (this value is close to that which was observed in metropolitan France). Since the last week of December 2012 (EW 52), the numbers of ILI cases exceeded the maximum levels expected for the season. During the EW 04, the estimated number of ILI consultations was 2500, an increase of 45% as compared to the previous week's estimate. An influenza virus (unsubtyped) was identified at the Laboratory of Virology in the CHU Fort de France in a hospitalized patient. Other samples are under analysis at the Pasteur Institute Cayenne.

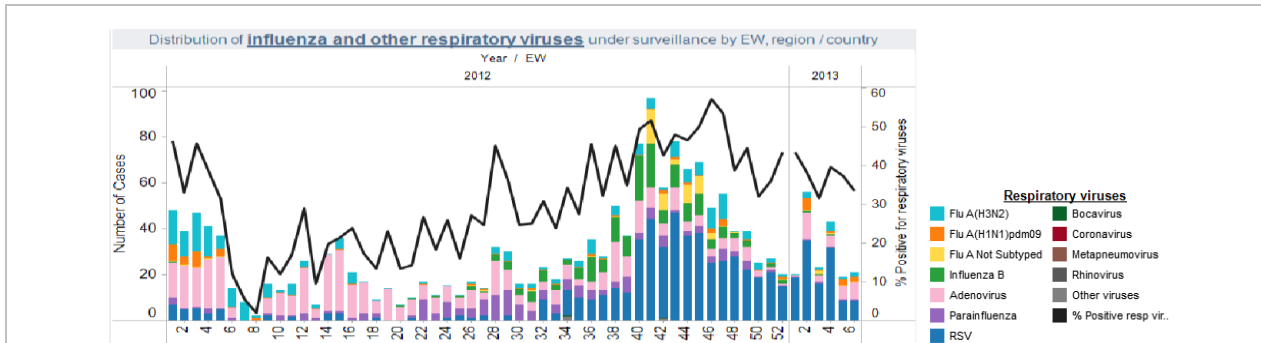
French Territories



Central America

In Costa Rica, according to laboratory data between EW 03-06, 2013, among all samples tested (n = 296), the percent positivity for respiratory (~35%) and for influenza viruses (~6%) showed no significant changes. During the period between EW 03 – 06, RSV continued to be the most prevalent virus (22% of the samples tested in 2013). Among influenza viruses, influenza A (94%) predominated over influenza B (6%). Among the influenza A subtypes, influenza A (H3N2) and A(H1N1)pdm09 co-circulated.

Costa Rica

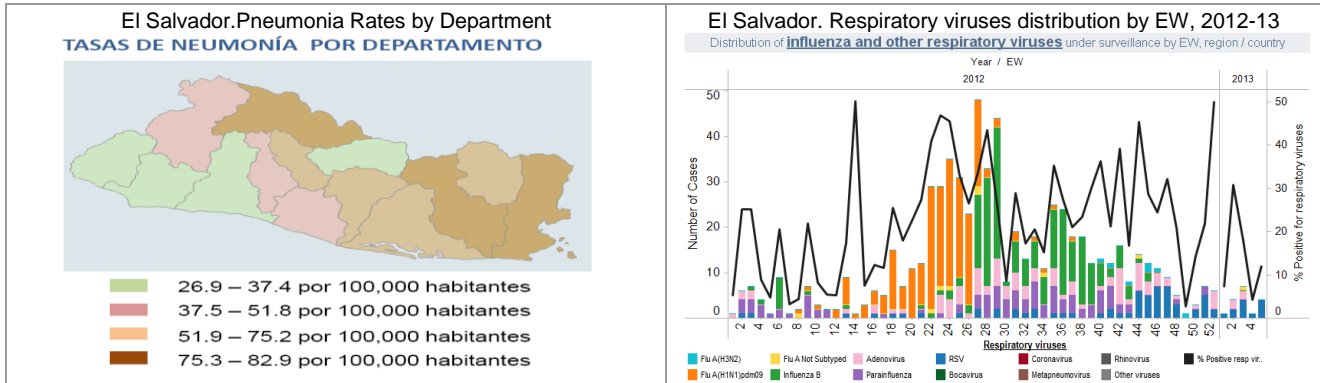


⁶ Saint-Barthelemy. Le point épidémiologique — N° 01/2013. CIRE Antilles Guyana

⁷ Martinique. Le point épidémiologique — N° 02 / 2013. CIRE Antilles Guyana

In El Salvador according to national data, the number of cases of ARI decreased 4.8% during EW 05 as compared to the previous week. Regionally, the states that reported the highest ARI rates per 100,000 habitants were: Chalatenango (4,459), San Salvador (3,822) and San Vicente (3,592). During EW 05, the number of pneumonia cases increased 3% as compared to the previous EW, but was less than that observed during the same time last year. The states that reported the highest rates of pneumonia per 100,000 habitants were: San Miguel (82.9), La Union (78.1) and Chalatenango (76.1). The rate of SARI-related deaths was almost the same as compared to the same EW of 2012. The highest incidence was among patients over 60 years of age (24/39 deaths) followed by children under one year of age (7/39). According to laboratory data, in EW 01-05, among all the samples analyzed (n = 123), the percentage of positivity for respiratory viruses was ~ 14% .RSV was detected in some cases. No influenza viruses were detected during this time.

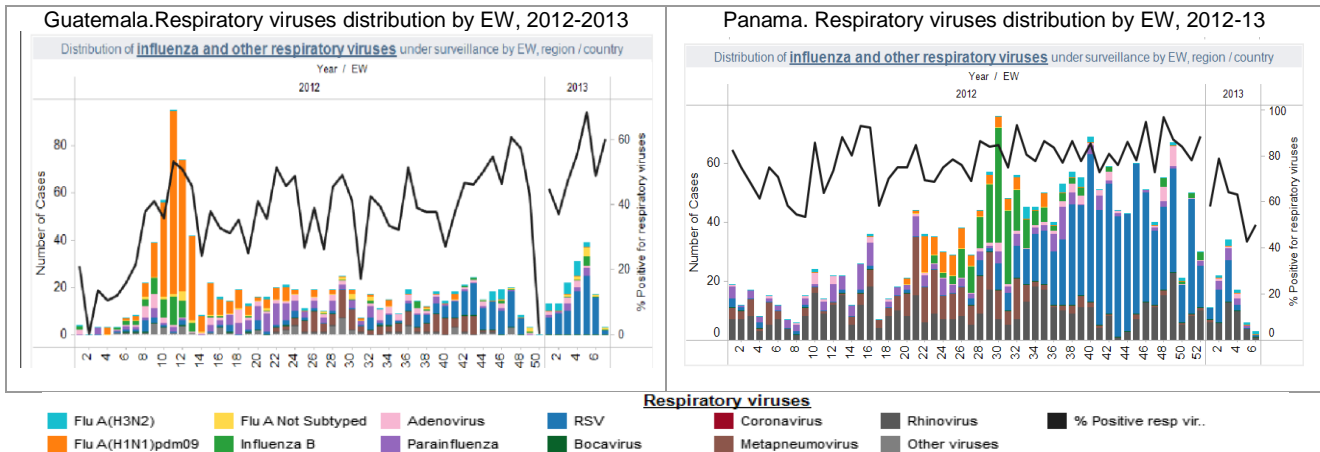
El Salvador



In Guatemala, according to national laboratory data, in EW04-EW 07, of all samples tested (n=153); the percent positivity for respiratory viruses was ~58% and 13% for influenza viruses RSV predominated (40%) followed by influenza viruses(13%) (mainly influenza A (H3N2)).

In Panama, according to laboratory data from EWs 03-06, 2013, of all samples tested (n = 100), 55% were positive for respiratory viruses and only 8% were positive for influenza virus. Rhinovirus and RSV were the most prevalent viruses, followed by parainfluenza and influenza A (H3N2).

Guatemala and Panama

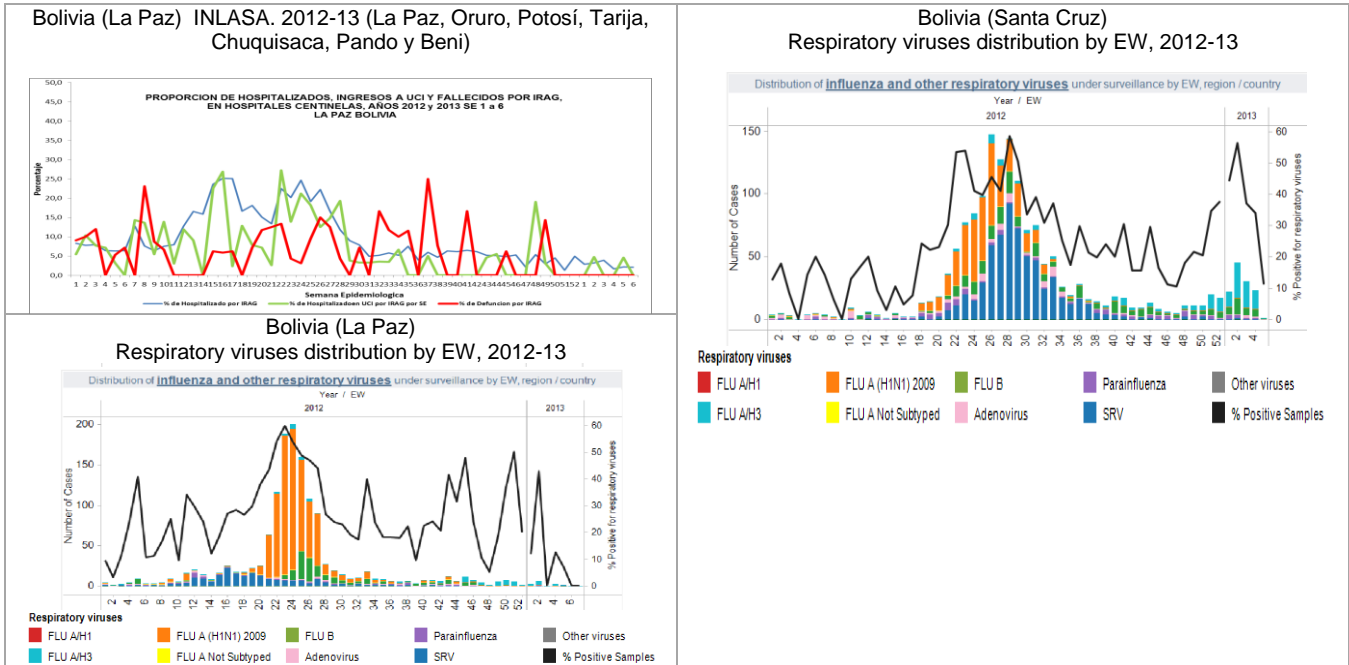


South America – Andean countries

In Bolivia, according to data from CENETROP (Santa Cruz), among 18 samples processed during EW 06 and EW 07 of 2013 4 were positive for RSV. According to the data from La Paz, among 23 samples processed between EW 04 and EW 05 of 2013, influenza A (H3N2) was the most prevalent virus (4/6). Also SARI data from La Paz indicates that the proportion of SARI hospitalizations remained low(2.1%- 6/290)

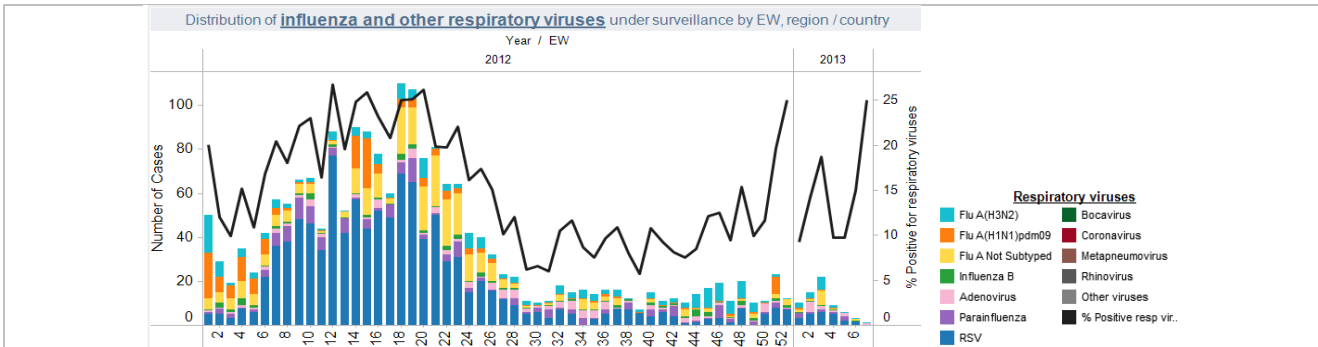
during EW 06 and that there were no reports of SARI- related ICU admissions or deaths. All 4 SARI samples analyzed during EW 06 were negative for respiratory viruses.

Bolivia



In Colombia according to national INS laboratory data, including statistics from the Departments of Antioquia and Bogotá, among 82 samples analyzed during EW 05 and EW 06 of 2013 the percent positivity was 11% for all respiratory viruses, and 1.2 % for influenza viruses. RSV was predominant among all the positives (4/9). Nationally the proportion of outpatient visits and hospitalizations for ARI showed no significant changes during the first weeks of 2013 (remained around 10%).

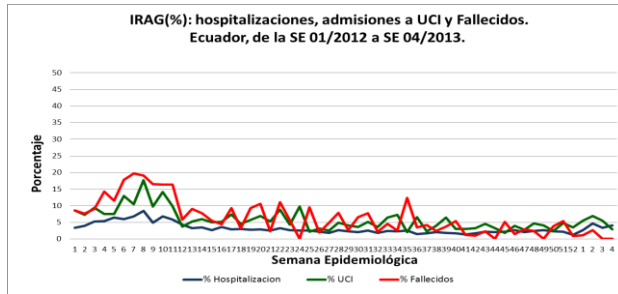
Colombia



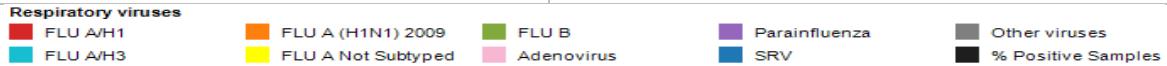
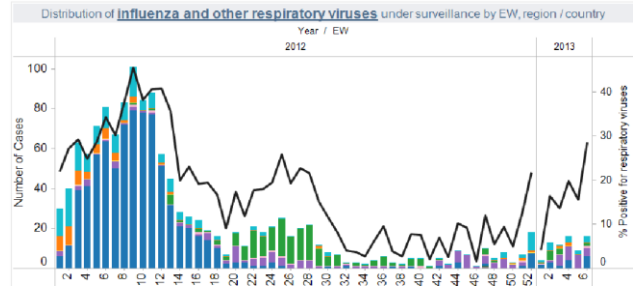
In Ecuador according to national laboratory data, among 63 samples analyzed during EW 05 and EW 06 of 2013, the percent positivity was 19% for all respiratory viruses, mainly parainfluenza (9 /12) and influenza A (H3N2)(3/12) viruses. In the SARI surveillance system, the proportion of SARI hospitalizations showed a slight increase since the beginning of the year reaching 4% in EW 04, 2013. There were no reports of SARI-related deaths.

Ecuador

Ecuador SARI(%) Related-Hospitalizations,ICU Admissions and Deaths by EW 2012-13



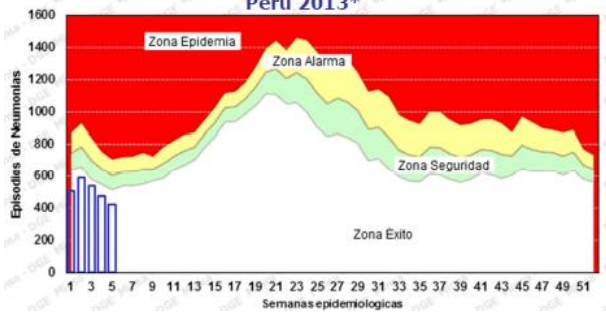
Ecuador. Respiratory viruses distribution by EW, 2012-13



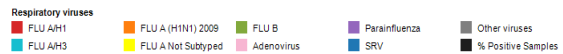
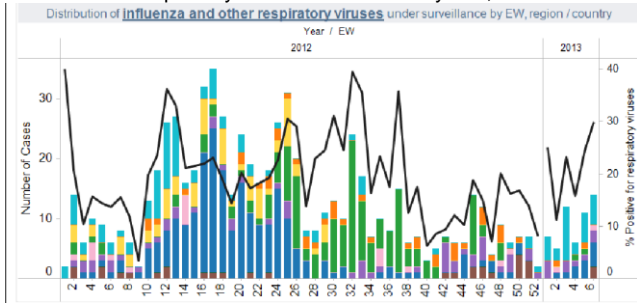
In Peru⁸, nationally, in EW 05 of 2013, data from the endemic channels for ARIs and pneumonias in children under 5 years of age were within expected levels for this time of year .According to national laboratory data for EW 06, 2013, among the 47 samples analyzed, the percentage positivity was 30% for all respiratory viruses and 11% for influenza. Influenza A (H3N2) (5/14) and RSV (4/14) were the most prevalent.

Peru

Peru. Endemic channel of pneumonía, 2013
Canal endémico de neumonías en menores de 5 años, Perú 2013*



Perú. Respiratory viruses distribution by EW, 2012-13

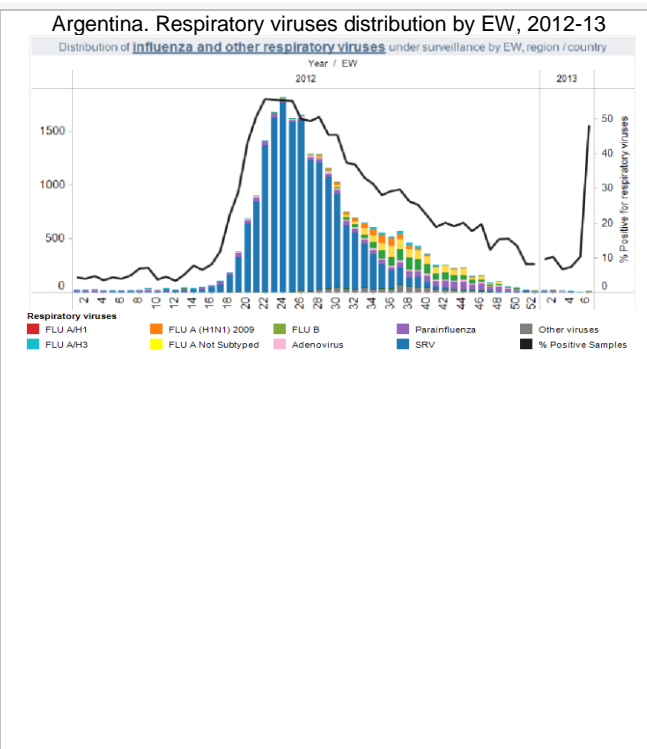
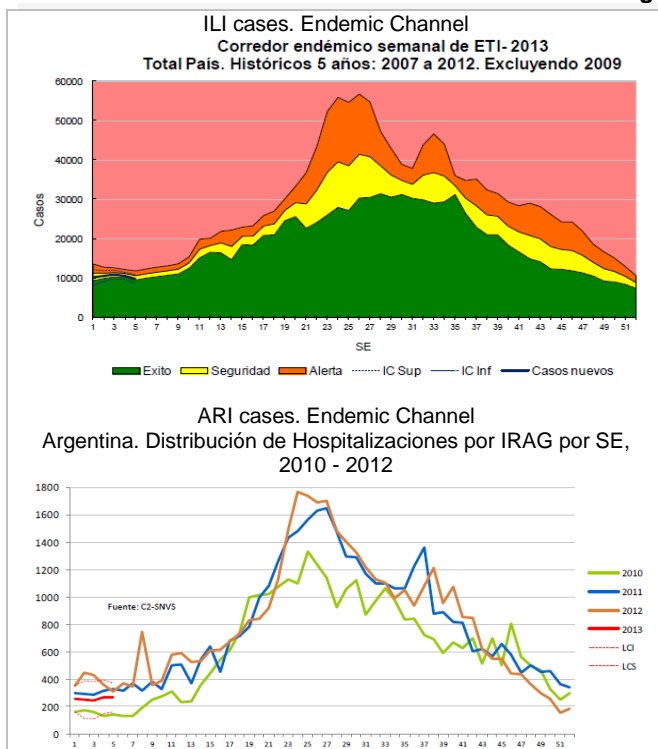


South America – Southern Cone

In Argentina nationally, according to the numbers reported, notification of ILI was still within the warning zone during the first weeks of 2013 a trend which began during the last 6 EWs of 2012. The information obtained by monitoring of ARI hospitalizations showed that in the first EWs of 2013, reports were below that observed during the same time in 2011 and 2012. According to laboratory data, between EW 05-06 of 2013, 83 samples were processed nationally, and the percent positivity for all respiratory viruses was 22% and 18% for influenza viruses. Influenza A(H3N2) was the most prevalent (8/18) virus.

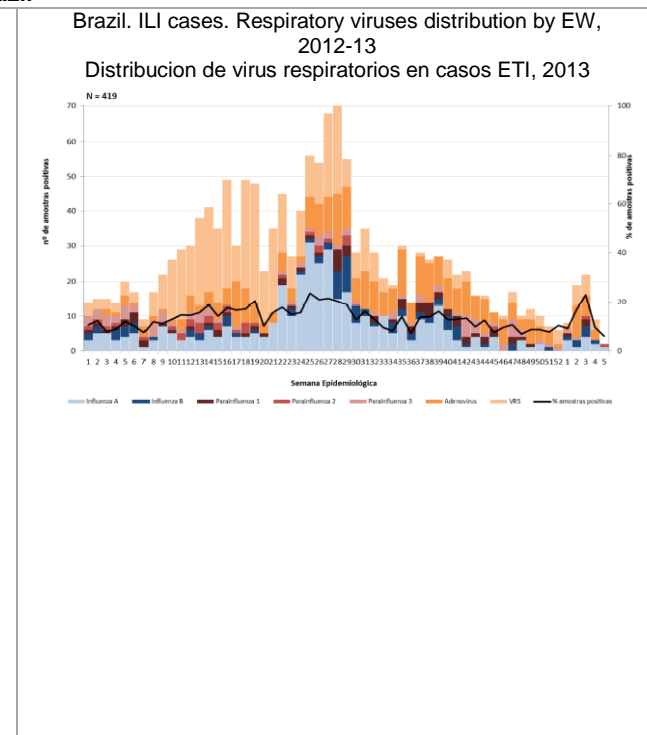
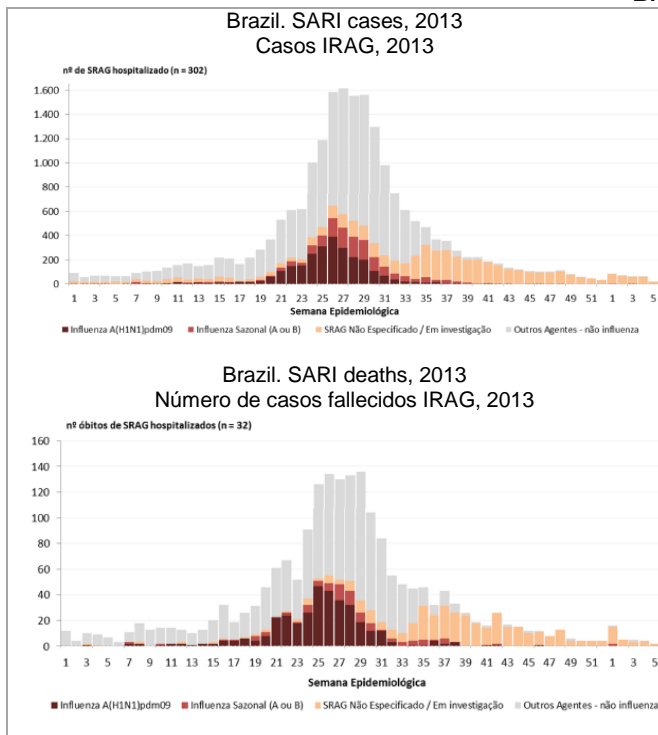
⁸ Perú. Sala de Situación de Salud. SE 04, 2013. Ministerio de Salud. Dirección General de Epidemiología

Argentina



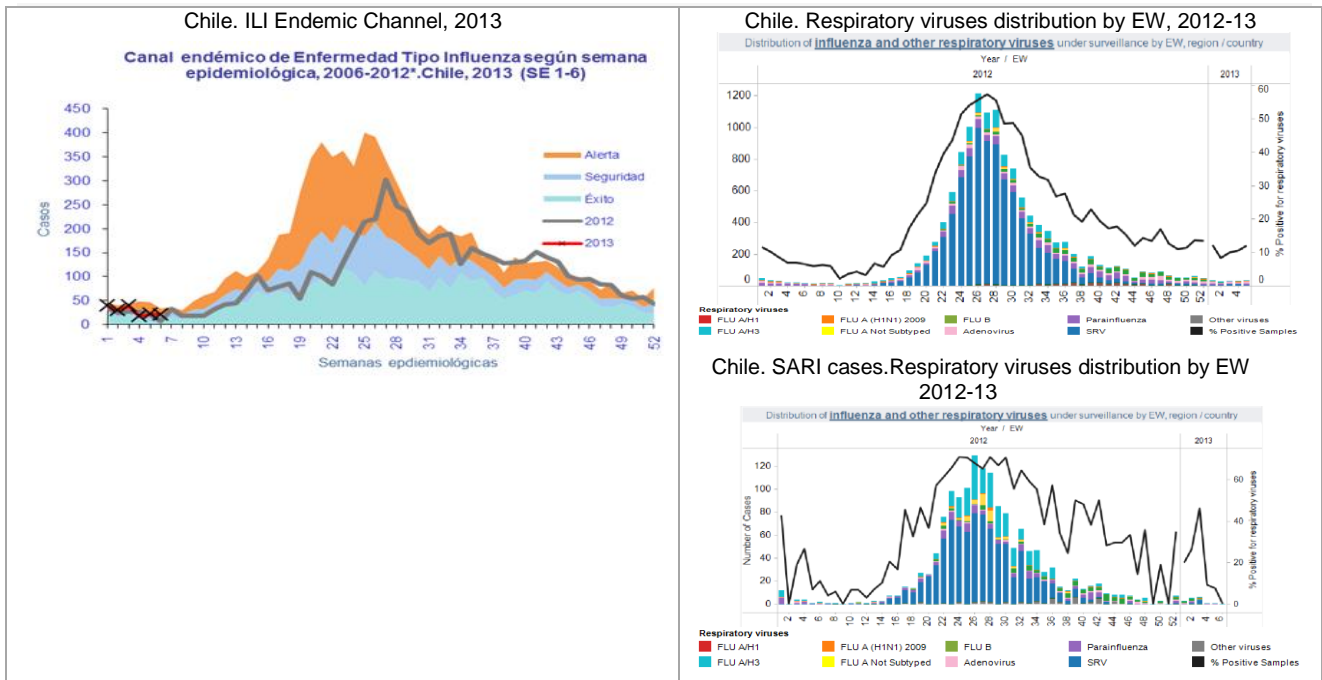
In Brazil, among all SARI cases in EWs 01-05, 2013, influenza was detected in 2.3% (7/302). The South and the Southeast regions reported the highest number of SARI cases and SARI-related deaths. 32 SARI related deaths were reported so far this year, of which 6% were due to influenza (2 cases). In the ILI surveillance system, for EWs 01-05, 2013 among all samples analyzed (n=419) the percent positivity was 14.3%. The percent positivity was lower in EW 05 as compare to the previous EWs. Influenza A and parainfluenza predominated.

Brazil



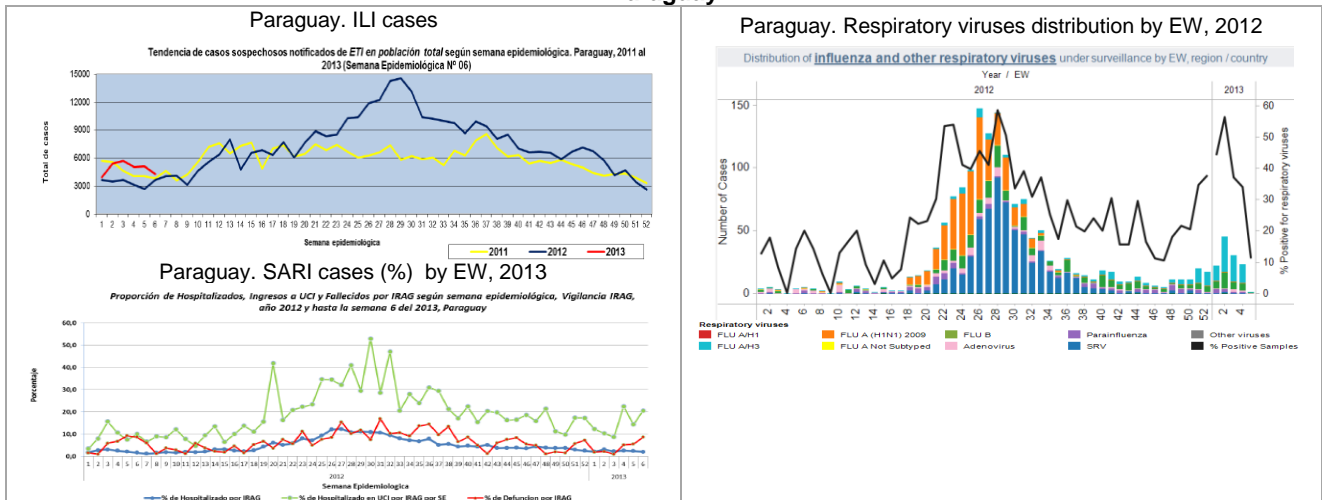
In Chile⁹, nationally for EW 06 of 2013, ILI activity (rate: 1.3 /100,000 pop.), remained low, at the margin between the endemic channel success and safety zone. According to laboratory data in EW 06, 257 samples were analyzed, 11% of which were positive for respiratory viruses. Adenovirus was the most prevalent virus (50%) followed by parainfluenza virus (32%). In the SARI surveillance system, 3 samples were processed for respiratory viruses, all of which were negative for respiratory viruses.

Chile



In Paraguay, in EW 06, 2013, nationally, the ILI rate (64.4/100,000 population) declined but remained above the rate seen during this time in the last 2 years. Nationally, there was no significant change in the proportion of ILI consultations (5.2% 272/5219) during EW 06. The SARI surveillance for EW 06 showed that the proportion of SARI-related hospitalizations (2% 38/1905), remained without significant changes from the previous week. So far this year, 20 SARI-related deaths have been reported, and in one, adenovirus was detected. According to the national laboratory data, among 94 samples processed between EW 05 - 06, 2013, 29% were positive for all respiratory viruses and 19% for influenza. Among the positive samples, influenza A(H3N2) was the most prevalent (44%). Among the SARI cases, 27 samples were processed in the same period, with influenza B being the predominant virus (44%)

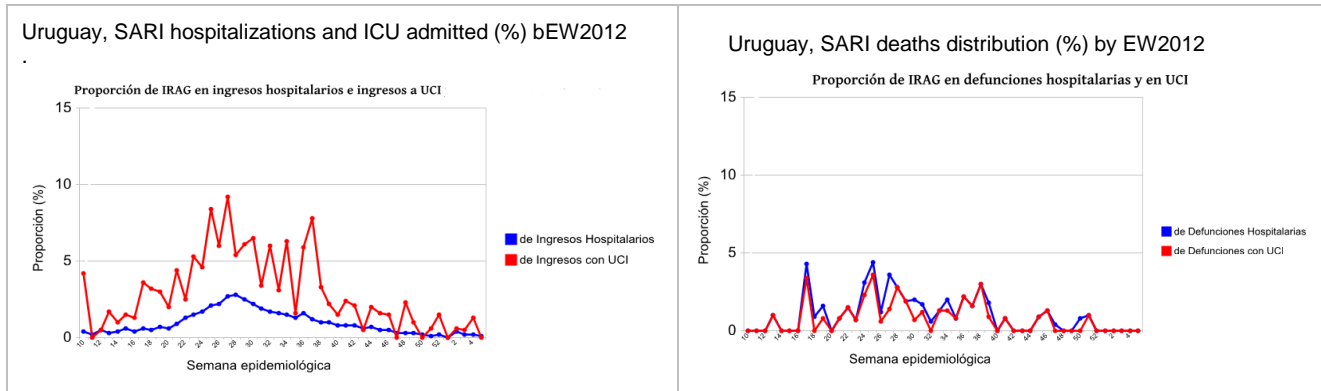
Paraguay



⁹ Chile. Informe de situación. SE 05. Disponible en: www.pandemia.cl

In Uruguay¹⁰, according to the national SARI surveillance system in EWs 01-05, 2013, the proportions of SARI-related hospitalizations and SARI-related ICU admissions were at low levels, without significant changes as compared to previous weeks. No SARI-related deaths were reported.

Uruguay



Novel coronavirus infection- update

Please be informed that a Disease Outbreak News (DON) on Novel coronavirus infection- update has been published on the web:

http://www.who.int/csr/don/2013_02_16/en/index.html

¹⁰ Uruguay. Generador de gráficos de la división de epidemiología, Dirección General de Salud – Ministerio de Salud Pública.