



## Regional Update EW 36

Influenza  
(September 20, 2011 - 17 h GMT; 12 h EST)

PAHO interactive influenza data: [http://ais.paho.org/hip/viz/ed\\_flu.asp](http://ais.paho.org/hip/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 remained low.
- In Central America and the Caribbean, respiratory syncytial virus (RSV) continued predominate (Guatemala), but influenza A/H3 (Cuba and Honduras) was detected as well and influenza B (Dominican Republic).
- In the Southern Cone, RSV circulation decreased (Argentina and Chile). Among influenza viruses, a lower circulation than expected for this time of year was observed, with predominance of influenza A/H1N1 2009 (Colombia, Chile) and variable co-circulation of influenza A/H3 (Argentina).

### Epidemiologic and virologic influenza update

#### North America

In Canada<sup>1</sup>, in epidemiological weeks (EWs) 35 and 36, influenza activity continued at inter-seasonal levels. Influenza-like illness (ILI) consultation rates were 6.1 (EW 35) and 3.8 (EW 36) per 1000 consultations; remaining within the expected levels for this time of year. Few influenza detections were reported in EW 35 and 36, with the percentage of samples positive for influenza less than 1%, which was equal to the previous EWs. The influenza viruses detected were unsubtype influenza A, influenza A/H1N1 2009, and influenza B.

In the United States<sup>2</sup>, in EW 36, at the national level, the proportion of ILI consultations (1%) remained below the national baseline (2.5%). The proportion of deaths attributed to pneumonia and influenza for EW 35 (6.1%) remained below the epidemic threshold (6.4%). In EW 36 one pediatric death associated with influenza B was reported. During EW 36, among all samples tested (n=691), the percentage of samples positive for influenza remained at low levels (<2%), with sporadic detections of unsubtype influenza A and influenza A/H3. Between August and September 2011, 4 influenza A/H3N2 cases of porcine origin were detected in children <10 years old, in Indiana (1 case) and Pennsylvania (3 cases); including these cases, 12 cases have been identified since December 2005. The three new cases in Pennsylvania had the same exposure source to swine at an agricultural fair. Among these new cases there has been no evidence of person-to-person transmission and all cases have recovered. The 4 isolated strains of influenza A/H3N2 recombinant swine virus had the influenza A/H1N1 M gene and were sensitive to neuraminidase inhibitors.<sup>3</sup>

In Mexico, in EW 36, based on laboratory data, of total samples received (n=40), the percentage of samples positive for respiratory viruses was 2.4%, with influenza A/H3N2 virus detection. Since EW 17, influenza and other respiratory viruses activity have remained low.

#### Caribbean

CAREC<sup>\*</sup>, in EW 36, received information from Barbados, and Jamaica. The proportion of severe acute respiratory infection (SARI) among all hospitalizations was 1.2% lower to the previous week (2.6%). No SARI related deaths were reported since EW 27. According to laboratory data, in EW 36, among samples tested

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

no samples positive for respiratory viruses were detected. Respiratory syncytial virus (RSV) was the primary virus in circulation between EWs 26-31, with sporadic detections of A/H1N1 2009 throughout the year.

In Cuba, in EW 36, among all samples tested (n=124), ~65% were positive for respiratory viruses and <25% were positive for influenza. Between EWs 29-36, the primary viruses in circulation were influenza A/H3 and RSV, followed by other respiratory viruses.

In the Dominican Republic, in EW 37, among all samples tested (n=28) the percentage of samples positive for respiratory viruses was ~30%, which was higher than the previous week. The primary viruses in circulation were influenza B, RSV and parainfluenza.

In Jamaica, in EW 36, the proportion of acute respiratory illness (ARI) consultations was 3.3%, similar to that observed during the previous week. The proportion of SARI admissions was <1% and remained stable compared to the previous week. In EW 36 no SARI related deaths were reported. According to laboratory data there has been no detection of influenza since EW 20.

### ***Central America***

In Guatemala, in EW 36, based on laboratory data, of all samples tested (n=20), ~30% were positive for respiratory viruses; RSV was the only virus detected in EW 36 and has been the predominant virus since EW 26, but has been decreasing since it peaked in EW 32.

In Honduras<sup>4</sup>, in EW 35, at the national level, the proportion of ILI consultations (~6.5%) increased slightly compared to EW 34 (~5.5%) and was similar to that observed in 2010 at the same time of year. The proportion of SARI hospitalizations showed an increasing trend since ~EW 25, but remained below 15%. This week, no SARI deaths were reported. According to laboratory data, the percentage of positive samples for respiratory viruses showed an increasing trend since EW 25; in EW 36, influenza A/H3 was the predominant virus, followed by influenza B and RSV.

In Panama, in EW 36, among samples tested, ~50% were positive for some respiratory virus. Even though RSV has been the predominant virus, there has been decreasing trend in the number of positive samples since its peak in EW 31. Concerning influenza viruses, influenza A/H1N1 2009 circulated at low levels.

### ***South America – Andean***

In Bolivia, in La Paz (INLASA laboratory), in EW 36, of all samples tested (n=24), ~15% were positive for adenovirus with few detections of influenza A/H1N1 2009 and influenza A/H3 in the previous weeks. In EW 37, in Santa Cruz was report of a school closure due to an influenza A/H1N1 2009 outbreak<sup>5</sup>.

In Colombia according to the national laboratory<sup>6</sup>, in EWs 35 and 36, no samples were positive for respiratory viruses. To date this year, through to EW 31, co-circulation of influenza A/H3 and influenza A/H1N1 2009 was reported.

In Peru<sup>7</sup>, in EW 35, at the national level, ARI and pneumonia activity indicators (number of ARI cases in less than 5 years old and number of pneumonia cases in children less than 5 years old, respectively) continued to show a decreasing trend since peaking in EW 20, and remained below the expected level for this time of year. Through EW 31 of 2011, 261 pneumonia related deaths were reported in those less than 5 years old; this represents ~19% less than the average reported in the last three years (2008-2010).

In Venezuela<sup>8</sup>, in EW 35, ARI and pneumonia endemic channels were similar to the previous weeks and within the expected for this time of year. In 2011 through up August 28, of all samples tested (n=8,049), ~28% were influenza A/H1N1 2009, ~4.5% were influenza A/H3 and <1% were influenza B.

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

In Argentina<sup>9</sup>, ILI and SARI endemic channels showed that the number of ILI and SARI cases for EW 33 continued to decrease and remained at lower levels than observed during 2010. According to national laboratory data, in EW 36 the RSV continued to decrease since peaking in EW 26. Among the subtyped influenza A viruses, co-circulation of influenza A/H3 and influenza A/H1N1 2009 was reported.

In Chile<sup>10</sup>, in EW 36, ILI activity (10.2 consultations per 100,000 inhabitants) at the national level was lower than the previous week (6.2 per 100,000 inhabitants), remaining within expected levels for this time of year. In EW 36, the percentages of ICU admissions for respiratory causes among those less than 15 years old continued to decrease and were below that observed in 2010. Between EW 1 and 36 of 2011, 10 deaths associated with influenza A/H1N1 2009 were registered, 9 of these had a history of one or more comorbidities. According to laboratory data, in EW 36, among samples tested at the national level (n=8), 75% were positive for some respiratory virus; of these positives, the amount of RSV showed a decreasing trend since its peak in EW 22. In EW 36, concerning influenza viruses, influenza A/H1N1 2009 was the predominant virus with a decreasing trend since its peak in EW 32.

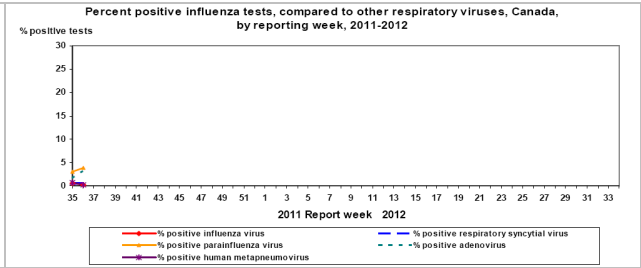
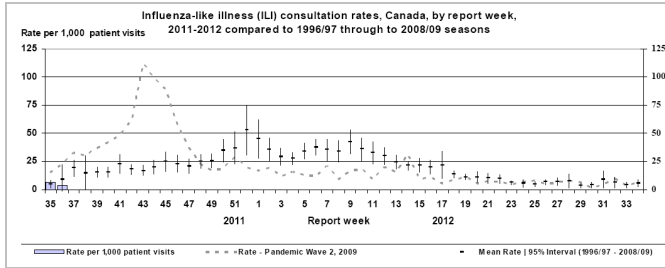
In Paraguay<sup>11</sup>, in EW 36, the proportion of SARI hospitalizations, ICU admissions, and deaths increased compared to the previous week but remained below 15%. According to laboratory data, in EW 36, of all samples tested, ~5% were positive for respiratory viruses, with adenovirus being the only virus detected.

In Uruguay<sup>12</sup>, in EW 37, the proportion of SARI hospitalizations and SARI deaths remained 5%, while the proportion of ICU admissions continued to decrease (5%) since peaking in EW 31.

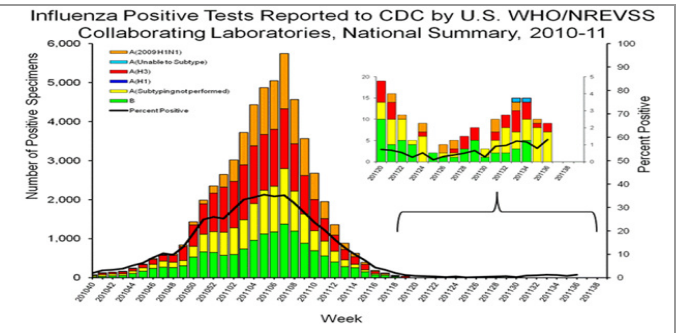
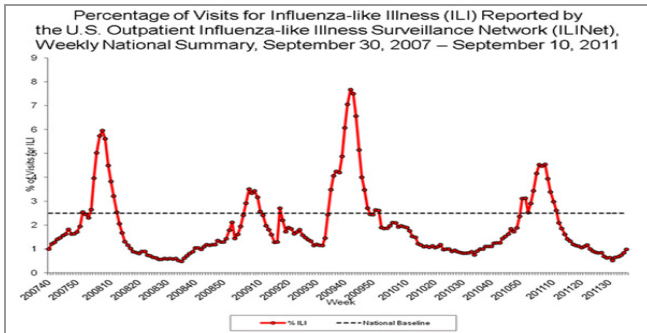
# Graphs

## North America

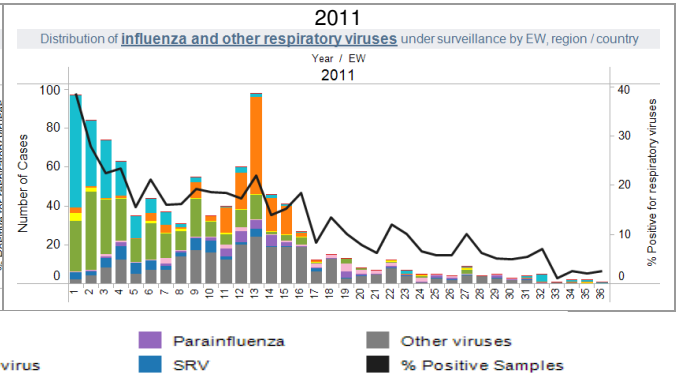
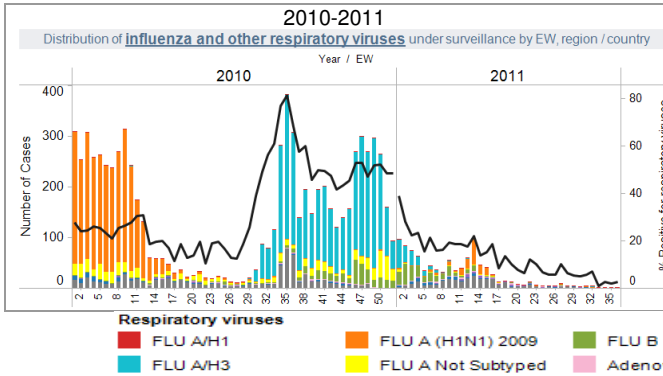
### Canada



### United States

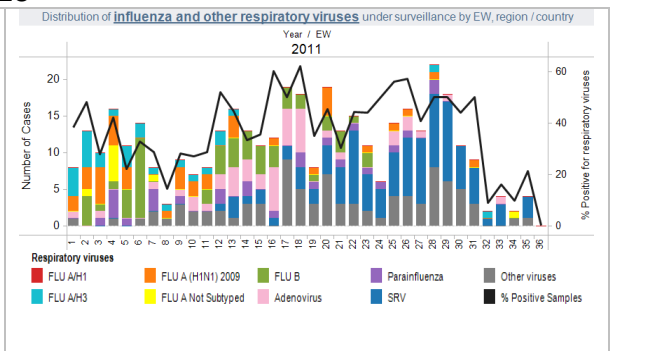
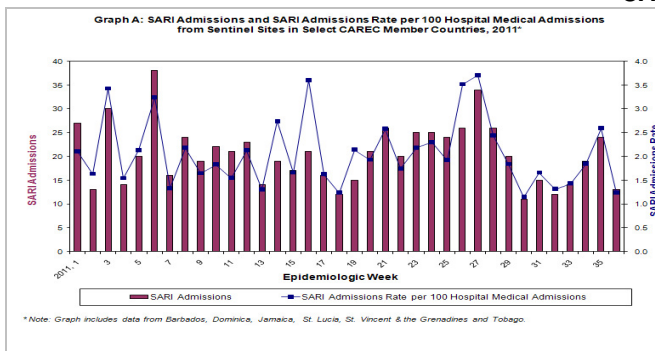


### Mexico



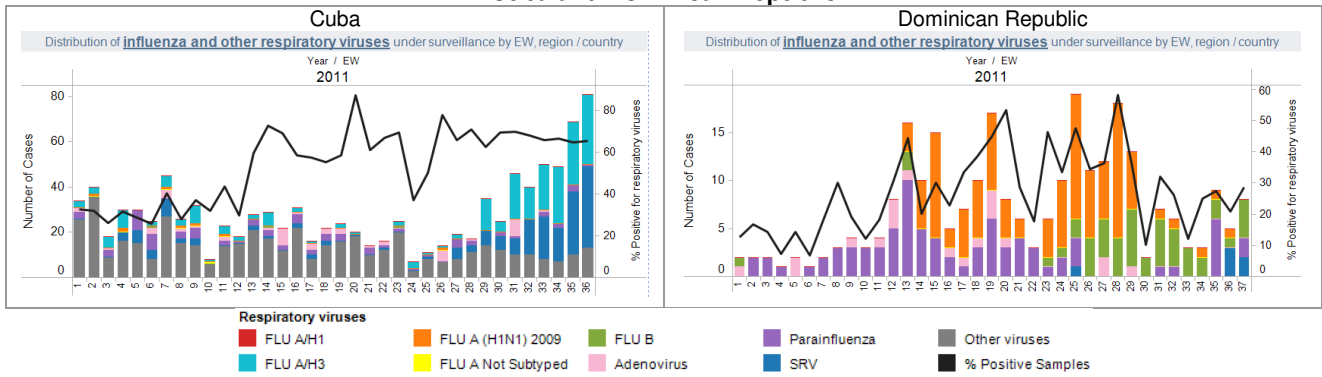
## Caribbean

### CAREC

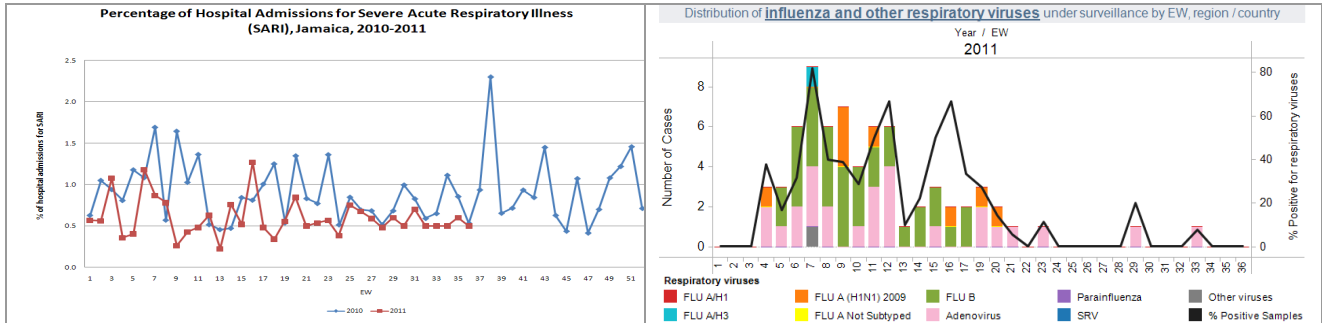


\* Note: Graph includes data from Barbados, Dominica, Jamaica, St. Lucia, St. Vincent & the Grenadines and Tobago.

## Cuba and Dominican Republic

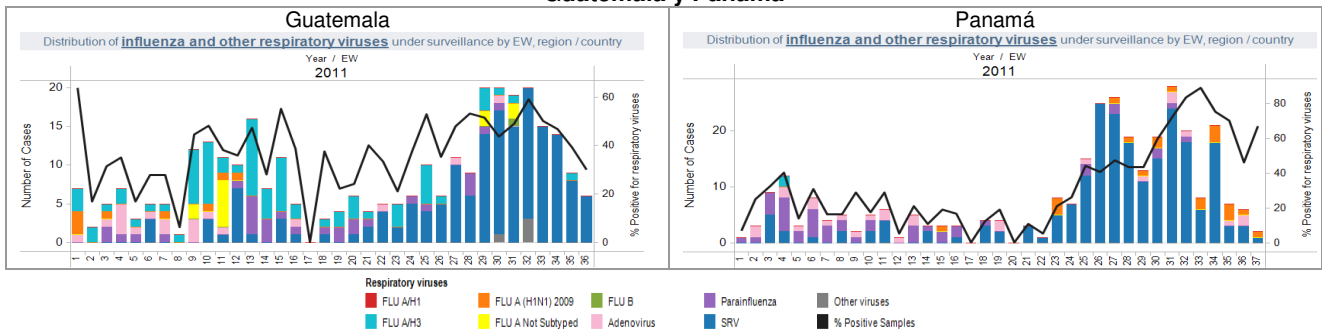


## Jamaica

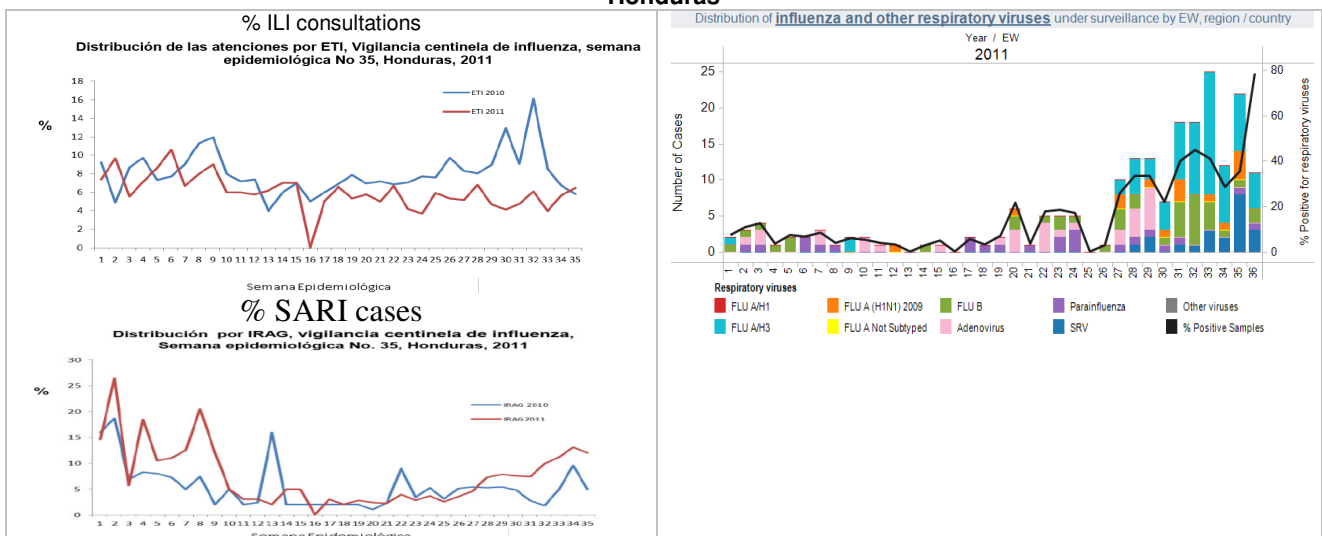


## Central America

### Guatemala y Panamá

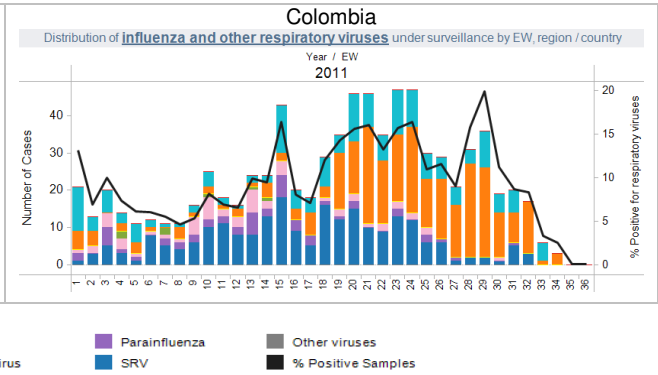
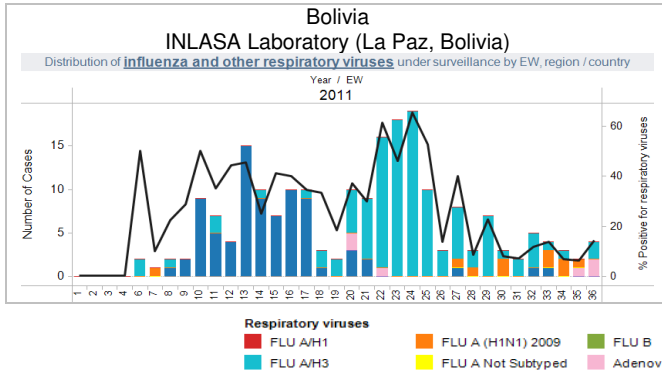


## Honduras

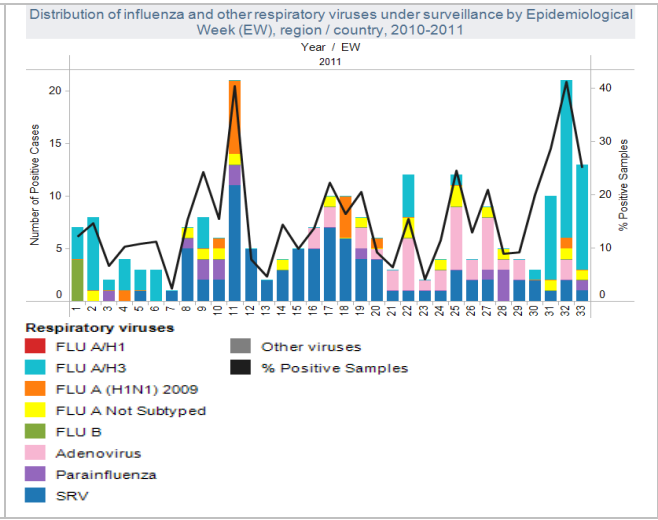
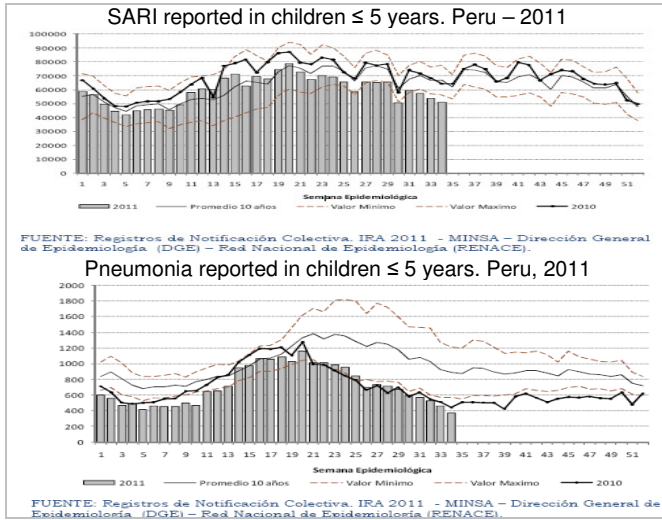


# South America - Andean

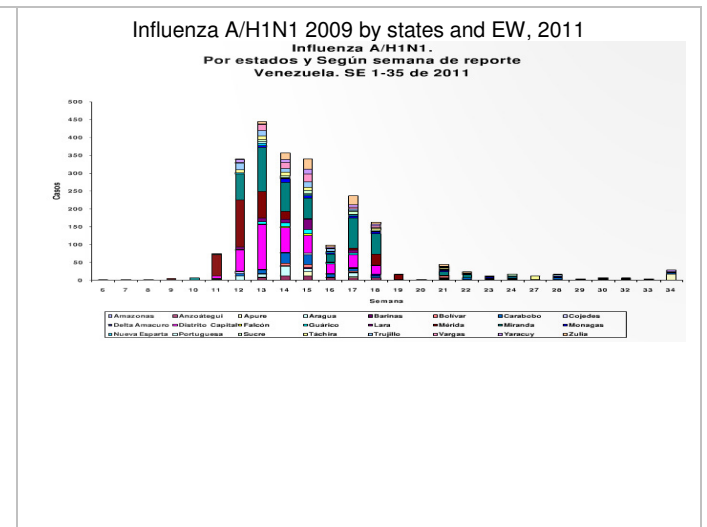
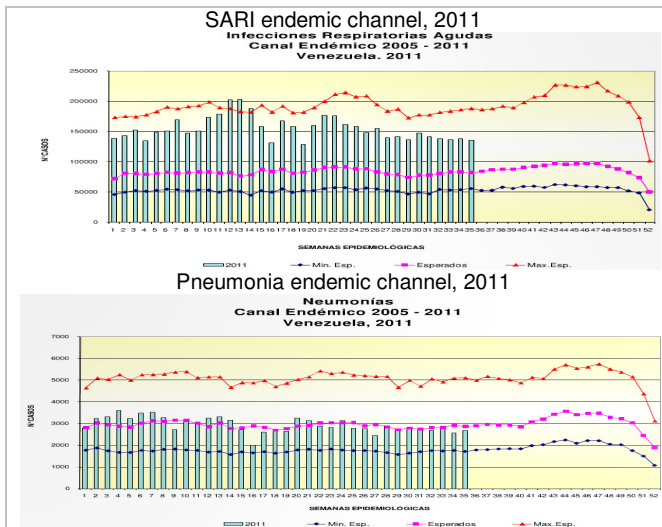
## Bolivia and Colombia



## Peru

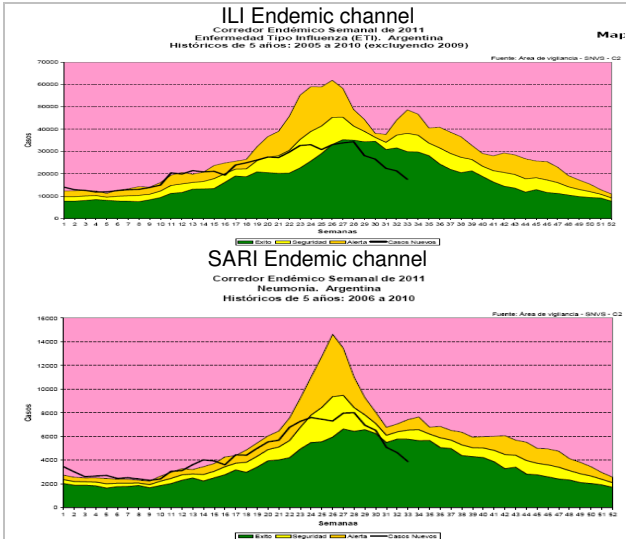


## Venezuela

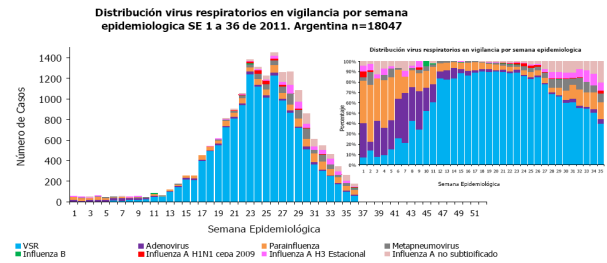


# South America – Southern Cone

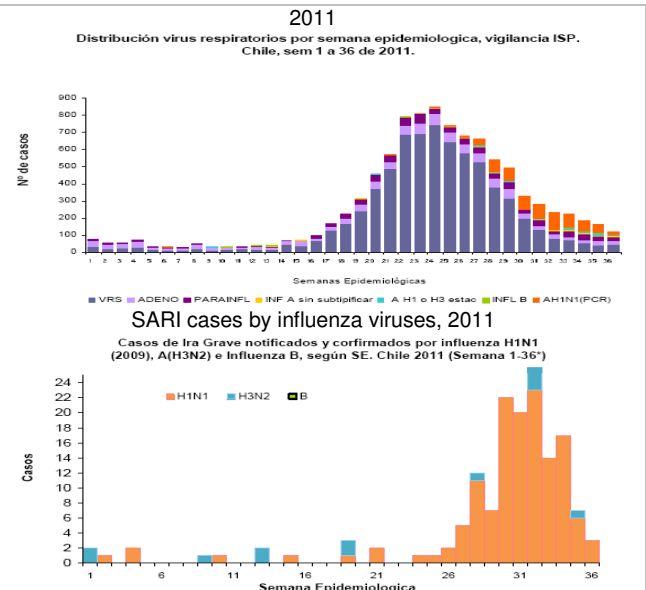
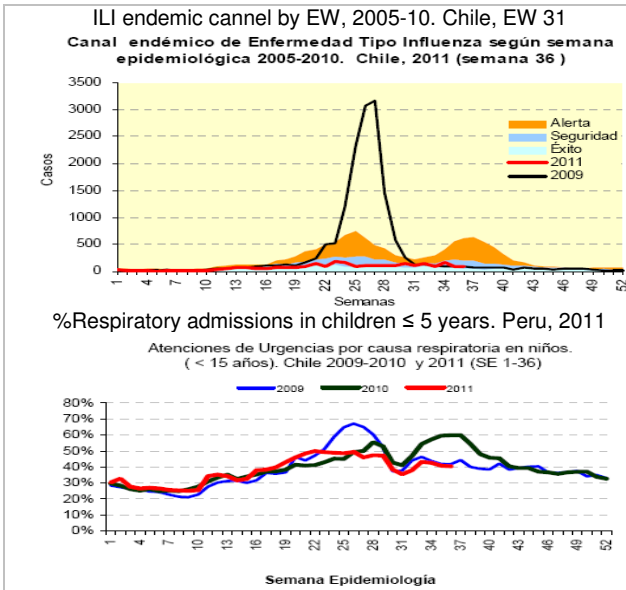
## Argentina



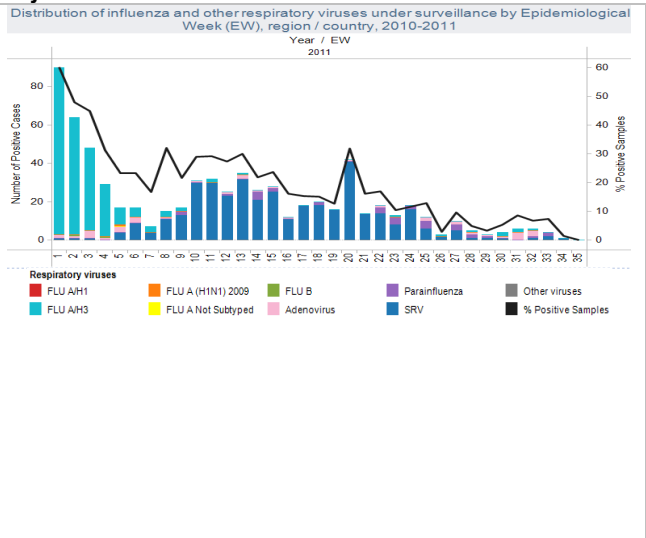
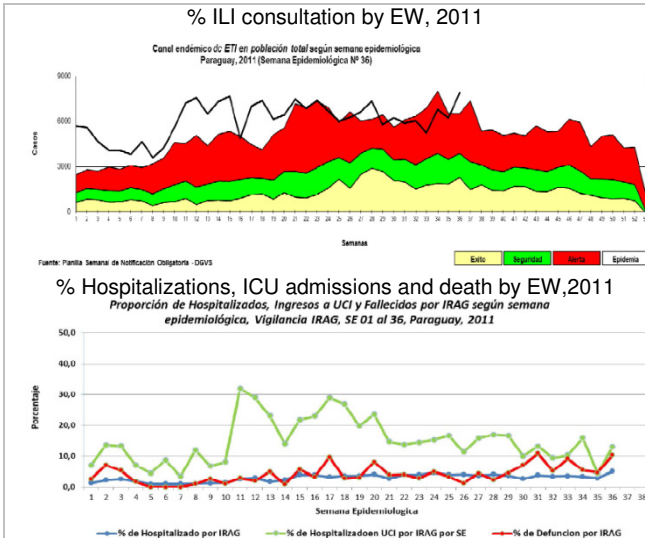
## Respiratory virus characterization, 2011



## Chile

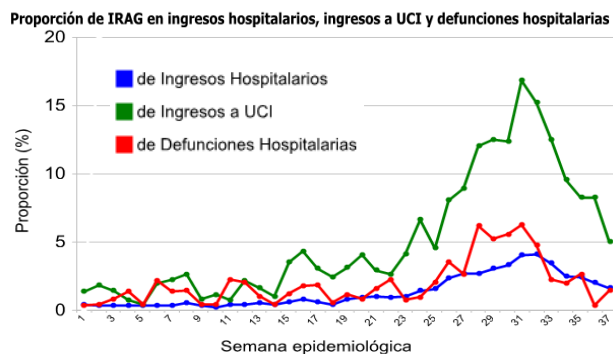


## Paraguay



## Uruguay

% hospitalization, ICU admissions and deaths for SARI



<sup>1</sup> FluWatch Report. EWs 35-36. <http://www.phac-aspc.gc.ca/fluwatch/>

<sup>2</sup> US Surveillance Summary. Week 36. Centers for Disease Control and Prevention

<sup>3</sup> Centres for Diseases Control. Disponible en: <http://www.cdc.gov/flu/swineflu/>

<sup>4</sup> Honduras. Vigilancia centinela de Tegucigalpa y San Pedro Sula. SE 35

<sup>5</sup> Bolivia PAHO. Available at: [http://www.ops.org.bo/servicios/?DB=B&SE=SN&S9=\(salud\)](http://www.ops.org.bo/servicios/?DB=B&SE=SN&S9=(salud))

<sup>6</sup> Colombia. Instituto Nacional de Salud.

<sup>7</sup> Perú. Sala de Situación de Salud. SE 35. Ministerio de Salud. Dirección General de Epidemiología.

<sup>8</sup> Venezuela. Boletín epidemiológico - SE 35. Ministerio del Poder Popular para la Salud. Disponible en: [http://www.mpps.gob.ve/index.php?option=com\\_content&view=article&id=549&Itemid=915](http://www.mpps.gob.ve/index.php?option=com_content&view=article&id=549&Itemid=915)

<sup>9</sup> Argentina. Actualización situación de enfermedades respiratorias 2011. SE 37.

<sup>10</sup> Chile. Informe de situación. SE 36. [www.pandemia.cl](http://www.pandemia.cl)

<sup>11</sup> Paraguay. Boletín epidemiológico semanal. SE 37. Ministerio de Salud Pública y Bienestar Social

<sup>12</sup> Uruguay. Dirección General de la Salud. División Epidemiología. SE 37. Available at: <https://trantor.msp.gub.uy/epidemiologia/servlet/iraggrafmenu>