



## Regional Update EW 27, 2012

Influenza  
(July 17, 2012 - 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 decreased.
- In Central America and the Caribbean there was a mixed circulation of respiratory viruses.
- In South America, acute respiratory illness activity has been increasing in some countries in the last weeks (Argentina, Brazil, Chile, Paraguay). RSV (Argentina, Chile, Paraguay), influenza A (H1N1)pdm09 (La Paz, Bolivia), and influenza B circulated (Ecuador)

### Epidemiologic and virologic influenza update

#### North America

In the United States<sup>1</sup>, in EW 27, nationally, the proportion of influenza like illness (LI) consultations (1.0%) was below the baseline (2.4%). Nationally, the proportion of deaths attributed to pneumonia and influenza for EW 27 (6.1%) was below the epidemic threshold for this time of year (6.8%). In EW 27, one pediatric death associated with influenza A/H3 was reported. Among all samples tested during EW 27 (n=1,157), the percentage of samples positive for influenza (4.5%) was similar to the previous week. Nationally, among the positive samples, 30.8% were influenza A [among the subtyped influenza A viruses, mainly influenza A(H3N2)] and 69.2% were influenza B.

In Mexico, according to laboratory data, in EW 27, of the samples analyzed (n=9), no respiratory viruses were detected.

#### Caribbean

CAREC\*, in EW 27, received epidemiological information from 5 countries: Barbados, Belize, Jamaica, St. Vincent & the Grenadines and Trinidad & Tobago. In EW 27, the proportion of severe acute respiratory infection (SARI) hospitalizations was 2.4%, which was higher than the prior week (1.9%). Children aged 6 months – 4 years had the highest rates of SARI hospitalization (6.1% of all children admitted to hospital were for SARI). No SARI related deaths were reported in E 27. Countries with confirmed influenza in the past four weeks include Bermuda (influenza A H1N1 and influenza A H3N2), Anguilla (influenza B), Barbados (influenza B and respiratory syncytial virus), and Jamaica (influenza B and influenza A H1N1). To date in 2012, the overall percentage positivity for samples tested was 36%, with % positive for influenza = 20% and % positive for other respiratory viruses = 16%.

In Jamaica for epidemiological week 27, sentinel site data shows that the proportion of consultations for Acute Respiratory Illness was 5.1% which was 0.5% more than the previous week. The proportion of admissions due to Severe Acute Respiratory Illness (SARI) was 0.9% which was the same as the week before. There was no SARI death reported for epidemiological week 27. There was no detection of Influenza viruses in EW 27.

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

In Cuba, according to laboratory data in EW 26, among the samples analyzed (n=76), the percent positivity for respiratory viruses was 30.7% and the percent positive for influenza, among all samples analyzed, was 22.4%. Influenza B predominated.

In the Dominican Republic, according to laboratory data from EW 28, among the samples analyzed (n=13), the percent positivity for respiratory viruses was 38.5% and the percent positivity for influenza among all samples analyzed was 7.7%. Influenza A/H3 predominated.

### *Central America*

In Guatemala, in EW 27, according to laboratory data, among all samples tested (n=8), the percentage of positive samples for respiratory viruses was 12.5%, lower than the previous week (33.3%). Parainfluenza virus was detected.

In Honduras<sup>2</sup>, in EW 26, among all the consultations, 7.2% were due to ILI consultations, higher than the previous EW (5.9%). The proportion of SARI hospitalizations (4.0%) was slightly less than the previous EW (4.65%). The case-fatality from SARI was 8.47%, with 5 SARI-related deaths in San Pedro Sula, less than the previous EW (14.0%). According to laboratory data, in EW 26, among all samples tested (n=34), the percentage of positive samples to respiratory viruses was of 20.5%, being detected influenza A(H1N1) pdm 09, adenovirus, influenza B and parainfluenza 3.

In Nicaragua, through EW 27, among all samples tested (n=77), 26.5% were positive for respiratory viruses. SRV was mainly detected, followed by Influenza B and influenza A(H3).

In Panama, through EW 28, among all samples tested (n=21), 85.7% were positive, mainly for Influenza B, followed by influenza A(H1N1) pdm 09, SRV and parainfluenza.

### *South America – Andean*

In Santa Cruz, Bolivia, according to data from Cenetrop, viral circulation showed an increasing trend since EW 19, with a positivity of 30% in EW 27, although there were few samples analyzed (n=10). In the SARI surveillance in La Paz, in EW 27, the proportion of hospitalizations (16.6%) remained unchanged with respect to the previous week; additionally two SARI-associated deaths were reported this week, from Instituto Nacional del Tórax and the children's hospital. In this Department, viral circulation showed a decrease in the positivity since EW 23, reaching 48.7% in EW 27, with a predominance of influenza A (H1N1) pdm2009 (81.6%) among the 78 samples processed. The distribution of SARI cases confirmed for influenza A (H1N1) pdm2009 did not show a marked predminance according to age group.

In Colombia, according to the laboratory data en EW 26, among the samples analyzed (n=112), no respiratory viruses were detected.

In Ecuador, viral circulation has shown an increasing trend since EW 19. Of the samples analyzed from SARI cases (n=16), in the same week, the percent positivity was 37.5%, representing a small increase with respect to the previous week with a predominance of influenza B (5/6). In EW 27, the proportions of hospitalizations for SARI and ICU admissions remained low and unchanged as compared to the previous week; no SARI associated deaths were reported this week. With respect to viral circulation by age group, since the beginning of the year, the most prevalent pathogen in those less than 5 years of age was RSV, was influenza B among those 5 to 14 years of age, and was influenza A/H3 among those older than 64.

In Peru, at the national level, as of EW 26, reports of ARI in children less than five years of age, reached a rate of 487/100,000 population, a value lower than expected for this time of year. The ARI endemic channel in those less than five years of age showed a decreasing trend in the last two weeks, coming back to the success zone in EW 26. The same behavior was observed for pneumonias in this age group. At the sub-national level, since the beginning of the year through EW 26, all Departments reported ARI rates in those less than five years of age to be below expected. According to laboratory data, at the national level, in the same week, among the samples analyzed (n=69), the percent positivity for respiratory viruses was 29%, which was lower than the previous week, with a prevalence of influenza B (12/20) and RSV (5/20).

**América del Sur – Cono Sur**

In Argentina, at the national level, the endemic channels showed the number of ILI and pneumonia cases for EW 26 remained in the secure zone. According to the hospitalized ARI surveillance system, in EW 26 the number of cases was between levels observed between 2012 and 2011; however, at the sub-national level, the regions of Cuyo and Northeast continued to report higher than expected rates for this time of year. According to laboratory data there has been an increase in the percent positivity since EW 17, coinciding with an increase in the circulation of RSV. In EW 26, there was a positivity of 54.2%, which was unchanged during the last six weeks and with a prevalence of RSV.

In Brazil<sup>3</sup>, from EW 20 through EW 25, there was an increase in the number of laboratory-confirmed influenza cases among those hospitalized for SARI. In EW 26, this number decreased. Among these cases, influenza A (H1N1)pdm09 was most prevalent.

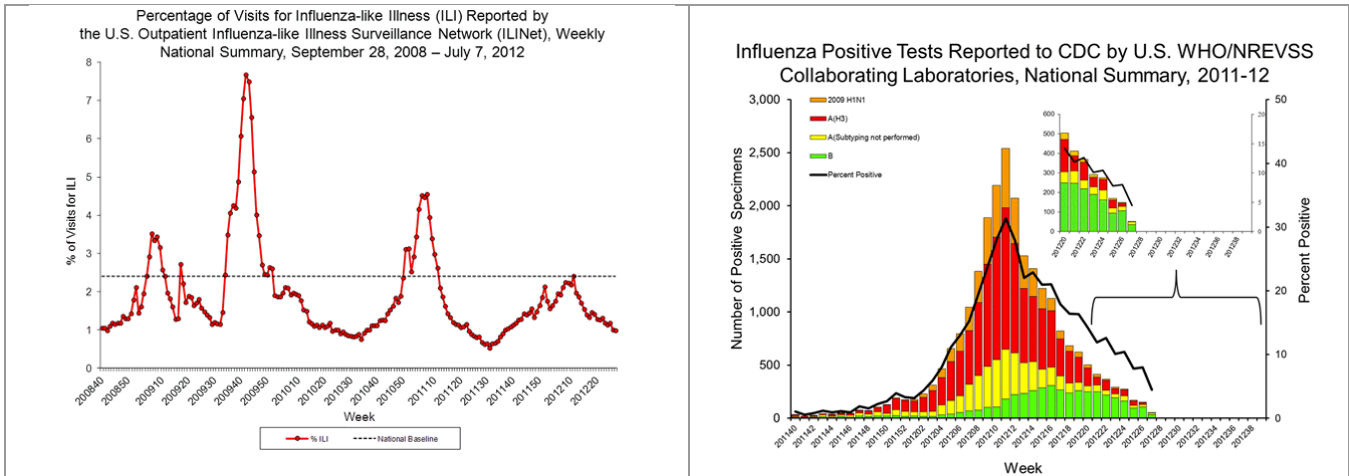
In Chile, in EW 27 at the national level, ILI activity was about at the epidemic zone of the endemic channel (rate 18.4/100,000 population), showing a delay of six weeks in the expected seasonal rise. The percent of emergency visits for respiratory causes, which has been increasing since EW 11, reached 34.5% in EW 27, superseding values expected for this time of year. According to laboratory data at the national level, in the same week, among the samples analyzed (n=1,897), the percent positivity for respiratory viruses was 57%, higher than the previous week, with a predominance of RSV (83%). According to the SARI surveillance system, the proportion of hospitalizations also showed a gradual increase since EW 11, reaching 4.9% in EW 26. In the last EWs, there has been an increase in the percent positivity among SARI samples, reaching 79% in EW 26 among the samples analyzed (n=105), with RSV (64%) and influenza A/H3 (17%) predominating.

In Paraguay, at the national level, in EW 27, the ILI rate (183.3/100,000 population) remained in the epidemic zone of the endemic channel, with an increasing trend. According to laboratory data, at the national level, in EW 27, among the samples analyzed (n=191), the positivity was 42.4%, with a predominance of RSV (43%), influenza A(H1N1)pdm09 (31%), and influenza B (16%). In the SARI surveillance system, the proportion of hospitalizations has shown a progressive increase since EW 18, reaching 9% (165/1833) in EW 27; the ICU admissions and deaths experiences a decrease with respect to the previous week. For the same week among samples analyzed from SARI cases (n=34), the percent positivity for respiratory viruses (35.5%) was lower than that reported for the previous week with a prevalence of RSV (5/12) and influenza A(H1N1) pdm 09.

**Graphs**

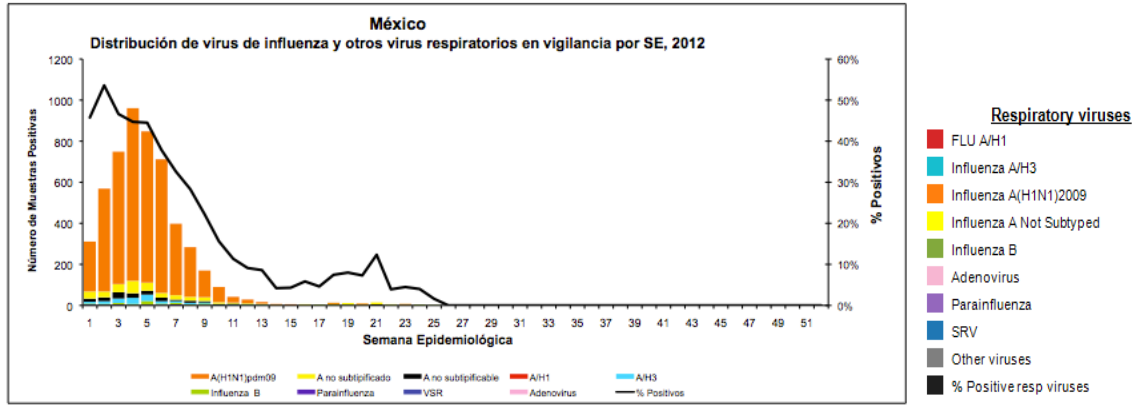
**North America**

**United States**

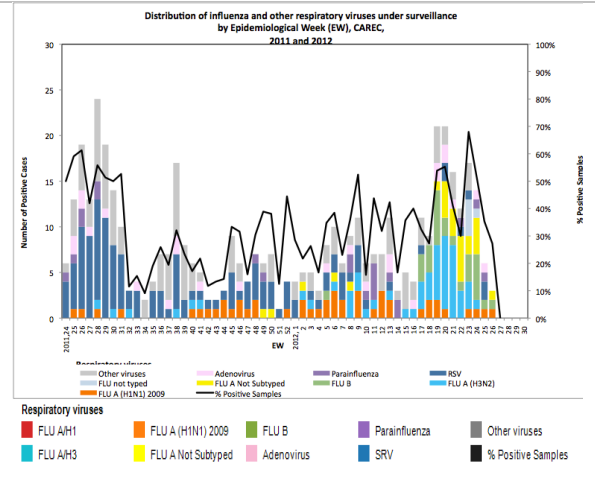
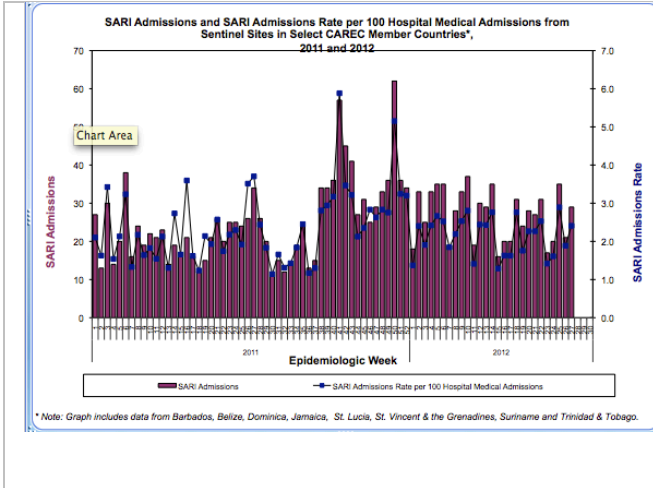


## Mexico

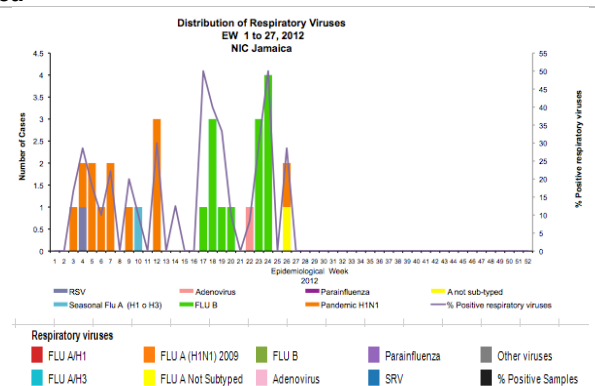
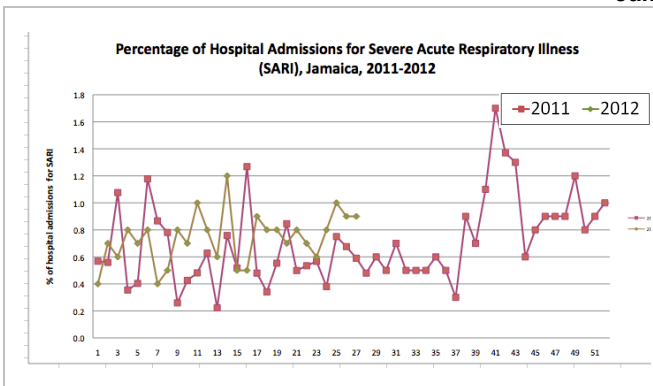
Distribution of respiratory viruses by EW, 2011-2012



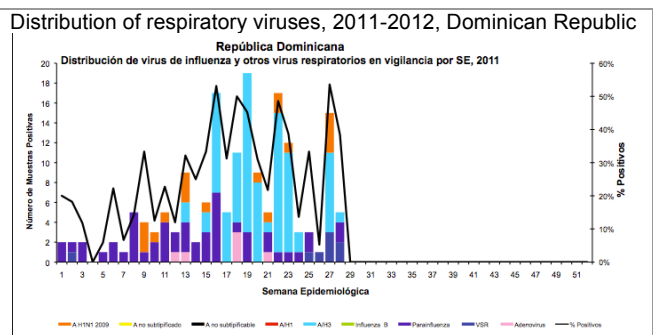
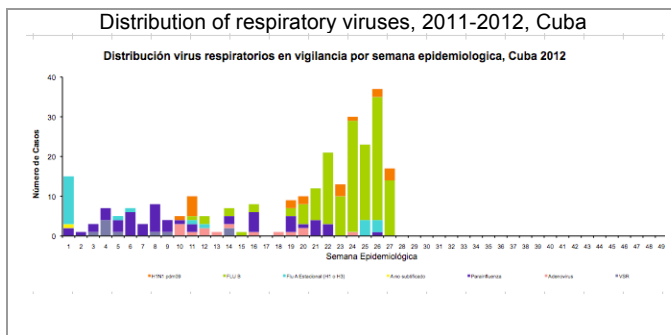
CAREC



Jamaica

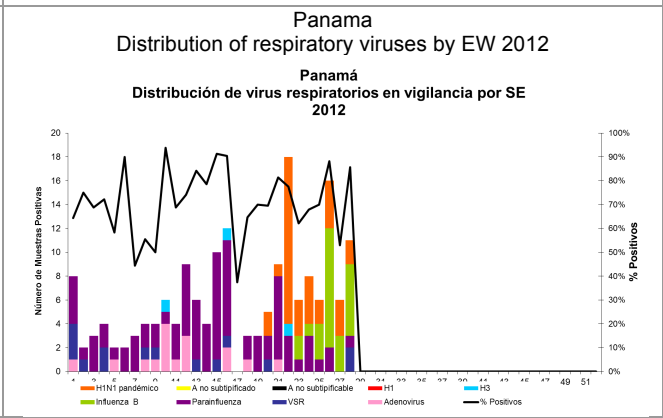
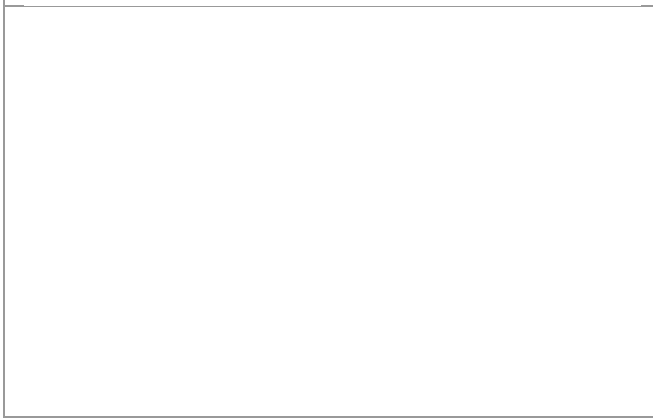
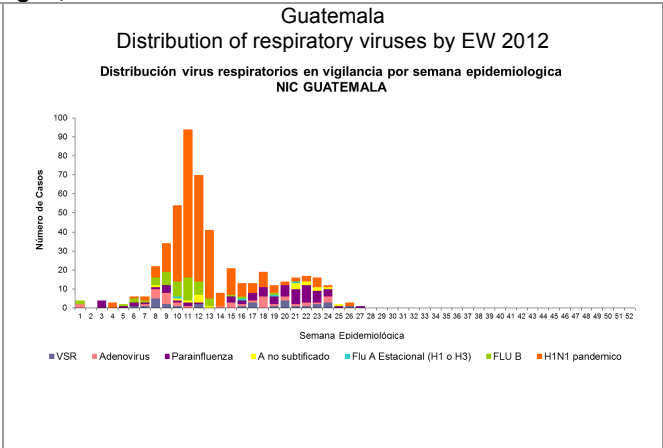
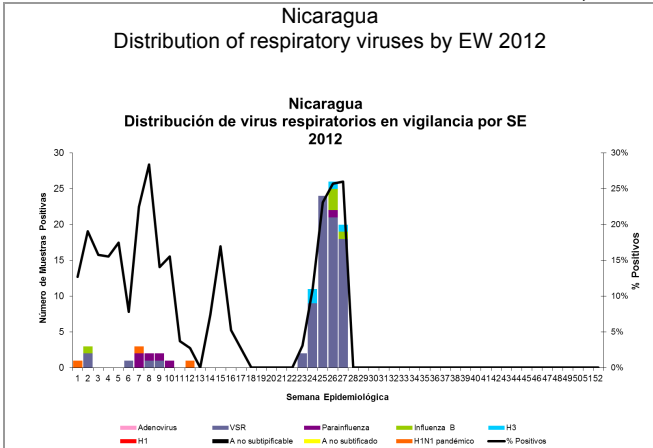


Cuba and Dominican Republic

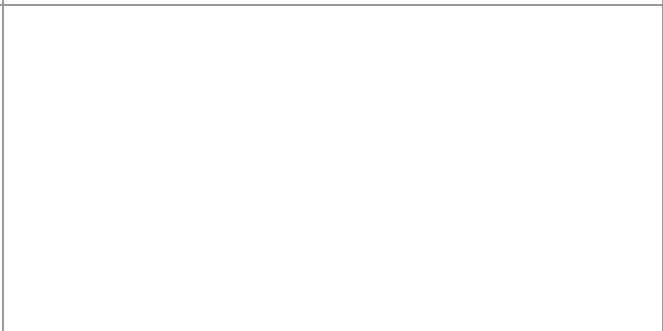
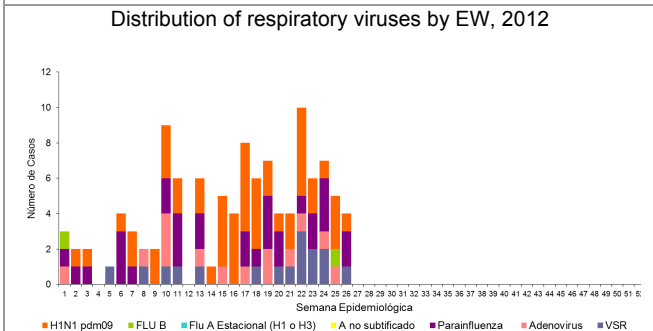
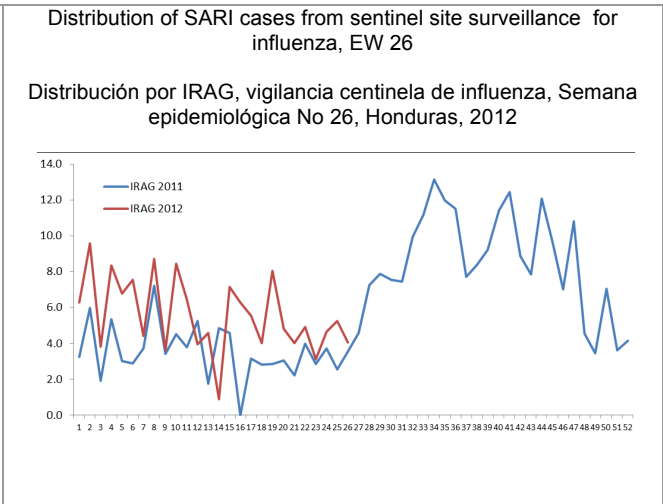
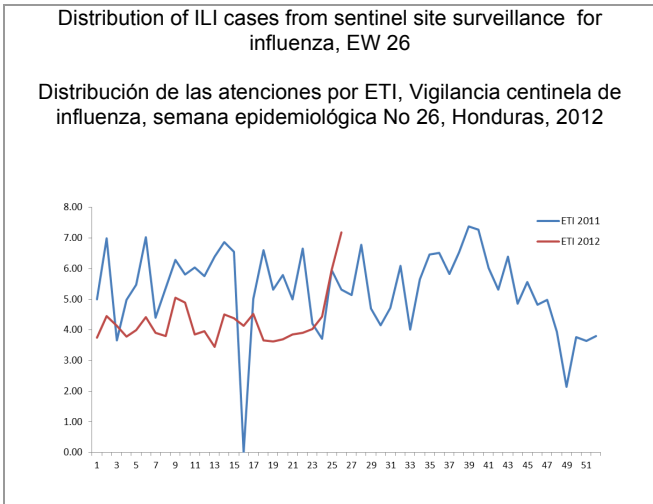


- Respiratory viruses
- FLU A/H1
  - FLU A/H3
  - FLU A (H1N1) 2009
  - FLU A Not Subtyped
  - FLU B
  - Adenovirus
  - Parainfluenza
  - SRV
  - Other viruses
  - % Positive Samples

Guatemala, Nicaragua, and Panama



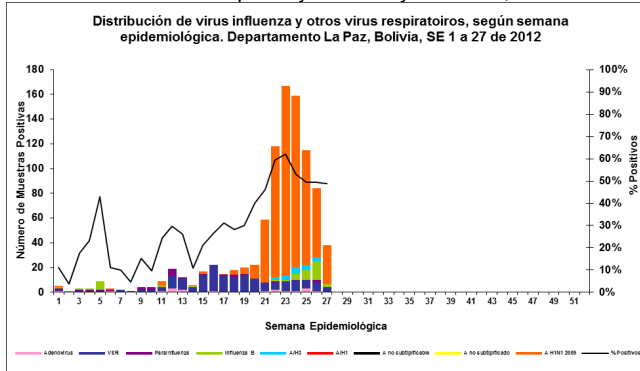
Honduras



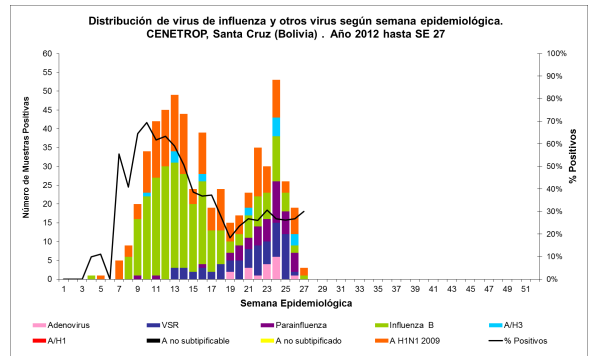
# South America - Andean

## Bolivia

Distribution of respiratory viruses by EW 2012, La Paz

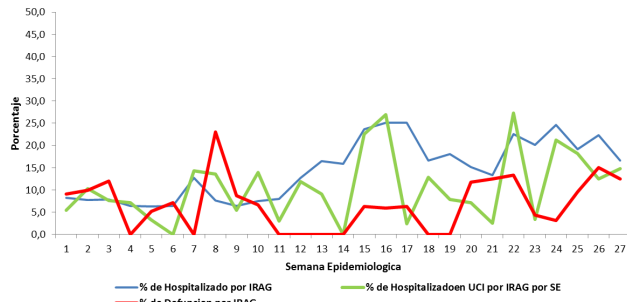


Distribution of respiratory viruses 2012-Cenetro



### SARI Cases Sedes La Paz

PROPORCIÓN DE HOSPITALIZADOS, INGRESOS A UCI Y FALLECIDOS POR IRAG, EN HOSPITALES CENTINELA, SEGUN SEMANAS EPIDEMIOLOGICAS 2012 (SE 1 a 27). SEDES LA PAZ



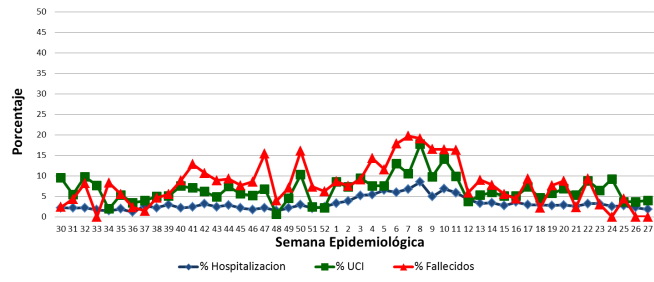
### Respiratory viruses

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

## Ecuador

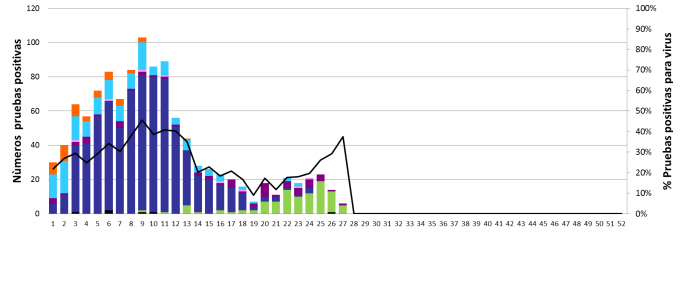
### SARI Cases

IRAG(%): hospitalizaciones, admisiones a UCI y Fallecidos.  
Ecuador, de la SE 30/2011 a SE 27/2012.



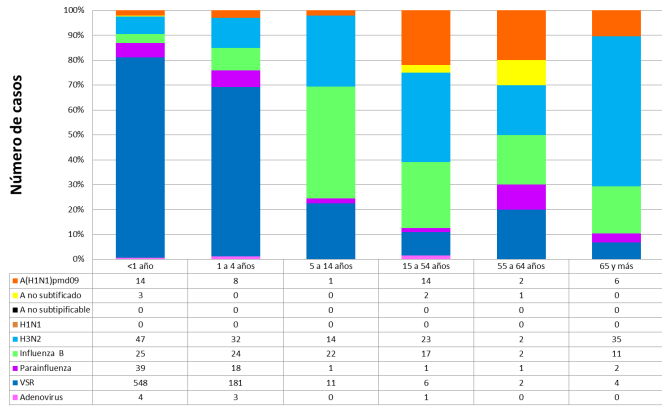
### Distribution of respiratory viruses by EW 2012

Ecuador  
Distribución de virus de influenza y otros virus respiratorios en vigilancia según semana epidemiológica, SE 01/2012 - SE 27/2012



### SARI Cases: Distribution of respiratory viruses by EW 2012

Distribución de virus respiratorios en vigilancia de IRAG según grupos de edad. Ecuador, SE 01/2012 - 27/2012.

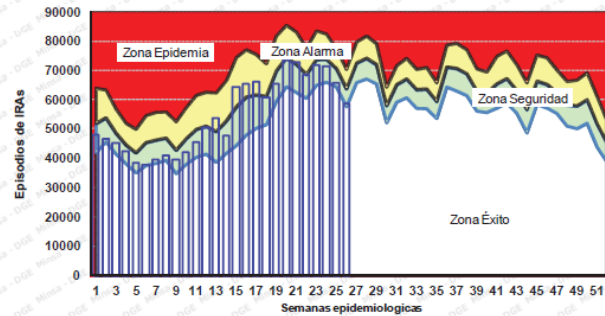


### Respiratory viruses

FLU AH1, FLU AH3, FLU A (H1N1) 2009, FLU A Not Subtyped, FLU B, Adenovirus, Parainfluenza, SRV, Other viruses, % Positive Samples

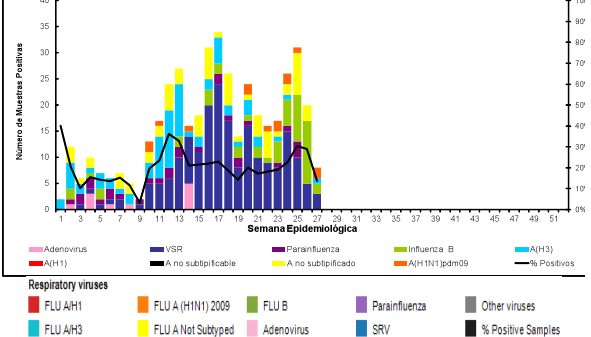
## Peru

ARI cases in children < 5 years of age, 2012  
Canal de Infecciones Respiratorias Agudas (IRA) en menores de 5 años, Perú 2012\*



### Distribution of respiratory viruses, 2011-2012

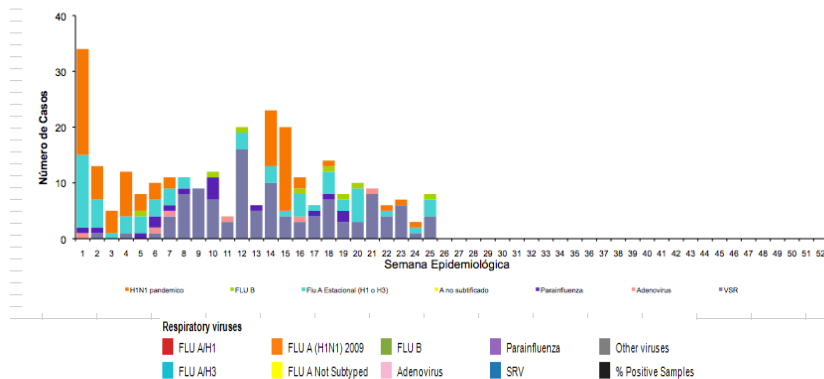
Distribución de virus de influenza y otros virus según SE. Perú. SE 01 - SE 27, 2012. (n= 451)



## Colombia

### Distribution of respiratory viruses, 2011-2012

Distribución virus respiratorios en vigilancia por semana epidemiológica

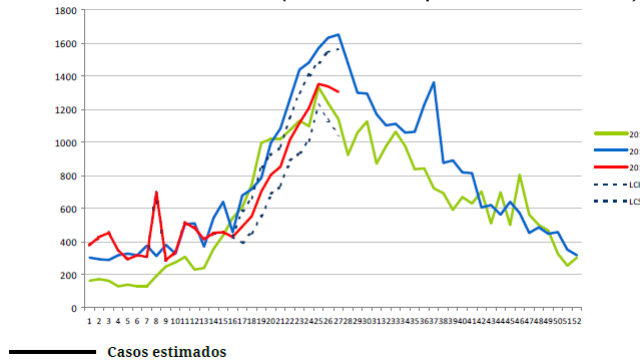




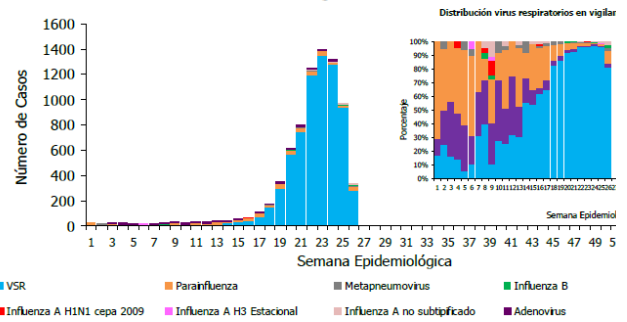
# South America – Southern Cone

## Argentina

Distribución de las IRA hospitalizada según SE. Año 2010, 2011, 2012 (estimado a partir de la SE 16)

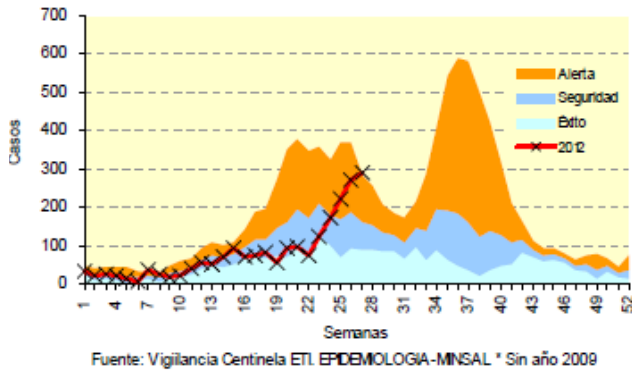


Distribution of respiratory viruses by EW, 2011-2012  
Distribución virus respiratorios en vigilancia por semana epidemiológica SE 1 a 26 de 2012. Argentina n=7806.



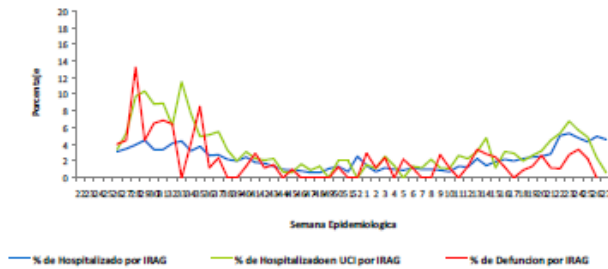
## Chile

ILI cases by EW 2012  
Canal endémico de Enfermedad Tipo Influenza según semana epidemiológica 2006-2011\*. Chile, 2012 (semana 1- 27)



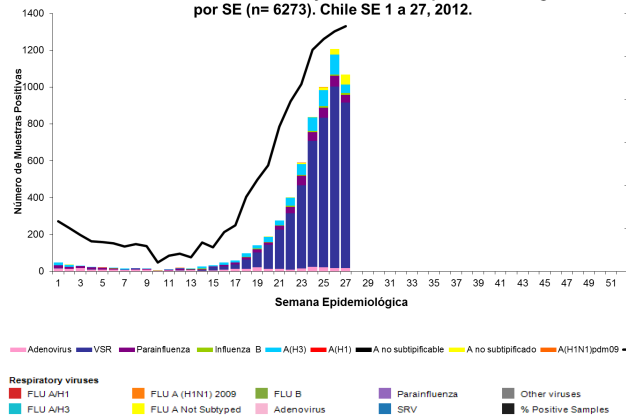
### SARI Cases

Porcentaje de hospitalizados, ingreso a UCI y fallecidos por IRAG según SE. Chile, Hospitales Centinela. 2011 y SE 1-27\* de 2012.



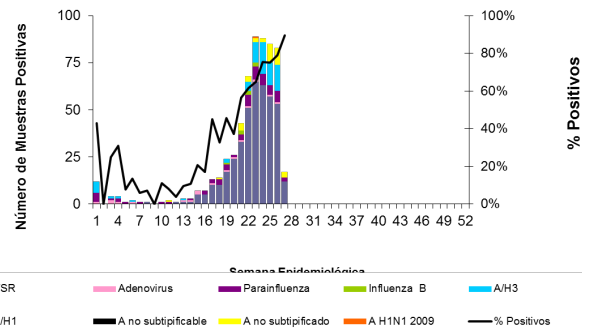
Distribution of respiratory viruses by EW, 2011-2012

Distribución de virus de influenza y otros virus respiratorios en vigilancia por SE (n= 6273). Chile SE 1 a 27, 2012.

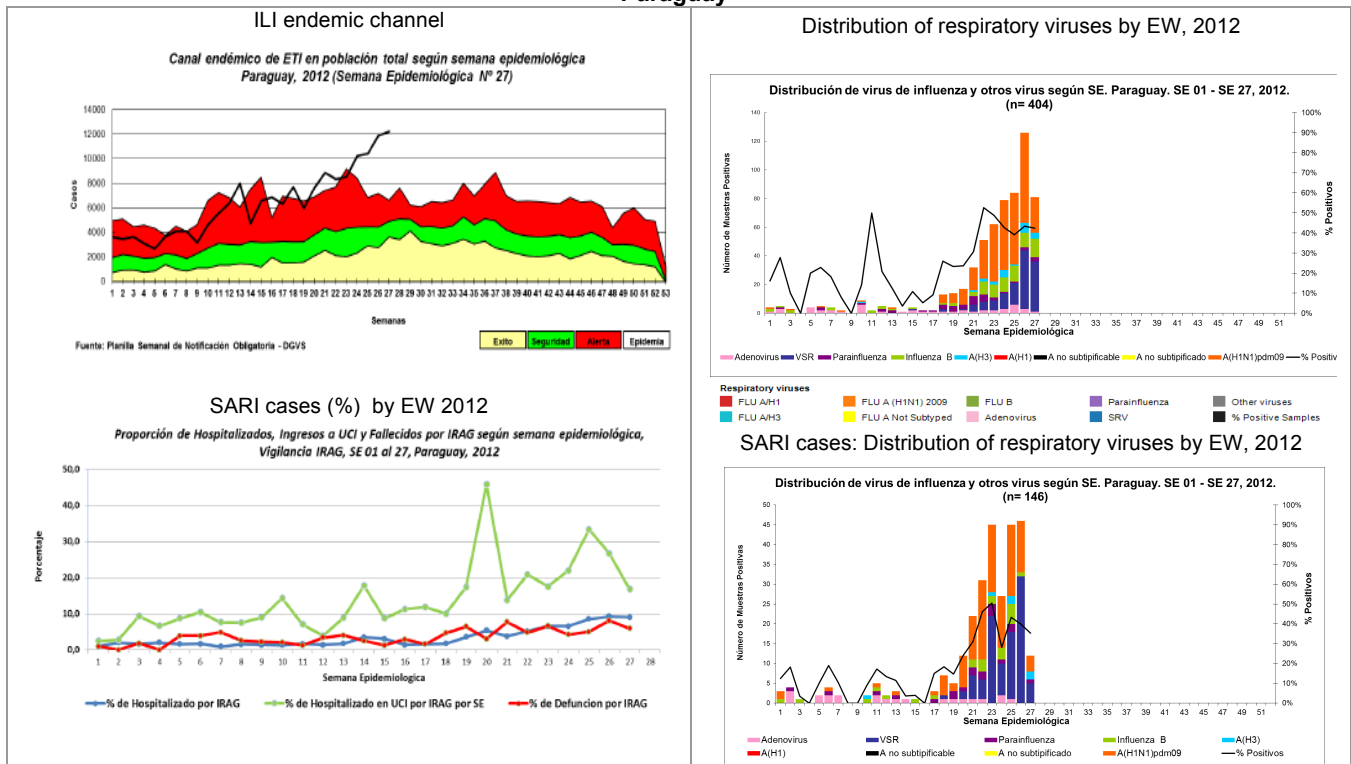


SARI Cases: Distribution of respiratory viruses by EW 2012

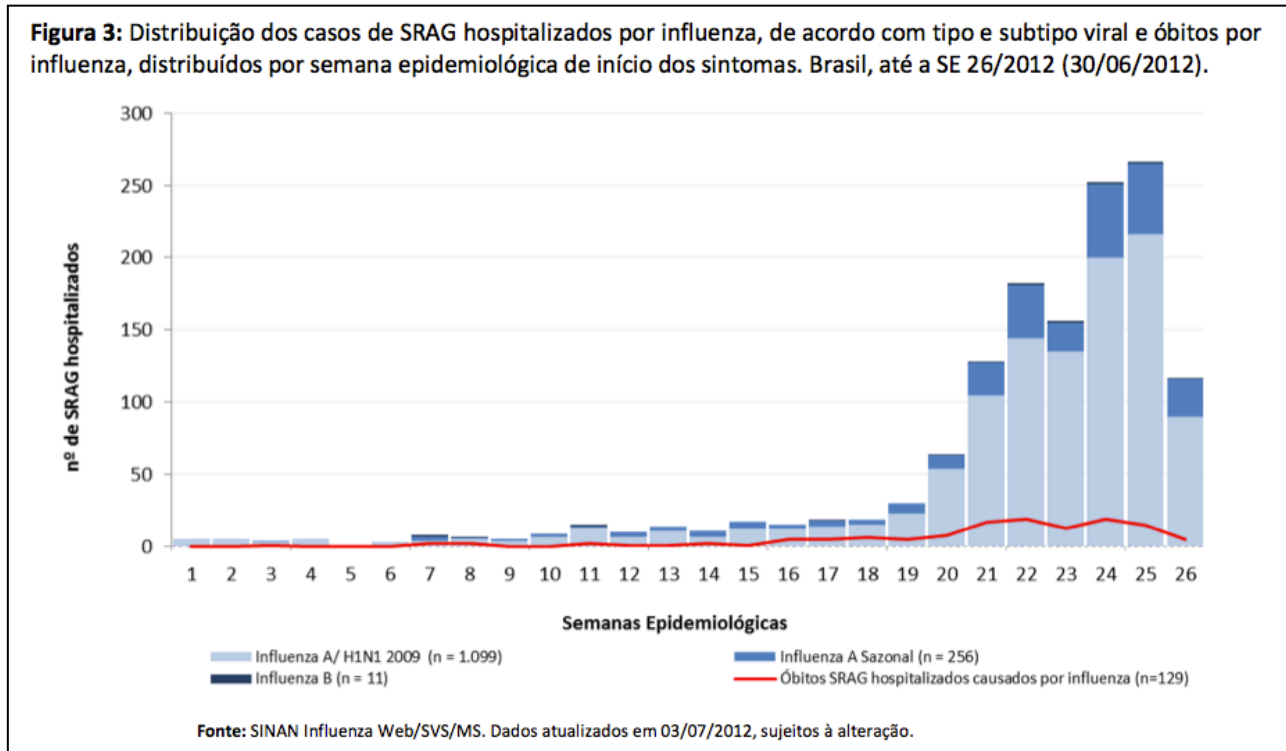
Distribución de virus en casos de IRAG, según semana epidemiológica. CHILE, SE 1 a 27\* de 2012.



## Paraguay



## Brazil



<sup>1</sup> US Surveillance Summary. EW 26. Centers for Disease Control and Prevention

<sup>2</sup> Boletín de la vigilancia de influenza y otros virus respiratorios en Honduras Secretaría de Salud. Dirección General de Vigilancia de la Salud. <http://www.salud.gob.hn/dgvs/binfluenza12.html>

<sup>3</sup> [http://portal.saude.gov.br/portal/saude/Gestor/visualizar\\_texto.cfm?idtxt=405033](http://portal.saude.gov.br/portal/saude/Gestor/visualizar_texto.cfm?idtxt=405033)

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*Editorial note: It is important to remember that of the total cases of any disease occurring in a population, only a fraction seek medical care and only a small fraction of those undergo laboratory testing and confirmation. As such, the number of "confirmed" cases represents only a small fraction of the cases occurring in the population. To ensure that this distinction is clear, terminology such as "laboratory-confirmed cases" should be used to refer to the cases which are tested and confirmed with laboratory testing.*