

Regional Update EW 21, 2015

Influenza and other respiratory virus
(June 9, 2015)

Actualización Regional SE 21, 2015

Influenza y otros virus respiratorios
(9 de junio, 2015)

PAHO interactive influenza data
Datos interactivos de influenza de la OPS:

http://ais.paho.org/hip/viz/ed_flu.asp

Influenza Regional Reports:
Informes regionales de influenza:

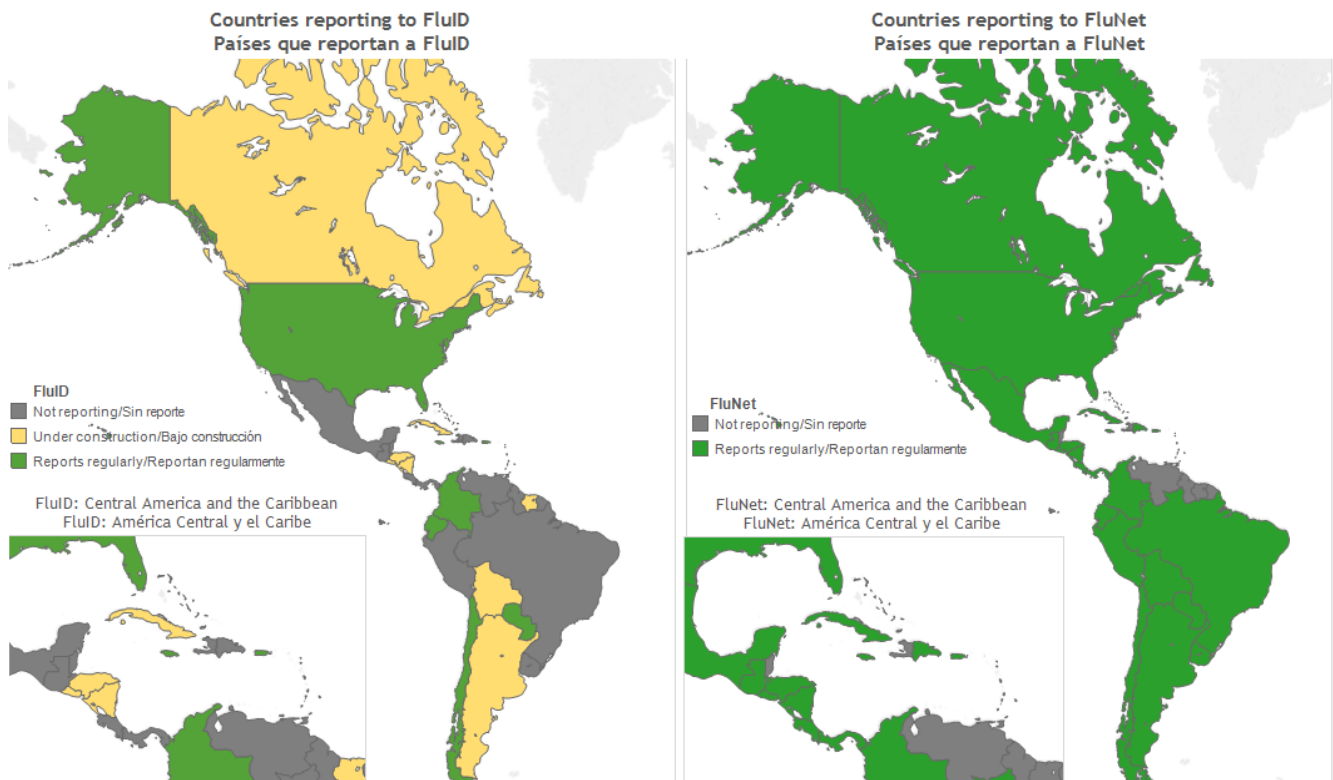
www.paho.org/influenzareports
www.paho.org/reportesinfluenza

Severe acute respiratory infections network - [SARinet](http://www.sarinet.org/)
Red de las infecciones respiratorias agudas graves - [SARinet](http://www.sarinet.org/):

<http://www.sarinet.org/>

The information presented in this update is based on data provided by Ministries of Health and National Influenza Centers of Member States to the informatics global platforms [FluNet](#) and [FluID](#); and reports/weekly bulletins that Ministries of Health published on its website or shared with PAHO/WHO.

La información presentada en esta actualización se obtiene a partir de los datos reportados por los Ministerios de Salud y los Centros Nacionales de Influenza de los Estados Miembros a las plataformas informáticas globales de [FluNet](#) y [FluID](#); y de los reportes/boletines semanales que los Ministerios de Salud publican en sus páginas web o comparten con OPS/OMS.



Map production /Producción del mapa: PAHO/WHO. OPS/OMS.

Data Source / Fuente de datos: Ministries of Health and National Influenza Centers of Member States reports to the informatics global platforms [FluNet](#) and [FluID](#) / Reporte de los Ministerios de Salud y los Centros Nacionales de Influenza de los Estados Miembros a las plataformas informáticas globales de [FluNet](#) y [FluID](#)

WEEKLY SUMMARY (ENGLISH)

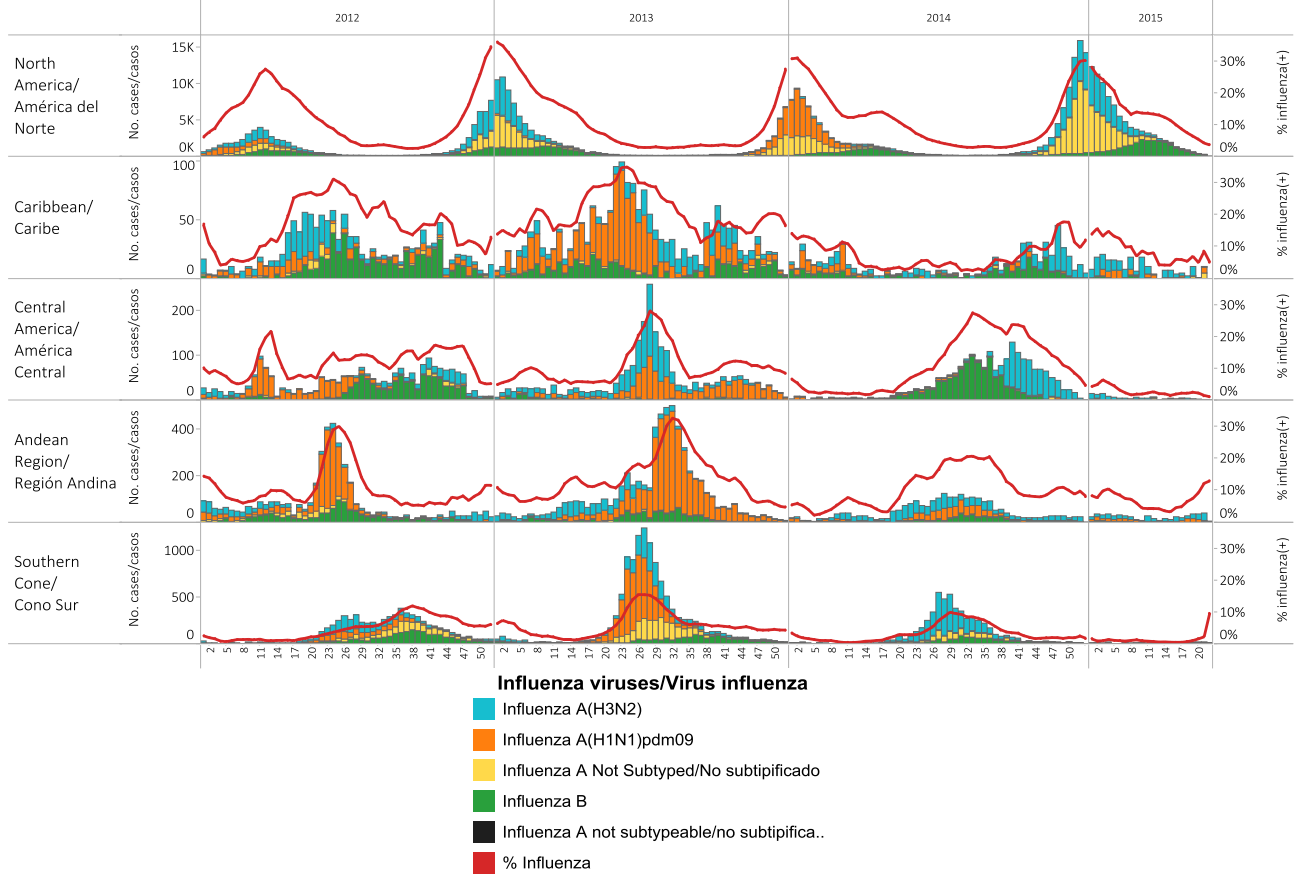
- **North America:** Influenza activity remained low and decreasing. In the United States, ILI activity (1.2%) continued below the national baseline and influenza detections continued to decrease. Influenza B continued to predominate in recent weeks and pneumonia and influenza mortality (6.3%) remained below the epidemic threshold. In Mexico, ARI activity remained at low levels and pneumonia activity remained slightly above expected levels but decreasing.
- **Caribbean:** Respiratory virus activity remained low overall, however in the Dominican Republic and Jamaica, influenza A detections increased in recent weeks.
- **Central America:** Respiratory virus activity remained low overall. In Costa Rica, SARI activity decreased this week and in El Salvador, respiratory virus detections increased slightly in recent weeks with adenovirus and RSV predominating.
- **Andean Sub-region:** Respiratory virus activity remained low overall and ARI/SARI activity continued within expected levels. In Peru, influenza A(H3N2) and RSV detections have increased in recent weeks.
- **Southern Cone:** Influenza activity remained at inter-seasonal levels and ARI/SARI and other respiratory virus activity remained low. In Paraguay, influenza A(H3N2) detections increased in recent weeks and RSV activity remained elevated but was decreasing.
- **MERS-CoV:** As of 9 June 2015, 1,218 laboratory confirmed cases of human infection with Middle East respiratory syndrome coronavirus (MERS-CoV) including 449 deaths have been reported to the WHO from 25 countries since 2012. The ongoing nosocomial outbreak in the Republic of Korea with 64 MERS-CoV cases including 5 deaths is the largest occurrence outside of the Middle East. PAHO/WHO encourages all Member States to continue their surveillance for acute respiratory infections and to carefully review any unusual patterns. Complete WHO interim surveillance recommendations for human infection with MERS-CoV are available below and at: http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoVinfection_14July2014.pdf?ua=1

RESUMEN SEMANAL (ESPAÑOL)

- **América del Norte:** La actividad de influenza continúa baja y disminuyendo. En los Estados Unidos, la actividad de ETI (1,2%) continúa por debajo de la línea de base y las detecciones de influenza continúan disminuyendo. Influenza B continúa predominando en las últimas semanas y la mortalidad por neumonía e influenza (6,3%) continúa por debajo del umbral epidémico. En México, la actividad de IRA se mantiene en niveles bajos y la actividad de neumonía se mantiene ligeramente por encima de niveles esperados, pero disminuyendo.
- **Caribe:** La actividad de virus respiratorios se mantiene baja, sin embargo en la República Dominicana y Jamaica se han incrementado las detecciones de influenza A en las últimas semanas.
- **América Central:** La actividad de virus respiratorios continúa baja. En Costa Rica, la actividad de IRAG disminuyó esta semana y en El Salvador, en las últimas semanas se han incrementado ligeramente las detecciones de virus respiratorios, con predominio de adenovirus y VSR.
- **Sub-región Andina:** La actividad de virus respiratorios continúa baja y la actividad de IRA/IRAG permanece dentro de niveles esperados. En Perú, en las últimas semanas se han incrementando las detecciones de influenza A(H3N2) y VSR.
- **Cono Sur:** La actividad de influenza se mantiene en niveles inter-estacionales y la actividad de IRA/IRAG y de otros virus respiratorios permanece baja. En Paraguay, en las últimas semanas se han incrementado las detecciones de influenza A(H3N2) y la actividad de VSR permanece elevada pero disminuyendo.
- **MERS-CoV:** Desde 2012 y hasta el 9 de junio de 2015, 25 países han reportado a la OMS 1.218 casos confirmados por laboratorio causador por coronavirus causante del síndrome respiratorio de Oriente Medio (MERS-CoV), incluyendo 449 defunciones. El brote nosocomial en curso registrado en la República de Corea y en el que se han confirmado 64 casos por MERS-CoV incluyendo 5 defunciones, es el mayor ocurrido fuera del Medio Oriente. La OPS/OMS recomienda a todos los Estados Miembros a que continúen con la vigilancia de las infecciones respiratorias agudas y a que revisen cuidadosamente cualquier patrón inusual. Las recomendaciones provisionales de la OMS - disponibles en inglés- sobre la vigilancia para la infección humana por MERS-CoV están disponibles abajo en este reporte y en el siguiente enlace:
http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoVinfection_14July2014.pdf?ua=1

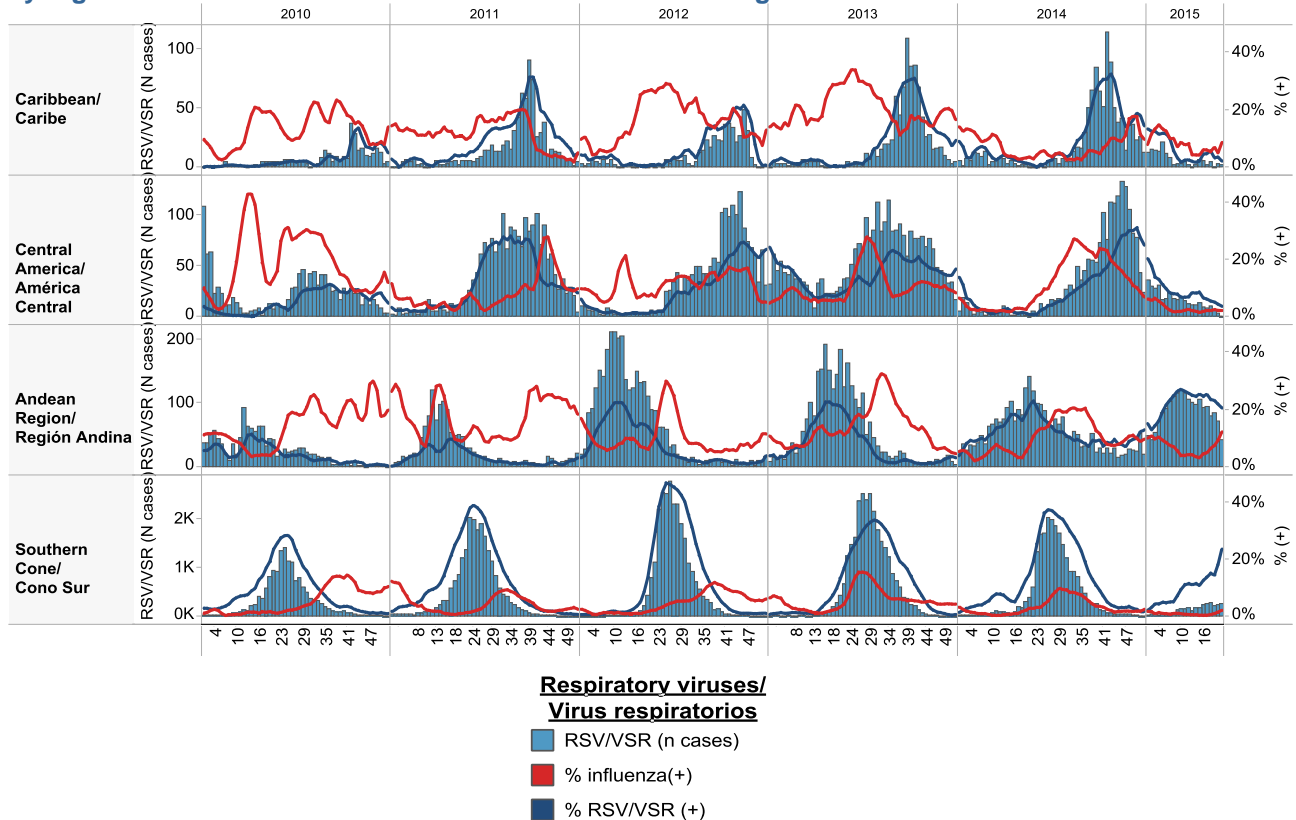
Influenza circulation by region. 2012-15

Circulación virus influenza por región. 2012-15



Respiratory syncytial virus (RSV) circulation by region. 2010-15

Circulación de virus sincitial respiratorio por región. 2010-15



Weekly and cumulative numbers of influenza and other respiratory virus, by country and EW, 2015¹
 Número semanal y acumulado de influenza y otros virus respiratorios, por país y SE, 2015²

| | | EW 21, 2015 / SE 21, 2015 | | | | | | | | | | | | | | |
|----------------------------------|--------------------------|---------------------------|-------------------|-------------------------|---|-------------|----------------|------------|---------------|------------|---------------|-----------|-------------|-----------------|------------|--|
| | | N samples/muestras | Influenza A(H3N2) | Influenza A (H1N1)pdm09 | Influenza A Not Subtyped/No subtipificado | Influenza B | % influenza(+) | Adenovirus | Parainfluenza | RSV/RSR | % RSV/RSR (+) | Bocavirus | Coronavirus | Metapneumovirus | Rhinovirus | |
| North America/ América del Norte | Canada | 2,185 | 1 | 0 | 6 | 76 | 4% | | | | | | | | | |
| | United States of America | 5,548 | 7 | 1 | 19 | 118 | 3% | | | | | | | | | |
| Caribbean/ Caribe | Cuba | 43 | 0 | 4 | 0 | 0 | 9% | 0 | 8 | 1 | 2% | 0 | 1 | 0 | 6 | |
| | Dominican Republic | 17 | | | 5 | 0 | | | 1 | 1 | 6% | | | | | |
| Central America/ A.. | Panama | 12 | | | | 0 | | 2 | 3 | | | | | | 1 | |
| Andean Region/ Región Andina | Bolivia - INLASA | 22 | | | | 0 | | | 1 | 1 | 5% | | | | | |
| | Colombia | 67 | 2 | 0 | 2 | 0 | 6% | 2 | 5 | 24 | 36% | 0 | 1 | 2 | 1 | |
| | Ecuador | 20 | 1 | | | 0 | | | 1 | | | | | 2 | | |
| | Peru | 130 | 26 | 7 | 0 | 1 | 26% | 0 | 0 | 18 | 14% | 0 | 0 | 1 | 0 | |
| Brazil & Southern Cone/ Cono Sur | Argentina | 727 | 1 | 0 | 8 | 0 | 1% | 5 | 17 | 211 | 29% | | | 1 | | |
| | Brazil | 138 | 19 | 0 | 0 | 0 | 14% | | | | | | | | | |
| | Paraguay | 101 | 8 | 6 | 0 | 0 | 14% | 0 | 0 | 42 | 42% | 0 | 0 | 0 | 0 | |
| Grand Total | | 9,010 | 65 | 18 | 40 | 195 | 4% | 9 | 36 | 298 | 3% | 0 | 2 | 6 | 8 | |

| | | Cumulative, EW 18-21, 2015 / Acumulado, SE 18-21, 2015 | | | | | | | | | | | | | | |
|----------------------------------|--------------------------|--|-------------------|-------------------------|---|--------------|----------------|------------|---------------|--------------|---------------|-----------|-------------|-----------------|------------|--|
| | | N samples/muestras | Influenza A(H3N2) | Influenza A (H1N1)pdm09 | Influenza A Not Subtyped/No subtipificado | Influenza B | % influenza(+) | Adenovirus | Parainfluenza | RSV/RSR | % RSV/RSR (+) | Bocavirus | Coronavirus | Metapneumovirus | Rhinovirus | |
| North America/ América del Norte | Canada | 11,195 | 11 | 3 | 45 | 710 | 7% | | | | | | | | | |
| | Mexico | 423 | 23 | 0 | 0 | 6 | 7% | 0 | 1 | 1 | 0% | | | | | |
| | United States of America | 30,630 | 42 | 4 | 84 | 1,134 | 4% | | | | | | | | | |
| Caribbean/ Caribe | Cuba | 174 | 7 | 4 | 0 | 0 | 6% | 0 | 28 | 5 | 3% | 0 | 5 | 0 | 31 | |
| | Dominican Republic | 62 | | | 7 | 0 | | | 3 | 2 | 3% | | | | | |
| | Jamaica | 6 | 0 | 0 | 1 | 0 | 17% | | | | | | | | | |
| Central America/ América Central | Costa Rica | 169 | 0 | 0 | 0 | 0 | 0% | 3 | 10 | 0 | 0% | | | | | |
| | El Salvador | 101 | 2 | 0 | 0 | 1 | 3% | 8 | 4 | 5 | 5% | | | | | |
| | Guatemala | 58 | 3 | 0 | 2 | 0 | 9% | 0 | 0 | 10 | 17% | 0 | 0 | 1 | 0 | |
| | Honduras | 42 | 0 | 0 | 0 | 1 | 2% | 0 | 6 | 3 | 7% | | | | | |
| | Nicaragua | 0 | | | | 0 | | | | | | | | | | |
| | Panama | 67 | | | | 0 | | 6 | 16 | 1 | 1% | | | 3 | 23 | |
| | Bolivia - INLASA | 126 | | | | 0 | | | 2 | 13 | 10% | | | | | |
| Andean Region/ Región Andina | Colombia | 457 | 12 | 6 | 2 | 2 | 5% | 17 | 28 | 189 | 41% | 12 | 14 | 11 | 13 | |
| | Ecuador | 207 | 8 | | | 0 | | 2 | 5 | 19 | 9% | | | 13 | | |
| | Peru | 503 | 60 | 45 | 0 | 2 | 21% | 0 | 2 | 55 | 11% | 0 | 0 | 1 | 0 | |
| Brazil & Southern Cone/ Cono Sur | Argentina | 3,286 | 1 | 0 | 23 | 0 | 1% | 18 | 57 | 711 | 22% | | | 5 | | |
| | Brazil | 768 | 104 | 0 | 0 | 2 | 14% | | | | | | | | | |
| | Chile | 1,256 | | | 1 | 1 | | 40 | 69 | 38 | 3% | | | | | |
| | Paraguay | 432 | 26 | 14 | 0 | 7 | 11% | 3 | 0 | 173 | 40% | 0 | 0 | 2 | 0 | |
| | Uruguay | 0 | | | | 0 | | | | | | | | | | |
| Grand Total | | 49,962 | 299 | 76 | 165 | 1,866 | 5% | 97 | 231 | 1,225 | 2% | 12 | 19 | 36 | 67 | |

1 The detection of respiratory viruses other than influenza depends on the diagnostic capacity of each country and monitoring system. The absence of report of other respiratory viruses does not indicate the absence of their circulation.

2 La detección de otros virus respiratorios diferentes a influenza depende de la capacidad diagnóstica de cada país y del sistema de vigilancia establecido. El que no se reporten otros virus respiratorios, no significa, ni indica la ausencia de circulación viral.

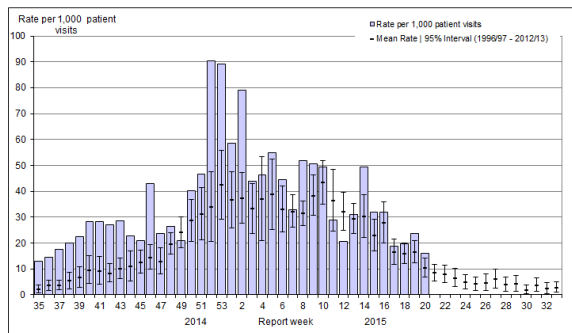
North America / América del Norte:

Canada

- ILI activity in EW 20 decreased from previous week and continued above expected levels / La actividad de ETI en la SE 20 disminuyó con respecto a la semana anterior y continúa por encima de los niveles esperados
- In EW 20 no regions reported widespread influenza/ILI activity / En la SE 20, ninguna región reportó actividad extendida de influenza/ETI
- Detections of influenza continued to decrease. During EW 20, influenza B predominated with low circulation of influenza A / Las detecciones de influenza continúan disminuyendo. En la SE 20, predominó influenza B, con menor circulación de influenza A
- 192 of 198 influenza A(H3N2) viruses characterized (97%) were antigenically similar to A/Switzerland/9715293/2013, the influenza A(H3N2) virus selected for the 2015 Southern Hemisphere and 2015/16 Northern Hemisphere vaccine / 192 de 198 virus influenza A(H3N2) caracterizados (97%) fueron antigénicamente similares a A/Switzerland/9715293/2013, el virus influenza A(H3N2) seleccionado para la vacuna del hemisferio sur 2015 y del hemisferio norte 2015/16
- RSV activity continued to decrease / La actividad de VSR continúa disminuyendo
- Influenza hospitalizations decreased among adults. This season, the majority of hospitalizations and deaths have been recorded among adults aged ≥65 years / Las hospitalizaciones por influenza disminuyeron entre adultos. Esta temporada, la mayoría de hospitalizaciones y defunciones han sido registradas en adultos ≥65 años
- Laboratory-confirmed influenza outbreaks continued to decrease / Los brotes de influenza confirmados por laboratorio continúan disminuyendo

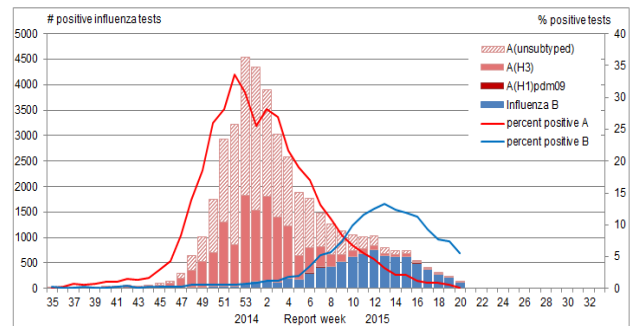
Canada: ILI consultation rates by EW, 2014-15
Tasa de consultas de ETI, por SE, 2014-15

Figure 5. Influenza-like-illness (ILI) consultation rates by report week, compared to the 1996-97 through to 2012-13 seasons (with pandemic data suppressed), Canada, 2014-2015



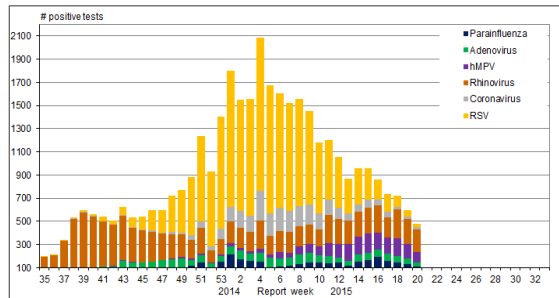
Canada: Influenza virus distribution by EW, 2014-15
Distribución de virus de influenza por SE, 2014 -15

Figure 2. Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, 2014-15



Canada: Respiratory virus distribution by EW, 2014-15
Distribución de virus respiratorios por SE, 2014 -15

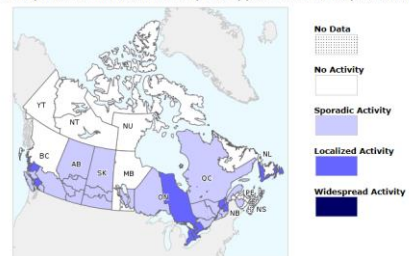
Figure 3. Number of positive laboratory tests for other respiratory viruses by report week, Canada, 2014-15



Canada: Influenza/ILI activity by province/territory, EW 20, 2015

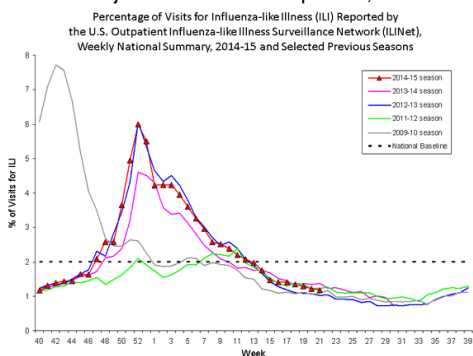
Actividad de Influenza/ETI por provincia/territorio, SE 20, 2015

Figure 1. Map of overall influenza/ILI activity level by province and territory, Canada, Week 20

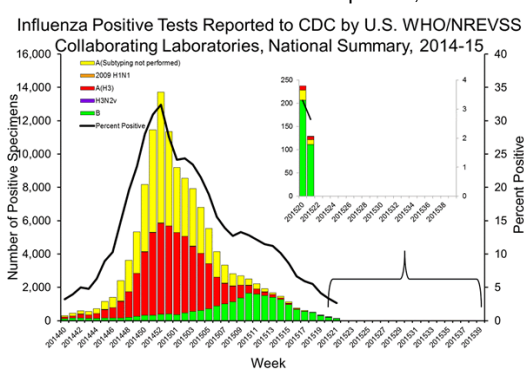


- ILI activity (1.2%) continued below the national baseline / La actividad de ETI (1,2%) continúa por debajo de la línea de base nacional
- In EW 20 no state reported widespread influenza activity / En la SE 20, ningún estado reportó actividad diseminada de influenza
- Influenza detections (2.6% of positivity this week) continue to decrease / Las detecciones de influenza (2,6% de positividad esta semana) continúan disminuyendo
- During EW 21, influenza B predominated with minimal circulation of influenza A / En la SE 21, predominó influenza B, con mínima circulación de influenza A
- 1.078 of 1.324 influenza A(H3N2) viruses characterized (81%) were antigenically similar to A/Switzerland/9715293/2013, the influenza A(H3N2) virus selected for the 2015 Southern Hemisphere and 2015/16 Northern Hemisphere vaccine/ 1,078 de 1,324 virus influenza A(H3N2) caracterizados (81%) fueron antigénicamente similares a A/Switzerland/9715293/2013, el virus influenza A(H3N2) seleccionado para la vacuna del hemisferio sur 2015 y del hemisferio norte 2015/2016
- The overall influenza-associated hospitalization rate was 65.5 per 100,000 population with the highest rate among adults aged ≥65 years (322.8 per 100,000) / La tasa de hospitalizaciones asociadas a influenza fue de 65,5 por 100.000 habitantes, siendo la tasa más alta la registrada entre los adultos ≥65 años (322,8 por 100.000)
- Pneumonia and influenza mortality (6.3%) continued below the epidemic threshold of 6.5%/ La mortalidad por neumonía e influenza (6,3%) continúa por debajo del umbral epidémico del 6,5%
- RSV activity continued to decrease with 3% of positives among samples tested in EW 20 / La actividad de VSR continúa disminuyendo, con un 3% de positivos entre las muestras analizadas en la SE 20

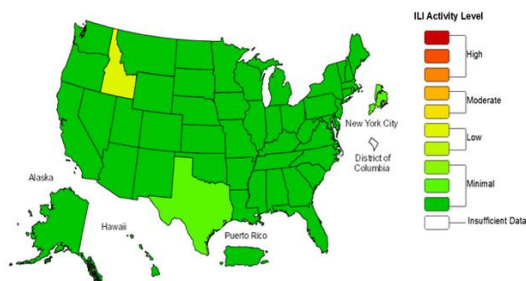
US: Percent of ILI visits by EW, 2014-15
Porcentaje de consultas ETI por SE, 2014-15



US: Influenza virus distribution by EW, 2014-15
Distribución de virus de influenza por SE, 2014-15

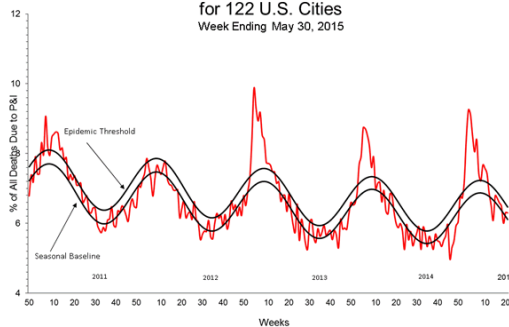


US: ILI activity by state, EW 20, 2015
Actividad ETI por estado, SE 20, 2015
Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2014-15 Influenza Season Week 20 ending May 23, 2015

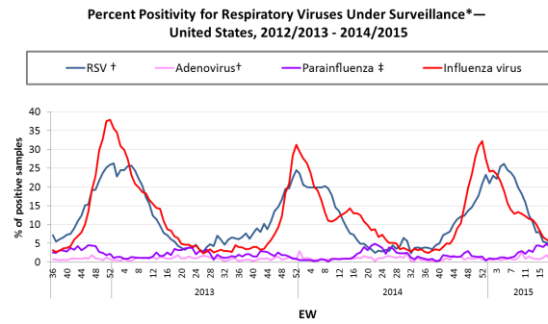


US: Pneumonia and influenza mortality
Mortalidad por neumonía e influenza

Pneumonia and Influenza Mortality
for 122 U.S. Cities
Week Ending May 30, 2015



US: Percent positivity for respiratory virus under surveillance, by EW, 2012-15
 Porcentaje de positividad para virus respiratorios en vigilancia, por SE, 2012-15

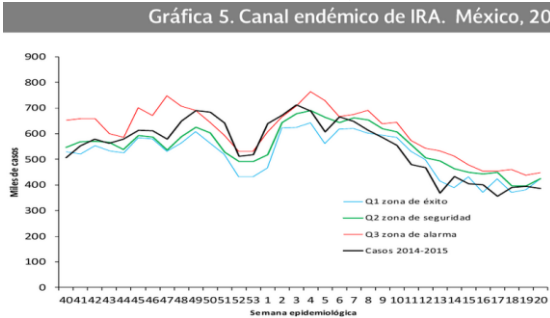


*For adenovirus, parainfluenza 1,2,3, and RSV, data are from NREVSS Laboratories (http://www.cdc.gov/surveillance/nrevss/forinfluenza_data) are from U.S. WHO/NREVSS Collaborating Laboratories (<http://www.cdc.gov/flu/weekly/>)
 †Antigen detection is reported
 ‡ Percent positive of Parainfluenza aggregates the % of positive samples from parainfluenza type 1, type 2 and type 3. Assuming that each sample were tested for the 3 sub-types.

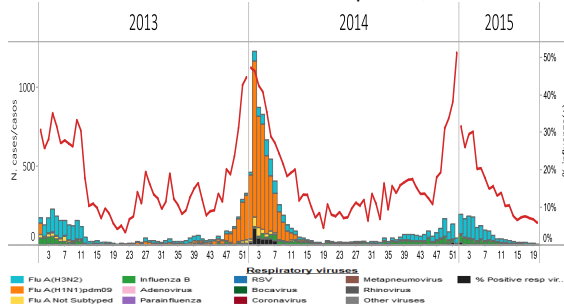
Mexico

- ARI activity (323 ARI cases per 100.000 hab. during EW 21) continued at low level / La actividad de IRA (323 casos de IRA por 100,000 hab. en la SE 21) continúa en niveles bajos
- The pneumonia activity continued above the expected levels and decreased slightly this week (1.75 pneumonia cases per 100.000 hab. during EW 21). / La actividad de neumonía (1,75 casos de neumonía por 100,000 hab. en la SE 21) continúa ligeramente por encima de niveles esperados y disminuyó levemente esta semana.
- Influenza detections (6% of positivity in EW 20) continued to decrease. Influenza A(H3N2) predominated this season / Las detecciones de influenza (6% de positividad en la SE 20) continúan disminuyendo. Influenza A(H3N2) predominó esta temporada

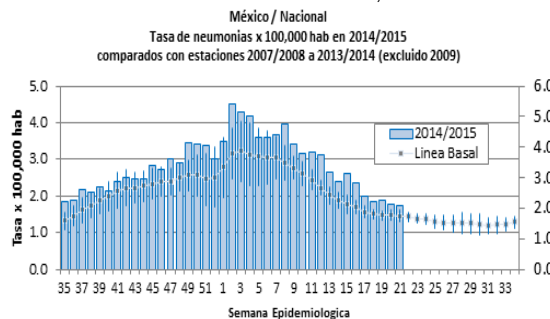
Mexico: ARI Endemic Channel, 2014-15
 Canal Endémico de IRA, 2014-15



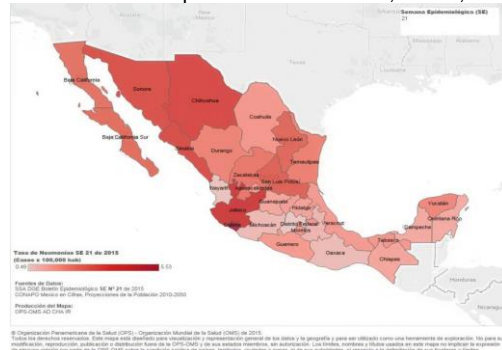
Mexico: Influenza virus distribution by EW 2013-15
 Distribución de virus influenza por SE, 2013-15



Mexico: Pneumonia Endemic Channel, 2014-15
 Canal endémico de neumonía, 2014-15



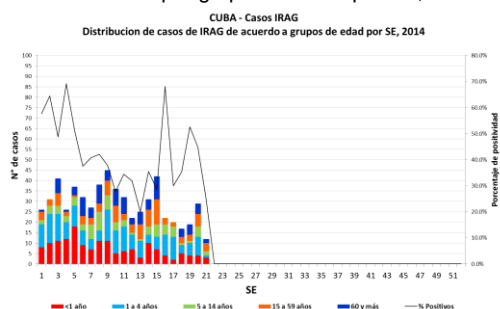
Mexico: Pneumonia rate by state, EW 21, 2015
 Tasa de neumonía por entidad federativa, SE 21, 2015



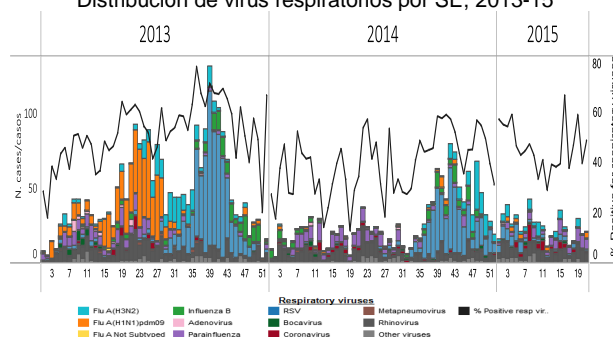
Cuba

- The number of SARI cases decreased in EW 21 in comparison to previous week. Most of the SARI cases are in the >15 years old group / El número de casos IRAG disminuyó en la SE 21, en comparación con la semana previa. La mayoría de casos se registra en el grupo de >15 años
- Rhinovirus and parainfluenza predominated among circulating viruses during 2015 / Entre los virus respiratorios, predomina la circulación de rinovirus y parainfluenza durante 2015
- Influenza, mainly A(H3N2) and parainfluenza detections increased in recent weeks / Las detecciones de influenza, principalmente A(H3N2) y parainfluenza se incrementaron en las últimas semanas

Cuba: SARI cases by age group, by EW, 2015
Casos IRAG por grupos de edad por SE, 2015



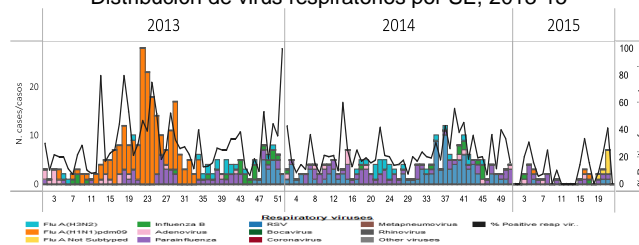
Cuba. Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios por SE, 2013-15



Dominican Republic / República Dominicana

- Few respiratory virus detections during 2015 with parainfluenza predominating/ Pocas detecciones de virus respiratorios durante 2015, con predominio de parainfluenza
- Influenza A not subtyped and RSV detections increased in recent weeks / Las detecciones de influenza A no subtipificado y de VSR se han incrementado en las últimas semanas

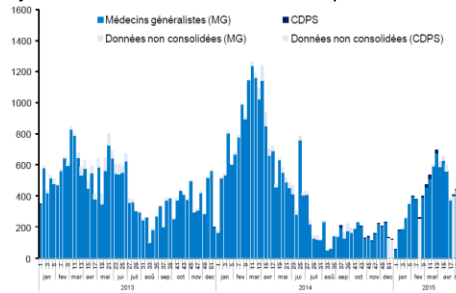
Dominican Republic: Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios por SE, 2013-15



French Guyane / Guyana Francesa

- Decreasing ILI activity / Actividad decreciente de ETI
- Influenza B predominated among influenza circulating virus / Influenza B ha predominado entre los virus circulantes de influenza

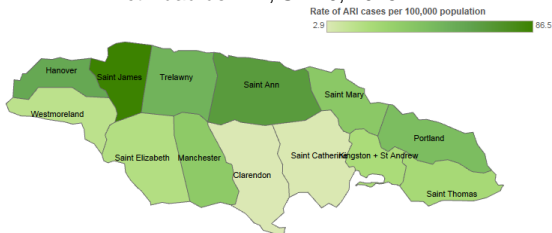
French Guyane: ILI activity by EW, 2013-2015
Guyana Francesa: Actividad de ETI por SE, 2013-15



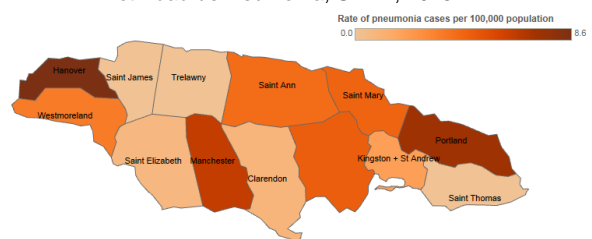
Jamaica

- During EW 20, the proportion of consultations for ARI reported from sentinel sites decreased to 2.8%. Rates of ARI were highest in Saint Ann and Saint James parishes. During EW 17, rates of pneumonia were highest in Hanover and Portland / En la SE 20, la proporción de consultas de IRA reportada por los sitios centinelas disminuyó a 2,8%. Las tasas de IRA fueron más altas en los distritos de San Ann y San James. En la SE 17, las tasas de neumonía fueron más altas en los distritos de Hanover y Portland
- The proportion of SARI hospitalizations decreased to 0.2%, and there were no SARI-related deaths reported for EW 20 / La proporción de hospitalizaciones por IRAG disminuyó a 0,2%, y no se reportó ningún fallecido relacionado con IRAG en la SE 20
- Influenza A(H3N2) and A not subtyped detections increased in recent weeks/ Las detecciones de influenza A(H3N2) y A no subtipificado incrementaron en las últimas semanas

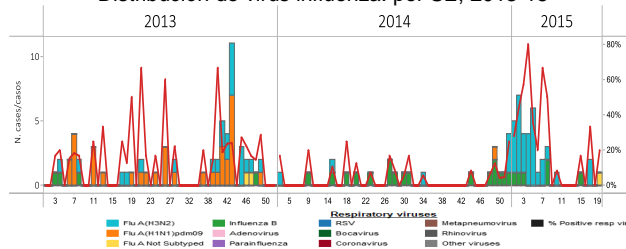
Jamaica: ARI activity by parish, EW 20, 2015
Actividad de IRA, SE 20, 2015



Jamaica: Pneumonia activity by parish, EW 17, 2015
Actividad de Neumonía, SE 17, 2015



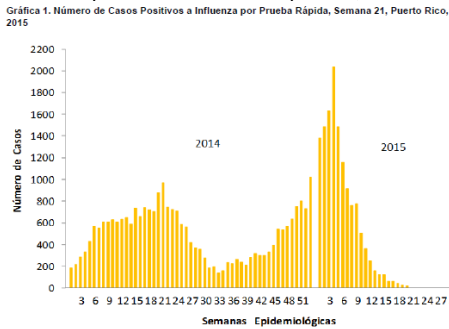
Jamaica: Influenza virus distribution, by EW, 2013-15
Distribución de virus influenza. por SE, 2013-15



Puerto Rico

- Minimal ILI activity / Actividad mínima de ETI³
- Minimal levels of influenza detections / Niveles mínimos de detecciones de influenza

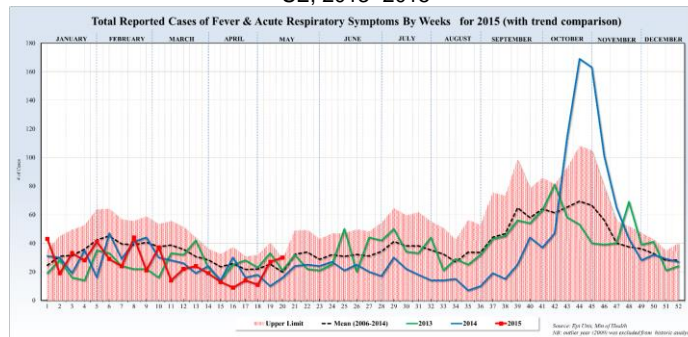
Puerto Rico: Influenza-positive cases by EW, 2013-15
Casos positivos a influenza por SE, 2013-15



Saint Lucia

- Cases of fever and acute respiratory symptoms continued to increase but r remained within expected levels in comparison with previous years / Los casos de fiebre y síntomas respiratorios continúan aumentando, pero se mantienen en niveles bajos, dentro de los niveles esperados.

Total de casos reportados de fiebre y síntomas respiratorios agudos, por SE, 2013- 2015



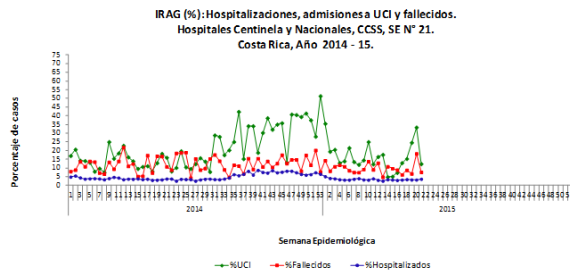
³ As reported to CDC/De acuerdo al CDC: <http://www.cdc.gov/flu/weekly/>

Central America / América Central:

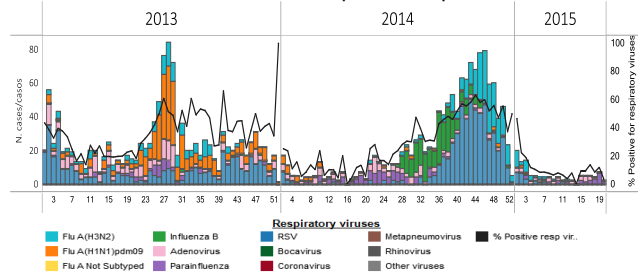
Costa Rica

- SARI activity decreased during EW 21 and continued within expected levels / La actividad de IRAG disminuyó en la SE 21 y continúa dentro de niveles esperados
- Few respiratory virus detections were recorded in recent weeks with parainfluenza predominating among circulating virus/ Se han registrado pocas detecciones en la últimas semanas, con predominio de parainfluenza entre los virus circulantes

Costa Rica: Proportion of SARI-Associated Hospitalizations, ICU Admissions and Deaths, by EW, 2014-15



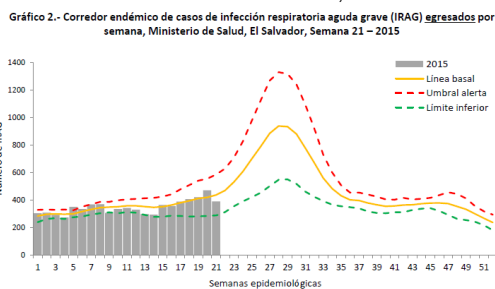
Costa Rica: Respiratory virus distribution, by EW, 2013-15
Distribución de virus respiratorios. por SE, 2013-15



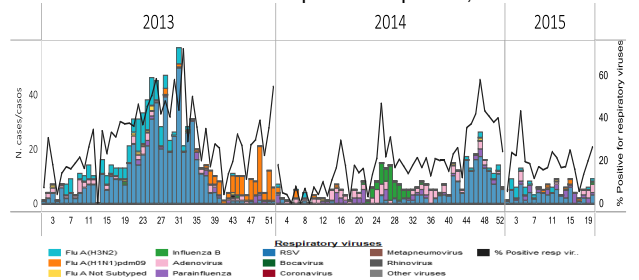
El Salvador

- Low SARI activity and with expected levels / Actividad de IRAG baja y dentro de niveles esperados
- Increased respiratory detections in recent weeks with adenovirus and RSV predominating / Incremento en las detecciones respiratorias en las últimas semanas, con predominio de adenovirus y VSR

El Salvador: SARI Endemic Channel, 2015
Canal Endémico de IRAG, 2015



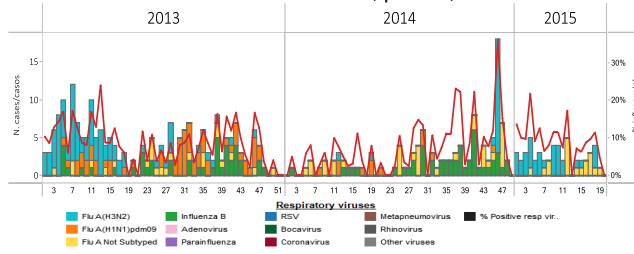
El Salvador: Respiratory virus distribution, by EW, 2013-15
Distribución de virus respiratorios. por SE, 2013-15



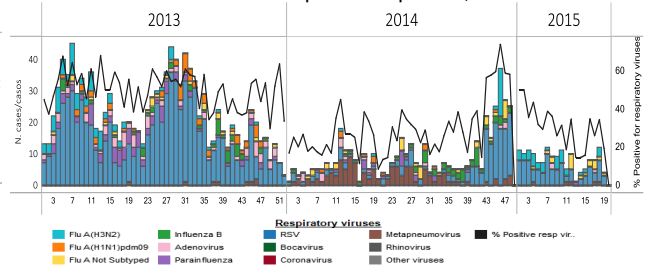
Guatemala

- Low influenza activity but with increased detections in recent weeks, mainly influenza A(H3N2) / Baja actividad de influenza, pero con incremento en las detecciones en las últimas semanas, principalmente influenza A(H3N2)
- Increased respiratory detections in recent weeks with RSV predominating/ Incremento en las detecciones respiratorias en las últimas semanas, con predominio de VSR

Guatemala: Influenza virus distribution, by EW, 2013-15
Distribución de virus influenza, por SE, 2013-15



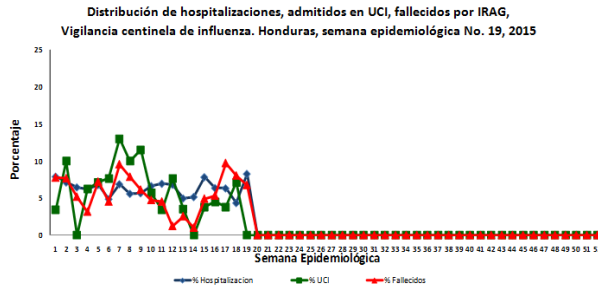
Guatemala: Respiratory virus distribution, by EW, 2013-15
Distribución de virus respiratorios por SE, 2013-15



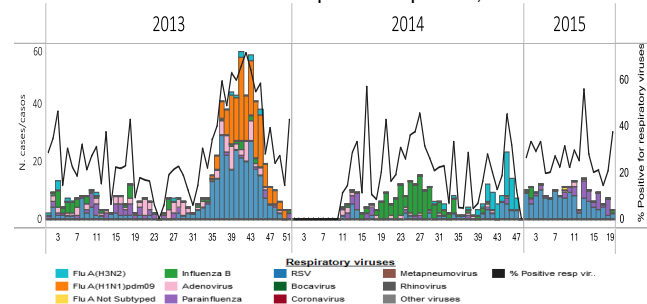
Honduras

- SARI activity within expected levels however hospitalizations continued to increase in recent weeks / Actividad de IRAG dentro de niveles esperados, sin embargo en las últimas semanas se han incrementado las hospitalizaciones
- Increased RSV activity during 2015 but decreasing. Parainfluenza predominated in recent weeks / Aumento en la actividad de VSR durante 2015, pero disminuyendo. En las últimas semanas ha predominado parainfluenza
- Minimal influenza activity / Actividad mínima de influenza

Honduras: % SARI Hospitalizations, ICU Admissions & Deaths by EW 2015
Distribución de hospitalizaciones, admitidos en UCI, fallecidos por IRAG, Vigilancia centinela de influenza, Honduras, semana epidemiológica No. 19, 2015



Honduras: Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios por SE, 2013-15



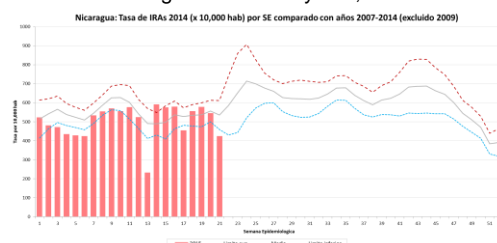
Nicaragua

- ARI and pneumonia activity continued below expected levels/ La actividad de IRA y neumonía continúa debajo de niveles esperados

Nicaragua: Pneumonia rate by EW, 2015
Nicaragua: Tasa de neumonías 2014 (x 10,000 hab) por SE comparado con años 2007-2014 (excluido 2009)



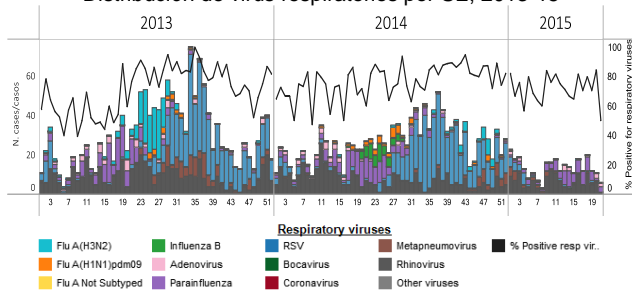
Nicaragua: ARI rate by EW, 2015
Nicaragua: Tasa de IRAs 2014 (x 10,000 hab) por SE comparado con años 2007-2014 (excluido 2009)



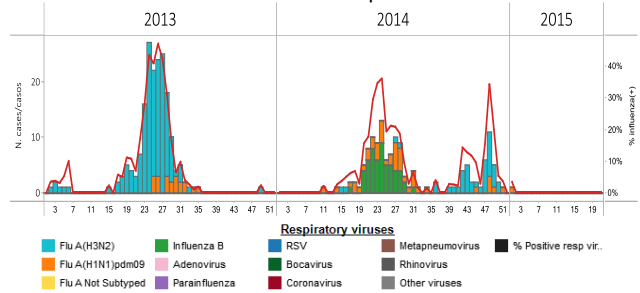
Panama

- Low respiratory virus activity. Among other respiratory viruses, low circulation of adenovirus and parainfluenza were detected in recent weeks / Baja actividad viral respiratoria. Respecto a otros virus respiratorios, en las últimas semanas se observa circulación baja de adenovirus y parainfluenza
- No influenza detections since EW 1 of 2015 / Sin detecciones de influenza desde la SE 1 de 2015

Panama: Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios por SE, 2013-15



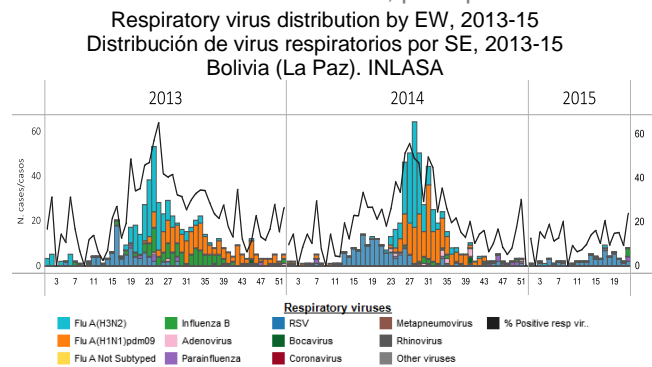
Panama. Influenza virus distribution by EW, 2013-15
Distribución de influenza por SE 2013-15



South America / América del sur – Andean countries / Países andinos:

Bolivia

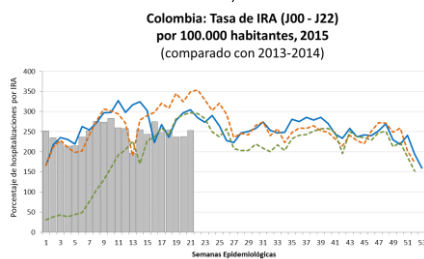
- In La Paz, low respiratory virus activity with increased detections of influenza B and RSV in recent weeks / En La Paz, actividad baja de virus respiratorios, con incremento en las detecciones de influenza B y VSR en las últimas semanas
- In La Paz, very few influenza detections during 2015, mainly influenza A(H3N2) and B / En La Paz, muy pocas detecciones de influenza en 2015, principalmente influenza A(H3N2) y B



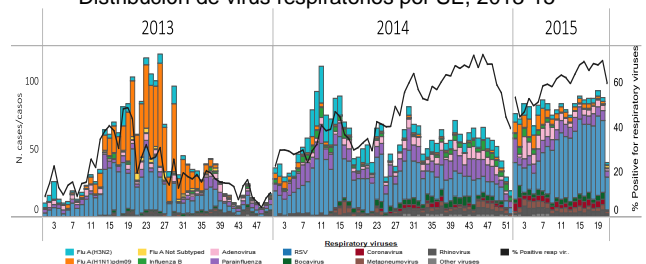
Colombia

- ARI activity in outpatient consultations and hospitalizations within expected levels in comparison with previous years / Actividad de IRA en consultas externas y en hospitalización dentro de los niveles esperados en comparación con los años anteriores.
- Low influenza activity with a decreasing trend of detections after the peak recorded in EW 4 / Actividad baja de influenza, con tendencia decreciente en las detecciones desde su pico en la SE 4
- Increased respiratory virus detections with RSV predominating in recent weeks / Incremento de la actividad de virus respiratorios en las últimas semanas, con predominio de VSR
- In EW 21 the department with the highest rate of ARI was Amazonas and the departments with the highest rates of pneumonia were Bogota and Sucre / En la SE 21, el departamento que reportó las mayores tasas de IRA fue Amazonas y los departamentos con las tasas mas altas de neumonía fueron Bogotá y Sucre

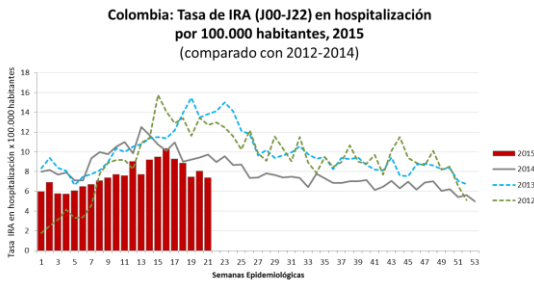
Colombia: Rate of ARI outpatient visits with J00-J20 codes, by EW, 2015



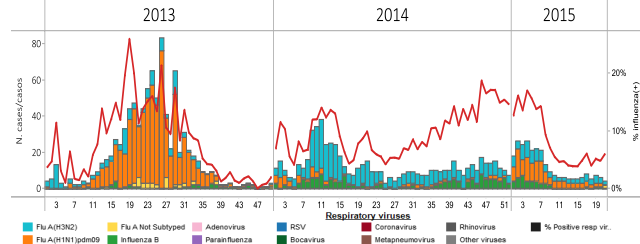
Colombia: Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios por SE, 2013-15



Colombia: Rate of pneumonia in hospitalizations with J00 to J20 codes, by EW 2015

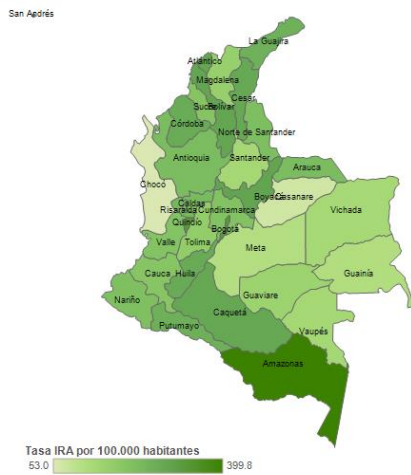


Colombia. Influenza virus distribution by EW, 2013-15
Distribución de virus influenza por SE, 2013-15



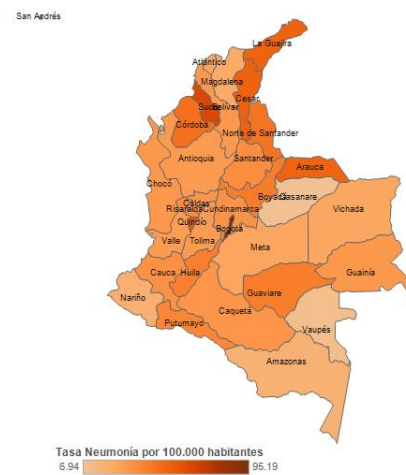
Colombia: ARI rates by department and by 100,000 hab. EW 21, 2015

Colombia: Tasa de IRA por departamento, SE 21



Colombia: Pneumonia rates by department and by 100,000 hab. EW 21, 2015

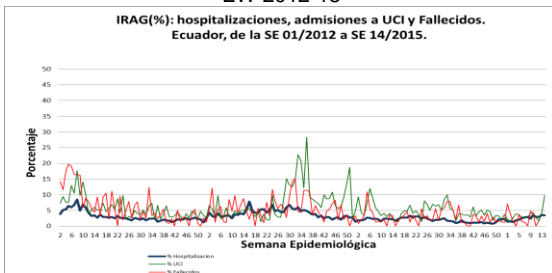
Colombia: Tasa de neumonia por departamento, SE 21



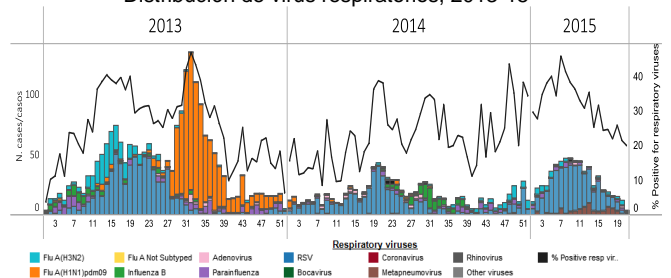
Ecuador

- SARI cases in the ICU increased sharply in EW 13 / Casos de IRAG en la UCI se incrementaron bruscamente en la SE 13
- High RSV activity during 2015 but with a decreasing trend and with low influenza circulation in recent weeks / Actividad elevada de VSR durante 2015, pero con tendencia decreciente y con poca circulación de influenza en las últimas semanas

Ecuador: % SARI Hospitalizations, ICU Admissions & Deaths by EW 2012-15

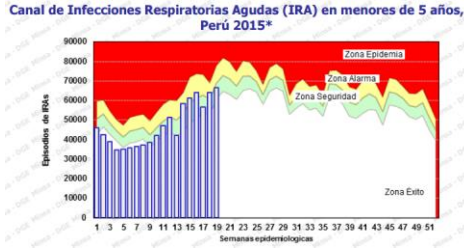


Ecuador: Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios, 2013-15

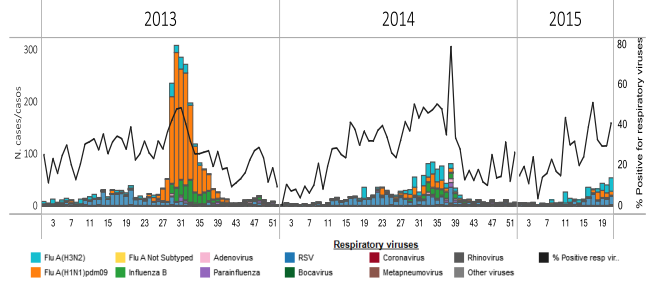


- ARI activity in children under five years increasing in recent weeks but within expected levels / Actividad de IRA en menores de cinco años incrementando en las últimas semanas, pero en niveles esperados
- Few respiratory virus detections during 2015 with increase detections of influenza A(H3N2) and RSV in recent weeks/ Pocas detecciones de virus respiratorios durante el 2015, con aumento en las detecciones de influenza A(H3N2) y VSR en las últimas semanas

Peru: ARI endemic channel in children under five years by EW, 2015

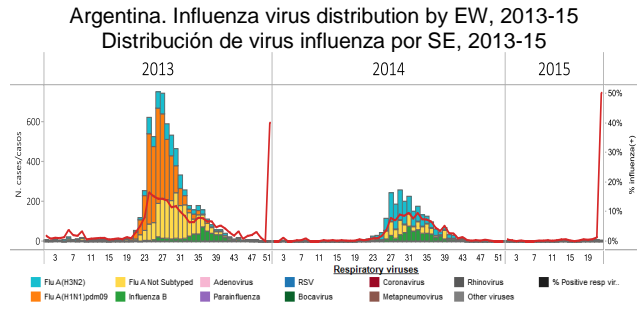
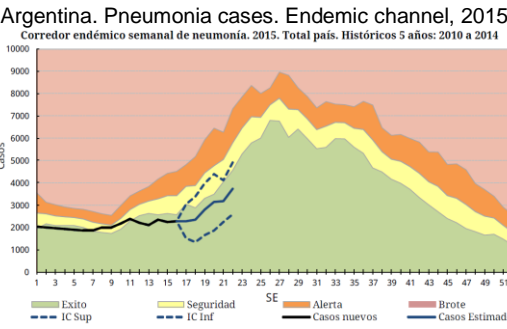
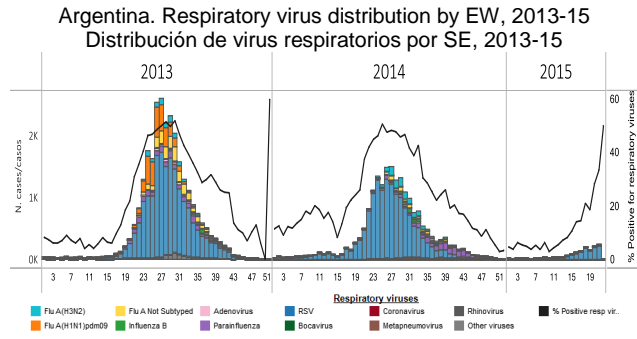
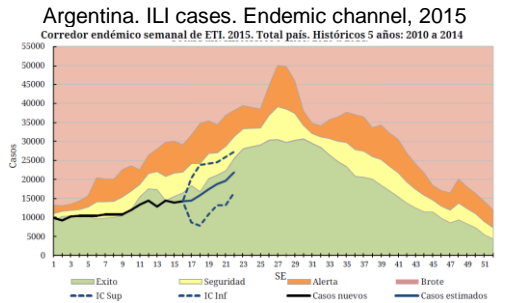


Peru. Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios por SE 2013-15



Argentina

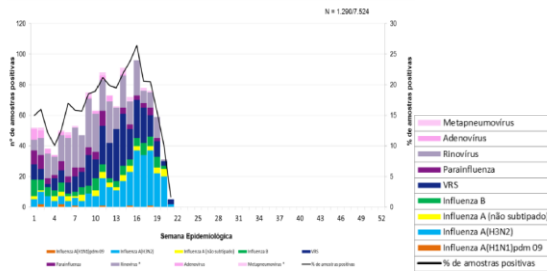
- Low ILI and pneumonia activity and within expected levels / Actividad baja de ETI y neumonía y dentro de niveles esperados
- Few respiratory virus detections with RSV predominating in recent weeks / Pocas detecciones de virus respiratorios en las últimas semanas, con predominio de VSR



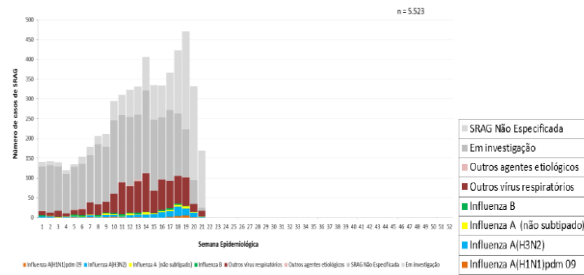
Brazil

- Low ILI/SARI activity and within expected levels / Actividad baja de ETI/IRAG, dentro de niveles esperados y con tendencia decreciente
- Downward trend of respiratory virus activity / Tendencia decreciente de actividad viral respiratoria

Brazil: Respiratory virus distribution in ILI cases, by EW, 2015
Distribución de virus respiratorios en casos ETI, por SE, 2015
Figura 1. Distribuição dos vírus respiratórios identificados nas unidades sentinelas de Síndrome Gripal, por semana epidemiológica de início dos sintomas. Brasil, 2015 até a SE 21.

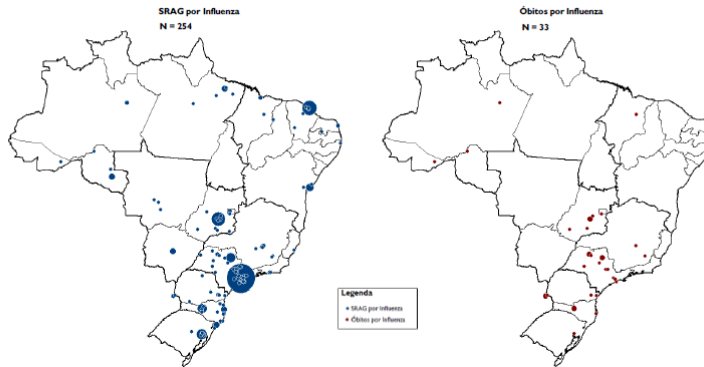


Brazil: Respiratory virus distribution, SARI cases, by EW, 2014-15
Distribución de virus respiratorios, casos IRAG, por SE, 2014-15
Figura 3. Distribuição dos casos de Síndrome Respiratória Aguda Grave segundo agente etiológico e semana epidemiológica do início dos sintomas. Brasil, 2015 até a SE 21.



Brazil: Distribution of SARI hospitalizations and deaths by municipality and influenza type/subtype by region
 Distribución de hospitalizaciones y fallecidos por IRAG por municipio y tipo/subtipo de influenza por región

Anexo 4. Distribuição espacial dos casos e óbitos por Síndrome Respiratório Agudo Grave confirmados para influenza por município de residência. Brasil, 2015 até a SE 21.

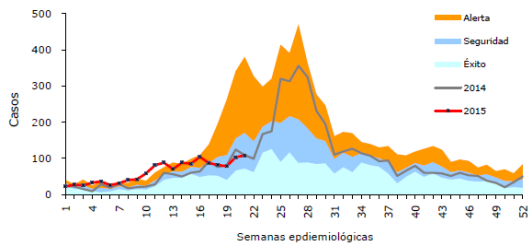


Chile

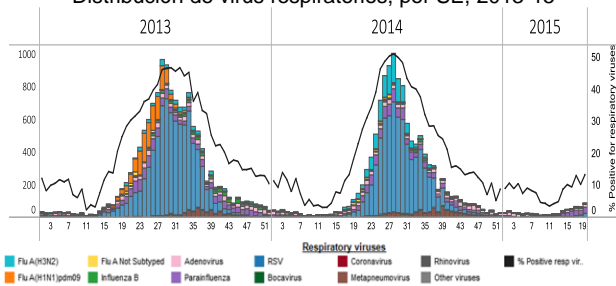
- Low ILI/SARI activity and within expected levels / Actividad baja de ETI/IRAG y dentro de niveles esperados
- Low respiratory virus activity but with increase detections of adenovirus and parainfluenza in recent weeks/ Niveles bajos de actividad viral respiratoria, pero con aumento en las últimas semanas en las detecciones de adenovirus y parainfluenza

Chile. ILI Endemic Channel, 2015

Canal endémico de Enfermedad Tipo Influenza según semana epidemiológica, 2008-2014*. Chile, 2015 (SE 1-21)

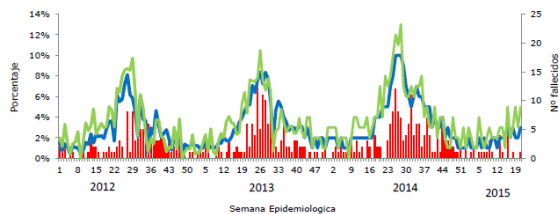


Chile. Respiratory virus distribution by EW, 2013-15
 Distribución de virus respiratorios, por SE, 2013-15

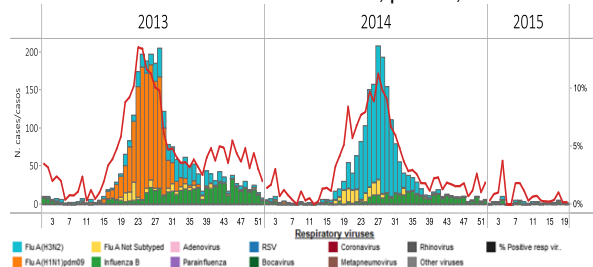


Chile. % SARI hospitalizations, ICU Adm and Deaths, 2012-15

Porcentaje de hospitalizados, ingreso a UCI y número de fallecidos por IRAG según SE en Hospitales Centinela. Chile, 2012 - 2015 (*).

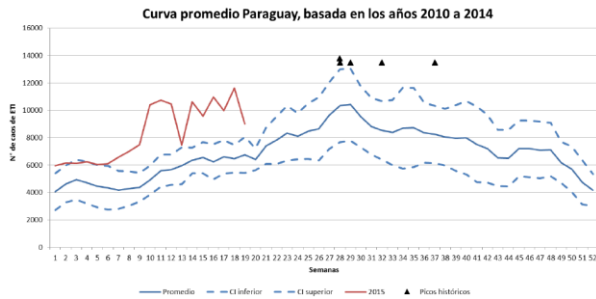


Chile: Influenza virus distribution by EW, 2013-15
 Distribución de virus de influenza, por SE, 2013-15



- Low ILI activity but above expected levels and with a decreasing trend / Actividad baja de ETI, pero superior a los niveles esperados y con tendencia decreciente
Low SARI activity however ICU admissions and deaths increased this week / Actividad baja de IRAG, sin embargo esta semana se han incrementado los ingresos a la UCI y las defunciones
- Low influenza activity but with a increase detections of influenza A(H3N2) in recent weeks / Actividad baja de influenza, pero con un aumento en las detcciones de influenza A(H3N2) en las últimas semanas
- Decreasing RSV detections but continued with elevated activity / Detecciones decrecientes de VSR, pero aún con actividad elevada
- In EW 21 the departments with the highest rates of ARI and pneumonia were Alto Paraguay and Boqueron / Los departamentos que reportaron mayores tasas de IRA y neumonía en la SE 21 fueron Alto Paraguay y Boqueron

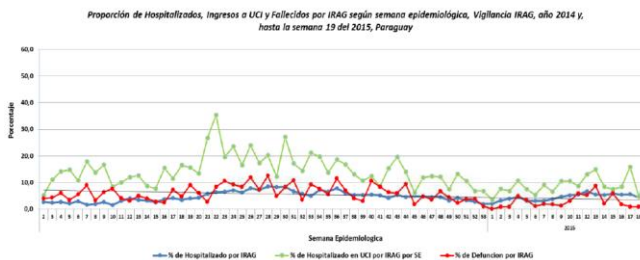
Paraguay. ILI endemic channel, by EW, 2015
Canal endémico de ETI por SE, 2015



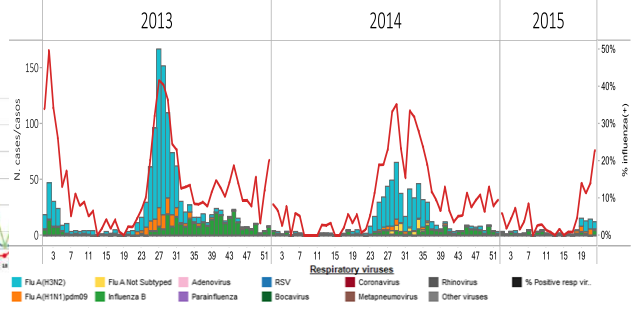
Paraguay. Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios por SE, 2013-15



Paraguay: % SARI Hospitalizations, ICU Admissions & Deaths by EW 2014-15
Cayos IRAG. Hospitalizaciones e ingresos en UCI & fallecidos (%) por SE, 2014-15

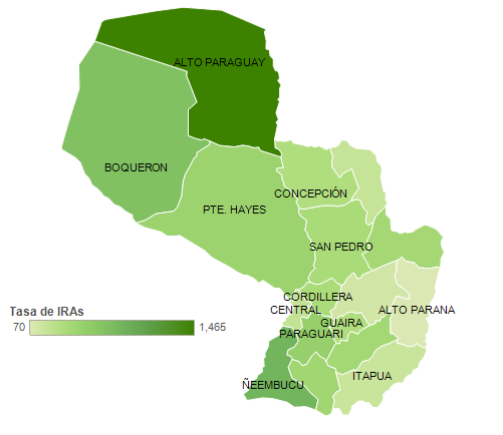


Paraguay: Influenza virus distribution by EW, 2013-15
Distribución de virus de influenza, por SE, 2013-15



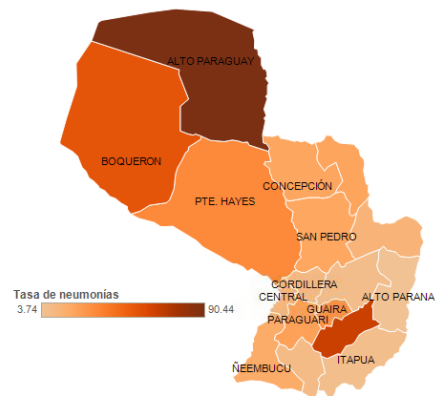
Paraguay: ARI rates by department and by 100,000 hab.
EW 21, 2015

Paraguay: Tasa de IRA por departamento por 100.000 habitantes, SE 21



Paraguay: Pneumonia rates by department and by 100,000 hab.
EW 21, 2015

Paraguay: Tasa de neumonía por departamento por 100.000 hab., SE 21

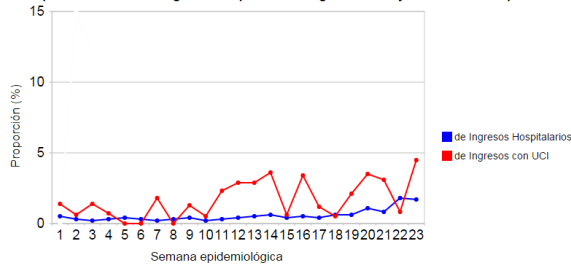


Uruguay

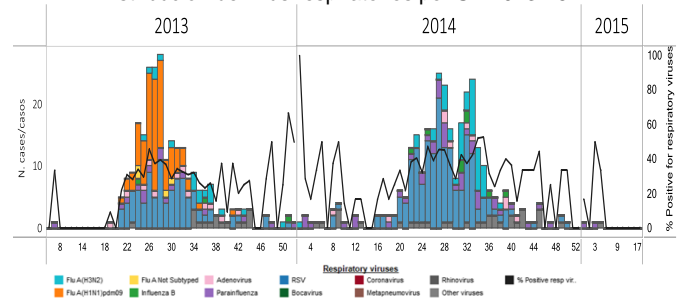
- SARI hospitalizations within expected levels but with a increasing trend in admissions in recent weeks / Hospitalizaciones de IRAG dentro de niveles esperados, pero con una tendencia creciente en los ingresos en las últimas semanas
- Very few respiratory virus detections in recent weeks / Muy pocas detecciones de virus respiratorios en las últimas semanas
- No influenza viruses detected during 2015 / No se han detectado virus influenza durante 2015

Uruguay: % SARI-associated hospitalizations & ICU admissions by EW, 2015

Proporción de IRAG en ingresos hospitalarios e ingresos a UCI y defunciones hospitalarias



Uruguay: Respiratory virus distribution by EW, 2013-15
Distribución de virus respiratorios por SE 2013-15



As of 14 July 2014⁴

Recommendations for specimen collection

Increasing evidence suggests that lower respiratory specimens have a higher diagnostic value than upper respiratory tract specimens for detecting MERS-CoV infection. Upper respiratory tract samples have yielded negative results in some symptomatic close contacts of confirmed cases, who later developed pneumonia and tested positive on lower respiratory specimens. It is strongly advised that lower respiratory specimens such as sputum, endotracheal aspirate, or bronchoalveolar lavage should be collected for MERS-CoV testing when possible. If patients do not have signs or symptoms of lower respiratory tract disease and the collection of lower tract specimens is not possible or clinically indicated, upper respiratory tract specimens such as a nasopharyngeal aspirate or combined nasopharyngeal and oropharyngeal swabs should be collected. If initial testing is negative in a patient who is strongly suspected to have MERS-CoV infection, the patient should be resampled, with specimens being collected from multiple respiratory tract sites. Paired acute and convalescent sera for antibody detection should also be collected. Virus has also been demonstrated in body fluids such as blood, urine, and stool but usually at lower titres than in respiratory tract specimens. Such specimens may be collected when good quality respiratory tract specimens are unavailable or to monitor the presence of virus in different body compartments.

Objectives of surveillance

The primary objectives of the surveillance are to:

1. Detect early, sustained human-to-human transmission.
2. Determine the geographic risk area for infection with the virus.

Additional clinical and epidemiological investigations (see table below) are needed to:

1. Determine key clinical characteristics of the illness, such as incubation period, spectrum of disease, and the clinical course of the disease.
2. Determine key epidemiological characteristics of MERS-CoV infection, such as exposures that result in infection, risk factors, secondary attack rates, and modes of transmission.

The following people should be investigated and tested for MERS-CoV:

1. A person with an acute respiratory infection, with history of fever and cough and indications of pulmonary parenchymal disease (e.g. pneumonia or ARDS), based on clinical or radiological evidence, who require admission to hospital, with no other etiology that fully explains the clinical presentation.¹ In addition, clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

AND any of the following:

- a. the person resides in the Middle East², in particular where human infections have been reported, and in countries where MERS-CoV is known to be circulating in dromedary camels;
- b. the patient is part of a cluster³ of acute respiratory illness that occurs within a 14 day period, without regard to place of residence or history of travel;

⁴ Complete document available at WHO:
http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoVinfection_14July2014.pdf?ua=1

- c. the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel;
 - d. the person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another aetiology has been identified that fully explains the clinical presentation.
2. A person with an acute respiratory infection, with history of fever and cough and indications of pulmonary parenchymal disease (e.g. pneumonia or ARDS), based on clinical or radiological evidence, and who travelled within 14 days before onset of illness, to the Middle East², or in countries where MERS-CoV is known to be circulating in dromedary camels or where human infections have recently occurred.
3. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposure:
 - a. close physical contact⁴ with a confirmed or probable case of MERS-CoV infection, while that patient was ill;
 - b. a healthcare facility in a country where hospital-associated MERS-CoV infections have been reported;
 - c. direct contact with dromedary camels or consumption or exposure to dromedary camel products (raw meat, unpasteurized milk, urine) in countries where MERS-CoV is known to be circulating in dromedary camel populations or where human infections occurred as a result of presumed zoonotic transmission.
4. Countries in the Middle East² are also strongly encouraged to consider adding testing for MERS-CoV to current testing algorithms as part of routine sentinel respiratory disease surveillance and diagnostic panels for pneumonia.

WHO does not advise special screening at points of entry.

¹Testing should be according to local guidance for management of community-acquired pneumonia. Examples of other aetiologies include *Streptococcus pneumoniae*, *Haemophilus influenzae* type B, *Legionella pneumophila*, other recognized primary bacterial pneumonias, influenza, and respiratory syncytial virus.

²For a map of the Middle East, see: <http://www.un.org/Depts/Cartographic/map/profile/mideastr.pdf>

³A "cluster" is defined as two or more persons with onset of symptoms within the same 14 day period, and who are associated with a specific setting, such as a classroom, workplace, household, extended family, hospital, other residential institution, military barracks or recreational camp.

⁴Close contact is defined as:

- Health care associated exposure, including providing direct care for MERS-CoV patients, working with health care workers infected with MERS-CoV, visiting patients or staying in the same close environment of a MERS-CoV patient.
- Working together in close proximity or sharing the same classroom environment with a with MERS- CoV patient.
- Traveling together with MERS-CoV patient in any kind of conveyance.
- Living in the same household as a MERS-CoV patient.
- The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.

Reporting

WHO requests that probable and confirmed cases be reported within 24 hours of classification, through the Regional Contact Point for International Health Regulations at the appropriate WHO Regional Office. See current definitions for probable and confirmed cases at: http://www.who.int/csr/disease/coronavirus_infections/case_definition/en/index.html.

ACRONYMS

| | |
|-----------------|---|
| ARI | Acute respiratory infection |
| CARPHA | Caribbean Public Health Agency |
| CENETROP | Centro de Enfermedades Tropicales (Santa Cruz, Bolivia) |
| EW | Epidemiological Week |
| ILI | Influenza-like illness |
| INLASA | Instituto Nacional de Laboratorios de Salud (La Paz, Bolivia) |
| INS | Instituto Nacional de Salud |
| ORV | Other respiratory viruses |
| SARI | Severe acute respiratory infection |
| SEDES | Servicio Departamental de Salud (Bolivia) |
| ICU | Intensive Care Unit |
| RSV | Respiratory Syncytial Virus |

ACRÓNIMOS

| | |
|-----------------|---|
| CARPHA | Caribbean Public Health Agency |
| CENETROP | Centro de Enfermedades Tropicales (Santa Cruz, Bolivia) |
| ETI | Enfermedad tipo influenza |
| INLASA | Instituto Nacional de Laboratorios de Salud (La Paz, Bolivia) |
| INS | Instituto Nacional de Salud |
| IRA | Infección respiratoria aguda |
| IRAG | Infección respiratoria aguda grave |
| OVR | Otros virus respiratorios |
| SE | Semana epidemiológica |
| SEDES | Servicio Departamental de Salud (Bolivia) |
| UCI | Unidad de Cuidados Intensivos |
| VSR | Virus sincitial respiratorio |