



Regional Update EW 07, 2012

Influenza
(February 28, 2012 - 17 h GMT; 12 h EST)

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

Influenza Regional Reports: www.paho.org/influenzareports

The information presented in this update is based on data provided by Ministries of Health and National Influenza Centers of Member States to the Pan American Health Organization (PAHO) or from updates on the Member States' Ministry of Health web pages.

- In North America, influenza activity increased but remained within the expected level for this time of year. Among influenza viruses, influenza A(H3N2) was predominant in Canada and United States and influenza A(H1N1)pmd09 was predominant in Mexico but has increased in United States.
- In Central America and the Caribbean, influenza activity remained low or within expected levels for this period of time.
- In South America, influenza activity and acute respiratory illness activity remained low or within expected level for this period of time.

Epidemiologic and virologic influenza update

North America

In Canada¹, in epidemiological week (EW) 07, 2012, influenza activity remained relatively low. In EW 07, the influenza-like illness (ILI) consultation rate increased, but remained within expected levels for this time of year. In EW 07, among the total samples analyzed (n=3,470), the proportion of samples positive for influenza (10.5%) increased as compared to the previous week. The proportion of influenza virus detections by type this season to date is as follows: 69.6% influenza A [mainly influenza A(H3N2)] and 30.4% influenza B and the percent positive for influenza type B has been increasing over the last few weeks. Concerning other respiratory viruses, the proportion of tests positive for RSV (16.6%) declined as compared to the previous week, and RSV was the most prevalent among all respiratory viruses detected. The proportion of positive tests for the other respiratory viruses was similar to previous weeks (rhinovirus 6.3%, hMPV-6.2%, coronavirus 6.0%, adenovirus-2.0%, parainfluenza-1.6%).

In the United States², in EW 07, influenza activity increased but remained relatively low. At the national level, the proportion of ILI consultations (1.9%) remained below the national baseline (2.4%). Regions 5 (midwest part of the country) and 7 (northwest part of the country) reported ILI activity at or above their region-specific baselines. Nationally, the proportion of deaths attributed to pneumonia and influenza for EW 07 (7.3%) was below the epidemic threshold for this time of year (7.9%). In EW 07, no pediatric deaths associated with influenza were reported. Among all samples tested during EW 07 (n=4,269), the percentage of samples positive for influenza (14.4%) decreased slightly as compared to the previous week (15.5%). Nationally, among the positive samples, 93.8% were influenza A [among the subtyped influenza A viruses, mainly influenza A(H3N2)] and 6.2% were influenza B. Nationally, the proportion of tests positive for influenza A(H1N1) pdm09 has increased, most notably in Regions 6 (states of Arkansas, Louisiana, New Mexico, Oklahoma, Texas), 8 (states of Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming) and 9 (states of Arizona, California, Hawaii, Nevada).

In Mexico, from EW 1 through the 24th of February 2012, there were a total of 5,544 cases of influenza, of which 90.9% (n=5,042) were influenza A(H1N1)pdm 09. This number includes 180 influenza deaths, of which 92.2% (n=166) were influenza A(H1N1)pdm09. According to laboratory data, in EW 07, of the total samples analyzed, the proportion of samples positive for influenza decreased to ~35%. Influenza A(H1N1)pdm09 was the predominant circulating virus.

Caribbean

CAREC*, in EW 07, received epidemiological information from Barbados, Jamaica, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago. In EW 07, the severe acute respiratory infection (SARI) hospitalization rate was 1.9%, which was slightly lower than the previous week (4%). The highest SARI hospitalization rate was reported among children aged 6 months – 4 years (5% of hospitalized children in this age group were SARI cases). One SARI related death was reported in EW 07. According to laboratory data, in the past four weeks, influenza A H1N1pdm09, RSV and rhinovirus were detected.

In Jamaica, in EW 07, the proportion of consultations for Acute Respiratory Illness (ARI) was 5.3%, similar to the previous week. The proportion of SARI admissions was 0.6%, which was lower than the previous week. In EW 07, no SARI deaths were reported. According to laboratory data, influenza A(H1N1)pdm09 virus has been detected in the last 5 weeks.

In Cuba, according to laboratory data, in EW 07, among all samples tested (n=63), 30% were positive for respiratory viruses. No influenza viruses were detected this week. Influenza A(H3N2) was detected sporadically in prior weeks.

In Dominican Republic, in 2012, through EW 07, parainfluenza has been the predominant respiratory virus detected.

In Martinique, the number of consultations by ILI increased during the month of January and the first two weeks of February 2012, surpassing slightly the maximum values expected for the period. Since the middle of February, a decreasing number of consultations were reported. According to laboratory data, influenza B and influenza A(H1N1)pdm09 were the most prevalent viruses among all respiratory viruses detected. Parainfluenza and VRS have also been identified during these weeks.

Central America

In El Salvador, in EWs 06-07, among the tested samples (n=72), 13.9% were positive for respiratory viruses and 9.2% for influenza viruses. The predominant viruses detected were parainfluenza and influenza B.

In Honduras, in EW 07, among the tested samples (n=14), 28% were positive for respiratory viruses, including parainfluenza and influenza A(H1N1)pdm09.

In Guatemala, in EW 07, among the tested samples (n=10), 40% were positive for respiratory viruses and 30% for influenza viruses. The predominant viruses detected were influenza B and parainfluenza. Between EWs 06-08, in the east of Guatemala (Zacapa region), three deaths children were reported with positive samples for influenza B, currently under epidemiological investigation³.

In Nicaragua, in EW 07, among the tested samples (n=32), 6.3% were positive for respiratory viruses; parainfluenza and other respiratory viruses were detected.

In Panama, in EW 05, among all samples tested (n=6), 50% of the samples were positive for respiratory virus, with parainfluenza.

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South America – Andean

In Bolivia, in EW 07, among the tested samples (n=12), no respiratory viruses were detected.

In Colombia, in EW 07, among the tested samples (n=18), 5.6% were positive for respiratory viruses, SRV were detected

In Peru⁴, at the national level in 2012 through EW 07, 294,182 ARI cases in children under 5 were reported, ~1% (n=2,934) of which were pneumonias. According to the ARI and pneumonia epidemic channels in children under 5 years of age in EW 07, levels were within what is expected for this time of the year and were similar to what was reported in previous years.

South America – Southern Cone

In Argentina⁵, in EW 04, ILI and pneumonia endemic channels showed that the number of ILI and pneumonia cases remained low and within what was expected for this time of year.

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

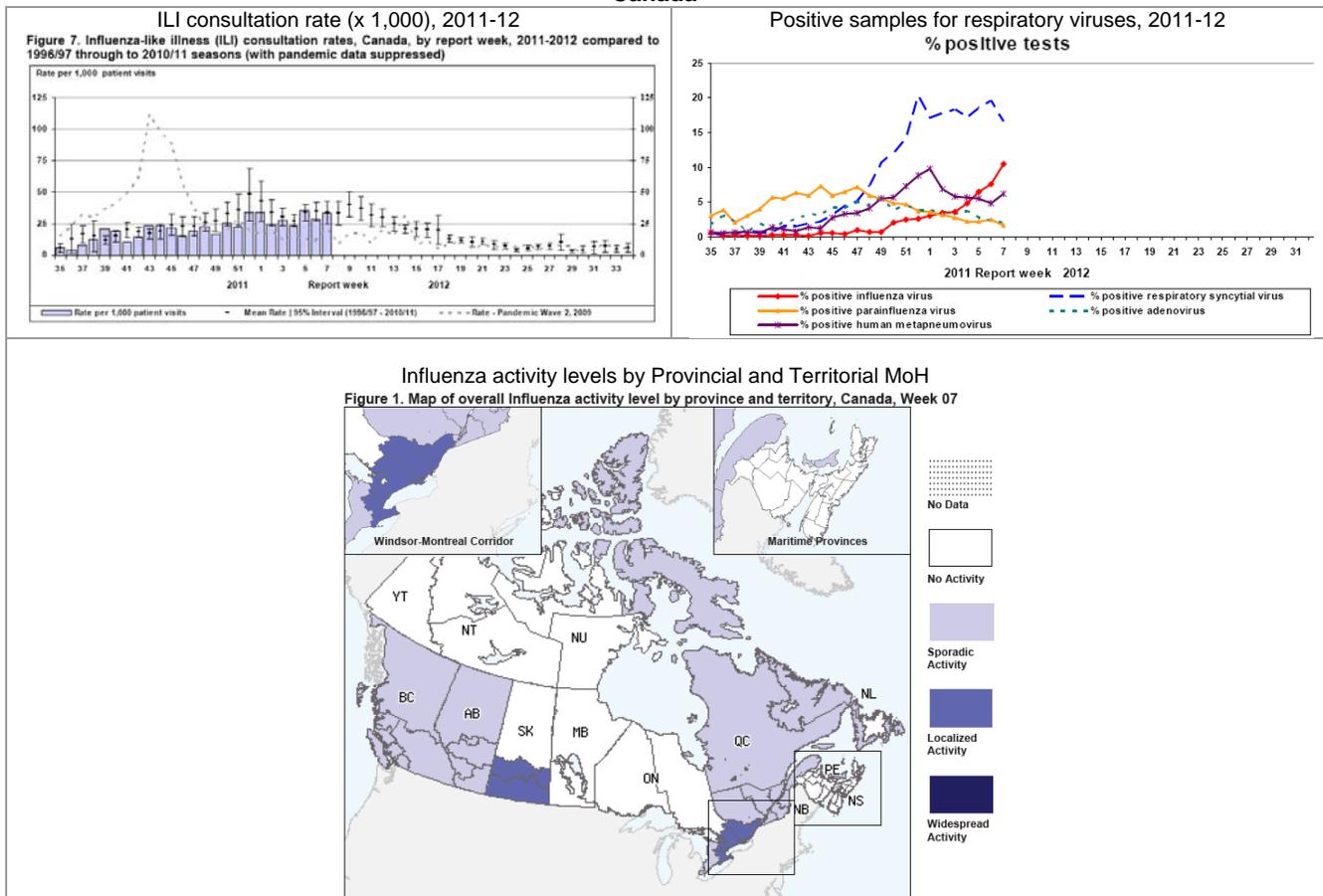
In Chile⁶, in EW 07, at national level, ILI activity increased as compared to the previous week and was slightly above what is expected for this time of the year; however, activity remains at a low level (2.1 per 100,000 inhabitants). The percentage of consults in urgency services for respiratory reasons (8.2%) was similar to what was observed in the two previous years. In EW 07, the proportions of SARI hospitalization, SARI ICU admissions and deaths remained under 5%. According to laboratory data, at national level, in EW 07, among all the samples tested (n=221), the percent of positivity for respiratory viruses was 6.3%; this included adenovirus, influenza A(H3N2) and parainfluenza.

In Paraguay⁷, in EW 07, ILI activity remained similar to 2011. The proportion of ILI consultations (13.1%) was slightly lower than the previous week. The proportions of SARI hospitalization and deaths remained under 10%; however the proportion of SARI ICU admissions increased to 15%. According to laboratory data, in 2012, through EW 07, among all samples tested, low circulation of respiratory viruses was detected (mainly adenovirus, influenza B, parainfluenza and influenza A(H1N1)pdm09).

Graphs

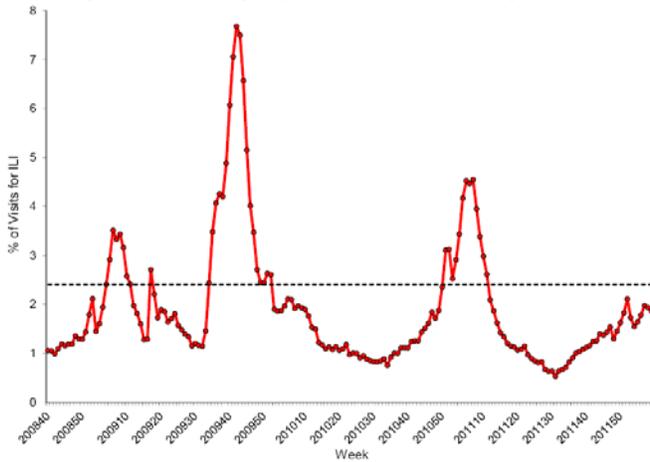
North America

Canada

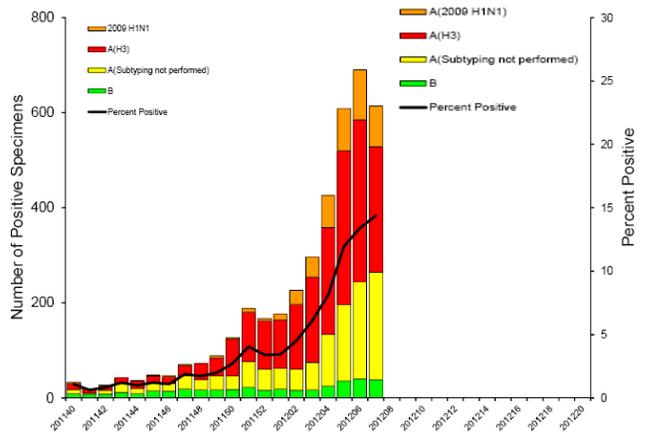


United States

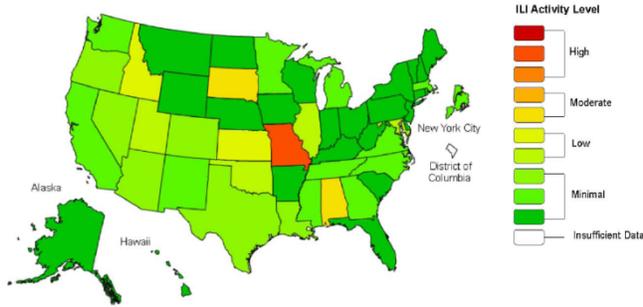
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, September 30, 2008 – February 18, 2012



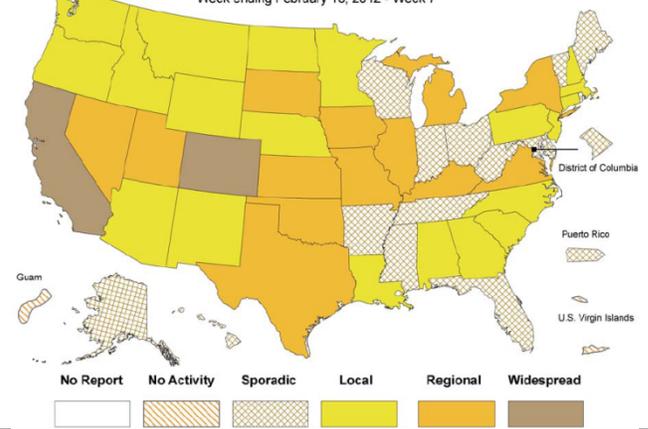
Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2011-2012 Season



Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2011-12 Influenza Season Week 7 ending Feb 18, 2012

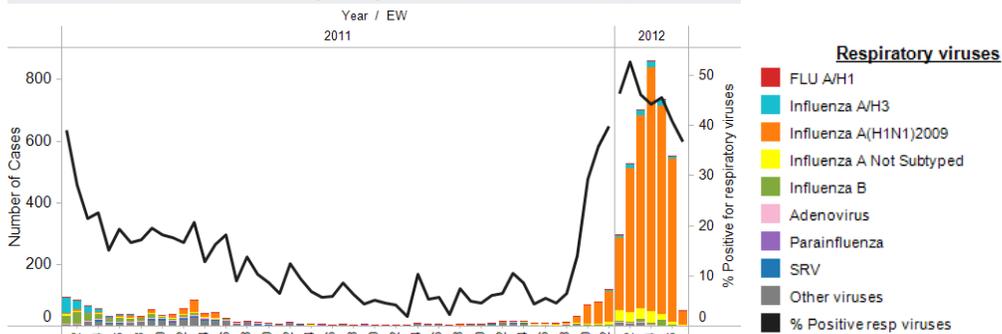


Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists* Week ending February 18, 2012 - Week 7



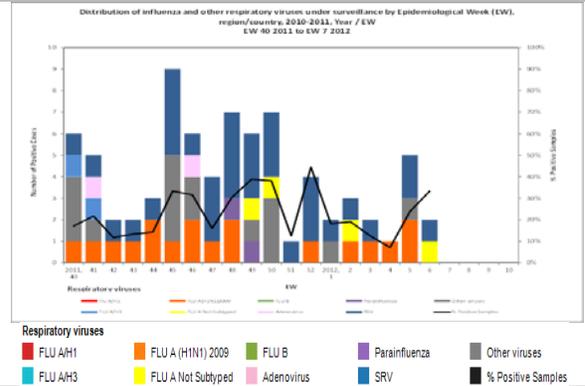
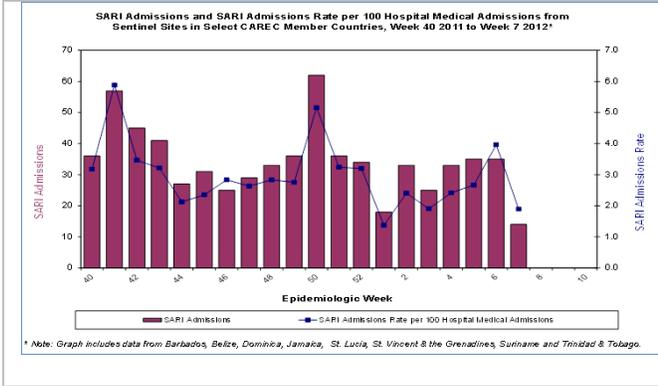
Mexico

Distribution of influenza and other respiratory viruses under surveillance by EW, region / country

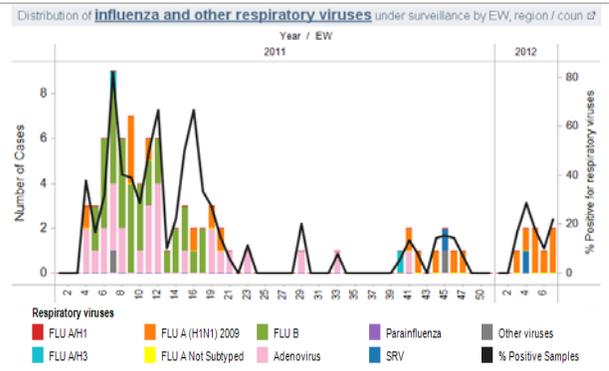
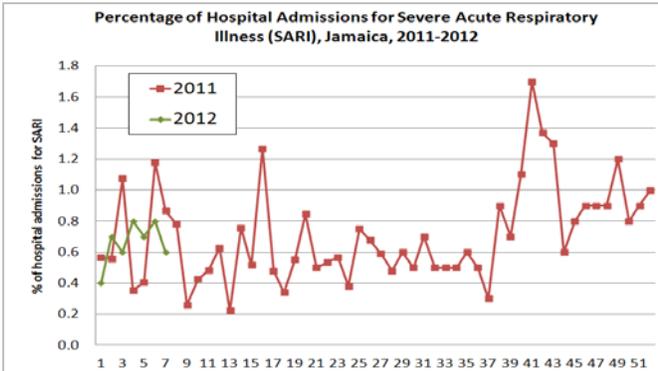


Caribbean

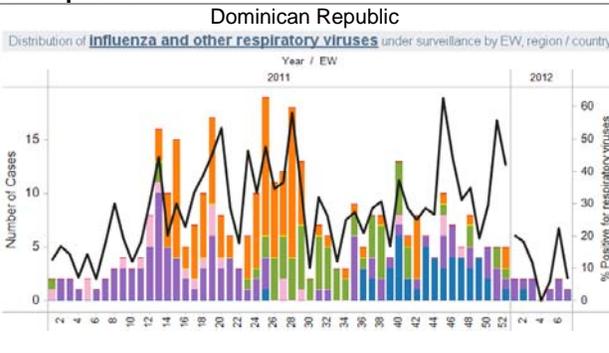
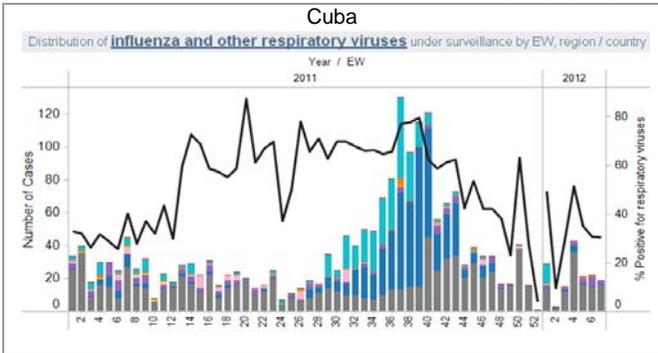
CAREC



Jamaica



Cuba & Dominican Republic

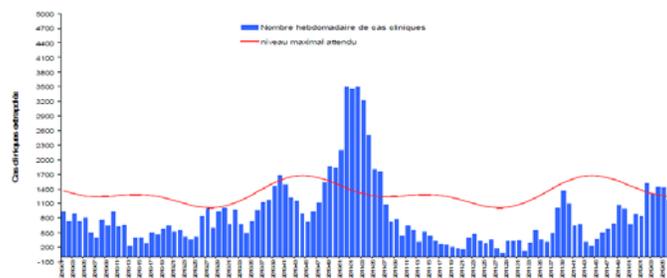


- Respiratory viruses**
- FLU A/H1
 - FLU A (H1N1) 2009
 - FLU B
 - Parainfluenza
 - Other viruses
 - FLU A/H3
 - FLU A Not Subtyped
 - Adenovirus
 - SRV
 - % Positive Samples

Martinica

ILI consultations

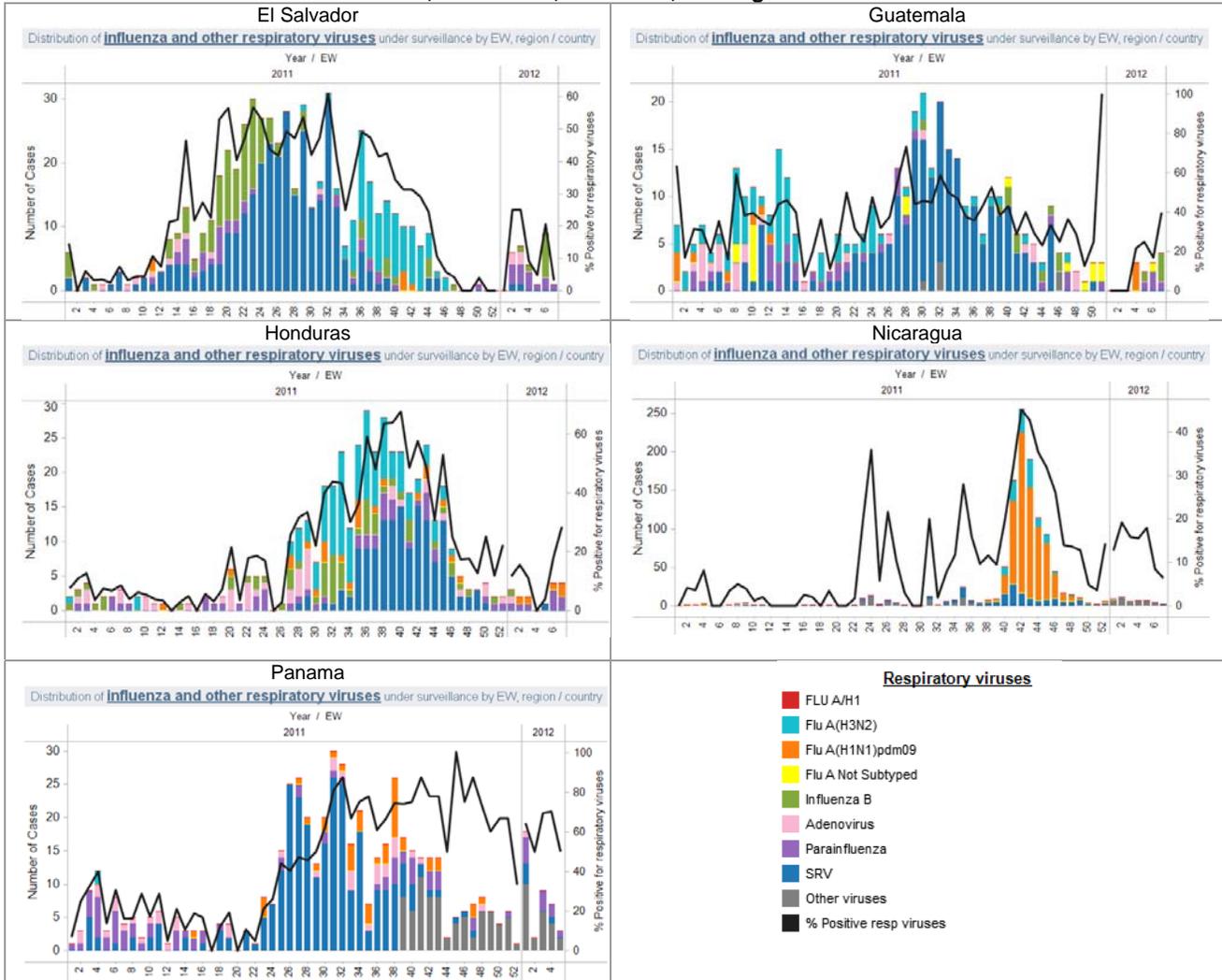
Nombre* hebdomadaire de patients ayant présenté un syndrome grippal et ayant consulté un médecin généraliste, Martinique, janvier 2010 à février 2012 / Estimated weekly number of Influenza-like illnesses diagnosed in GP clinics, Martinique, January 2010 to February 2012



Source : Réseau de médecins généralistes de la Martinique

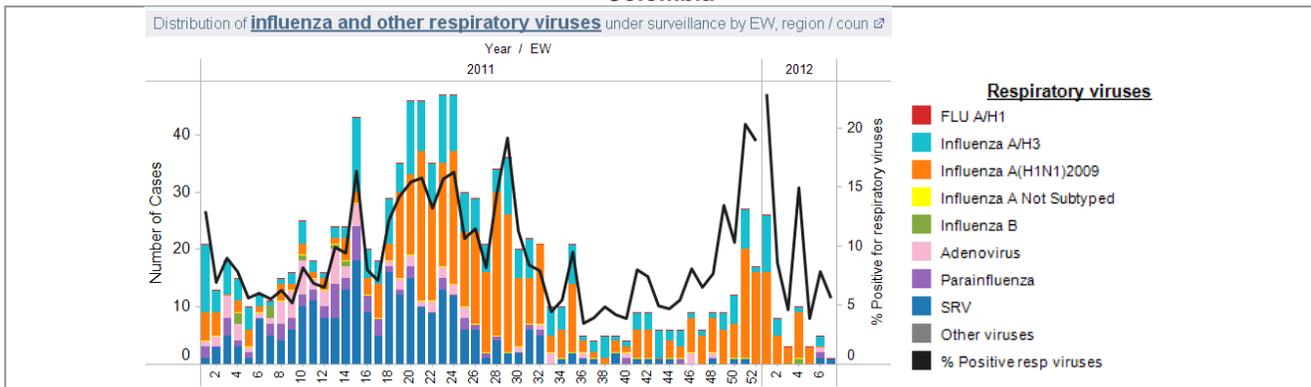
Central America

EI Salvador, Guatemala, Honduras, Nicaragua and Panama



South America - Andean

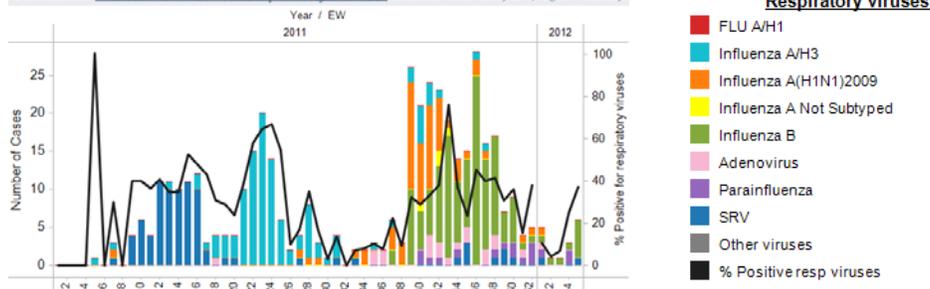
Colombia



Bolivia

La Paz (INLASA Int.)

Distribution of **Influenza and other respiratory viruses** under surveillance by EW, region / country



Peru

ARI endemic channel. Children <5 years old
Canal endémico de IRA en <5 años por SE. 2012

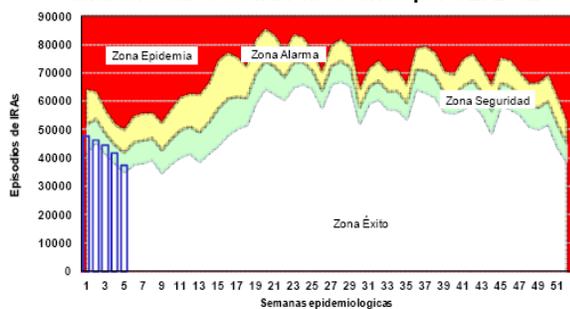


Figura 1: Canal endémico de Episodios de IRA en menores de 5 años. Perú 2012

Pneumonia endemic channel. Children <5 years old
Canal endémico de neumonías en <5 años por SE. 2012

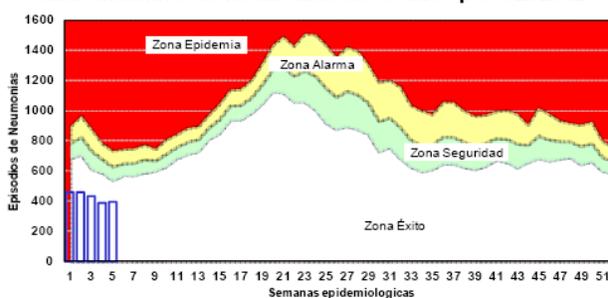


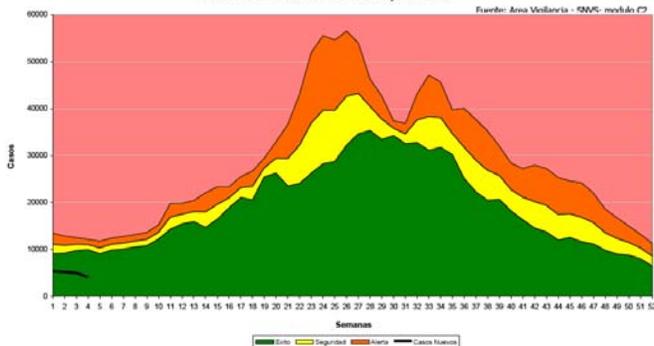
Figura 2: Canal endémico de Episodios de neumonías en menores de 5 años. Perú 2012

South America – Southern Cone

Argentina

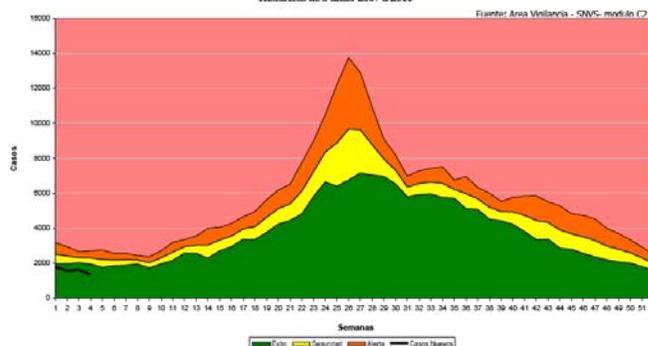
ILI endemic channel by EW, 2011

Corredor Endémico Semanal de 2012
Enfermedad Tipo Influenza (ETI). Argentina
Históricos de 5 años: 2006 a 2011 (excluyendo 2009)

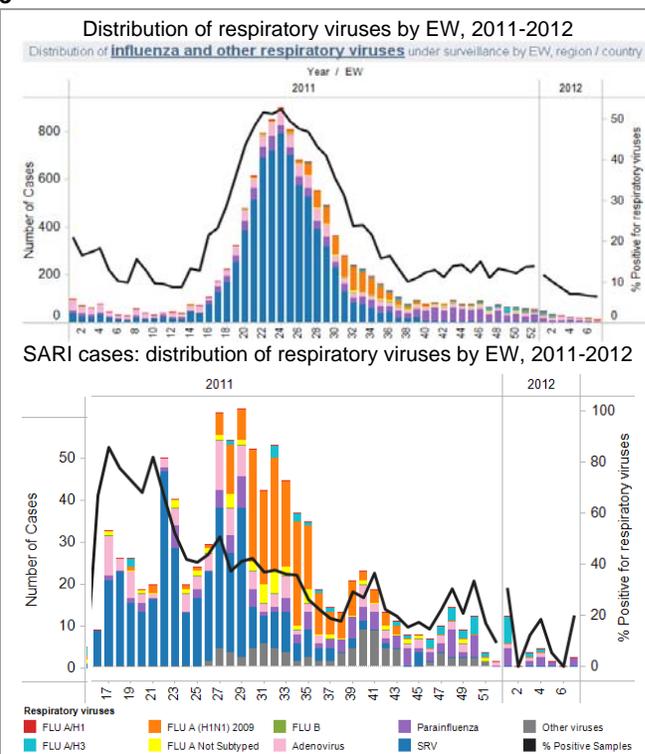
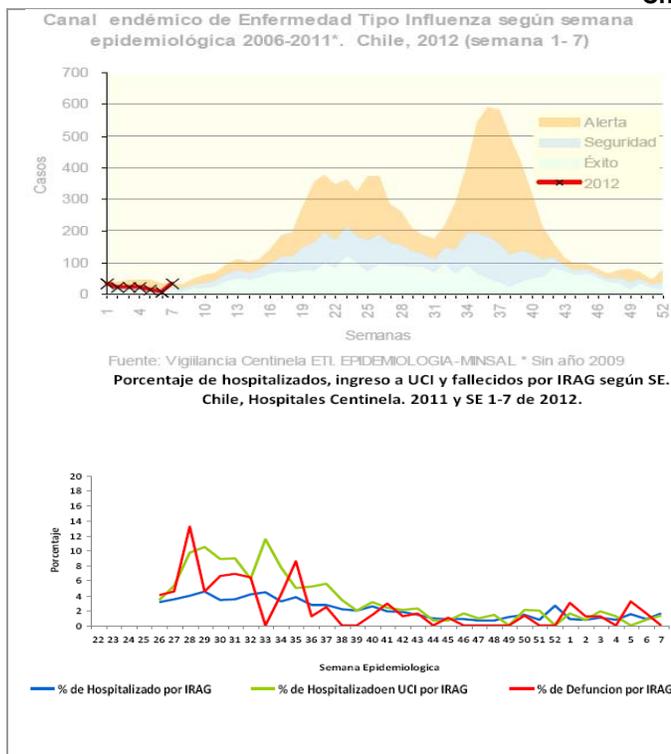


Pneumonia endemic channel by EW, 2011

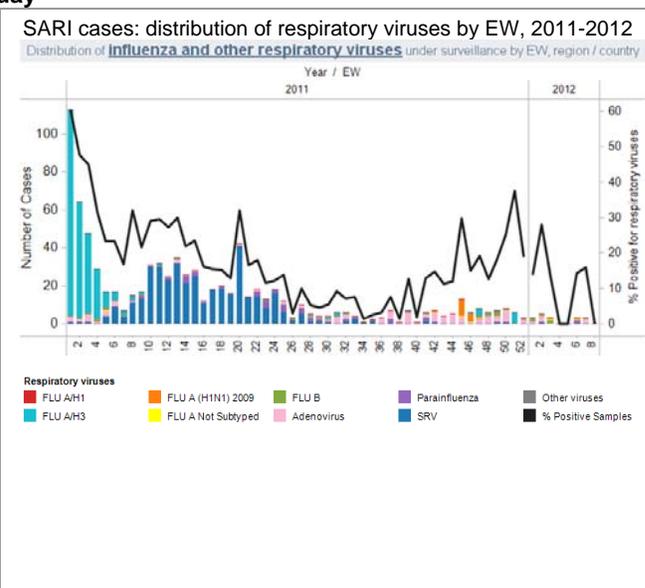
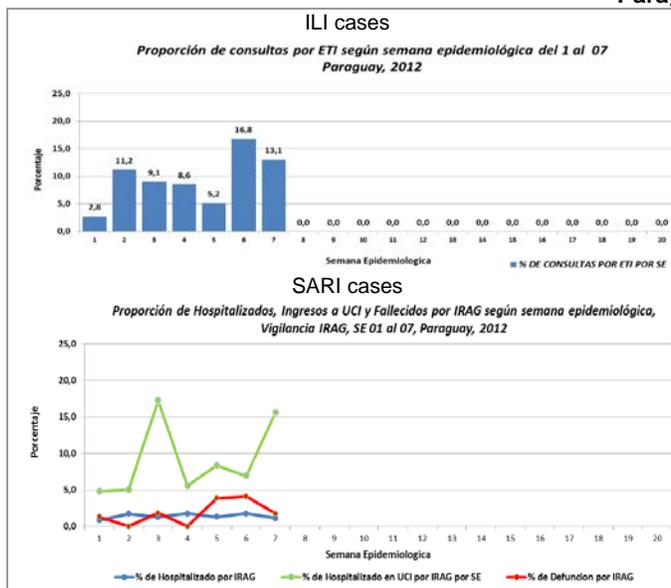
Corredor Endémico Semanal de 2012
Neumonías. Argentina
Históricos de 5 años: 2007 a 2011



Chile



Paraguay



¹ FluWatch Report. EW 07. Available at <http://www.phac-aspc.gc.ca/fluwatch/>

² US Surveillance Summary. EW 07. Centers for Disease Control and Prevention

³ Guatemala. Oficio Circular 07-2012. Centro Nacional de Epidemiología. <http://epidemiologia.mspas.gob.gt/vigepi/2012/oficios/circular%2007-2012.pdf>

⁴ Perú. Sala de Situación de Salud. SE 06. Ministerio de Salud. Dirección General de Epidemiología

⁵ Argentina. Actualización situación de enfermedades respiratorias 2012. SE 07.

⁶ Chile. Informe de situación. SE 07. Available at: www.pandemia.cl

⁷ Paraguay. Boletín epidemiológico semanal SE 07. Available at: http://www.vigisalud.gov.py/index.php?option=com_phocadownload&view=category&id=18:vigilancia-eti-e-irag-ano-2011&Itemid=86