Regional Update EW 44



(November 15, 2011 - 17 h GMT; 12 h EST)

PAHO interactive influenza data: http://ais.paho.org/phip/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 remains low.
- In Central America and the Caribbean, the predominance of respiratory syncytial virus (RSV) continued (Costa Rica, Honduras, Cuba). Among influenza viruses, continued the circulation of influenza A(H1N1)pmd09 and influenza A/H3N2 (Honduras).
- In the Southern Cone, influenza activity remains low. Low co-circulation of influenza A(H1N1)pmd09, influenza A/H3 and influenza B was reported.

Epidemiologic and virologic influenza update

North America

In the United States¹, in EW 44, at the national level, the proportion of ILI consultations (1.3%) remained below the national baseline (2.4%). The proportion of deaths attributed to pneumonia and influenza for EW 43 (6.3%) was lower than the epidemic threshold for this time of year (6.8%). In this week, no pediatric deaths associated with influenza were reported. Among all samples tested during EW 44 (n=1,833), the percentage of samples positive for influenza continued to remain low (<1%), with sporadic detections of unsubtyped influenza A, influenza A/H3 and influenza B.

In Mexico, in EW 44, according to laboratory data, of total samples received (n=45), only influenza A(H1N1)pmd09 was detected.

Caribbean

CAREC, in EW 44, received epidemiological information from Barbados, Dominica, Jamaica and Tobago. The proportion of admissions for Severe Acute Respiratory Infection (SARI) among all hospitalizations (1.4%) decreased compared to the prior week (3.2%). Children between 6 and 48 months of age had the highest percentage of SARI hospitalizations (4.6%). No SARI deaths have been reported since EW 38. According to laboratory data, between EWs 42 and 44, samples positive for influenza A(H1N1)pmd09, RSV and rhinovirus were detected.

In Jamaica, in EW 44, the proportion of consultations for Acute Respiratory Illness (ARI) was 4.5%, which was lower than the previous week (4.8%). The proportion of SARI admissions was <1% and slightly lower than the previous week and the previous year. In EW 44, no SARI related deaths were reported. According to laboratory data, in EW 41 and 42, one sample positive for influenza A(H1N1)pdm09 was detected.

In Cuba, according to laboratory data, in EW 44, among all samples tested (n=66), ~40% were positive for respiratory viruses and ~2% of all samples tested were positive for influenza; both percentages were slightly lower than the previous week. In EW 43, concerning to respiratory viruses, RSV and parainfluenza circulated at low levels compared to the previous week. Concerning influenza viruses, influenza A/H3 continued to decrease since peaking in EW 37.

^{*} Includes Barbados, Dominica, Jamaica, St Vincents and the Grenadines, St Lucia, and Trinidad and Tobago

Central America

In Costa Rica according to laboratory data, in EW 44, among all samples tested (n=132), the percentage of samples positive for respiratory viruses (42%) was lower than the previous week. RSV has been the predominant virus since EW 28, followed by adenovirus which has been consistently detected in the last 2 weeks. Among the influenza viruses in EW 44, few influenza A(H1N1)pmd09 and influenza A/H3 cases have been detected.

In El Salvador, in EW 43, among all samples tested (n=15), the percentage of positive samples for respiratory viruses was ~25%. Influenza A/H3 was the predominant virus detected since EW 35.

In Guatemala, in EW 43, according to laboratory data, of all samples tested (n=16), the percentage of samples positive for respiratory viruses was ~26%, and RSV was the primary virus detected, which continued to decrease since peaking in EW 40. In EW 43, no samples positives for influenza viruses were detected.

In Honduras², in EW 43, the proportion of ILI consultations was (6.4%) slightly higher than the previous EW (5.3%) and slightly above what was observed during the same period in 2010. The proportion of SARI hospitalizations (~8%) was lower than the previous EW (9%) and slightly above that observed in 2010. In EW 43, two SARI-related deaths were reported. According to laboratory data, in EW 43, the percentage of samples positive for respiratory viruses remained at ~45%. RSV predominated since EW 35. Concerning influenza viruses, in EW 42 and 43, influenza A/H3, and influenza A(H1N1)pmd09 co-circulated.

In Nicaragua³, in EW 44, influenza A(H1N1)pmd09 was detected in 13 out of 17 departments. Since EW 37, a progressive increase in the number of cases positive for influenza A(H1N1)pmd09 were reported, summing through EW 44 a total of 426 cases, ~75% of which were from Managua. In EW 44, a total of 14 people were hospitalized, most of whom recovered, and no deaths were reported. Co-circulation of influenza A/H3 and RSV were also detected. In EW 45, according to the director of Nicaragua's Health Surveillance Department⁴, the circulation of influenza A(H1N1)pmd2009 had decreasing trend.

South America - Andean

In Bolivia⁵, through EW 44, at the national level, 987 cases of influenza A(H1N1)pmd09 were confirmed, with a decreasing trend since peaking in EW 39 (n=324 cases); mainly in Santa Cruz (n=746), followed by Cochabamba (n=6), Chuquisaca (n=64), La Paz (n=53) and Tarija (n=24).

South America - Southern Cone

In Argentina, according to national laboratory data, in EW 44, RSV continued to decreases since peaking in EW 26, parainfluenza circulation was higher than RSV circulation. Concerning influenza viruses, a decreasing trend was reported in cases positive for influenza A; since peaking in EW 28, in EW 44, only one confirmed case of influenza A(H1N)pmd09 was detected.

In Brazil, according to Adolfo Lutz Institute (San Pablo), in EW 44, among all samples tested (n=20), the percentage of samples positive for influenza decreased (13%) compared to the previous week (25%). From EW 42 through EW 44, parainfluenza circulation was detected with a decreasing trend. Concerning to influenza viruses, since EW 38 through EW 44, influenza A(H1N1)pmd09 circulated with variable co-circulation of influenza A/H3.

In Chile⁶, in EW 42, ILI activity (5.5 consultation per 100,000 inhabitants) at the national level, was similar to previous week (4.9 consultation per 100,000 inhabitants), and remained within expected level for this time of year. In EW 42, the percentage of emergency department admissions for respiratory causes in children under 15 years old continued to decrease slightly and was within that observed in 2010. Through EW 42, 15 deaths associated with influenza A(H1N1) pmd09 were reported, 12 of them with at least one underlying comorbidity. According to the virologic data, in EW 42, among samples tested, at national level, the percent positivity for respiratory viruses was 11%, 49% were positive for parainfluenza, 26% for adenovirus and 8% for RSV. RSV continued to decrease since peaking in EW 22. Concerning to influenza viruses, in EW 42, influenza A accounted for ~10% of the detected viruses, with a decreasing trend since its peak in EW 32.

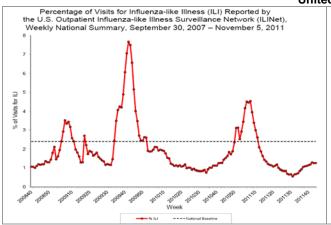
In Paraguay⁷, in EW 44, the proportion of ILI consultations (3,6%) was lower than the previous week (6%). In EW 44, the proportions of SARI hospitalizations, ICU admissions and deaths remained below 10%. According to laboratory data, in EW 44, of all samples tested, mainly adenovirus and to a lesser extent, parainfluenza, were detected.

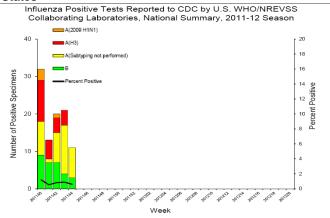
In Uruguay⁸, in EW 45, the proportion of SARI hospitalizations, ICU admissions and deaths remained <5%. These proportions have continued to decrease since peaking in EW 31.

Graphs

North America

United States

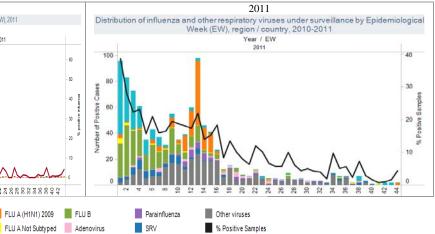




México 2010-2011 der surveillance by Epidemiological Week (EW), 2011 Year / EW $\begin{smallmatrix} 0.4 & 0.0 & 0.$ Respiratory viruses

FLU A/H1

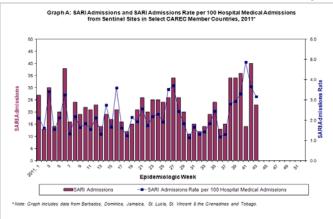
FLU A/H3

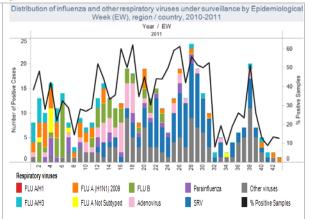


Caribbean

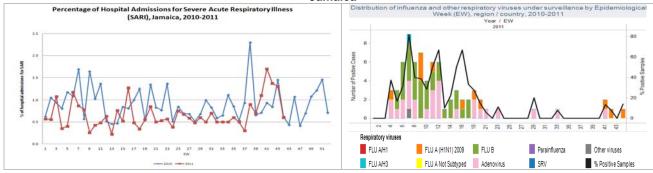
CAREC

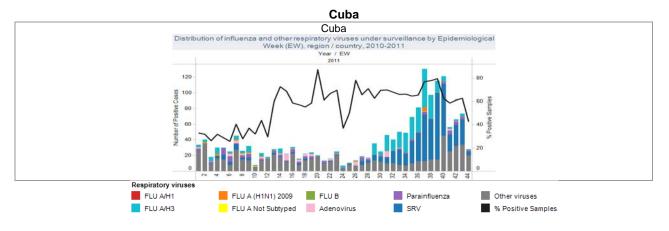
FLU A (H1N1) 2009



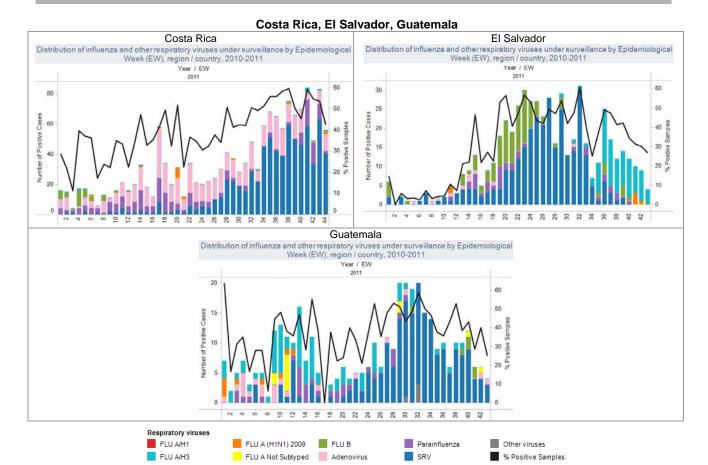




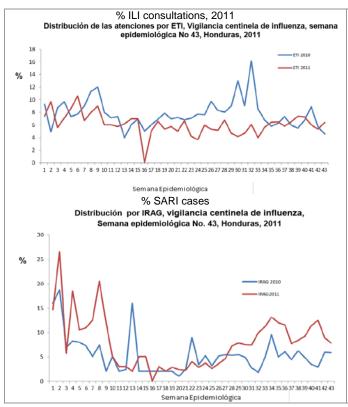


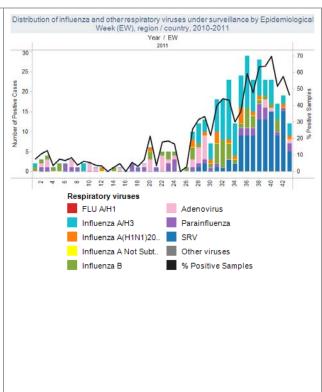


Central America



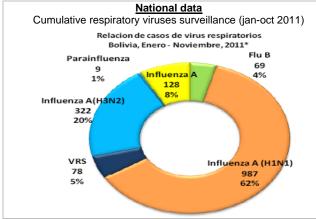
Honduras

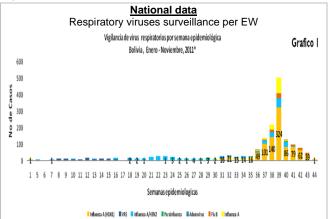




South America - Andean

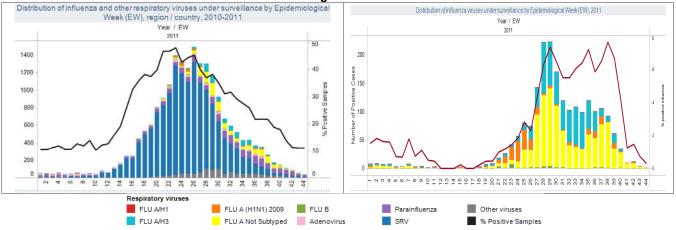
Bolivia



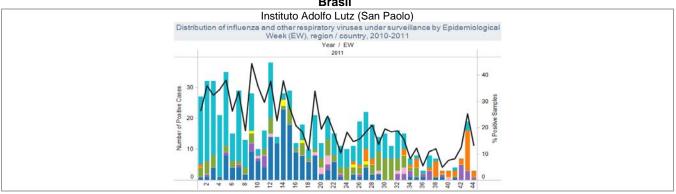


South America - Southern Cone

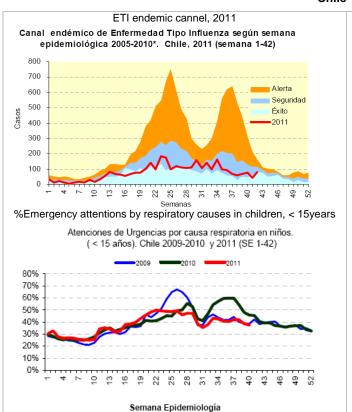


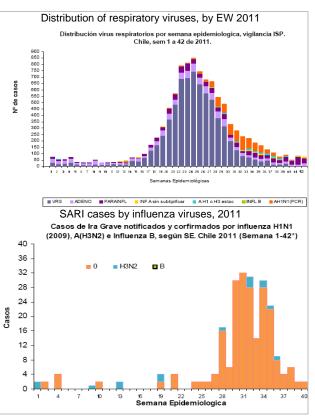


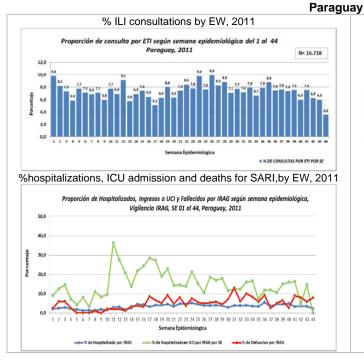
Brasil

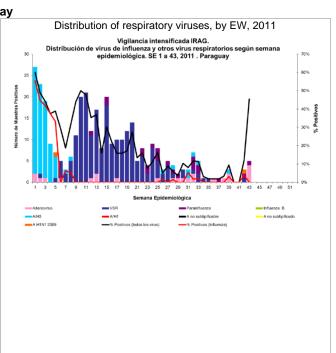


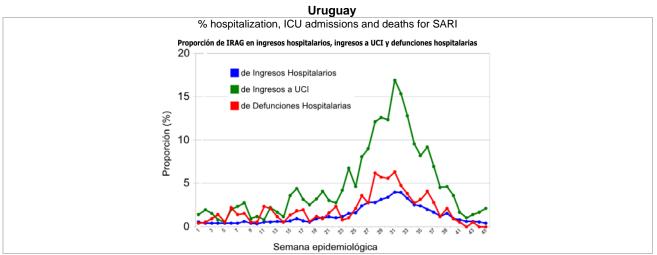
Chile











¹ US Surveillance Summary. Week 44. Centers for Disease Control and Prevention

http://www.minsa.gob.ni/index.php?option=com_content&view=article&id=1326:casos-de-influenza-a-h1n1-podrian-disminuir-la-proxima-semana&catid=50:noticias-2011&Itemid=5

http://www.minsa.gob.ni/index.php?option=com_content&view=article&id=1348:disminuyen-casos-de-influenza-humana-ah1n1&catid=50:noticias-2011&Itemid=5

² Honduras. Vigilancia centinela de Tegucigalpa y San Pedro Sula. SE 43

³ Nicaragua, Ministerio de Salud. Noticias. Available at:

⁴ Nicaragua. Ministerio de salud. Disminuyen los casos de influenza humana A(H1N1)pmd09. 10 de Noviembre 2011. Disponible en:

⁵ Bolivia. Ministerio de Salud y Deportes. Parte Epidemiológico. No. 136. 07 de Noviembre 2011.

⁶ Chile. Informe de situación. SE 42. <u>www.pandemia.cl</u>

⁷ Paraguay. Boletín epidemiológico semanal. SE 45. Ministerio de Salud Pública y Bienestar Social

⁸ Uruguay. Dirección General de la Salud. División Epidemiología. SE 45. Available at: https://trantor.msp.gub.uy/epidemiologia/servlet/iraggrafmenu