



## Regional Update

Influenza  
(August 16, 2010 - 17 h GMT; 12 h EST)

The information contained within this update is obtained from data provided by Ministries of Health of Member States and National Influenza Centers through reports sent to Pan American Health Organization (PAHO) or updates on their web pages.

### I- Influenza surveillance

#### South America

##### Southern Cone

Influenza activity was reported as regional in Brazil and Chile. The trends in acute respiratory disease were reported as unchanged in both countries.

In Chile<sup>1</sup>, in epidemiological week (EW) 31, nationally, influenza-like illness (ILI) activity continued to be low, and was similar to the previous week, remaining in the security zone of the endemic channel. At the regional level, the highest rates of ILI activity were in the regions of Tarapaca, Los Rios and Los Lagos. The proportion of consultations in emergency services for respiratory illness of the total number of consultations remained similar to the previous week, after two prior consecutive EW of decreasing trends.

In EW 31, Paraguay<sup>2</sup>, nationally, reported a decrease of 6.2% in ILI outpatient consultations as compared to the previous EW. At the regional level, in 3 regions (North, Oriental Center and Chaco) the ILI activity was above their epidemic threshold, while in the remaining 2 regions, activity was within the epidemiological alert zone of the endemic channel. Severe acute respiratory infection (SARI) activity in children under five years of age remained lower as compared to the same week of 2009 and 2008.

##### *Viral circulation*

In EW 31 in Chile, 73% of positive specimens were respiratory syncytial virus (RSV) and 12% were parainfluenza virus. In Chile, influenza B (recently increasing), pandemic influenza A H1N1 2009 and seasonal influenza A/H3 were also identified. During EW 30-31 Paraguay reported circulation of influenza B, RSV, parainfluenza virus and the new circulation of seasonal influenza A/H3, which had not previously been identified during 2010.

##### Andean

In EW 31, influenza activity was reported as widespread in Bolivia (6 of 9 departments reported positive influenza cases) and regional in Colombia and Peru. Peru reported increasing trends of acute respiratory disease, while Bolivia and Colombia reported decreasing and unchanged trends, respectively.

In EW 31, Bolivia<sup>3</sup> reported, at the national level, a slight decrease in the number of acute respiratory illness (ARI) cases as compared to the previous week, remaining below the epidemic threshold. Regionally, in EWs 30-31, no departments were above their epidemic thresholds for ARI, while in EW 29, 2 departments were above the epidemic threshold.

#### Weekly Summary

- In the Southern Cone, RSV was the predominant virus circulating; however, influenza B and influenza A/H3 virus have also been detected. Paraguay reported high ILI activity in 3 of 5 regions.
- In the Andean sub-region, Peru reported an increasing trend in acute respiratory disease. Bolivia reported a steady increase of pandemic influenza A H1N1 cases in EW 26-31.
- Circulation of respiratory viruses was variable in Central America. Influenza A/H3 virus was predominant in Panama, Honduras and Costa Rica. Influenza B was predominant in Nicaragua. El Salvador reported high intensity of acute respiratory disease and moderate impact of acute respiratory disease on the health care services.
- The Caribbean reported low influenza activity, but increased circulation of influenza A/H3 virus in some countries (Cuba, Dominican Republic).
- In North America, influenza activity remained low; mostly influenza A/H3 virus (United States) was detected.

#### *Viral circulation*

Bolivia reported a steady increase in the number of pandemic influenza A H1N1 2009 cases between EWs 26-31; circulation of influenza B during the year 2010 has also been reported. Colombia continues to report a predominance of pandemic influenza and some seasonal influenza A/H3 activity.

#### **Central America**

Influenza activity was reported as regional in Panama, localized in El Salvador, and with no activity in Honduras. Honduras reported an unchanged trend in acute respiratory disease, while El Salvador and Panama reported decreasing trends this week. El Salvador reported high intensity of acute respiratory disease and moderate impact of acute respiratory disease on health care services.

In EW 31, Panama reported a decreasing trend of ILI activity in the national level.

#### *Viral circulation*

Circulation of respiratory viruses is variable in Central America. In Costa Rica, in 2010, a mix of parainfluenza, adenovirus, RSV, and influenza have circulated. Until EW 28, in Costa Rica, the predominant influenza virus was the pandemic virus, however since then, it has been predominantly H3N2. In Honduras, in 2010, a mix of parainfluenza, adenovirus, RSV, and influenza have circulated. Until EW 26, in Honduras, among influenza viruses, a combination of influenza B and pandemic virus were circulating, since then, however, it has been predominantly H3N2. In Panama, until EW 22, very few respiratory viruses were detected. Since then, however, the predominant virus circulating has been influenza A/H3N2.

#### **Caribbean**

Influenza activity was reported as widespread in Jamaica, regional in Barbados and with no activity in Dominica and Dominican Republic. Trends of acute respiratory disease were reported as unchanged in all these countries. These countries reported low/moderate intensity of acute respiratory disease, and low impact of acute respiratory disease on health care services.

CAREC\*, from EW 25-31, reported a continued decreasing trend in the proportion of admissions for SARI out of the total hospitalizations (59 and 11.5 SARI admissions per 1000 admissions, in EW 25 and 31, respectively).

#### *Viral circulation*

The circulation of respiratory viruses is variable in the Caribbean. CAREC\* reported the predominance of influenza B virus since EW 18, but RSV and pandemic influenza have also been reported. In Cuba, in 2010, the predominant respiratory virus in circulation has been pandemic influenza. Since EW 30, some cases of influenza A/H3N2 have also been reported in Cuba. In Dominican Republic, in 2010, many respiratory viruses have co-circulated (adenovirus, RSV, parainfluenza, and influenza B), but since EW 27, influenza A/H3N2 has also been detected.

#### **North America**

Influenza activity remains low in this region. The trends in acute respiratory disease were reported as unchanged in the United States.

In the United States<sup>4</sup> in EW 31, the proportion of outpatient consultations for ILI continued to remain below the national baseline. All the sub-national surveillance regions reported the proportion of ILI to be below their region-specific baselines. The proportion of deaths attributed to pneumonia and influenza was below the epidemic threshold. No influenza-associated pediatric deaths were reported this week.

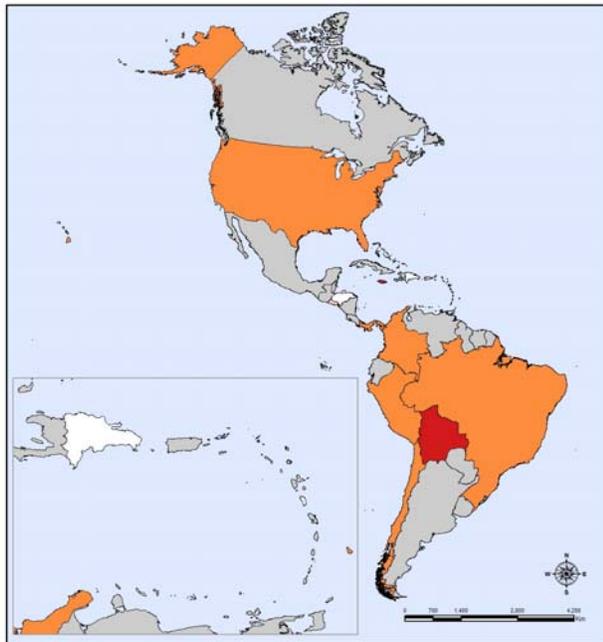
#### *Viral circulation*

The percentage of specimens testing positive for influenza in Mexico and the United States remained low. Seasonal influenza A/H3 was isolated in the United States. In Mexico, in 2010, until EW 13, the primary respiratory virus circulating was the pandemic virus. Since then, however, there has been little respiratory virus detection.

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\* Participating CAREC member countries, which include, Barbados, Dominica, Jamaica, St Vincent and the Grenadines, and Trinidad and Tobago, were assessed together

**Map 1. Geographical spread of influenza. Americas Region. EW 31, 2010\*.**



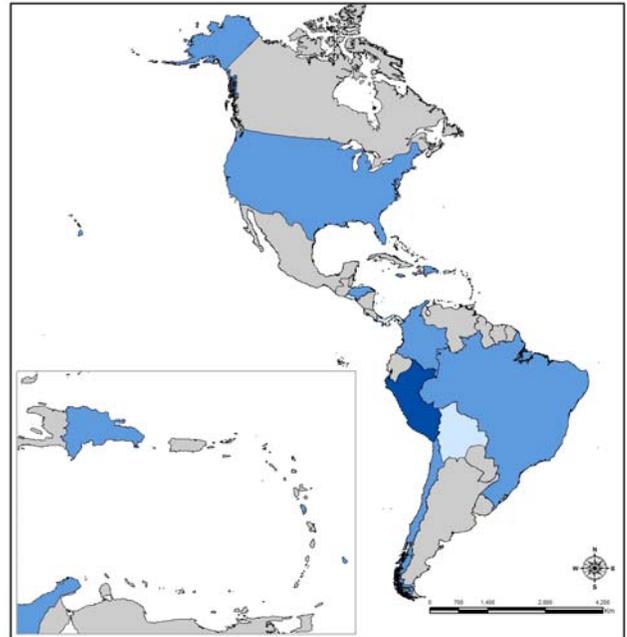
**Geographical Spread**  
 □ No activity  
 □ No information available  
 □ Localized  
 □ Regional  
 □ Widespread

Map Production: PAHO/HS/DIR  
 August 13, 2010  
 Cartographic projection:  
 Lambert Equal Area Azimuthal  
 Central Meridian: -90.00000  
 Latitude of Origin: 10.00000

Source: Ministries of Health of the countries  
 Consolidated by PAHO/WHO  
 Created by PAHO/WHO

\* EW 31 = epidemiological week from August 1 to August 7, 2010. Includes the latest information reported by each country this week. On August 10, 2010, WHO declared the end of the Pandemic (H1N1) 2009.

**Map 2. Trend of acute respiratory disease activity compared to the previous week. Americas Region. EW 31, 2010\*.**



**Trend**  
 □ No information available  
 □ Decreasing  
 □ Unchanged  
 □ Increasing

Map Production: PAHO/HS/DIR  
 August 13, 2010  
 Cartographic projection:  
 Lambert Equal Area Azimuthal  
 Central Meridian: -90.00000  
 Latitude of Origin: 10.00000

Source: Ministries of Health of the countries  
 Consolidated by PAHO/WHO  
 Created by PAHO/WHO

\* EW 31 = epidemiological week from August 1 to August 7, 2010. Includes the latest information reported by each country this week. On August 10, 2010, WHO declared the end of the Pandemic (H1N1) 2009.

**Map 3. Intensity of acute respiratory disease in the population. Americas Region. EW 31, 2010\*.**



**Intensity of acute respiratory disease**  
 □ No information available  
 □ Low or moderate  
 □ High  
 □ Very high

Map Production: PAHO/HS/DIR  
 August 13, 2010  
 Cartographic projection:  
 Lambert Equal Area Azimuthal  
 Central Meridian: -90.00000  
 Latitude of Origin: 10.00000

Source: Ministries of Health of the countries  
 Consolidated by PAHO/WHO  
 Created by PAHO/WHO

\* EW 31 = epidemiological week from August 1 to August 7, 2010. Includes the latest information reported by each country this week. On August 10, 2010, WHO declared the end of the Pandemic (H1N1) 2009.

**Map 4. Impact of acute respiratory disease on health-care services. Americas Region. EW 31, 2010\*.**



**Impact on health-care services**  
 □ No information available  
 □ Low  
 □ Moderate  
 □ Severe

Map Production: PAHO/HS/DIR  
 August 13, 2010  
 Cartographic projection:  
 Lambert Equal Area Azimuthal  
 Central Meridian: -90.00000  
 Latitude of Origin: 10.00000

Source: Ministries of Health of the countries  
 Consolidated by PAHO/WHO  
 Created by PAHO/WHO

\* EW 31 = epidemiological week from August 1 to August 7, 2010. Includes the latest information reported by each country this week. On August 10, 2010, WHO declared the end of the Pandemic (H1N1) 2009.

## II- Viral circulation

The information below is based on reports from National Influenza Centers and influenza laboratories from the Region.

**Table 3: Cumulative viral circulation in countries which reported to PAHO this week.**

Country	Time period	# Samples Tested	% Positive Samples	% RSV <sup>†</sup>	% PIV <sup>‡</sup>	% AdV <sup>§</sup>	% Other Viruses	% Influenza B	% Influenza A	Among influenza A		
										% Pandemic	% Not subtyped	% Seasonal H3
Chile	EW 1-31	15768	29.3	71.4	9	4.4	0	0.8	8.6	86.6	0.0	13.3
Colombia	EW 1-31	6913	8.8	11.5	4.1	1.5	0.0	4.6	78.4	81.0	0.0	19.0
Costa Rica	EW 1-31	3869	49.3	19.1	12.8	25.6	0.0	0.0	42.5	82.8	0.0	17.2
Cuba	EW 1-31	7583	24.9	2.7	9.2	1.6	37.1	1.2	48.2	90.8	4.1	5.2
Dominican Republic	EW 1-31	601	30.3	5.5	44.0	26.4	0.0	6.0	18.1	0.0	39.4	60.6
Honduras	EW 1-30	1183	35.1	14.9	7.0	6.7	0.0	15.2	56.1	73.8	6.0	20.2
Mexico	EW 1-31	14660	23.2	23.2	23.2	23.2	23.2	23.2	23.2	23.2	23.2	23.2
Panama	EW 1-30	926	24.9	1.7	5.2	1.3	0.0	6.1	85.7	3.5	11.1	85.4

**Table 4: Viral circulation in last week reported**

Country	Time period	# Samples Tested	% Positive Samples	% RSV*	% PIV†	% AdV‡	% Other Viruses	% Influenza B	% Influenza A	Among influenza A		
										% Pandemic	% Not subtyped	% Seasonal H3
Chile	EW 31	1067	40.0	73.0	11.9	2.8	0.0	3.3	5.1	50.0	0.0	50.0
Colombia	EW 31	33	9.1	0.0	0.0	0.0	0.0	0.0	100.0	100.0	0.0	0.0
Costa Rica	EW 31	125	43.2	29.6	0.0	42.6	0.0	0.0	27.8	13.3	0.0	86.7
Cuba	EW 31	113	31.9	0.0	5.6	0.0	25.0	0.0	69.4	44.0	4.0	52.0
Dominican Republic	EW 31	28	50.0	0.0	35.7	0.0	0.0	0.0	64.3	0.0	100.0	0.0
Honduras	EW 30	15	40.0	0.0	0.0	0.0	0.0	0.0	100.0	50.0	33.3	16.7
Mexico	EW 29	75	18.7	0.0	14.3	0.0	57.1	0.0	28.6	25.0	75.0	0.0
Panama	EW 29	52	21.2	0.0	0.0	0.0	0.0	27.3	72.7	0.0	25.0	75.0

<sup>†</sup> Respiratory Syncytial Virus

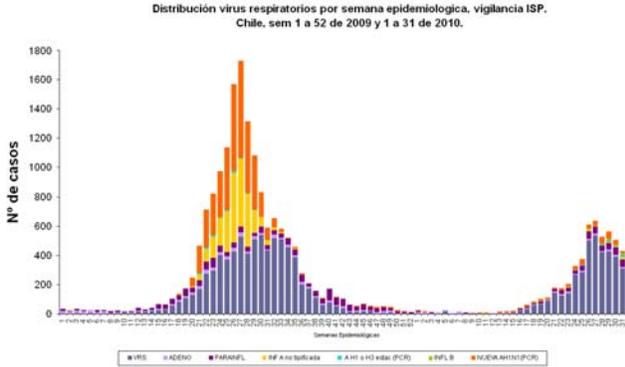
<sup>‡</sup> Parainfluenza Virus

<sup>§</sup> Adenovirus

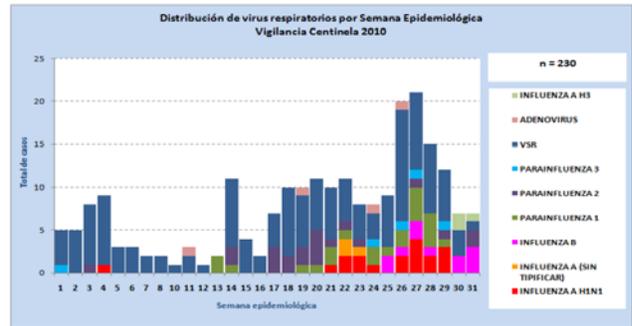
South America

Southern Cone

Distribution of respiratory viruses under surveillance by EW  
Chile

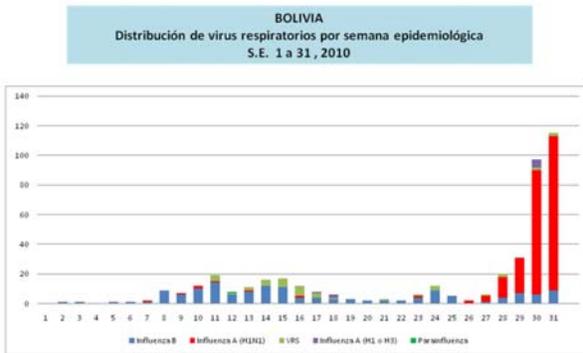


Paraguay



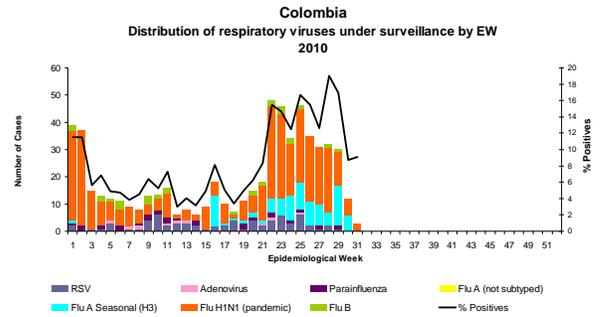
Andean

Bolivia



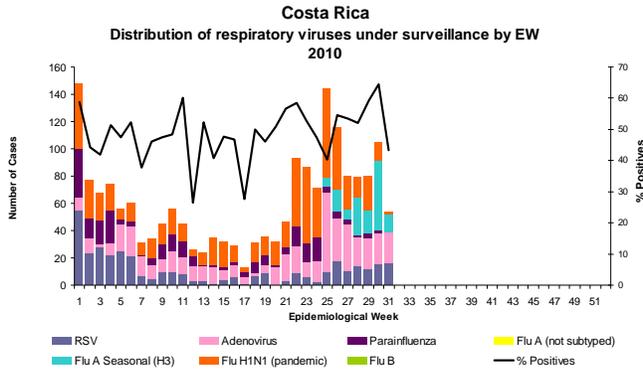
FUENTE: Indasa, Cemetrop y Laboratorio SEDES Cochabamba (Laboratorio de Referencia Nacional)

Colombia

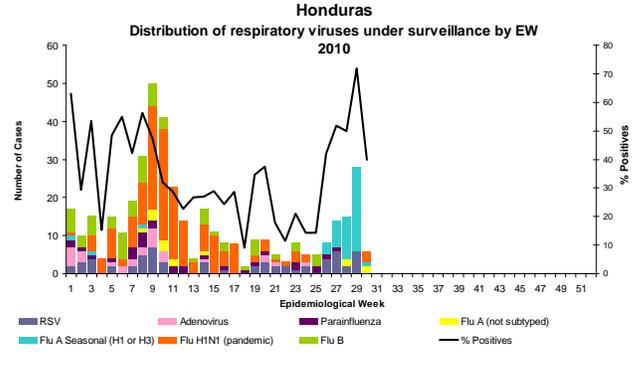


**Central America**

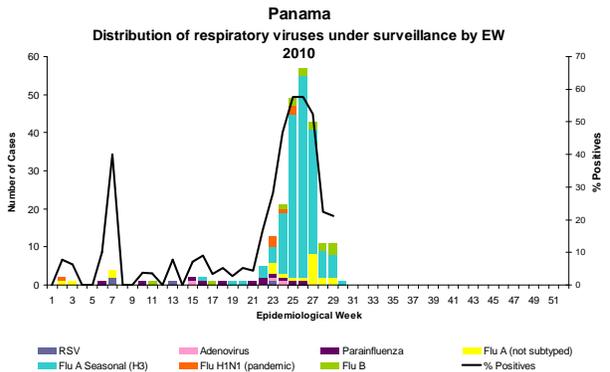
**Costa Rica**



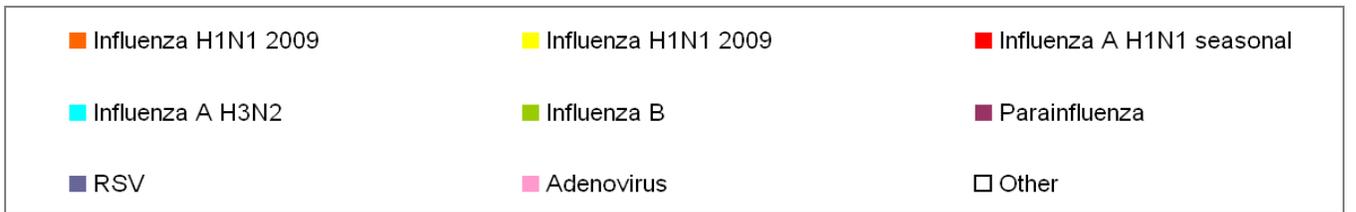
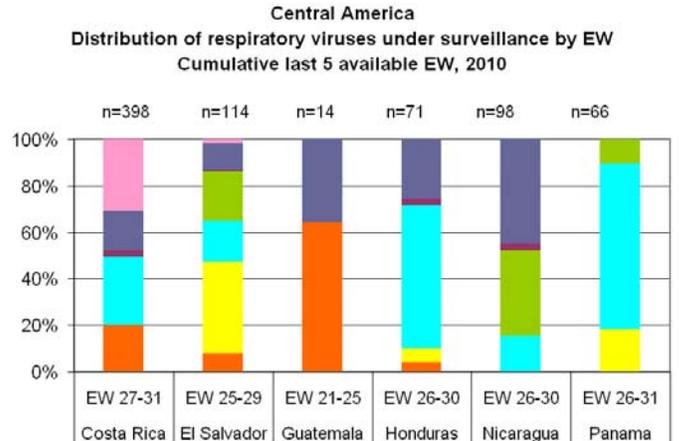
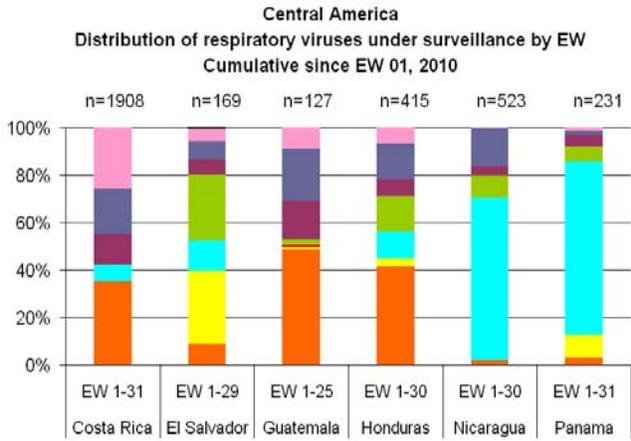
**Honduras**



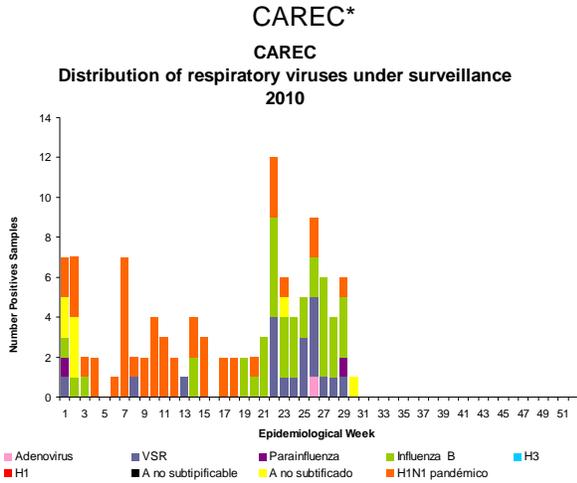
**Panama**



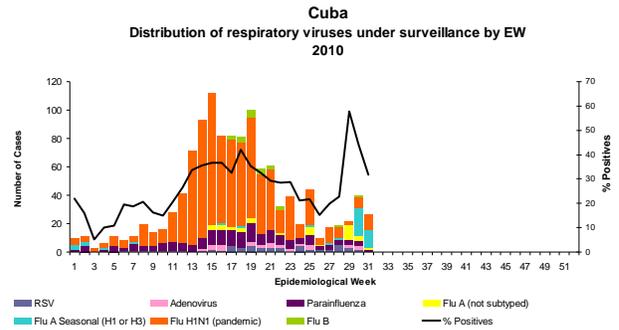
**Central America - Virological Summary**



**Caribbean**

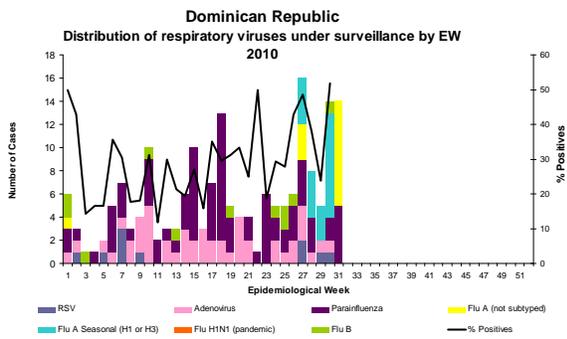


**Cuba**



\* Participating CAREC member countries, which include, Barbados, Dominica, Jamaica, St Vincent and the Grenadines, and Trinidad and Tobago, were assessed together

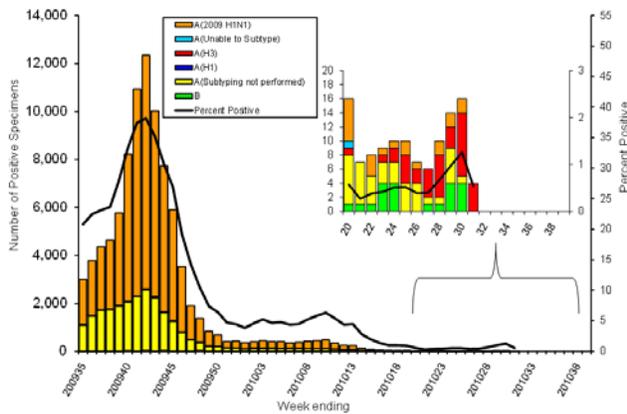
**Dominican Republic**



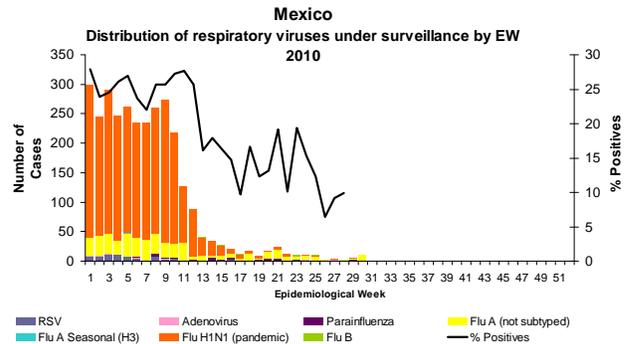
**North America**

**United States**

**Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2009-10**



**Mexico**



### III- Vaccination

#### Vaccination Coverage by Country in the Americas\*

\* Elaborated by PAHO/WHO - Comprehensive Family Immunization Project, Family and Community Health.

[http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=2527&Itemid=2030&lang=en](http://new.paho.org/hq/index.php?option=com_content&task=view&id=2527&Itemid=2030&lang=en)

Countries and Territories	Doses Administered	Target Population Coverage	Total Population Coverage	Prioritized Risk Groups			
				Health Personnel and Essential Services	Pregnant Women	Chronic Diseases	Others
Anguilla	-	-	-	-	-	-	-
Argentina	7,679,327	118.6%	19.3%	104.7%	101.4%	132.5%	116.2%
Bahamas	5,006	18.3%	1.5%	18.0%	18.6%	15.8%	-
Barbados	4,360	21.8%	1.7%	64.2%	3.3%	11.5%	-
Belize	416	1.1%	0.1%	-	-	-	-
Bermuda	1,053	22.7%	1.6%	-	-	-	-
Bolivia	886,379	70.3%	9.1%	60.9%	20.1%	108.7%	60.3%
Brazil	88,682,184	96.7%	46.2%	119.9%	76.6%	160.7%	73.8%
Canada	-	-	-	-	-	-	-
Cayman Islands	2,318	4.1%	4.8%	1.8%	5.6%	0.0%	5.0%
Chile	3,045,110	77.2%	18.1%	106.4%	54.2%	79.4%	76.2%
Colombia	1,479,531	72.2%	3.3%	53.4%	58.5%	101.3%	59.5%
Costa Rica	180,000	90.3%	4.0%	-	-	-	-
Cuba	1,123,526	100.1%	10.0%	101.8%	100.7%	98.8%	100.7%
Ecuador	973,480	103.0%	7.2%	-	-	-	-
El Salvador	1,690,101	115.3%	27.6%	186.0%	44.7%	-	114.6%
Grenada	396	2.7%	0.4%	5.1%	0.4%	1.1%	-
Guatemala	221,295	18.6%	1.6%	59.6%	30.9%	10.7%	5.7%
Guyana	121,900	76.7%	16.0%	-	-	-	-
Honduras	572,098	35.9%	7.8%	70.6%	47.8%	112.0%	9.5%
Mexico	26,903,232	96.7%	24.8%	94.9%	71.7%	101.9%	82.2%
Montserrat	1,245	77.5%	24.9%	-	-	-	-
Nicaragua	251,759	29.6%	4.4%	91.3%	88.1%	37.5%	15.7%
Panama	254,286	84.7%	7.5%	50.1%	32.1%	374.8%	85.3%
Paraguay	1,041,548	86.8%	16.7%	85.3%	35.5%	74.6%	98.0%
Peru	1,509,051	47.0%	5.2%	42.5%	9.1%	24.5%	249.7%
Suriname	24,674	29.0%	4.8%	23.4%	4.5%	10.4%	-
Trinidad and Tobago	23,985	34.3%	1.8%	57.0%	0.7%	-	-
Turks and Caicos Islands	2,837	37.9%	12.9%	25.9%	6.3%	12.7%	57.4%
United States	61,000,000	27.9%	19.6%	22.3%	38.1%	11.6%	13.9%
Uruguay	515,158	51.5%	15.4%	-	-	-	-
<b>TOTAL</b>	<b>198,196,255</b>						

( - ) Not available

### III- Topic

On August 10, 2010, the WHO Director General, Dr Margaret Chan, declared that the world is now in the post-pandemic period and made recommendations to health authorities.

#### **WHO recommendations to health authorities during the post-pandemic period**

##### **1. Monitoring of respiratory disease activity**

WHO recommends that surveillance during the post-pandemic period include the following:

- monitoring for unusual events, such as clusters of severe respiratory illness or death;
- investigating severe or unusual cases, clusters or outbreaks to facilitate rapid identification of important changes in the epidemiology or severity of influenza;
- maintaining routine surveillance, including for influenza-like illness and cases of severe acute respiratory infections;
- continuing to use routine channels of data transmission, such as FluID, FluNet, and EUROFlu, to transmit data from the routine surveillance of respiratory disease;
- notifying WHO (including, where appropriate, notifications under the International Health Regulations) immediately if any of the following changes are detected:
  - sustained transmission of antiviral-resistant H1N1 2009 influenza
  - human cases of infection with any influenza virus not currently circulating in human populations
  - any notable changes in the severity or other epidemiological or clinical characteristics of the H1N1 2009 virus, including changes in the age distribution, the clinical appearance, proportion of cases requiring intensive management, or unexpected increases in numbers of cases.
- monitoring the H1N1 2009 virus for important genetic, antigenic or functional changes, such as antiviral drug sensitivity.

##### **2. Vaccination**

Vaccination remains important as a means of reducing the morbidity and mortality caused by influenza viruses. WHO strongly recommends vaccination of high-risk individuals in countries where influenza vaccines are available.

The H1N1 influenza virus, which caused the 2009 pandemic, continues to circulate in some parts of the world, causing variable levels of disease and outbreaks. In some countries, seasonal<sup>\*\*</sup> trivalent vaccines are available that cover the H1N1 (2009) virus. In other countries, however, seasonal influenza vaccines are not available. WHO advises that there is still public health value in using monovalent H1N1 vaccine (where available) to immunize persons at risk of severe disease from H1N1 influenza infection, especially where trivalent seasonal influenza vaccine is not available.

Such monovalent H1N1 influenza vaccines should be used according to guidelines of National Regulatory Authorities. WHO will continue to seek advice from the Strategic Advisory Group of Experts (SAGE) as the situation evolves.

##### **3. Clinical management**

Persons suspected of illness from influenza should receive appropriate clinical care. WHO's guidelines for clinical management, which refer to both seasonal and pandemic influenza, offer guidance. The H1N1 (2009) virus is expected to continue to circulate as a seasonal virus for some years to come. Cases of severe illness in higher-risk individuals, as well as in otherwise healthy individuals, are likely to occur. Early recognition and

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<sup>\*\*</sup> WHO has recommended that the H1N1 (2009) influenza strain be included in both 2010 southern hemisphere and 2010-11 northern hemisphere trivalent seasonal influenza vaccines.

appropriate treatment of such cases remains important. WHO's guidelines for use of antiviral medicines, which refer to both seasonal and pandemic influenza, should continue to be followed.

Groups at increased risk of severe illness from the pandemic H1N1 virus included young children, pregnant women, and people with underlying respiratory or other chronic conditions, including asthma and diabetes. Patients who have severe or deteriorating influenza should be treated as soon as possible with oseltamivir. Patients who are at higher risk of severe or complicated influenza should be treated with oseltamivir or zanamivir as soon as possible.

**Additional information is available at the following websites**

- [Clinical management of human infection with pandemic \(H1N1\) 2009: revised guidance](#)
- [WHO Guidelines for Pharmacological Management of Pandemic \(H1N1\) 2009 Influenza and other Influenza Viruses](#)
- [Weekly situation updates](#)

**Annex 1: Weekly monitoring of pandemic epidemiological indicators for countries that provided updated information—Region of the Americas, Epidemiologic Week 31, 2010**

Country	Geographic spread	Trend	Intensity	Impact on Health Care Services	EW
<b>Southern Cone</b>					
Brazil	Regional	Unchanged	Low or moderate	Low	31
Chile	Regional	Unchanged	Low or moderate	Low	31
<b>Andean Area</b>					
Bolivia	Widespread	Decreasing	Low or moderate	Low	31
Colombia	Regional	Unchanged	Low or moderate	Low	31
Peru	Regional	Increasing	Low or moderate	Low	31
<b>Central America</b>					
El Salvador	Localized	Decreasing	High	Moderate	31
Honduras	No activity	Unchanged	Low or moderate	Low	31
Panama	Regional	Decreasing	Low or moderate	Low	31
<b>Caribbean Countries</b>					
Barbados	Regional	Unchanged	Low or moderate	Low	30
Dominica	No activity	Unchanged	Low or moderate	Low	31
Dominican Republic	No activity	Unchanged	Low or moderate	Low	31
Jamaica	Widespread	Unchanged	Low or moderate	Low	30
<b>North America</b>					
United States of America	Regional	Unchanged	Low or moderate	Low	31

NIA: No information available

<sup>1</sup> Chile. Informe de situación. 11 de agosto de 2010. [www.pandemia.cl](http://www.pandemia.cl)

<sup>2</sup> Paraguay. Informe semanal. Vigilancia de virus respiratorios SE 32. 11 de agosto de 2010

<sup>3</sup> Bolivia. Notificación semanal de la situación de la pandemia por el nuevo virus Influenza A (H1N1)

<sup>4</sup> Surveillance Summary. Week 31. Centers for Disease Control and Prevention.