Regional Update EW 22

Influenza

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

PAHO interactive influenza data: http://ais.paho.org/phip/viz/ed_flu.asp
Influenza Regional Reports: http://new.paho.org/hq/index.php?option=com_content&task=view&id=3352&Itemid=2469&to=2246

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, most of the regions from these countries reported the absence of influenza activity. The detection of influenza in laboratories is low and/or continues to decrease.
- In Central America and the Caribbean, the activity of influenza remains at a low level. In most countries, in the last available week, there was no detection of influenza circulation, or low circulation was detected. In the Dominican Republic, the circulation of influenza A/H1N1 2009 persists.
- In South America, although the activity of influenza remains at a low level for this time of year in comparison to previous years, some Andean countries reported circulation of influenza A/H1N1 2009 (Colombia) and influenza A/H3 (Bolivia). In the Southern Cone, some indicators of respiratory infection activity remain higher in children in comparison to adults. Especially for less than 1 year old. The respiratory syncytial virus (RSV) remains as the predominant respiratory virus, with sporadic detections of influenza.

Epidemiologic and virologic influenza update

North America

In Canada[1], in EWs 21 and 22, the majority of the regions in the country reported no influenza activity. Influenza-like Illness (ILI) consultation rates were 8 (EW21) and 10.3 (EW22) per 1000 consultations, considered very low, and within the expected level for this time of year. The percentage of samples positive to influenza continued to decrease; in EW 21 it was 2.6% and in EW 22 it was 1.1. Among other respiratory viruses, detections of Respiratory Syncytial Virus (RSV) and parainfluenza continue to decline. A slight increase in the proportion of positive tests for adenovirus was reported.

In the United States[2], in EW 22, at the national level, the proportion of outpatient consultations for ILI (0.9%) remained similar to previous weeks and below the national baseline. The proportion of deaths attributed to pneumonia and influenza was at its epidemic threshold. This week no pediatric death associated to influenza was reported. During EW 22, the percentage of positive samples to influenza among analyzed samples was low (0.48%) and lower than the previous week.

In Mexico, in EW 22, the percentage of samples positive to influenza among analyzed samples was low (~5%) but higher than previous week (1%). This week few positive samples to influenza and other respiratory viruses were detected.

Caribbean

CAREC, in EW 22, reported that the proportion of Severe Acute Respiratory Infections (SARI) (~2%) remained similar to the previous weeks. This week, infants between 6-48 months continued having the highest SARI admission rates (8.4 per 100 medical admissions). No SARI deaths were reported since EW 17. According to laboratory results, between EWs 17-21, RSV and adenovirus were the primary viruses in circulation. Detection of A/H1N1 2009 was sporadic.

In Cuba, in EW 22, among all samples tested, the percentage of positive samples for respiratory viruses remained at ~60%; without samples positive to influenza in the last 2 EWs. This week among other respiratory viruses, rhinovirus remained as the primary virus in circulation.

In the Dominican Republic, in EW 23, among all samples tested, the percentage of samples positive to respiratory viruses increased to ~45% from ~20% (EW 22). According to laboratory data, influenza A/H1N1 2009 has been the primary influenza virus between EWs 13-23. Among other respiratory viruses, parainfluenza continued to be detected.

In Jamaica, in EW 22, the proportion of consultations for Acute Respiratory Infection (ARI) remained similar to the previous week (0.5% less than EW 21). The proportion of SARI admissions was less than 1% and remained stable compared to the previous week. In EW 22 no SARI deaths were reported. According to laboratory data, no influenza cases were detected between EWs 21-23.

Central America

In Costa Rica, in EW 22, among all samples tested, the percentage of positive samples for respiratory viruses increased to ~30% from ~20% (EW 21); adenovirus was the primary respiratory virus in circulation. In EW 22 no influenza viruses were detected.

In Honduras, in EW 22, few samples positive to influenza B were detected. Among other respiratory viruses, adenovirus and parainfluenza were detected as predominant in the last weeks.

In Nicaragua, no influenza virus has been detected since EW 9. In EW 22, parainfluenza was the primary detected virus.

In Panama, no influenza virus has been detected since EW 15.

South America – Andean

In Bolivia, in the department of La Paz (west of the country), the percentage of samples positive to influenza maintained a sustained increase between EW 20 (17%) to EW 23 (64%). Influenza A/H3N2 continued to be the predominant influenza virus circulating between EWs 16-23.

In Ecuador, in EW 22, at the national level, the percentage of SARI hospitalizations, SARI ICU admissions and SARI deaths remained below 10%. Regionally, in Quito, Cuenca and Azoguez, the percentage of SARI ICU admissions and SARI deaths increased from last week (both indicators increased from 0% to 8%). This week, the percentage of positive samples for respiratory viruses slightly increased to ~20%. No influenza viruses have been detected since EW 11. RSV has been the predominant respiratory virus in circulation since EW 9, especially in children less than 5 years of age.

In Colombia[3], according to the SARI surveillance system of Bogota, in EW 21, the percentage of SARI admissions (7%) was similar to the previous week. The proportion of ICU admissions for SARI increased from 12.1% (EW 20) to 16.8%. The age groups with the highest proportion of SARI hospitalization and SARI ICU admissions were children less than 5 years old, especially those less than 1 year old (50% of total hospitalizations and 25% of total ICU admissions were SARI cases). The predominant virus among SARI patients in Bogota, during the last 13 EWs was RSV, with 15% of positives for influenza A/H1N1 2009 virus.

In Peru[4], in EW 21, ARI and pneumonia activity indicators (number of ARI cases in less than 5 years old and the number of children less than 5 years old with pneumonia, respectively) were slightly lower than the previous week and remained within the endemic channel for this time of year. To date in 2011, 121 pneumonia deaths were reported in children less than 5 years old, which represents a lower recount than that observed in 2008-2010, for this time of year. Regionally, during 2011, the greatest recounts of deceased children less than 5 years old were in Loreto (18), Puno (15), Lima (10), Amazonas (9), Junin (9).

South America – Southern Cone

In Argentina, ILI surveillance showed that by EW 18, the number of cases remained similar to the previous weeks, within the expected level and without an increase in the number of ILI cases as expected for this time of year. According to laboratory data, for EW 21, the predominant respiratory virus has been RSV since EW 10, especially in less than 1 year age group. Few cases of influenza A/H1N1 2009 were detected in EW 21.

In Chile[5], in EW 22, at the national level, ILI activity (6.1 consultations per 100,000 inhabitants) was lower than the previous week (8.1 per 100,000 inhabitants) and remained within the expected levels for this time of year and lower than observed in 2009 and 2010; while at the regional level, a slight increase was observed in the Metropolitan Region. The percentage of emergency department admissions for respiratory cases in children less than 15 years old continued to increase to 50% since EW 15 (~30%) and was higher than observed in 2010 and 2009, regionally the highest increase was in Puerto Montt. In EW 22, no deaths

associated to influenza have been reported. The number of positive cases to respiratory viruses showed an increasing trend between EWs 13-22, with increase of RSV as the predominant virus in circulation, followed by adenovirus and parainfluenza. The circulation of influenza continued in a very low proportion.

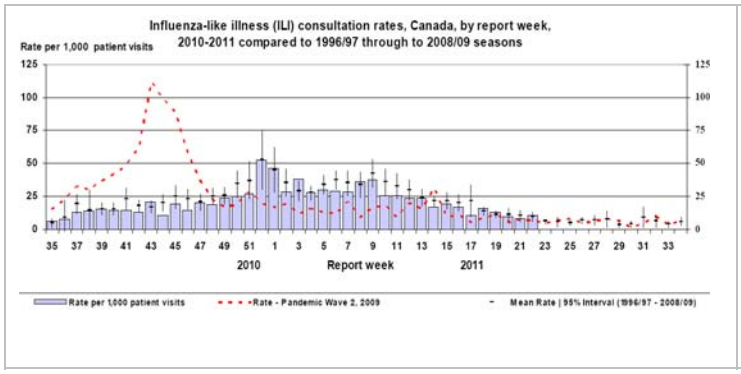
In Paraguay[6], in EW 22, the proportion of ILI consultations among all consultations showed an abrupt decrease in the last week (2.2%) with respect to the previous one (7.4%), being more significant in children less than 5 years age group. In SARI surveillance, the proportion of SARI hospitalizations among all hospitalizations was 3.1% in EW 22, slightly inferior to the previous week. The proportion of SARI ICU admissions among all ICU admissions decreased to 9.5% as compared to the previous EW (15.8%). The proportion of SARI deaths among the total deaths for all causes also decreased to 4.5% as compared to the previous week (11.9%). According to laboratory data, in EW 22, at the national level, the percentage of samples positive to respiratory viruses decreased from 34% (EW 20) to 12% (EW 22). RSV continued being the primary respiratory virus in circulation since EW 6. No influenza viruses were detected since EW 13.

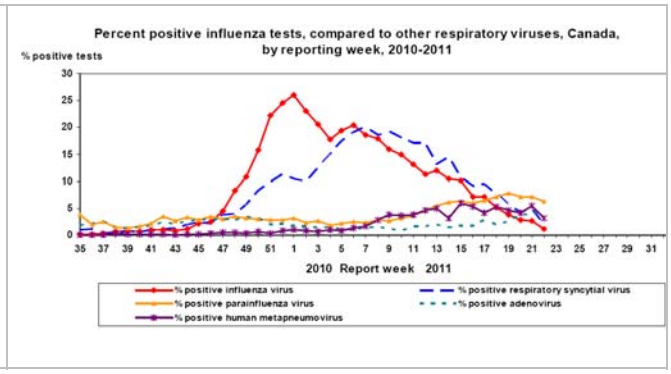
In Uruguay[7], in EW 24, the proportion of SARI hospital admissions among admissions for all causes was similar to the previous week. The percentage of SARI ICU admissions increased to ~5%. This week, the percentage of deaths associated to SARI increased to ~2%. In laboratory, in EW 23, the detection of other respiratory viruses (RSV and parainfluenza) predominated, with few sporadic detections of influenza B and influenza A/H1N1 2009.

Graphs

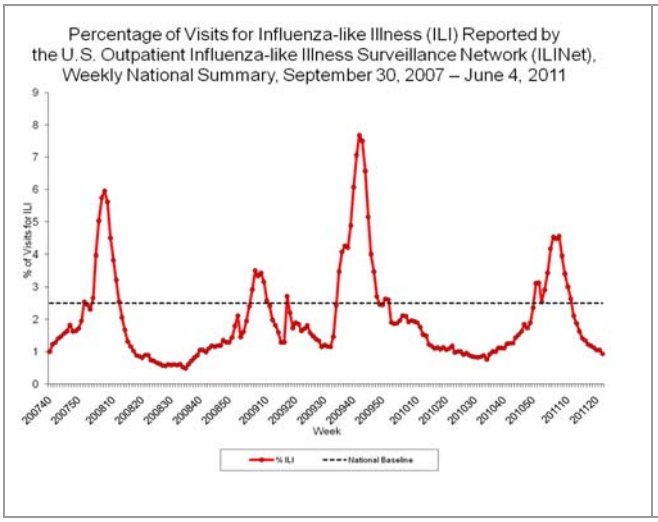
North America

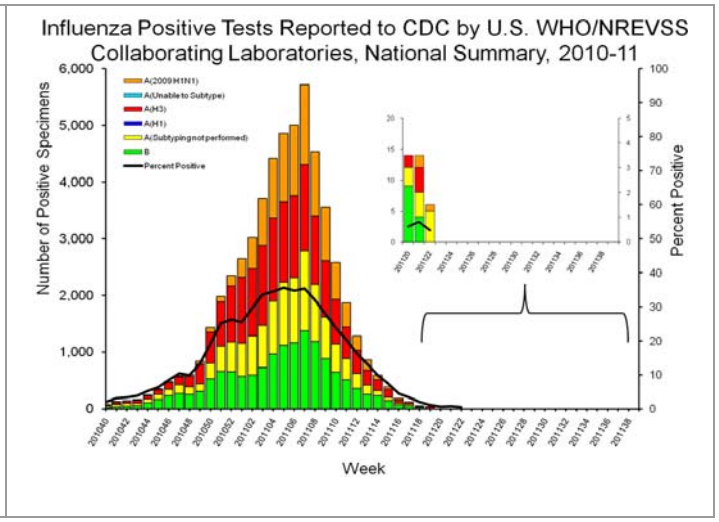
Canadá



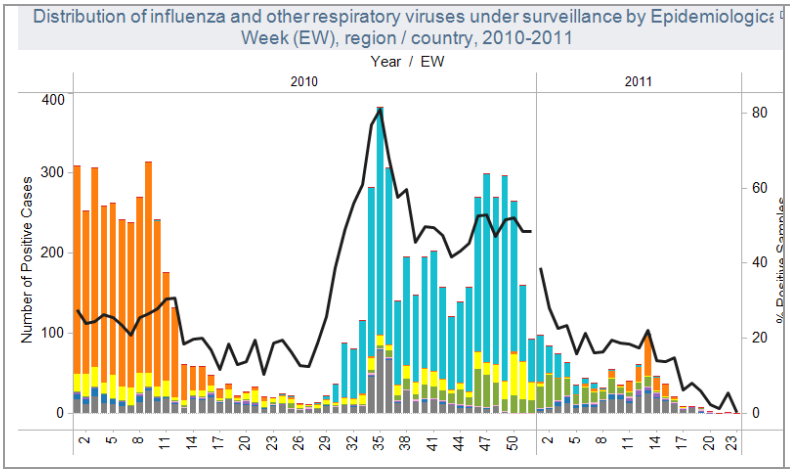


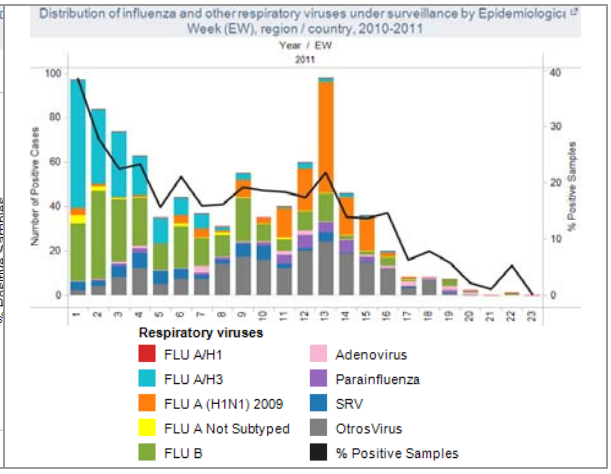
United States





Mexico

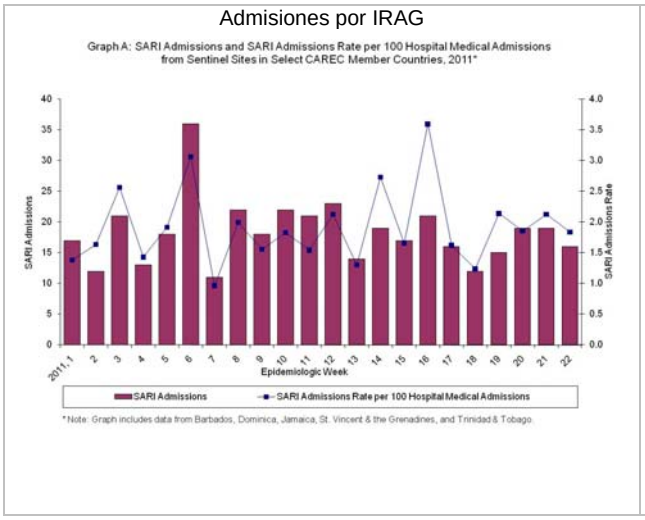




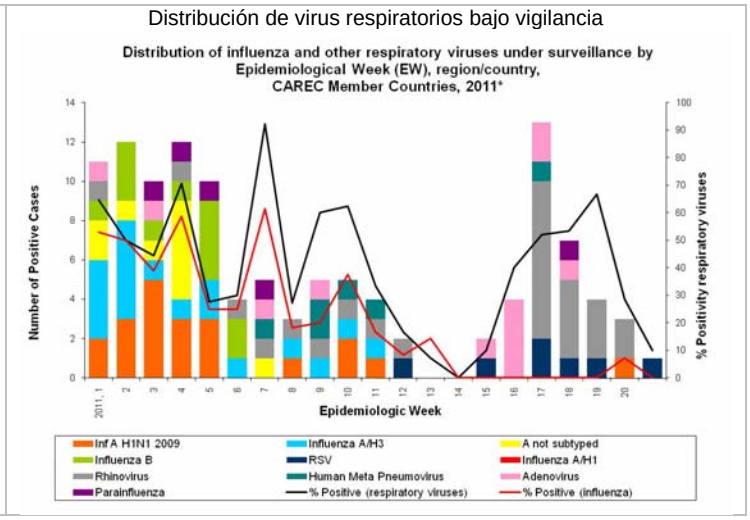
Caribbean

CAREC

Admisiones por IRAG

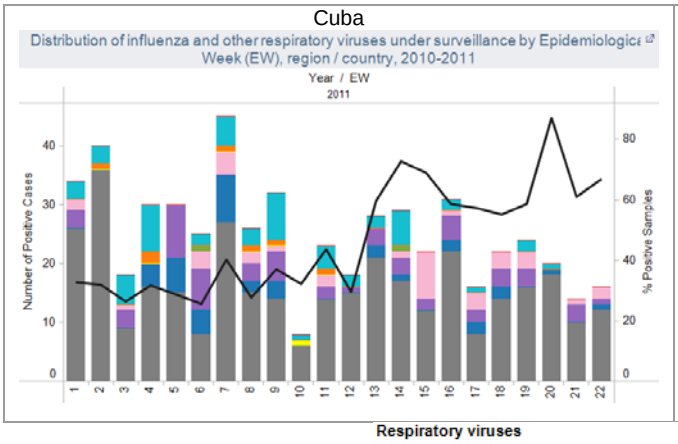


Distribución de virus respiratorios bajo vigilancia

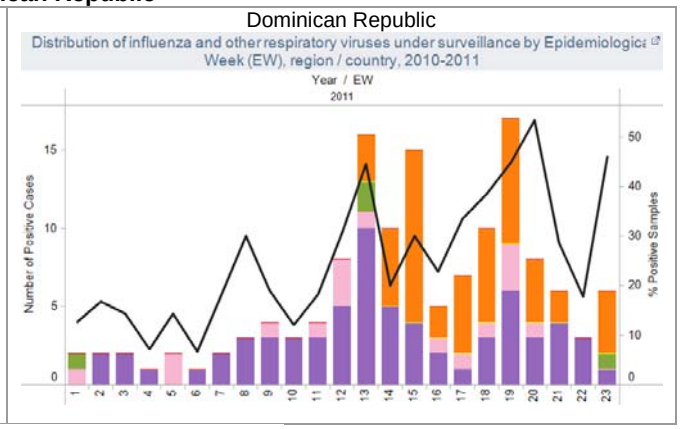


Cuba & Dominican Republic

Cuba



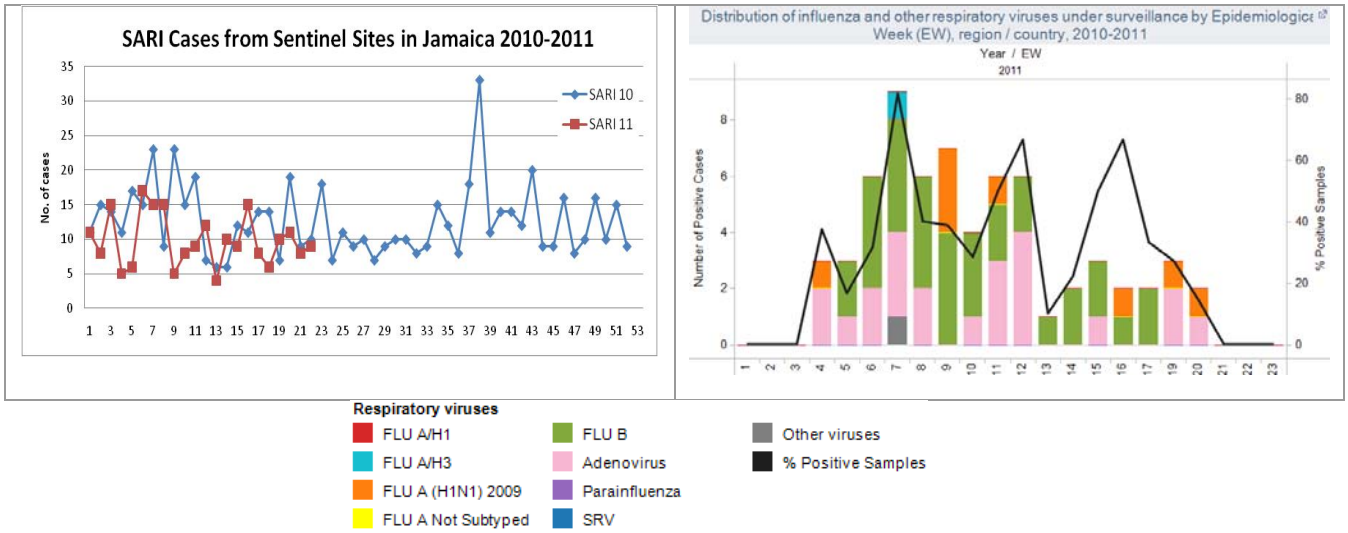
Dominican Republic



Respiratory viruses

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

Jamaica

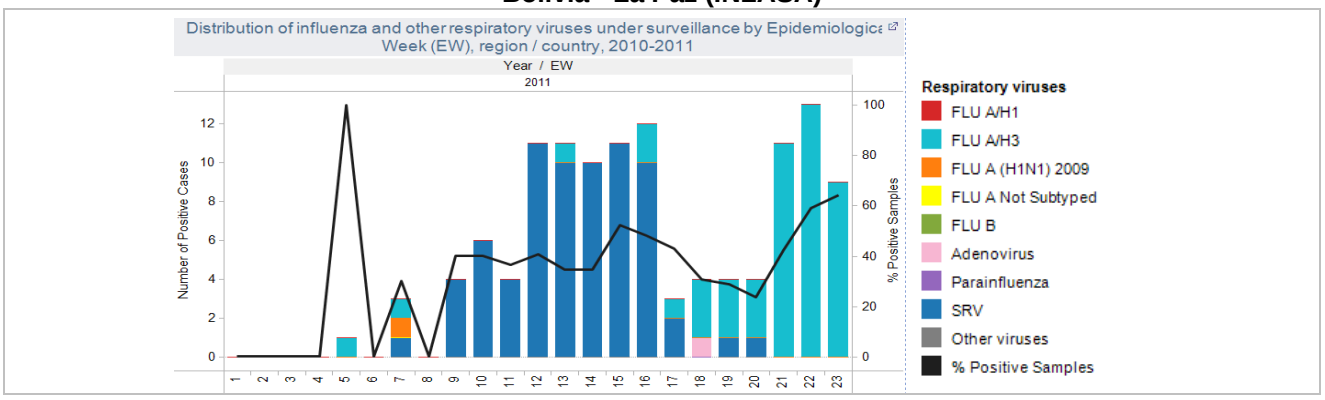


Central America

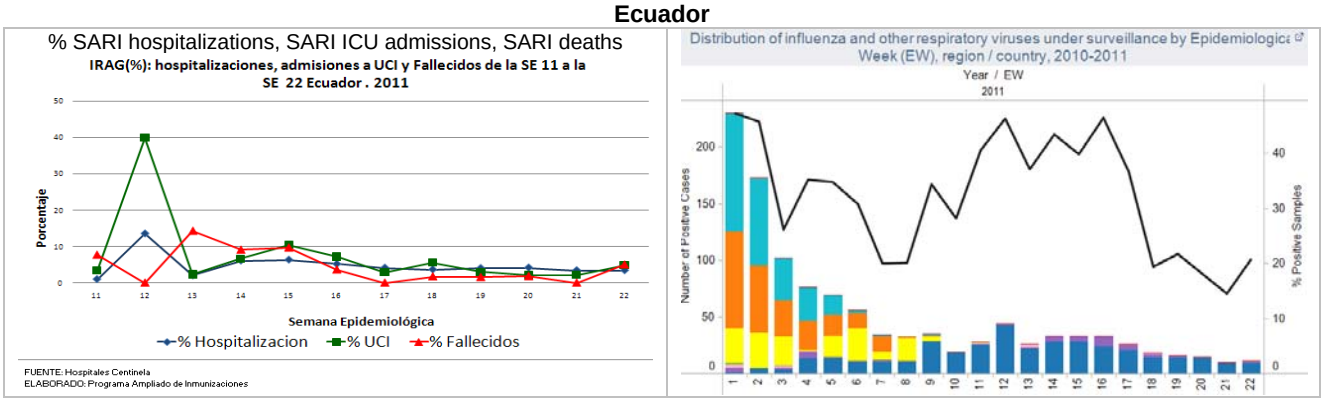
Distribución de virus respiratorios bajo vigilancia por SE, 2010-2011
Costa Rica, Honduras, Nicaragua y Panamá

South America - Andean

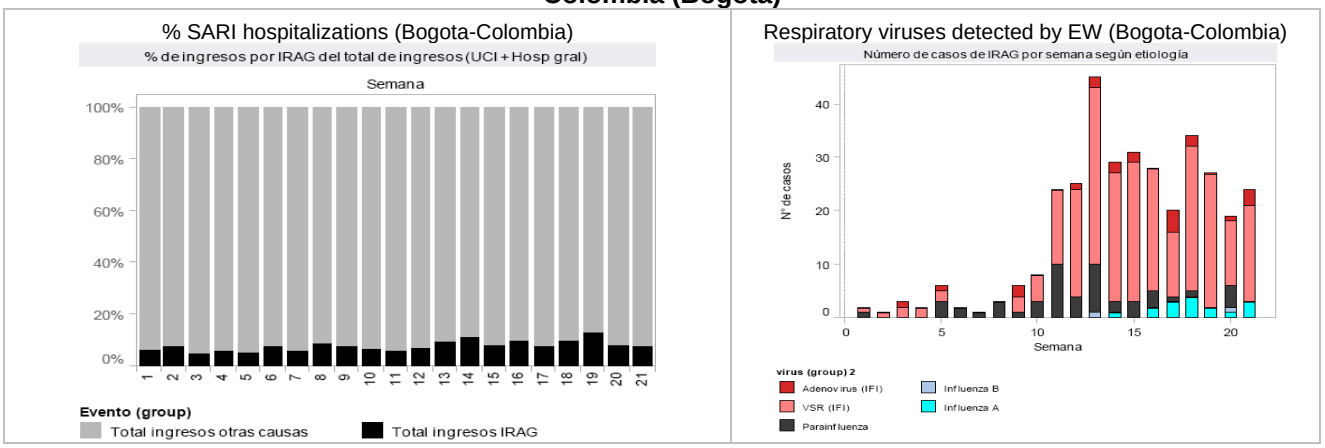
Bolivia - La Paz (INLASA)



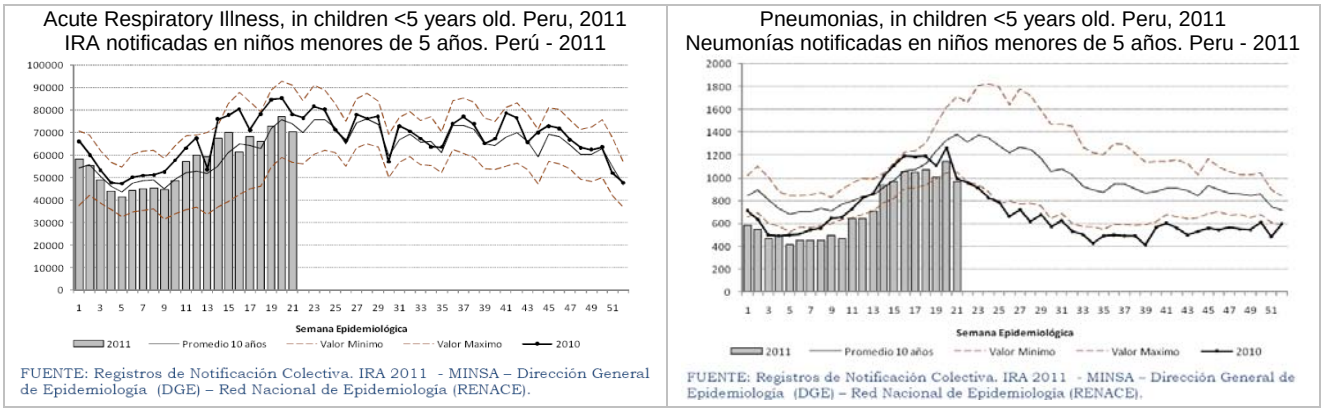
Ecuador



Colombia (Bogota)

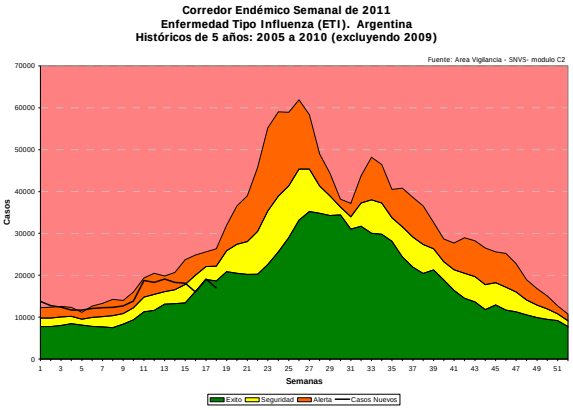


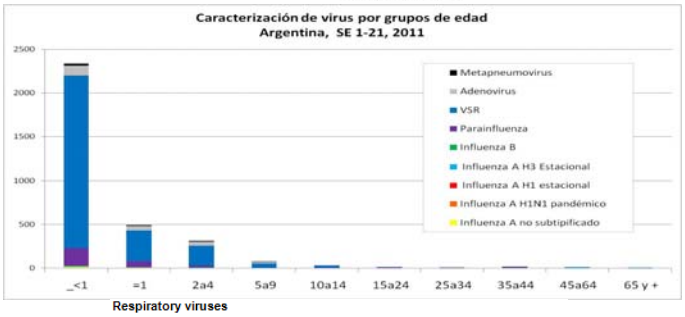
Peru



South America – Southern Cone

Argentina



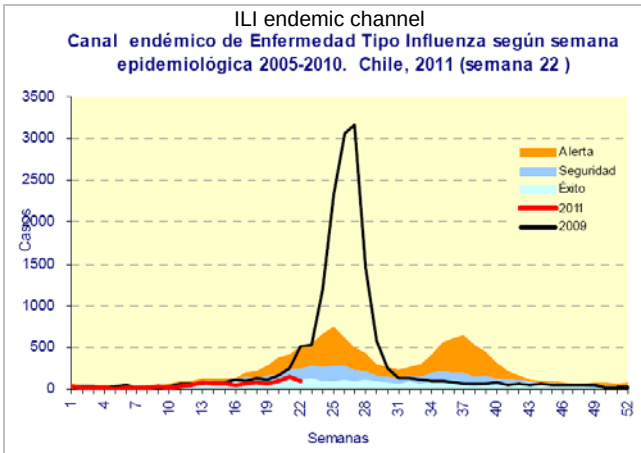


Respiratory viruses

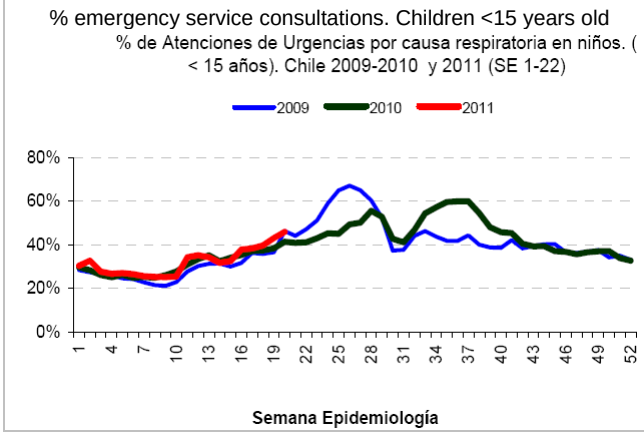
- FLU A/H1
- FLU A/H3
- FLU A (H1N1) 2009
- FLU A Not Subtyped
- FLU B
- Adenovirus
- Parainfluenza
- SRV
- Other viruses
- % Positive Samples

Chile

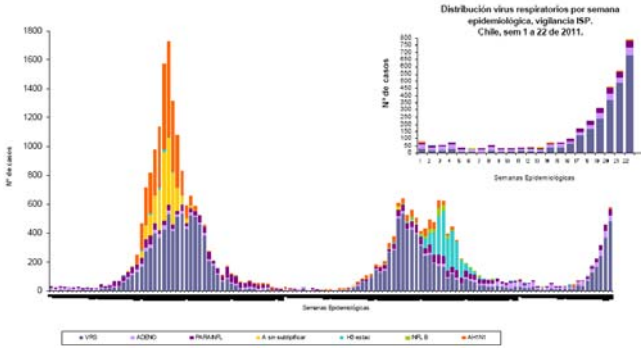
ILI endemic channel



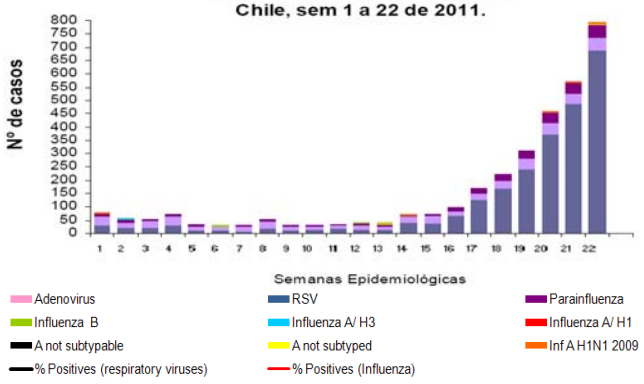
% emergency service consultations. Children <15 years old



2010-2011

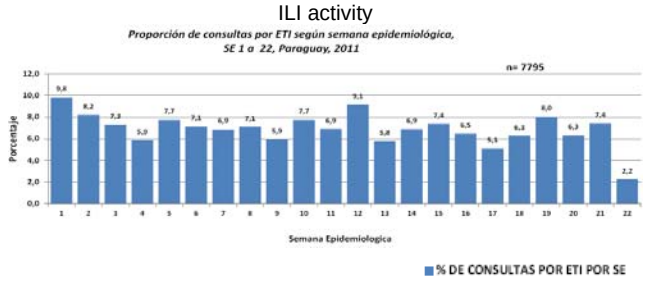


2011

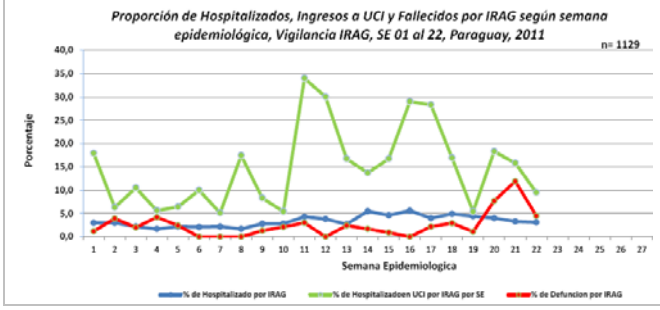


Paraguay

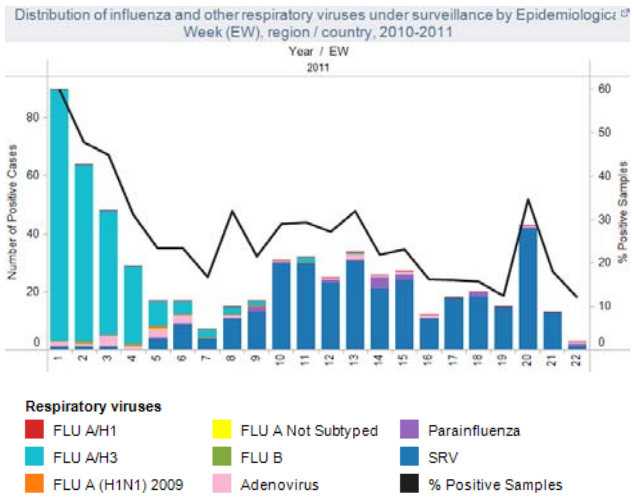
ILI activity



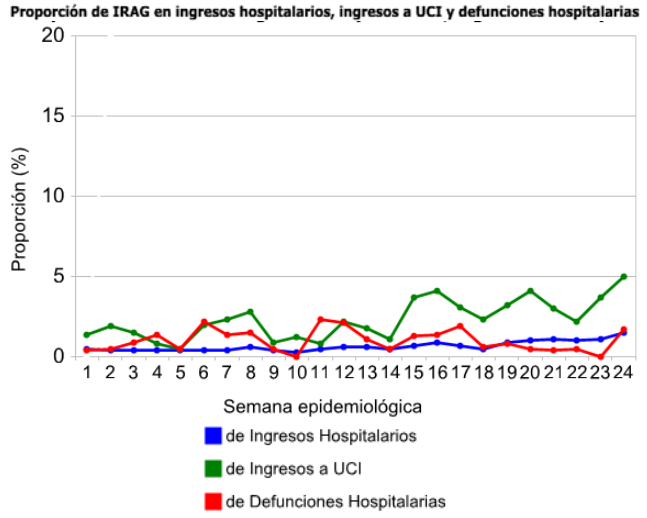
SARI hospitalizations, ICU admissions and deaths

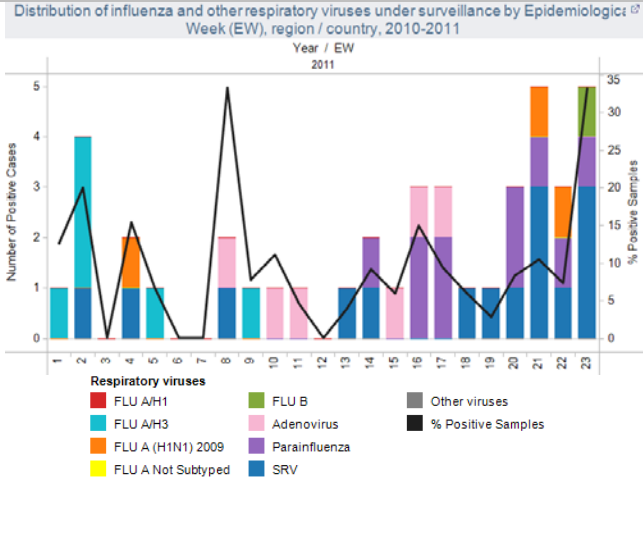


SARI surveillance. Respiratory viruses per EW, 2011.



Uruguay





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[1] FluWatch Report. EWs 21-22. http://www.phac-aspc.gc.ca/fluwatch/
[2] USA. Surveillance Summary. Week 22. Centers for Disease Control and Prevention
[3] Informe de Fase inicial del Proyecto de Vigilancia Nacional Intensificada de Colombia. Participantes: Secretaria Distrital de Salud de Bogotá, Instituto Nacional de Salud y 5 hospitales de Bogotá.
[4] Perú. Sala de Situación de Salud. SE 21. Ministerio de Salud. Dirección General de Epidemiología
[5] Chile. Informe de situación. SE 22. www.pandemia.cl
[6] Paraguay. Boletín epidemiológico semanal. SE 23. Ministerio de Salud Pública y Bienestar Social
[7] Uruguay. Dirección General de la Salud. Epidemiología.https://trantor.msp.gub.uy/epidemiologia/servlet/iraggrafmenu