Regional Update EW 21, 2012
(6 June 2012 - 17 h GMT; 12 h EST)

Influenza

Epidemiologic and virologic influenza update

North America

In the United States, in EW 21, nationally, the proportion of ILI consultations (1.1%) was below the baseline (2.4%), with all regions reporting ILI activity below their region-specific baselines. Nationally, the proportion of deaths attributed to pneumonia and influenza for EW 20 (6.6%) was below the epidemic threshold for this time of year (7.3%). In EW 21, no pediatric deaths associated with influenza were reported. Among all samples tested during EW 20 (n=1,957), the percentage of samples positive for influenza (11.8%) was similar to the previous week. Nationally, among the positive samples, 40% were influenza A (among the subtyped influenza A viruses, mainly influenza A[H3N2]) and 60% were influenza B.

In Mexico, according to laboratory data, in EW 20, among all samples tested (n=112), 2.7% were positive for influenza viruses (influenza A unsubtyped); that represents the lowest proportion in 2012 through EW 20.

Caribbean

CAREC*, in EW 21, received epidemiological information from 6 countries: Belize, Dominica, Jamaica, Suriname, St. Vincent & the Grenadines and Trinidad & Tobago. In EW 21, the proportion of severe acute respiratory infection (SARI) hospitalizations was 1.9%, which is lower than the prior week (2.3%). The SARI rate increased in 2 of 6 sentinel countries that reported data: St. Vincent & the Grenadines and Jamaica. Children aged 6 months – 4 years had the highest rates of SARI hospitalization (7.2% of all children admitted to hospital were for SARI). No SARI related deaths were reported in week 21, 2012. In the past four weeks, influenza A[H3], influenza A(H1N1)pdm09, influenza B, respiratory syncytial virus (RSV) and adenovirus have been confirmed. To date in 2012, the overall percentage positivity for samples tested is 32%, with % positive for influenza = 15% and % positive for other respiratory viruses = 17%.

In Jamaica for EW 21, the proportion of consultations for Acute Respiratory Illness (ARI) was 5.6% which was the same as the previous week. The proportion of admissions due to SARI was 0.8% which was similar to the previous week. There was no SARI death reported for EW 21. No Influenza viruses were isolated in EW 21.

* Includes Barbados, Belize, Dominica, Jamaica, St Vincents and the Grenadines, St Lucia, Suriname and Trinidad and Tobago
In Cuba, according to laboratory data, in EW 21, among all samples tested (n=96), the percentage of positives for respiratory viruses (25%) decreased as compared to the prior week (34%); being rhinovirus the predominant respiratory virus detected, followed by influenza B, which also increased as compared to the previous weeks.

In Dominican Republic, in EW 22, among all samples tested (n=23), 21% were positive for influenza viruses; being influenza A(H3N2) the predominant circulating respiratory virus since EW 16. Among other respiratory viruses, influenza A(H1N1)pdm09 and parainfluenza were also detected.

Central America

In Costa Rica, in EW 21, according to laboratory data, among all samples tested (n=70), the percentage of positive samples for respiratory viruses was 14.3%, being adenovirus the predominant circulating virus. Influenza B was detected for the second consecutive week.

In El Salvador, in EW 21, ARI and pneumonia endemic channels showed that the number of ARI and pneumonia cases remained within what was expected for this time of year. Regionally, the ARI and pneumonia endemic channels were over their region-specific baselines in the department of Usulutan. According to laboratory data, in EW 21, among all samples tested (n=44), the percentage of positive samples for respiratory viruses was 27.3%. Influenza A(H1N1)pdm09 has been the predominant circulating virus since EW 12. Influenza B, RSV and parainfluenza were also detected.

In Guatemala, in EW 21, according to laboratory data, among all the tested samples (n=14), the percentage of positive samples for other respiratory viruses decreased to 21%. Influenza A unsubtyped and RSV were detected circulating.

In Honduras, in EW 21, according to laboratory data, among all samples tested (n=14), the percentage of positive samples for respiratory viruses was 14%, with influenza A(H1N1)pdm09 and adenovirus being detected.

In Panama, in EW 21, among all the tested samples (n=27), 85% were positive for other respiratory viruses. Parainfluenza, adenovirus, influenza A(H1N1)pdm09 and other respiratory viruses were detected circulating.

South America – Andean

In Bolivia, in Santa Cruz, according to data from Cenetrop, viral circulation showed a decreasing trend since EW 13, with a percent positivity for EW 21 of 22.6% among all samples analyzed (n=62); influenza B (6/14) predominated followed by RSV. In contrast, according to data from Inlasa, circulation in EW 21 in the departments of La Paz, Oruro, Potosi, Tarija, Pando, Beni, and Chuquisaca showed an increasing percent positivity (37.1%) among all samples analyzed (n=35); influenza A(H1N1)pdm09 predominated (9/13), followed by RSV (4/13), which differed from previous weeks when RSV predominated. According to the SARI surveillance system, in La Paz, the proportion of SARI hospitalizations en EW 21 (12.5%) showed a gradual decrease. Of the SARI samples processed (n=85), en EW 21 in this department, the percent positivity was 41.2% with a predominance of influenza A(H1N1)pdm09 (80%), a changing pattern from the previous weeks.

In Peru\(^2\), through EW 20, at the national level, the ARI rate in children less than 5 years of age reached 345.1/100,000 population, which is lower than expected for this time pattern was observed for pneumonias in this age group. The sub-national level, since the beginning of the year through EW 20, all departments had lower than expected levels of ARI rates in children less than five years of age. However, in Loretto and Junin, the ARI fatality rate was higher than what was observed in previous years.

South America – Southern Cone

In Argentina\(^3\), in EW 18, ILI and pneumonia endemic channels showed that the number of ILI and pneumonia cases remained below the expected level for this time of the year. The hospitalized ARI surveillance showed that the number of cumulative cases in 2012 through EW 18 (n=6712) was less than what was reported during the same period last year. According to laboratory data, in EW 21, an increase in the respiratory virus percent positivity was reported since EW 18, reaching ~60% in EW 21. The predominant virus was RSV.

In Chile\(^4\), at the national level, ILI activity was within the safe zone of the endemic channel, with an increase in the rate in EW 21 (6.1/100,000 population) with respect to the previous week. Additionally, there has been a sustained increase since EW 11 in the percent of emergency respiratory visits to 27% in EW 21. According to laboratory data, in EW 21, among the samples analyzed (n=810), the percent positivity for respiratory
viruses was 33.2% and was higher than previous weeks, with RSV being the most prevalent. According to the SARI surveillance system, the proportion of SARI-hospitalizations has increased since EW 11, reaching 3.9% in EW 20; and the percent positivity among the SARI-samples analyzed (n=24) increased to 91.7%, with RSV being the most prevalent (20/22).

In Paraguay, the ILI rate remained in the epidemic zone of the endemic channel with an increasing trend, reaching 135/100,000 population in EW 21. According to SARI surveillance, in EW 21, the proportion of SARI hospitalizations remained unchanged with respect to the previous week and below 5%. In EW 20, among the SARI samples analyzed (n=32), the percent positivity for respiratory viruses was 28.1%, showing an increasing trend with a prevalence of influenza A(H1N1)pdm 09 (7/9).

**Graphs**

**North America**

![Graphs](image_url)

**United States**


Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2011-12

**Mexico**

Distribution of respiratory viruses by EW, 2011-2012

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

**CAREC**

- SARI Admissions and SARI Admissions (Suicide) & Hospital Medical Admissions: Combined Wks in Select CAREC Member Countries, 2011 and 2012

**Jamaica**

- Percentage of Hospital Admissions for Severe Acute Respiratory Illness (SARI), Jamaica, 2011-2012

**Cuba & Dominican Republic**

- Distribution of Influenza and other respiratory viruses, by epidemiological week & region / country, 2011 and 2012
Central America

Costa Rica, Guatemala, Honduras and Panama

Costa Rica
Distribution of respiratory viruses by EW, 2011-2012

Guatemala
Distribution of respiratory viruses by EW, 2011-2012

Honduras
Distribution of respiratory viruses by EW, 2011-2012

Panama
Distribution of respiratory viruses by EW, 2011-2012

El Salvador

ARI endemic channel, 2012
Corredor endémico de IRAS, El Salvador, Se 21/2012

Pneumonia endemic channel, 2012
Corredor endémico de Neumonías, El Salvador, SE21/2012

Panama

Distribution of respiratory viruses by EW, 2011-2012
South America - Andean

Bolivia

La Paz
SARI Cases in La Paz

La Paz. Respiratory viruses detected by EW. 2012

Peru

ARI endemic channel. Children <5 years old. 2012

Pneumonia endemic channel. Children <5 years old. 2012
South America – Southern Cone

Argentina

ILI endemic cannel by EW, 2012
Corredor endémico semanal de Eti - 2012
Total País. Históricos 5 años: 2006 a 2011 (excluyendo 2009)

Pneumonia endemic cannel by EW, 2012
Corredor endémico semanal de Neumonia - 2012
Total País. Históricos 5 años: 2007 a 2011

Respiratory viruses detected by EW. 2011-2012

Chile

ILI cases by EW 2012
Canal endémico de Enfermedad Tipo Influenza según semana epidemiológica 2006-2011. Chile, 2012 (semana 1-21)

SARI cases
Porcentaje de hospitalizados, ingreso a UCI y fallecidos por IRAIS según SE. Chile, Hospitales Centinela. 2011 y SE 1-20 de 2012.
1 US Surveillance Summary. EW 21. Centers for Disease Control and Prevention
4 Chile. Informe de situación. SE 21. Disponible en: www.pandemia.cl