Regional Update EW 22, 2012
Influenza
(June 11, 2012 - 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 decreased. Among influenza viruses, influenza B was the predominant virus in Canada and the United States.
- In Central America and the Caribbean, influenza activity increased. Influenza A(H1N1)pdm09 was circulating in some countries of Central America (El Salvador, Honduras and Panamá), and influenza A(H3N2) was circulating in Dominican Republic.
- In South America, acute respiratory illness activity has been increasing in some countries in the last weeks; but remained within the expected level for this time of year. Respiratory syncitial virus (RSV) (Chile) and influenza A(H1N1) pdm 09 (La Paz, Bolivia; Paraguay) predominated.

**Epidemiologic and virologic influenza update**

**North America**

In Canada¹, in epidemiological week (EW) 21 and 22, 2012, influenza activity decreased. In these weeks, the influenza-like illness (ILI) consultation rate decreased as compared to the previous week and was within expected levels for this time of year. In EWs 21 and 22, among the total samples analyzed (n=2,144 and n=1,886, respectively), the proportion of samples positive for influenza (7.0 and 6.5% respectively) decreased. In EW 22, of the total cases positive for influenza, the percent positive for influenza B was 67.8%. Concerning other respiratory viruses, the percent positive for rhinovirus remained the highest as compared to other respiratory viruses.

In the United States², in EW 22, 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 22 (6.0%) was below the epidemic threshold for this time of year (7.2%). In EW 22, no pediatric deaths associated with influenza were reported. Among all samples tested during EW 22 (n=1,802), the percentage of samples positive for influenza (13.2%) was similar to the previous week. Nationally, among the positive samples, 40.1% were influenza A [among the subtyped influenza A viruses, mainly influenza A(H3N2)] and 59.9% were influenza B.

In Mexico, according to laboratory data, in EW 22, among all samples tested (n=25), 12% were positive for influenza viruses (mainly influenza A unsubtyped).

**Caribbean**

CAREC*, in EW 22, received epidemiological information from 5 countries: Belize, Jamaica, Suriname, St. Vincent & the Grenadines and Trinidad & Tobago. In EW 22, the proportion of severe acute respiratory infection (SARI) hospitalizations was 1.9%, which is the same as the prior week. 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 22, 2012. In the past four weeks, influenza A(H3), influenza A(H1N1)pdm09, influenza B, parainfluenza and adenovirus have been confirmed. To date in 2012,

* Includes Barbados, Belize, Dominica, Jamaica, St Vincents and the Grenadines, St Lucia, Suriname and Trinidad and Tobago
the overall percentage positivity for samples tested is 36%, with % positive for influenza = 21% and % positive for other respiratory viruses = 15%.

In Jamaica for EW 22, the proportion of consultations for Acute Respiratory Illness (ARI) was 4.9% which was lower than the previous week. The proportion of admissions due to SARI was 0.7% which was similar to the previous week. There was no SARI death reported for EW 22. There was no laboratory detection of Influenza viruses in EW 22.

In Cuba, according to laboratory data, in EW 22, among all samples tested (n=72), the percentage of positives for respiratory viruses was 58% and the percentage of positives for influenza viruses was 26%; these percentages have been increasing since EW 18. Rhinovirus was the predominant respiratory virus detected, followed by influenza B, which also increased as compared to the previous weeks.

In Dominican Republic, in EW 23, among all samples tested (n=31), 38% 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 22, according to laboratory data, among all samples tested (n=64), the percentage of positive samples for respiratory viruses was 27%, with adenovirus and parainfluenza being the predominant circulating viruses; with a low circulation of influenza (influenza A(H3N2)).

In El Salvador, in EW 22, among all samples tested (n=71), the percentage of positive samples for respiratory viruses increased to 40.8%. Influenza A(H1N1)pdm09 has been the predominant circulating virus since EW 12 and showed an increasing trend. Influenza B was also detected.

In Guatemala, in EWs 22, according to laboratory data, among all samples tested (n=18), the percentage of positive samples for respiratory viruses increased to 33%. Influenza A unsubtyped was detected circulating.

In Honduras, in EW 22, according to laboratory data, among all samples tested (n=14), the percentage of positive samples for respiratory viruses was 14%, being influenza A(H1N1)pdm09 the only virus detected.

In Panama, in EW 22, among all the tested samples (n=19), 84% were positive for other respiratory viruses. Among influenza viruses, influenza A(H1N1)pdm09 detection has been increasing in the last three weeks.

South America – Andean

In Bolivia, in Santa Cruz, according to data from Cenetrop, respiratory virus activity has been decreasing since EW 13, with a positivity of 29.7% in EW 22 among all samples analyzed (n=37). According to the SARI surveillance system in La Paz, there was a decrease in the proportion of hospitalizations (22.5%) and ICU admissions (27.3%), as compared to the previous week, due mainly to the Children’s Hospital of La Paz; additionally, two deaths were reported this week. Of the samples analyzed from SARI cases (n=143), in EW 22, in La Paz, the percent positivity reached 68.5% with influenza A (H1N1)pdm 09 predominating (90%).

In Ecuador, SARI activity and respiratory virus circulation has been decreasing since EW 09. In EW 22, the proportion of SARI hospitalizations and ICU admissions remained low and unchanged as compared to the previous week and no SARI-associated deaths have been reported in the last two weeks. Of samples from SARI cases (n=8) in EW 22, the percent positivity was 12.5%, unchanged from the prior week, and influenza B predominated (5/6).

South America – Southern Cone

In Chile, in EW 22, at the national level, ILI activity was within the safety zone of the endemic channel (rate 6.1/100,000 population) and unchanged as compared to the previous week. There has been a progressive increase since EW 11 in the percent of emergency visits for respiratory causes but within what is expected, reaching 26% in EW 22. According to laboratory data at the national level, in EW 22, among the samples analyzed (n=939), the percent positivity for respiratory viruses was 38%, higher than the previous week, with a predominance of RSV (80%). Based upon SARI surveillance, the proportion of hospitalizations also showed an increase since EW 11, reaching 3.5% in EW 22. Of samples from SARI cases (n=39), the percent positivity has also been increasing in the last few weeks, reaching 64.1% in EW 21, with a predominance of RSV (22/25).
In Paraguay, at the national level, in EW 22, the ILI rate (127/100,000 population) remained in the epidemic zone and the endemic channel showed an increasing trend. The proportion of consultations for ILI (10.7%) also increased in the last three weeks. According to laboratory data, at the national level, in EW 21, among samples analyzed (n=93), the percent positivity was 31.2%, increasing since EW 18, coincident with an increase in the detection of influenza A (H1N1)pdm 09, which continued to predominate this week (48%); RSV circulation has also increased in the last two weeks. According to the SARI surveillance system, the proportion of hospitalizations has slowly been increasing since EW 18, reaching 3.3% in EW 22. In EW 21, among samples from SARI cases (n=37), the percent positivity was 38% showing an increasing trend, with a prevalence of influenza A (H1N1) pdm09 (6/14) and initial detections of RSV (4/14).

**Graphs**

**North America**

**Canada**

ILI consultation rate (x 1,000), 2011-12

Positive samples (%) for respiratory viruses, 2011-12

**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

Respiratory viruses
- FLU A H1
- Influenza A H3
- Influenza A (H1N1)2009
- Influenza A Not Subtyped
- Influenza B
- Adenovirus
- Paramyxoviruses
- SRV
- Other viruses
- % Positive resp viruses
**Caribbean**

**CAREC**

SARI Admissions and SARI Admissions Rate per 100 Hospital Medical Admissions from Sentinel Sites in Selected CAREC Member Countries, 2011 and 2012

*Note: Graph includes data from Barbados, Belize, Dominica, Jamaica, St. Lucia, St. Vincent & the Grenadines, Suriname and Trinidad & Tobago.

**Jamaica**

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

2011 - 2012

**Cuba & Dominican Republic**

Distribution of Influenza and other respiratory viruses under surveillance by EPI region / country

2011 and 2012
Central America

Costa Rica, El Salvador, Guatemala, Honduras and Panama

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

El Salvador  
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
**South America - Andean**

**Bolivia**

Distribución de los virus respiratorios, 2011-12 - Sedes La Paz

Casos IRAG Sedes La Paz

**Ecuador**

SARI Cases

Respiratory viruses detected by EW, 2011-2012

Respiratory viruses detected by EW, 2011-2012

Ecuador, de la SE 30/2011 a SE 22/2012.
South America – Southern Cone

Chile

ILI cases by EW 2012
Canal endémico de EnfermedadTipo Influenza según semana epidemiológica 2006-2011*. Chile, 2012 (semana 1-22)

SARI cases
Porcentaje de hospitalizados, ingreso a UCI y fallecidos por IRAG según SE. Chile, Hospitales Centinela. 2011 y SE 1-22 de 2012.

Paraguay

ILI endemic channel
Canal endémico de EPI en población >11 según semana epidemiológica Paraguay, 2012 (Semana Epidemiológica No 22)

Distribution of respiratory viruses by EW, 2011-2012
Distribution of influenza and other respiratory viruses under surveillance by EW, region/country

SARI cases (%), by EW 2012
Preparación de hospitales, ingreso a UCI y fallecidos por IRAG según semana epidemiológica, Vigilancia IRAG, SE 01 al 22, Paraguay, 2012

SARI cases: distribution of respiratory viruses by EW, 2012
Distribución de virus de influenza y otros virus según SE. Paraguay, SE 01 – SE 22, 2012. (en %)
2 US Surveillance Summary. EW 22. Centers for Disease Control and Prevention
3 Chile. Informe de situación. SE 22. Disponible en: www.pandemia.cl
4 Paraguay. Boletín epidemiológico semanal SE 22. Available at: