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.

**WEEKLY SUMMARY**

- **North America**: Influenza activity remained low in the sub-region with co-circulation of influenza B and A(H3N2). In the United States, one human infection with an influenza A(H3N2) variant (H3N2v) was reported by Ohio. The case was hospitalized and has completely recovered. The case reported close contact with swine in the week prior to illness. No ongoing human-to-human transmission has been identified.

- **The Caribbean and Central America**: Circulation of influenza B was observed in several countries of the sub-region (Cuba, Costa Rica, Jamaica, Guatemala, Honduras, Panama and Puerto Rico), and co-circulation with influenza A(H1N1)pdm09 was observed in Cuba, Guatemala and Panama.

- **South America – Andean Countries**: Continued influenza circulation was observed in Bolivia, Colombia, Ecuador and Peru. Co-circulation of influenza A(H1N1)pdm09, A(H3N2) and influenza B was observed, as well as continued circulation of RSV.

- **South America - South Cone and Brazil**: Although most acute respiratory illness activity indicators in the sub-region remained elevated, they were within expected levels for this time of year and began to decrease. RSV continued to circulate, and among influenza viruses, A(H3N2) predominated with influenza B co-circulation.
Respiratory syncytial virus (RSV) circulation by region. 2013-14

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

ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ARI</td>
<td>Acute respiratory infection</td>
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<tr>
<td>CARPHA</td>
<td>Caribbean Public Health Agency</td>
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<tr>
<td>CENETROP</td>
<td>Centro de Enfermedades Tropicales (Santa Cruz, Bolivia)</td>
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<td>EW</td>
<td>Epidemiological Week</td>
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<td>ILI</td>
<td>Influenza-like illness</td>
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<td>INLASA</td>
<td>Instituto Nacional de Laboratorios de Salud (La Paz, Bolivia)</td>
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<td>INS</td>
<td>Instituto Nacional de Salud</td>
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<td>ORV</td>
<td>Other respiratory viruses</td>
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<tr>
<td>SARI</td>
<td>Severe acute respiratory infection</td>
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<td>SEDES</td>
<td>Servicio Departamental de Salud (Bolivia)</td>
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<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
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<tr>
<td>RSV</td>
<td>Respiratory Syncytial Virus</td>
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EPIDEMIOLOGIC AND VIROLOGIC UPDATE OF INFLUENZA & OTHER RESPIRATORY VIRUSES BY COUNTRY

North America:
In Canada during EW 32, influenza activity was low. The national ILI consultation rate was 10.2 per 1,000 patient visits, an increase compared to the previous week and slightly above expected levels. Since the beginning of the 2013-14 influenza season, 5,442 influenza-associated hospitalizations have been reported, of which 68.3% were associated with influenza A. During this same period, 342 deaths were reported, most of which were associated with influenza A (64.3%). The highest proportion of deaths (56.7%) has been among adults ≥65 years of age. Based on laboratory data for EW 32 the overall percentage of positive influenza tests was <1%. Among the positive tests during EW 31-32, 66.7% were influenza A (0% were influenza A(H1N1)pdm09, 75.0% were A(H3) and 25.0% were not subtyped) and 33.3% were influenza B. Among other circulating respiratory viruses, rhinovirus predominated.

Canada

In the United States\(^2\) during EW 33, influenza activity was low. The national proportion of ILI-associated outpatient visits (0.7\%) was below the national baseline (2.0\%). The proportion of deaths attributed to pneumonia and influenza (5.8\%) was also below the epidemic threshold (6.0\%). A total of 107 influenza-associated pediatric deaths have been reported this season (no deaths were reported during EW 33). According to laboratory data for EW 33, 1,788 samples were analyzed, of which 1.0\% were positive for influenza. Among the positive samples, 72.2\% were influenza A (7.7\% A(H1N1)pdm09, 84.6\% A(H3) and 7.7\% not subtyped) and 27.8\% were influenza B. During EW 33, one human infection with an influenza A(H3N2) variant (H3N2v) was reported by Ohio. The case was hospitalized and has completely recovered, and reported close contact with swine in the week prior to illness. No ongoing human-to-human transmission has been identified.

### United States

**US: Percent of ILI visits by EW, 2013-14**

![Graph showing the percentage of ILI visits by week](image)

**US: Influenza viruses distribution by EW, 2013-14**

![Graph showing the distribution of influenza viruses by week](image)

In Mexico\(^3\) during EW 33, influenza activity remained low. ARI activity decreased from the previous week and was within the security zone of the alarm channel. Pneumonia activity also decreased compared to the previous week (rate: 1.5 per 100,000 inhabitants) and was within expected levels for this time of year. The highest levels of pneumonia activity were reported in Colima, Jalisco and Nuevo Leon. Nationally, through August 21, 2014, the proportion of ILI/SARI-associated medical visits was 0.4\%. The highest proportions of ILI/SARI-associated medical visits were reported in Guerrero, Tlaxcala and Veracruz. During this same period, 764 influenza-associated deaths were reported, of which 90.1\% were associated with influenza A(H1N1)pdm09. Based on laboratory data from EW 30-33, 548 samples were analyzed, of which 10.6\% were positive for influenza. Among the positive samples, influenza B predominated (54.8\%), followed by influenza A(H3N2) (35.5\%).

### Mexico

**Mexico: ARI Endemic Channel, 2014**

![Graph showing ARI activity by week](image)

**Mexico: National Pneumonia Rates, 2013-14**

![Graph showing national pneumonia rates](image)

**Mexico: % of sentinel ILI/SARI**

![Graph showing the percentage of sentinel ILI/SARI](image)

**Mexico: Respiratory viruses distribution by EW 2013-14**

![Graph showing the distribution of respiratory viruses](image)

\(^2\) USA: CDC FluView report. EW 33. Available at: [http://www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/)

Caribbean
In Cuba during EW 33, the number of SARI-associated hospitalizations (n=21) increased from the previous week. Children ≤ 1 year of age comprised the largest proportion of these cases. One SARI-associated death was reported during this period and was negative for a respiratory virus. According to national laboratory data for EW 30-33, 173 samples were analyzed, of which 30.6% were positive for a respiratory virus and 2.3% for influenza. Among the positive samples, rhinovirus (18.9%) and parainfluenza (17.0%) predominated. Among the influenza viruses, influenza B (75%) and A(H1N1)pdm09 (25%) were detected.

In the Dominican Republic, during EW 30-33, 61 samples were analyzed, of which 19.7% were positive for a respiratory virus and 1.6% were positive for influenza. Among the positive samples, RSV (58.3%), parainfluenza (33.3%) and influenza A(H3N2) (8.3%) were detected.

In Jamaica, based on sentinel surveillance data for EW 33, the proportions of ARI-associated consultations (2.4%) and SARI-associated hospitalizations (0.6%) increased compared to the previous week. No SARI-associated deaths were reported during this EW. Based on laboratory data for EW 30-33, 40 samples were analyzed, of which two (5.0%) were positive for influenza B.

In Puerto Rico, during EW 33, the number of influenza cases (n=40) decreased compared to the previous week. Of these, 19 cases were associated with influenza A and 21 with influenza B. Since the beginning of 2014, 16,976 influenza cases have been reported (44% influenza A, 55% influenza B and 1% influenza A.

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4 Puerto Rico. Departamento de Salud. Vigilancia de influenza de Puerto Rico SE 33
and B) and persons aged 0-19 years accounted for 50% of those cases. During this same period, 802 influenza-associated hospitalizations and 13 influenza-associated deaths were reported.

**Puerto Rico**

**Central America**

In Costa Rica, during EW 33, the proportions of SARI-associated hospitalizations (4.0%), ICU admissions (22.0%) and deaths (8.2%) decreased from the previous week. According to laboratory data from EW 30-33, 249 samples were analyzed of which 36.5% were positive for a respiratory virus and 27.3% were positive for influenza. Among the positive samples, influenza B (68.1%) and adenovirus (15.4%) predominated.

**Costa Rica**

In El Salvador, during EW 34, the proportions of SARI-associated hospitalizations (5.0%) and deaths (6.5%) decreased compared to the previous week, while the proportion of SARI-associated ICU admissions (11.1%) increased.

**El Salvador**

In Guatemala, based on laboratory data from EW 30-33, 67 samples were analyzed, of which 32.8% were positive for a respiratory virus and 11.9% were positive for influenza. Among the positive samples, human metapneumovirus (40.9%) predominated. Among the influenza positive samples, 37.5% were influenza A (100% A(H1N1)pdm09) and 62.5% were influenza B.
In Honduras, during EW 32, the proportion of ILI-associated medical visits (3.7%) decreased from previous week, while the proportion of SARI-associated hospitalizations (5.0%) increased. Both remained within expected levels for this time of year. Three SARI-associated deaths were reported during EW 32. According to laboratory data from EW 29-32, 96 samples were analyzed, of which 21.9% were positive for a respiratory virus and 18.8% were positive for influenza. Among positive samples, influenza B predominated (81.0%).

In Nicaragua, during EW 34, the national rates of pneumonia (32.7 per 100,000 population) and ARI (532.9 per 100,000 population) were within expected levels for this time of year.

In Panama, based on national laboratory data from EW 31-34, 182 samples were analyzed, of which 68.1% were positive for a respiratory virus and 3.3% were positive for influenza. Among the positive samples, RSV (65.3%) and rhinovirus (18.5%) predominated. Among the influenza positive samples, 83.3% were influenza A (100% A(H1N1)pdm09) and 16.7% were influenza B.
**South America – Andean countries**

In Bolivia, according to laboratory data from Santa Cruz (CENETROP) from EW 31-34, 373 samples were analyzed, of which 22.8% were positive for a respiratory virus and 13.1% were positive for influenza. Among the positive samples, influenza A(H1N1)pdm09 (45.9%), parainfluenza (17.6%) and adenovirus (15.3%) predominated. Based on data from the National Laboratory in La Paz (INLASA) from EW 30-33, 316 samples were analyzed, of which 36.4% were positive for a respiratory virus and 35.8% were positive for influenza. Among the positive samples, influenza A(H1N1)pdm09 (62.6%), A(H3N2) (28.7%) and influenza B (7.0%) predominated.

**Bolivia**

In Colombia, during EW 32 the proportions of outpatient and urgent visits (8.0%), hospitalizations (5.9%) and ICU admissions (6.5%) with ARI/SARI-associated ICD-10 codes (J00 to J22) were within the expected levels for this time of year. Based on INS laboratory data from EW 30-33, 432 samples were analyzed, of which 59.0% were positive for a respiratory virus and 7.6% were positive for influenza. Among the positive samples, RSV (41.2%) predominated. Among the influenza viruses, influenza A(H3N2) predominated (66.7% of influenza samples).
In Ecuador during EW 33, the proportions of SARI-associated hospitalizations (1.0%) and ICU admissions (3.8%) decreased compared to the previous week, while the proportion of SARI-associated deaths (3.8%) increased. Based on national reference laboratory data from EW 30-33, 193 SARI samples were analyzed, of which 26.4% were positive for a respiratory virus and 16.1% were positive for influenza. Among the positive samples, influenza B (56.9%) and RSV (35.3%) predominated.

In Peru, based on national laboratory data from EW 30-33, 462 samples were analyzed, of which 47.0% were positive for a respiratory virus and 32.5% were positive for influenza. Among the positive samples, influenza A(H3N2) (32.7%), RSV (24.9%) and influenza A(H1N1)pdm09 (20.3%) predominated.

In Venezuela during EW 32, the numbers of ARI and pneumonia cases increased by 4.3% and 2.8%, respectively, compared to the previous week. The number of ARI cases was slightly above expected levels for this time of year. During EW 32, 56 SARI-associated hospitalizations were reported, with children 1-4 years of age comprising the largest proportion of cases. Based on virologic data from EW 1-32, 477 samples were analyzed from suspected influenza cases and of these, 15.7% were positive for a respiratory virus. Among the positive samples, influenza A(H3N2) predominated (40.0%).

South America – South Cone and Brazil

In Argentina, according to reports and estimations calculated for EW 33, ILI activity was within the success zone of the endemic channel while the estimated number of SARI cases was within the alert zone of the endemic channel. Based on laboratory data from EW 32-33, 2,357 samples were processed, of which

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5 Venezuela. Boletín epidemiológico, EW 32.
6 Argentina. Boletín integrado de vigilancia. SE 33.
44.3% were positive for a respiratory virus and 8.9% were positive for influenza. Among the positive samples, RSV (64.3%) predominated. Among the influenza viruses, 62.7% were influenza A (0% A(H1N1)pdm09, 31.3% A(H3N2) and 68.7% not subtyped) and 37.3% were influenza B.

**Argentina**

In Brazil, according to ILI sentinel surveillance data through EW 33, 11,166 samples were analyzed, and of these, 19.5% were positive for influenza or another respiratory virus. Among the positive samples, influenza A(H3N2) and RSV predominated. Based on national SARI surveillance data during this same period, 13,036 SARI cases were reported and 9.2% of these were positive for influenza. Among the positive samples, influenza A(H3N2) (62.8%) predominated, followed by influenza A(H1N1)pdm09 (26.3%). The largest number of SARI cases was reported in the southeast region, primarily in Sao Paulo. Through EW 33, 1,453 SARI-associated deaths were reported, of which 13.6% were positive for influenza (52.3% A(H1N1)pdm09 and 34.5% A(H3N2)).

**Brazil**

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In Chile, during EW 33, ILI activity (rate: 8.6 per 100,000 inhabitants) increased slightly compared to the previous EW and was within the alert zone of the endemic channel. Through EW 33, 2,299 SARI cases were reported through sentinel surveillance and of these, 48.8% were positive for respiratory virus. Among the positive SARI cases, RSV predominated (60%), followed by influenza A(H3N2) (19%). During this same period, 66 SARI-associated deaths were reported. Based on laboratory data from EW 32-33, 2,245 samples were analyzed, of which 40.3% were positive for a respiratory virus and 3.9% were positive for influenza. Among the positive samples, RSV predominated (73.9%). Among the influenza samples, 78.4% were influenza A (0% A(H1N1)pdm09, 78.3% A(H3N2) and 21.7% not subtyped) and 21.6% were influenza B.

In Paraguay, during EW 33, the ILI consultation rate (168.3 per 100,000 inhabitants) increased slightly from the previous EW and was within the alert zone of the endemic channel. The proportion of SARI-associated hospitalizations (4.7%) decreased compared to the previous week. The most affected age group was children <5 years of age (56.0% of reported cases). From EW 1-33, 206 SARI-associated deaths were reported and 22 (10.7%) were positive for a respiratory virus. Based on laboratory data from EW 31-34, 349 samples were analyzed, of which 49.9% were positive for a respiratory virus and 25.8% were positive for influenza. Among the positive samples, RSV (40.2%) predominated. Among the influenza samples, 94.4% were influenza A (1.2% A(H3N2) and 98.8% A, not subtyped) and 5.6% were influenza B.

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8 Chile. Informe de situación. EW 31-33. Available at: http://epi.minsal.cl/
9 Paraguay. Informe de situación. Vigilancia de ETI e IRAG. SE 33.
In Uruguay\(^{10}\) during EW 33, the proportion of SARI-associated hospitalizations increased compared to the previous week, while the proportion of SARI-associated ICU admissions decreased. There were no SARI-associated deaths reported during EW 33. Based on laboratory data from EW 30-33, 98 samples were analyzed, of which 37.8% were positive for a respiratory virus and 11.2% were positive for influenza. Among the positive samples, RSV predominated (59.5%). Among the positive influenza samples, 81.8% were influenza A (100% A(H3N2)) and 18.2% were influenza B.

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\(^{10}\) Uruguay. Generador de gráficos de la división de epidemiología, Dirección General de Salud – Ministerio de Salud Pública