Regional Update: Influenza & Other Respiratory Viruses / Actualización Regional: Influenza y Otros virus respiratorios

July 4, 2018
4 de Julio 2018
WEEKLY REPORT DATA SOURCES

The information presented in this update is based on data provided by Ministries of Health and National Influenza Centers of Member States to the informatics global platforms
http://www.who.int/influenza/gisrs_laboratory/flunet/en/
and http://www.who.int/influenza/surveillance_monitoring/fluid/en/ ;
and reports/weekly bulletins that Ministries of Health published on its website or shared with PAHO/WHO.

La información presentada en esta actualización se obtiene a partir de los datos notificados por los Ministerios de Salud y los Centros Nacionales de Influenza de los Estados Miembros a las plataformas informáticas globales de la OPS/OMS: FluNet y FluID; y de los informes/boletines semanales que los Ministerios de Salud publican en sus páginas web o com parten con OPS/OMS.

PAHO INFLUENZA LINKS

PAHO interactive data / Datos interactivos de la OPS:


Influenza Regional Reports / Informes regionales de influenza:

In English: http://www.paho.org/influenzareport

En español: www.paho.org/reportesinfluenza

Severe acute respiratory infections network - SARInet
Red de las infecciones respiratorias agudas graves - SARInet:

http://www.sarinet.org
## REPORT INDEX
### ÍNDICE DE LA ACTUALIZACIÓN

<table>
<thead>
<tr>
<th>Section</th>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Weekly Summary / Resumen Semanal</strong></td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td><strong>Overall Influenza and RSV circulation / Circulación general de los virus influenza y VSR</strong></td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td><strong>Weekly and Cumulative numbers / Números semanales y acumulados</strong></td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td><strong>Epidemiological and Virologic update by country / Actualización epidemiológica y virológica por país</strong></td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td><strong>Acronyms / Acrónimos</strong></td>
<td>31</td>
</tr>
</tbody>
</table>
WEEKLY SUMMARY (ENGLISH)

North America: Overall, influenza activity was at inter-seasonal levels in Canada, Mexico and the United States, with influenza B predominating.

Caribbean: Influenza virus activity increased and low RSV activity was reported throughout most of the sub-region. In Cuba and Dominican Republic, influenza activity increased, while in Jamaica, influenza activity decreased, with influenza A(H1N1)pdm09 and A(H3N2) co-circulating.

Central America: Epidemiological indicators remained at moderate levels and influenza and RSV circulation were reported to decrease throughout the sub-region. In Guatemala, influenza activity continued elevated with influenza A(H1N1)pdm09 and A(H3N2) co-circulating, and SARI activity was similar to the previous season.

Andean Region: Overall influenza and other respiratory virus activity remained stable in the sub-region. SARI activity continued elevated in Bolivia, with influenza B, A(H1N1)pdm09 and RSV co-circulating. In Peru, influenza A(H1N1)pdm09 activity increased, while SARI activity slightly decreased. In Colombia, influenza activity remained elevated associated with ARI cases.

Brazil and Southern Cone: Influenza levels continued below the seasonal levels throughout most of the sub-region, with influenza B predominance. Overall ILLI and SARI activity continued low, and RSV activity increased at seasonal levels.

Global: Influenza detections continued to increase in recent weeks in Southern Africa, however influenza activity remained under seasonal thresholds in most of the other countries of the temperate zone of the southern hemisphere. In the temperate zone of the northern hemisphere influenza activity returned to inter-seasonal levels. Increased influenza activity was reported in some countries of tropical America. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.
RESUMEN SEMANAL (ESPAÑOL)

América del Norte: En general, la actividad de influenza se encontró a niveles inter-estacionales en Canadá, México y los Estados Unidos, con predominio de influenza B.

Caribe: La actividad de influenza disminuyó y se reportó una actividad disminuida de VSR en la mayoría de la subregión. En Cuba y República Dominicana, la actividad de influenza aumentó en tanto en Jamaica, la actividad de influenza disminuyó, con co-circulación de influenza A(H1N1)pdm09 y A(H3N2).

América Central: Los indicadores epidemiológicos permanecieron en niveles moderados y se informó que la circulación de influenza y VSR se encuentran en descenso en toda la sub-región. En Guatemala, la actividad de influenza continuó elevada con co-circulación de influenza A(H1N1)pdm09 and A(H3N2), y la actividad de IRAG fue similar a la temporada previa.

Sub-región Andina: La actividad general de influenza y otros virus respiratorios permaneció estable en la sub-región. La actividad de IRAG continuó elevada en Bolivia, con co-circulación de influenza B, A(H1N1)pdm09 y VSR. En Perú, la actividad de influenza A(H1N1)pdm09 aumentó, en tanto la de IRAG disminuyó ligeramente. En Colombia, la actividad de influenza permaneció elevada asociada a casos de IRA.

Brasil y Cono Sur: Los niveles de influenza continuaron dentro de los niveles estacionales en toda la sub-región, con predominancia de influenza B. La actividad de ETI y de IRAG continúan bajas, en general, y la actividad de VSR aumentó a niveles estacionales.

Global: Las detecciones de influenza continuaron aumentando en las últimas semanas en el sur de África, sin embargo, la actividad de influenza se mantuvo bajo los umbrales estacionales en la mayoría de los demás países de la zona templada del hemisferio sur. En la zona templada del hemisferio norte, la actividad de influenza volvió a niveles interestacionales. Se informó una mayor actividad de influenza en algunos países de América tropical. En todo el mundo, los virus del subtipo A de influenza estacional representaron la mayoría de las detecciones.
Influenza circulation by subregion, 2014-18

Circulación virus influenza por subregión, 2014-18

Respiratory syncytial virus (RSV) circulation by subregion, 2012-18

Circulación de virus sincicial respiratorio por subregión, 2012-18

*To view more lab data, view here.* / Para ver más datos lab, vea aquí.
Genetic Characterization of Influenza Viruses by Subregion, 2017-18

Caracterización Genética de los Virus Influenza por Subregión, 2017-18

These data are from the WHO –Collaborating Center at the U.S. CDC. Estos datos son recolectados desde el CC de la OMS en el CDC de EE. UU.

Genetic Group
- BG.2a
- BG.2b
- BG.3a
- BG.3b
- V2A
- V1A.1
- V3

(by date collected)
Weekly and cumulative numbers of influenza and other respiratory virus, by country and EW, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>EW 25, 2018</th>
<th>SE 25, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>124</td>
<td>0</td>
</tr>
<tr>
<td>USA</td>
<td>6,532</td>
<td>0</td>
</tr>
<tr>
<td>Cuba</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Jamaica</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Suriname</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Central America/ Caribbean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costa Rica</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>Guatemala</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>Honduras</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>53</td>
<td>0</td>
</tr>
<tr>
<td>Panamá</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Andean/ Andes</td>
<td>104</td>
<td>0</td>
</tr>
<tr>
<td>Bolivia</td>
<td>104</td>
<td>0</td>
</tr>
<tr>
<td>Colombia</td>
<td>306</td>
<td>0</td>
</tr>
<tr>
<td>Ecuador</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td>Ecuador IAG</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>Peru</td>
<td>304</td>
<td>113</td>
</tr>
<tr>
<td>Pacific Islands (and Central America) &amp; Caribbean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>476</td>
<td>0</td>
</tr>
<tr>
<td>Ecuador</td>
<td>1,629</td>
<td>0</td>
</tr>
<tr>
<td>Chile IAG</td>
<td>59</td>
<td>0</td>
</tr>
<tr>
<td>Paraguay</td>
<td>211</td>
<td>7</td>
</tr>
<tr>
<td>Uruguay</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>18,078</td>
<td>1,279</td>
</tr>
</tbody>
</table>

Weekly and cumulative numbers of influenza and other respiratory virus, by country and EW, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>EW 22-25, 2018</th>
<th>SE 22-25, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil &amp; Southern Cone &amp; Brazil &amp; Cen. Sur</td>
<td>1,122</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1,122</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: These countries reported to EW 25, 2018, but have provided data up to EW 22. *Note: These countries reported to SE 26, 2018, but have not reported the data up to SE 22.

1 The detection of respiratory viruses other than influenza depends on the diagnostic capacity of each country and monitoring system. The absence of report of other respiratory viruses does not indicate the absence of their circulation.

2 La detección de otros virus respiratorios diferentes a influenza depende de la capacidad diagnóstica de cada país y del sistema de vigilancia establecido. El que no se reporten otros virus respiratorios, no significa, ni indica la ausencia de circulación viral.

Report Summaries – Resumen del Reporte

PAHO/OPS | Influenza Regional Update EW 25/Actualización Regional de Influenza SE 25
In EW 25 ILI activity at the national level decreased at the 5-year average (Graph 2). Most of the provinces and territories reported no ILI activity. Influenza detections continued to trend downward (Graph 1); and influenza B viruses predominated among the influenza detections. RSV positivity steadily decreased in recent weeks. The number of pediatric influenza-associated hospitalizations trended downward (Graph 3).

Graph 1. Canada: Influenza virus distribution by EW, 2014-18, EW 22/
Distribución de virus de influenza por SE, 2014-18, SE 22

Graph 2. Canada: Percentage of ILI visits by sentinel sites, EW 35 2017 – EW 25, 2018 /


*To view more epi data, view here. / Para ver mas datos epi, vea aquí.
During EW 25, influenza activity continued at low levels and there were no RSV detections (Graph 1). Influenza-associated SAR/ILI counts were above what was observed during most other seasons (Graph 3) while the influenza-associated SARI/ILI deaths were as low as in the previous seasons for the same period (Graph 4). In EW 25, the states with higher influenza-associated SAR/ILI counts as compared to the 2017/2018 season were 9: Baja California, Colima, Durango, Guanajuato, Guerrero, Jalisco, Sinaloa, Tamaulipas, Yucatan. In EW 25, the states with higher influenza-associated SARI/ILI deaths counts as compared to the 2017/2018 season were 2: Guerrero and Tlaxcala.
Casos de IRAG/ETI asociados a influenza SE 25, 2012/13-2017/18

Casos fallecidos por IRAG/ETI asociados a Influenza SE 25, 2012/13-2017/18

*To view more epi data, view here. / Para ver mas datos epi, vea aquí.
• During EW 24, slightly decreased SARI activity was reported (Graph 1), as compared to the previous five seasons average. The ARI incidence rate among <5 years of age children was lower than the previous seasons for the same period (Graph 2).

Graph 1. Belize: SARI incidence rate per 100,000, EW 24, 2018 Tasa de incidencia de IRAG por 100.000, SE 24, 2018

Graph 2. Belize: ARI incidence rate per 100,000, under 5 yrs, EW 24, 2018 Tasa de incidencia de IRA por 100.000, menos de 5 años, SE 24, 2018

CARPHA (Barbados, Dominica, Trinidad & Tobago)

• During EW 23, no influenza detections were reported with influenza A(H1N1)pdm09 and B co-circulating in recent weeks (Graph 1). The proportion of influenza positive samples decreased, and no RSV detections were reported during the same period (Graph 2). In Dominica, metapneumovirus and parainfluenza viruses detections were reported during EW 20 to EW 23. (Graph 3).  


Graph 3. Países de CARPHA: Datos reportados entre la SE 20-23. CARPHA Countries: Data reported between EW 20-23

<table>
<thead>
<tr>
<th>Country</th>
<th>% sample positive</th>
<th>Influenza A(H1N1)pdm09</th>
<th>Influenza A(H3N2)</th>
<th>Influenza B</th>
<th>Total influenza</th>
<th>Influenza (%)</th>
<th>RSV</th>
<th>% RSV/ISR</th>
<th>Bronchitis</th>
<th>Pneumonia</th>
<th>Metapneumovirus</th>
<th>Parainfluenza</th>
<th>% SARI/ISR</th>
<th>% SARI</th>
<th>% SARI/ISR Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbados</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Dominica</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

*To view more epi data, view here. / Para ver mas datos epi, vea aquí.

Cuba

• During EW 25, slightly decreased influenza detections were reported, with influenza A(H3N2) predominating in recent weeks (Graph 1); while there were no RSV detections (Graph 2). The SARI cases increased and were lower than in the 2014-2017 seasons for the same period (Graph 3), and were among the <5-years-old population, with influenza A(H3N2) predominating.  


Graph 3. Países de CARPHA: Datos reportados entre la SE 20-23. CARPHA Countries: Data reported between EW 20-23

<table>
<thead>
<tr>
<th>Country</th>
<th>% sample positive</th>
<th>Influenza A(H1N1)pdm09</th>
<th>Influenza A(H3N2)</th>
<th>Influenza B</th>
<th>Total influenza</th>
<th>Influenza (%)</th>
<th>RSV</th>
<th>% RSV/ISR</th>
<th>Bronchitis</th>
<th>Pneumonia</th>
<th>Metapneumovirus</th>
<th>Parainfluenza</th>
<th>% SARI/ISR</th>
<th>% SARI</th>
<th>% SARI/ISR Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuba</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
niveles de las temporadas 2014-2017 para el mismo período (Gráfico 3), y fueron entre la población de < 5 años de edad con predominio de influenza A(H3N2).

Graph 1. Cuba: Influenza virus distribution by EW, EW 25, 2014-18

Distribución de virus influenza por SE, SE 25, 2014-18

Graph 2. Cuba Influenza and RSV distribution, EW 25, 2014-18

Distribución de virus influenza y VSR, EW 25, 2014-18

Graph 3. Cuba: Number of SARI cases with samples by EW, EW 25, 2014-18

Número de casos IRAG con muestra por SE, SE 25, 2014-18

*To view more epi data, view here. / Para ver mas datos epi, vea aquí.

**Dominican Republic / República Dominicana**

- During EW 25, increased influenza activity was reported with overall few detections, and influenza A(H1N1)pdm09 predominated (Graph 1); RSV data were not reported this week (Graph 2). Influenza positivity was below the alert threshold (Graph 3). During EW 21, the number of SARI cases slightly increased from previous weeks (Graph 4), with a low percentage of influenza positive samples. The SARI and influenza-associated SARI cases predominated among the <5 years old. / Durante la SE 25 de 2018, se reportaron mayores detecciones de influenza con escasas detecciones en general, y predominó influenza A(H1N1)pdm09 (Gráfico 1); no se reportó actividad de VSR durante esta semana (Gráfico 2). La actividad de influenza se ubicó bajo el umbral de alerta (Gráfico 3). Durante la SE 21, el número de casos de IRAG aumentó ligeramente en relación a semanas previas (Gráfico 4), con un bajo porcentaje de muestras positivas para influenza. Los casos de IRAG y los casos de IRAG asociados a influenza predominaron en los <5 años.


Graph 2. Dominican Republic Influenza and RSV distribution, EW 25, 2014-18

Distribución de virus influenza y VSR, SE 25, 2014-18

Graph 3. Dominican Republic: Percent positivity for influenza, EW 25, 2018 (in comparison to 2010-2017)

Porcentaje de positividad de influenza, SE 25, 2018 (en comparación a 2010-2017)

Graph 4. Dominican Republic: Percent of SARI cases out of total hospitalizations, by EW, EW 21, 2018

Porcentaje de casos de todos IRAG by EW, EW 21, 2018
**Haiti**

- During EW 24, there were decreased influenza detections, and influenza A(H1N1)pdm09 predominated in previous weeks (Graph 1). During EW 24, the number of SARI hospitalization decreased, as compared to previous weeks; and was lower than the levels observed in 2017 for the same period (Graph 2). Most of the cases were among the <5 years old infants (Graph 3).

*To view more epi data, view [here](#). / Para ver mas datos epi, vea [aquí](#).*

**French Territories**

*French Territories not reporting as interseasonal levels*

**Jamaica**

- During EW 25, SARI activity was below the seasonal threshold, similar to the previous seasons 2011-2017 for the same period (Graph 2). The number of ARI cases was at the alert threshold, as compared to the 2011-2017 seasons for the same period. During EW 24, slightly decreased influenza activity was reported; influenza A(H1N1)pdm09 and A(H3N2) co-circulated (Graph 1) in recent weeks. / Durante la SE 24, el número de hospitalizaciones por IRAG disminuyó, en relación con las semanas previas; y fue menor a los niveles observados en 2017 para el mismo período (Gráfico 2). La mayoría de los casos se reportaron en niños menores de 5 años (Gráfico 3).

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During EW 25, influenza detections decreased below the seasonal threshold. Influenza A(H3N2), A(H1N1)pdm09 and B co-circulated (Graph 1). ILI activity remained below the average epidemic curve (Graph 3). During EW 25, the number of cases with respiratory symptoms among children under 5 years of age was below the seasonal levels (Graph 1). During EW 24, SARI activity was similar as compared to the 2016-2017 seasons (Graph 5), with 47.1% of all SARI admissions among the 1 to 4 years of age population (Graph 3). During the SE 25 of 2018, the number of cases with symptoms respiratorios en niños menores de 5 años de edad se reportaron bajo los niveles estacionales (Gráfico 1). Durante la SE 24, la actividad de IRAG es similar en comparación con las temporadas 2016-2017 (Gráfico 5), con el 47,1% del total de admisiones por IRAG entre el grupo de 1 y 4 años de edad (Gráfico 3).
Suriname

- During EW 25, 2018, ILI case counts decreased and SARI-related hospitalizations increased from previous weeks and were higher, as compared to the 2017 season, for the same period (Graph 3, 4). Increased SARI cases were associated with co-circulation of RSV, parainfluenza and adenovirus among the <5 years of age population. During EW 25, low influenza activity was reported, with influenza B predominating (Graph 1); low RSV detections were also reported (Graph 2). / Durante la SE 25 de 2018, el número de casos de ETI disminuyó y las hospitalizaciones relacionadas con IRAG aumentaron en relación a semanas previas y fueron mayores, en comparación a la temporada 2017 para el mismo período (Gráfico 3, 4). El aumento de casos de IRAG se asoció a co-circulación de VSR, parainfluenza y adenovirus, entre la población de <5 años de edad. Durante la SE 25, se reportó baja actividad de influenza, con predominio de influenza B (Gráfico 1); bajas detecciones de VSR también fueron reportadas (Gráfico 2).

*To view more epi data, view here. / Para ver mas datos epi, vea aquí.
Costa Rica

- During EW 24, in Costa Rica, the number of SARI cases continued to decrease and were below seasonal levels (Graph 4). During EW 25, influenza activity decreased, as compared to the previous week with influenza A(H3N2) predominating (Graph 1). Influenza activity during EW 25, 2018 was similar to the 2017 season for the same period and RSV activity remained at low levels (Graph 1, 2).

Graph 1. Costa Rica: Influenza virus distribution, Laboratory confirmed samples, by EW 25, 2014-18
Distribución de virus influenza, confirmados por laboratorio, hasta SE 25, 2014-18

Graph 2. Costa Rica: Influenza and RSV distribution, EW 25 2015-18
Distribución de virus influenza y VSR, SE 25, 2015-18

Porcentaje de positividad de influenza, SE 14, 2017-18 (en comparación a 2010-2017)


El Salvador

- During EW 23, influenza activity slightly increased and remained below the alert threshold with influenza B predominating in previous weeks (Graphs 1, 3). RSV positivity remained lower than the levels observed in the previous season (Graph 2). During EW 24, 2018 SARI case counts slightly increased while pneumonia case counts decreased from the previous weeks and were lower to levels observed in the 2016-2017 seasons (Graph 4, 5)

Graph 1. El Salvador: Influenza virus distribution, EW 23, 2014-18
Distribución de virus influenza, SE 23, 2014-18

Graph 2. El Salvador: Influenza and RSV distribution, EW 23, 2014-18
Distribución de virus influenza y VSR, SE 23, 2014-18
During EW 25, an increase in influenza detections was reported with influenza A(H1N1)pdm09 predominating (Graph 1). Influenza positivity was above the alert threshold, as compared to the 2010-2017 period (Graph 3). The influenza proportion was similar to the previously reported levels from 2016-2017 season for the same period, while RSV activity remained at low levels (Graph 2). During EW 24, pneumonia activity continued low (Graph 4). Up to EW 23, the percent of SARI cases was similar to the 2017 season for the same period, with the highest proportion among <5 years old population (Graph 6).

*To view more epi data, view [here](#). / Para ver mas datos epi, vea [aquí](#).*
During EW 25, at the sentinel sites, influenza activity decreased below the seasonal threshold (Graph 3) with influenza A(H1N1)pdm09 predominating (Graph 1); no RSV detections were reported (Graph 2). The influenza positive cases were reported mainly from Cortes and Francisco Morazán departments and most cases were among children under 5 years of age. During EW 22, 2018 the cumulative number of SARI cases (353) was slightly higher than in 2017 (270) for the same period. A total of 15 influenza A(H1N1)pdm09-associated SARI deaths were reported from EW 1 to EW 22, compared to 2 influenza-related SARI deaths in the previous season for the same period, all of them with comorbidities. / Durante la SE 25 de 2018, en los sitios centinela, la actividad de influenza disminuyó bajo el umbral estacional (Gráfico 1) con predominio de influenza A(H1N1)pdm09 (Gráfico 1); no se reportaron detecciones de VSR (Gráfico 2). Los casos positivos de influenza fueron reportados principalmente en los departamentos de Cortés y Francisco Morazán, y la mayoría de los casos fueron en niños menores de 5 años de edad. urante la SE 22 de 2018, el número acumulado de casos IRAG (353) fue ligeramente superior a lo registrado en 2017 (270 casos) para el mismo período. Un total de 15 casos de IRAG fallecidos asociados a influenza A(H1N1)pdm09 fueron reportados desde SE1 a SE 22, comparado a 2 casos de IRAG fallecidos en la temporada previa para el mismo período, todos con comorbilidades.

**Honduras**

- During EW 25, at national level, influenza activity continued at low levels with no detections in EW 25 (Graph 1); and RSV detections decreased (Graph 2).

**Nicaragua**

- During EW 25, at national level, influenza activity continued at low levels with no detections in EW 25 (Graph 1); and RSV detections decreased (Graph 2).
During the 2018 season, at national level, influenza activity continued at low levels. No influenza detections were reported in EW 25 (Graph 1) with influenza A(H1N1)pdm09 predominating in previous weeks and RSV detections at low levels (Graph 2). During EW 25, SARI hospitalizations and ILI consultations remained slightly similar to the previous weeks (Graph 4, 5).
During EW 25, at the national level, SARI cases were slightly lower than in previous weeks and the 2017 season for the same period (Graph 3). Influenza activity slightly decreased from the previous week with influenza B and A(H1N1)pdm09 co-circulating; while RSV increased (Graph 1, 2). In La Paz, in EW 25, the number of SARI cases decreased (Graph 4) from previous weeks, with co-circulation of RSV and influenza A(H1N1)pdm09 (Graphs 4, 5). In Santa Cruz, in EW 24, influenza percent positivity decreased, while SARI activity decreased. Influenza B and A(H1N1)pdm09 co-circulated in recent weeks. / En la SE 25, en el nivel nacional, los casos de IRAG fueron ligeramente menores a las semanas previas y a la temporada 2017 para el mismo período (Gráfico 3). La actividad de influenza disminuyó ligeramente en relación a la semana previa con co-circulación de influenza B y A(H1N1)pdm09. En La Paz, en la SE 25, el recuento de casos de IRAG disminuyó (Gráfico 4) en relación a semanas previas, con co-circulación de VSR e influenza A(H1N1)pdm09 (Gráficos 4,5). En Santa Cruz, en la SE 24, el porcentaje de positividad de influenza y la actividad de IRAG disminuyeron. Influenza B y A(H1N1)pdm09 co-circularon en semanas recientes.

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**Bolivia**

**Graph 1. Bolivia. Influenza virus distribution EW 25, 2014-18**

**Distribución de influenza SE 25, 2014-18**

**Graph 2. Bolivia: Influenza and RSV distribution, EW 25, 2014-18**

**Distribución de virus influenza y VSR, SE 25, 2014-18**

**Graph 3. Bolivia: Number of SARI cases out of total hospitalizations, EW 25, 2017-2018**

**Número de casos IRAG de todas hospitalizaciones, SE 25, 2017-2018**

**Graph 4. Bolivia La Paz. Influenza virus distribution EW 25, 2014-18**

**Distribución de influenza SE 25, 2014-18**

**Graph 5. Bolivia La Paz: Number of SARI cases, EW 25, 2018 (in comparison to 2010-2017)**

**Número de casos IRAG, SE 25, 2018 (en comparación a 2010-2017)**

**Colombia**

During EW 25 at national level, SARI case counts were lower as compared to the previous seasons for the same period (Graph 4). In EW 24, influenza activity decreased as compared to the previous weeks and with influenza A(H1N1)pdm09 predominating (Graphs 1, 3); while RSV percent positivity decreased from previous weeks (Graph 2). During EW 25, pneumonia and ARI activities continued at the alert threshold, as compared to the 2012-2017 seasons (Graph 5, 6). During EW 25, 20 ARI deaths were reported, higher that during 2017...
for the same period (9 cases); and 302 cumulative ARI deaths in the <5 years-of-age population, higher than in EW 24, 2017 (205 ARI deaths). Most cases were reported in Santander, Cartagena and Cauca. / En la SE 25, a nivel nacional, el número de casos de IRAG fue menor en comparación a las temporadas previas para el mismo periodo (Gráfico 4). Durante la SE 24, la actividad de influenza disminuyó en comparación a las semanas anteriores y con predominio de influenza A(H1N1)pdm09 (Gráficos 1, 3); en tanto la positividad de VSR disminuyó en relación a las semanas previas (Gráfico 2). Durante la SE 25, la actividad de neumonía y la actividad de IRA continuaron en el umbral de alerta, en comparación con las temporadas 2012-2017 (Gráficos 5, 6). Durante la SE 25, se reportaron 20 muertes por IRA, mayor que durante 2017 para el mismo periodo (9 casos); y 302 muertes acumuladas por IRA en población <5 años, mayor que durante la SE 24, 2017 (205 muertes por IRA) (Gráfico 7). La mayoría de los casos se reportaron en Santander, Cartagena y Cauca.

**Graph 1. Colombia. Influenza virus distribution EW 24, 2014-18**
Distribución de virus influenza SE 24, 2014-18

**Graph 2. Colombia: Influenza and RSV distribution, EW 24, 2014-18**
Distribución de virus influenza y VSR, SE 24, 2014-18

**Graph 3. Colombia: Percent positivity for influenza, EW 25, 2017-18 (in comparison to 2010-2016)**
Porcentaje de positividad de influenza, SE 25, 2017-18 (en comparación a 2010-2016)

**Graph 4. Colombia: Number of SARI cases, EW 25, 2018 (in comparison to 2010-2017)**
Número de casos de IRAG, SE 25, 2018 (en comparación a 2010-2017)

**Graph 5. Colombia: Number of pneumonia-related hospitalizations, by EW 25, 2018 (in comparison with 2012-17)**
Número de hospitalización asociado a neumonía, por SE 25, 2018 (en comparación con 2012-17)

**Graph 6. Colombia: Number of ARI cases, EW 25 (from all consultations), (in comparison with 2012-17)**
Número de los casos IRA, SE 25 (de todas consultas), (en comparación con 2012-17)

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**Ecuador**

- During EW 25, at national level, the proportion of SARI cases among all hospitalizations decreased from previous weeks and was lower than the levels observed during the 2016 and 2017 seasons for the same period (Graph 4). During EW 24, influenza activity was slightly higher as compared to the previous weeks, and influenza percent positivity and RSV percent positivity were lower than levels reported during the prior season for the same period (Graph 1, 2). / Durante la SE 25, a nivel nacional, la proporción de casos de IRAG del total de hospitalizaciones disminuyó en relación a semanas previas y fue menor a los niveles observados durante 2016-2017 para el mismo período (Gráfico 4). En la SE 24, la actividad de influenza fue ligeramente mayor en comparación con semanas previas, y el porcentaje de positividad para influenza y para VSR fueron menores que los registrados en la temporada previa para el mismo periodo (Gráficos 1, 2).
During EW 25, at national level, SARI case counts among all hospitalizations decreased and was similar to the 2015 season for the same period. (Graph 4) and were mainly among the <5 years old. In EW 25, influenza activity was above the alert threshold, with influenza A(H1N1)pdm09 predominating (Graph 1, 3). RSV positivity increased, as compared to the previous weeks and was lower than levels observed in 2017 for the same period (Graph 2). At national level, ARI case counts were similar to the levels observed in 2016-2017 for the same period (Graph 6). Pneumonia case counts in infants under 5 years of age were slightly higher than the counts reported in 2016-2017 for the same period; 7 departments reported pneumonia cumulative cases higher than during the 2017 season for the same period: Cusco, Huanuco, Junín, La Libertad, Lambayeque, Loreto, Tacna. / En la SE 25, a nivel nacional, el número de casos de IRAG entre el total de hospitalizaciones disminuyó y fue similar a la temporada 2015 para el mismo periodo (Gráfico 4) y fueron mayormente en <5 años de edad. Durante la SE 25, la actividad de influenza se ubicó sobre el nivel de alerta, con predominio de influenza A(H1N1)pdm09 (Gráficos 1,3). La positividad de VSR aumentó, en comparación con las semanas anteriores y fue menor a los niveles observados en 2017 para el mismo periodo (Gráfico 2). A nivel nacional, el recuento de casos de IRA fue similar a los niveles observados en 2016-2017 para el mismo periodo (Gráfico 6). El recuento de casos de neumonía en niños menores de 5 años fue superior a los niveles reportados en 2016-2017 para el mismo periodo (Gráfico 7); 7 departamentos reportaron casos acumulados de neumonía mayores que durante 2017 para el mismo periodo: Cusco, Huanuco, Junín, La Libertad, Lambayeque, Loreto, Tacna.

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**Venezuela**

- During EW 15, influenza activity remained at low levels with influenza A(H1N1)pdm09 predominating (Graph 1, 2). Up to EW 15, no RSV detections were reported. / En la SE 15 la actividad de influenza se mantuvo baja con predominio de influenza A(H1N1)pdm09 (Gráficos 1, 2). A la SE 15, no se reportaron detecciones por VSR (Gráfico 2).

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During EW 24, at national level, the number of SARI cases was slightly lower than previous weeks and below the alert threshold (Graph 2). ILI activity was also low for the period (Graph 1). During EW 25, influenza activity decreased as compared with the previous weeks with overall few samples tested, and influenza B predominating (Graphs 3, 5). RSV positivity increased and was similar to the levels reported during the previous season for the same period (Graph 4). / En la SE 24, a nivel nacional los casos de IRAG fueron ligeramente menores a las semanas previas y estuvieron por debajo el umbral de alerta (Gráfico 2). La actividad de ETI fue también baja para el periodo (Gráfico 1). Durante la SE 25, la actividad de influenza disminuyó en comparación con semanas previas, con recuento bajo de muestras estudiadas, y predominio de influenza B (Gráficos 3, 5). El porcentaje de positividad para VSR aumentó y fue similar a lo registrado en la temporada previa para el mismo periodo (Gráficos 4).

• In Brazil, during EW 24, SARI hospitalizations and deaths decreased (Graphs 1,2), and since the beginning of 2018, among the SARI cases with viral diagnostic results, most have been positive for non-influenza respiratory viruses. The cumulative number of SARI-influenza cases and SARI-influenza deaths were higher than the...
counts reported in 2017 and less than in 2016 (Graph 3, 4), and were mainly in central and eastern states. Based upon the data reported by the three NICs, influenza A (H1N1)pdm09, (H3N2) and influenza B circulated and RSV detections have been decreasing in the last month (Graph 5-9). During EW 25, 19 states reported higher cumulative influenza-associated SARI/ILI case counts as compared to the 2017 season: Alagoas, Amapá, Bahia, Ceará, Distrito Federal, Espíritu Santo, Goiás, Maranhao, Mato Grosso, Mato Grosso do Sul, Paraíba, Paraná, Piauí, Rio de Janeiro, Rio Grande do Norte, Rondonia, Sao Paulo, Sergipe and Tocantins. In EW 25, 18 states reported higher cumulative influenza-associated SARI/ILI deaths counts as compared to the 2017 season: Alagoas, Bahia, Ceará, Distrito Federal, Espíritu Santo, Goiás, Maranhao, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Paraná, Pernambuco, Piauí, Rio de Janeiro, Rio Grande do Norte, Sao Paulo, Sergipe and Tocantins.

Graph 1. Brazil. Distribution of cumulative SARI-related cases, by EW 24 2018
Distribución de casos acumulados de IRAG, por SE 24, 2018

Graph 2. Brazil. Distribution of cumulative SARI-related deaths, by EW 24 2018
Distribución de fallecidos acumulados de IRAG, por SE 24, 2018

Graph 3. Brazil. Distribution of cumulative flu(+) SARI-related cases, by EW 24, 2018
Distribución de flu(+) casos acumulados de IRAG, por SE 24, 2018

Graph 4. Brazil. Distribution of cumulative flu(+) SARI-related deaths, by EW 24, 2018
Distribución de flu(+) fallecidos acumulados de IRAG, por SE 24, 2018

Graph 5. Brazil- All NICs. Influenza virus distribution by EW 25, 2017-2018
Distribución de virus influenza por SE 25, 2017-2018

Graph 6. Brazil – All NICs: Influenza and RSV distribution, EW 25, 2018
Distribución de virus influenza y VSR, SE 25, 2018
During EW 25, at national level, the SARI cases remained elevated as compared to the previous weeks and were above the alert threshold levels observed during 2015-2017 for the same period (Graph 4); while ILI activity remained at seasonal levels in recent weeks (Graph 5). In EW 25, influenza activity increased from previous weeks at the average epidemic curve, with influenza A(H3N2) predominating (Graphs 1,3); RSV percent positivity increased and was higher than the levels reported in 2017 for the same period (Graph 2).

Durante la SE 25, a nivel nacional, los casos de IRAG permanecieron elevados en relación a las semanas previas y se ubicaron sobre los niveles del umbral de alerta observados durante 2015-2017 para el mismo período (Gráfico 4); en tanto la actividad de ETI permaneció a niveles estacionales en semanas recientes (Gráfico 5). En la SE 25, la actividad de influenza aumentó en relación a las semanas previas en la curva epidémica promedio, con predominio de influenza A(H3N2) (Gráficos 1, 3); el porcentaje de positividad de VSR aumentó y fue superior a los niveles reportados en 2017 para el mismo periodo (Gráfico 2).

**Chile**

**Graph 1.** Chile: Influenza virus distribution by EW 25, 2014-18
Distribución de virus de influenza, por SE 25, 2014-18

**Graph 2.** Chile: Influenza and RSV distribution, EW 25, 2014-18
Distribución de virus influenza y VSR, SE 25, 2014-18

**Graph 3.** Chile: Baseline for the percent positivity for influenza, EW 25, 2018 (in comparison to 2010-2017)
Línea basal para el porcentaje de positividad de influenza, SE 25, 2018 (en comparación a 2010-2017)

**Graph 4.** Chile, Percent of SARI cases from all hospitalizations, EW 25, 2015-2018,
Porcentaje de casos IRAG por las hospitalizaciones totales, SE 25, 2015-2018
During EW 25, at national level, the SARI cases decreased as compared to the previous weeks and were below the seasonal threshold (Graph 3); while ILI activity decreased above the seasonal levels (Graph 4). In EW 25, influenza activity slightly increased from previous weeks with influenza B predominating (Graphs 1, 3); influenza percent positivity remained at low levels, while RSV positivity remained elevated in recent weeks (Graph 2). In the SE 25 a nivel nacional los casos de IRAG disminuyeron en comparación a las semanas previas y se encontraron bajo la curva epidémica promedio (Gráfico 3), en tanto la actividad de ETI disminuyó sobre los niveles estacionales (Gráfico 4). Durante la SE 25, la actividad de influenza aumentó ligeramente en relación a las semanas anteriores con predominio de influenza B (Gráficos 1, 3); la positividad de influenza permaneció a niveles bajos, en tanto la positividad de VSR continuó elevada en semanas previas (Gráfico 2).

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In EW 25, influenza activity was low with influenza B predominating in previous weeks (Graphs 3, 4); and RSV positivity increased (Graph 2). During EW 23, the percentage of SARI cases among all hospitalizations slightly decreased from previous weeks similar to the previous season for the same period (Graph 1). / Durante la SE 25, la actividad de influenza fue baja con predominio de influenza B en semanas previas (Gráficos 3, 4); la positividad de VSR aumentó (Gráfico 2). Durante la SE 23, el porcentaje de casos de IRAG del total de hospitalizaciones disminuyó ligeramente relación a semanas previas similar a la temporada anterior para el mismo período (Gráfico 4).

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Influenza detections continued to increase in recent weeks in Southern Africa, however influenza activity remained under seasonal thresholds in most of the other countries of the temperate zone of the southern hemisphere. In the temperate zone of the northern hemisphere influenza activity returned to inter-seasonal levels. Increased influenza activity was reported in some countries of tropical America. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

National Influenza Centres (NICs) and other national influenza laboratories from 71 countries, areas or territories reported data to FluNet for the time period from 28 May to 10 June 2018. The WHO GISRS laboratories tested more than 52268 specimens during that time period. 1106 were positive for influenza viruses, of which 786 (71.1%) were typed as influenza A and 320 (28.9%) as influenza B. Of the sub-typed influenza A viruses, 461 (72.8%) were influenza A(H1N1)pdm09 and 172 (27.2%) were influenza A(H3N2). Of the characterized B viruses, 77 (74%) belonged to the B-Yamagata lineage and 27 (26%) to the B-Victoria lineage.
### ACRONYMS

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>ARI</td>
<td>Acute Respiratory Infection</td>
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<td>CARPHA</td>
<td>Caribbean Public Health Agency</td>
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<td>CENETROP</td>
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<td>Epidemiological Week</td>
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<td>ILI</td>
<td>Influenza-like illness</td>
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<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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<td>ICU</td>
<td>Intensive Care Unit</td>
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<td>RSV</td>
<td>Respiratory Syncytial Virus</td>
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### ACRÓNIMOS

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