PAHO Pan American Health Organization

World Health Organization Americas
REGIONAL OFFICE FOR THE

Respiratory Viruses Weekly Report

Epidemiological week
2026-40

Data as of
16 October 2026



Respiratory Viruses Team
Infectious Hazard Management Unit

Data source

The information presented in this update is based on data provided by Ministries of Health and National Influenza Centers of Member States to the global digital platforms FluNet and FluID until 16 October 2026; and open data that Ministries of Health published on its website or shared with PAHO/ WHO.

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PAHO interactive data:

- Respiratory Viruses - Region of the Americas - PAHO/WHO

Situation report: Influenza Situation Report - PAHO/WHO | Pan American Health Organization

Severe acute respiratory infections network – SARInet plus

Methodological note

Abbreviations

- ILI: Influenza-Like Illness
- SARI: Severe Acute Respiratory Infection
- RSV: Respiratory Syncytial Virus
- SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2
- WHO: World Health Organization
- PISA: Pandemic Influenza Severity Assessment

Percentage positivity from FluNet data

The positivity percentages presented from FluNet are calculated from samples of sentinel origin processed and reported by each country. For Canada, non-sentinel surveillance data are shown, combining all reported samples regardless of origin; these data are also included in the totals of their subregion, and a note says so on each figure of the country and of the subregion.

For calculating the positivity percentage for influenza, RSV, and other respiratory viruses, the denominator includes the total processed samples (excluding SARS-CoV-2). For the SARS-CoV-2 positivity percentage, the denominator includes the total samples processed specifically for this virus, reported separately. Percentages are calculated per epidemiological week from the reported counts and are not smoothed.

ILI and SARI cases from FluID data

Sentinel-site ILI and SARI cases are reported and aggregated as national totals. Viral identification (limited to influenza, SARS-CoV-2, and RSV) is performed on only a partial sample of these cases, not the total.

Two distinct indicators are derived from this, with distinct denominators. The first is viral identification coverage: the total number of influenza, SARS-CoV-2 and RSV detections divided by the total ILI or SARI cases reported over the four reference weeks, counting in both only the countries that reported cases in each week. Because a case in which more than one virus is identified contributes more than one detection, this indicator relates detections to cases and is not exactly the proportion of cases with viral identification. The second is the relative contribution of each virus: the detections of each virus divided by the total detections of the three viruses over the four reference weeks, not by the total reported cases.

Therefore, the relative contribution should be read as the share of detections attributable to each virus, not as the true proportion of all ILI or SARI cases caused by that virus.

Reference weeks in the text

Each country and subregion is described from the last epidemiological week with reported data, which may be earlier than the bulletin week. Influenza, SARS-CoV-2, RSV and other respiratory virus positivity refers to the last week in which each virus was reported; when this differs from the rest of the paragraph, the text states it. Influenza types and subtypes and the predominance of other respiratory viruses are calculated over the four weeks ending on the week of the corresponding positivity. For ILI and SARI, the whole paragraph refers to one period, the four weeks ending on the last week reported for each case definition, over which viral identification coverage, the relative contribution of each virus, age groups and the total ICU admissions and deaths are calculated. If no data were reported in the bulletin week or the three preceding weeks, the text states so. A week without a report appears as a gap in the figures and is not counted as zero; a week reported with a value of zero is included as such.

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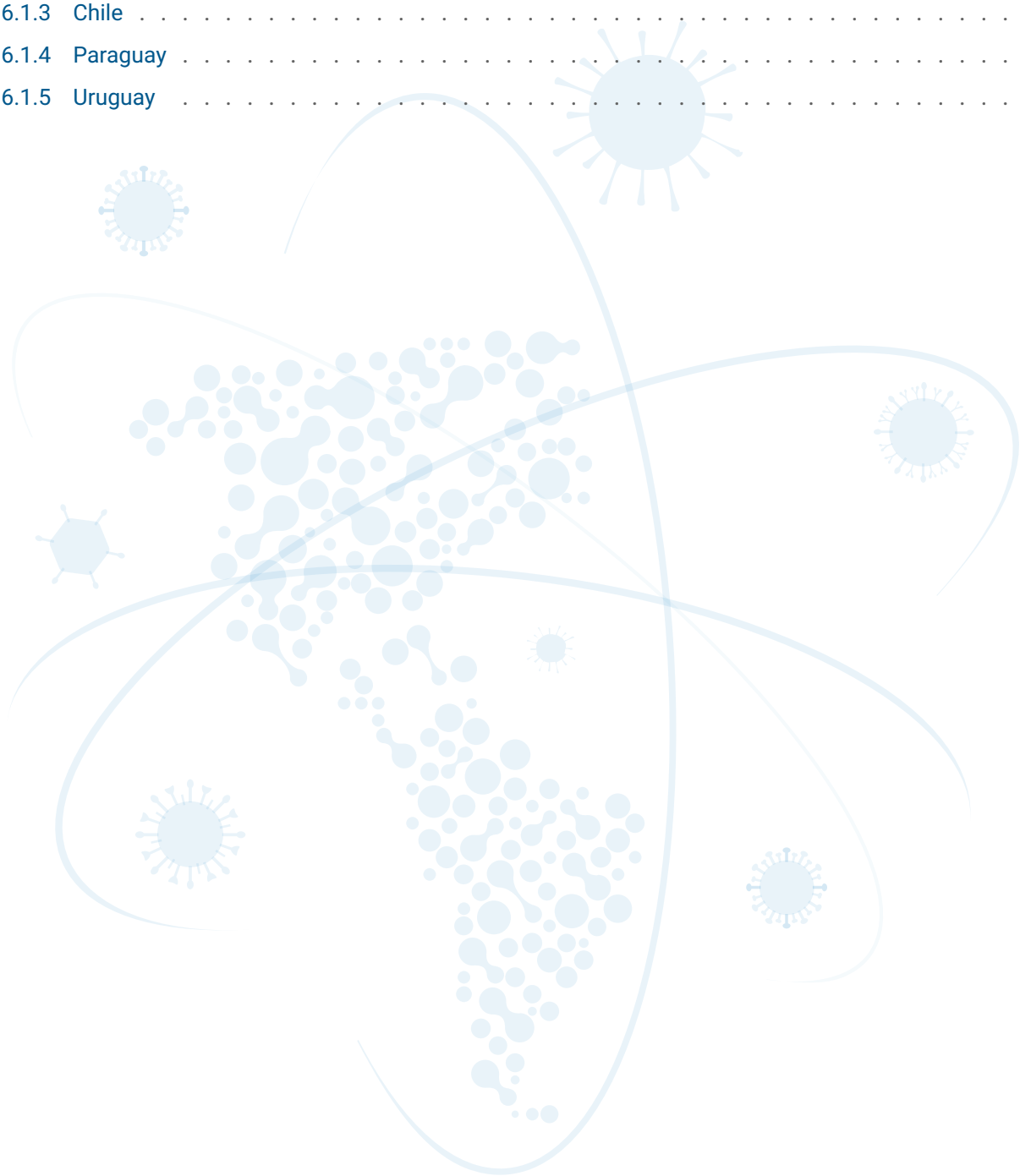


1. Summary

Regional situation
In EW 40, influenza activity shows an increasing trend in the Caribbean, Central America and the Andean Subregion, with recent increases in the Cayman Islands, the Dominican Republic, Honduras, El Salvador, Panama and Bolivia. In North America it remains at low levels, and in Brazil and the Southern Cone it has stabilised at around 10% following the peak in EW 22. Influenza A predominates in North America, the Caribbean and Central America, with A(H1N1) in the north and the Caribbean and A(H3N2) in Central America. Influenza B predominates in the Andean Subregion and in Brazil and the Southern Cone, and its proportion has increased in recent weeks in North America and Central America. RSV is decreasing in Central America, the Andean Subregion and Brazil and the Southern Cone, although it remains the main virus identified in SARI cases in the latter two subregions and in Central America. SARS-CoV-2 circulation is low or decreasing in most subregions, with moderate levels in some Caribbean countries. Positivity for other respiratory viruses is high in Brazil and the Southern Cone, above previous seasons, with rhinovirus predominating in all subregions except the Andean Subregion, where adenovirus predominates. SARI cases show a decreasing trend in Brazil and the Southern Cone and in the Andean Subregion, except in Panama, where they remain above previous seasons.

North America
At the subregional level, influenza positivity (8.4% in EW 39) is decreasing following a transient increase around EW 36. A(H1N1) predominates, although the proportion of influenza B has increased in recent weeks. SARS-CoV-2 remains at low and stable levels (6.3%), below those observed in previous seasons. RSV shows a slight increase (4.4%). SARI cases have shown a gradual increase since EW 34, at levels similar to the previous season.

Highlights:

- Canada: influenza slowly increasing since EW 33, still at low levels (2.8%), with A(H1N1) predominating. SARS-CoV-2 low (2.0%) and below previous seasons.
- Mexico: influenza at low levels (6.9%), with a slight decrease in recent weeks and influenza B predominating. SARS-CoV-2 in sustained decline following the peak in EW 29–31 (4.7%). RSV increasing since EW 30 (5.1%), above the previous season.
- USA: SARS-CoV-2 decreasing following the peak in EW 34–35 (4.6% in EW 38).

Caribbean
At the subregional level, influenza positivity rose sharply in the last week (19.7%), after several weeks with values below 10%. Influenza A predominates, mainly A(H1N1). SARS-CoV-2 fluctuates at moderate levels (7.2%), with a decreasing trend. RSV shows a slight increase in recent weeks (6.2%). Positivity for other respiratory viruses is moderate (23.8%), with rhinovirus predominating. SARI cases remain stable, with RSV predominating among detections.

Highlights:

- Cayman Islands: marked increase in influenza in the last week (33.7%), with influenza B predominating and A(H1N1) predominating among influenza A.
- Barbados: influenza increasing since EW 37 (14.5%), with A(H1N1) predominating. SARS-CoV-2 decreasing following the peak in EW 33, though still high (11.3%).
- Dominican Republic: increase in influenza in the last week (18.4%), with A(H3N2) predominating.
- Cuba: increase in RSV in the last week (22.2%), the main virus identified in SARI cases.

Central America

1. Summary

At the subregional level, influenza positivity has shown a gradual increase since EW 34 (10.3%), with A(H3N2) predominating and a growing proportion of influenza B. RSV is decreasing following the peak in EW 38 (13.1%), although it remains the main virus identified in SARI cases. SARS-CoV-2 remains low (1.0%). Positivity for other respiratory viruses is moderate (19.0%), with rhinovirus predominating.

Highlights:

- Honduras: increase in influenza in the last week (28.6%), with A(H3N2) predominating. Influenza is the main virus in ILI and SARI cases.
- El Salvador: influenza in sustained increase since EW 34 (23.7%), with influenza B predominating.
- Guatemala: RSV high up to EW 39, accounting for almost all detections in SARI cases (94.4%).
- Panama: influenza increasing since EW 36 (14.8%), with A(H1N1) predominating. RSV high with a slight decrease (29.5%). SARI cases above previous seasons, with RSV predominating.
- Nicaragua: RSV decreasing following the peak in EW 34 (6.5%).

Andean Subregion
At the subregional level, influenza positivity has been increasing since EW 35 (10.5%), with influenza B predominating; among influenza A, A(H3N2) predominates. RSV continues to decrease following the peak in EW 17–21 (7.5%). SARS-CoV-2 remains low and stable (2.1%). Positivity for other respiratory viruses is moderate (21.9%), with adenovirus and rhinovirus predominating. Influenza predominates among detections in ILI (86.4%) and SARI (53.2%), followed by RSV. SARI cases have been decreasing since EW 25.

Highlights:

- Bolivia: influenza increasing since EW 35 (25.0%), with influenza B predominating.
- Colombia: influenza stable at around 10% (9.8%), with co-circulation of A(H3N2) and influenza B. RSV stable (7.6%) and the main virus in SARI cases.
- Ecuador: influenza stable between 12% and 15% (12.0%), with influenza B predominating.
- Peru: no laboratory data for EW 40. RSV decreasing following the peak in EW 20 (11.7% in EW 39). Influenza predominates among detections in ILI and SARI; SARI cases decreasing since EW 20.

Brazil and Southern Cone
At the subregional level, influenza positivity has remained stable at around 10% since EW 32 (10.2%), following the peak in EW 22, with influenza B predominating. RSV is decreasing following the peak in EW 30 (8.4%), although it remains the main virus identified in SARI cases (63.5%). SARS-CoV-2 remains low (1.2%). Positivity for other respiratory viruses has been increasing since EW 25 (44.8%), above previous seasons, with rhinovirus and metapneumovirus predominating. SARI cases have been decreasing since EW 22, at levels below the previous season.

Highlights:

- Argentina: influenza stable at moderate levels (17.6%), with almost exclusive predominance of influenza B. SARI cases decreasing since EW 35, with RSV predominating.
- Brazil: influenza at low levels with a slight recent increase (6.5%), with influenza B predominating. SARS-CoV-2 predominates among detections in ILI (65.9%). SARI cases decreasing, with RSV predominating.

1. Summary

- Chile: influenza stable at around 12% since EW 33, with influenza B predominating. RSV decreasing following the peak in EW 33 (10.6%). Positivity for other respiratory viruses high (47.9%). SARI cases decreasing, with RSV predominating.
- Paraguay: RSV in sustained decline following the peak in EW 25–27. SARI cases decreasing since EW 33, with RSV predominating (79.5%).
- Uruguay: RSV decreasing following the peak in EW 31 (11.3%). SARI cases decreasing, with almost exclusive predominance of RSV (92.3%).

2. North America

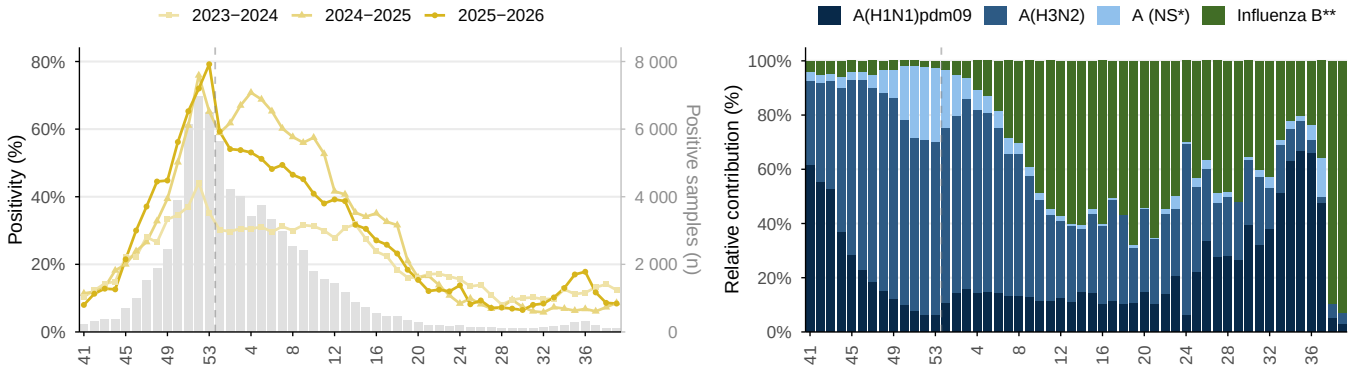
Subregional figures exclude data from Canada, which are presented in its country profile.

During EW 39, sentinel surveillance in North America showed influenza positivity of 8.4% (Figure 2.1). SARS-CoV-2 positivity was 6.3%, and RSV positivity 4.4% (Figure 2.2). Among influenza-positive samples during EW 36 and 39, influenza A predominated (53.0% of typed samples); of all influenza A samples, 88.0% were subtyped, and among these A(H1N1)pdm09 predominated (91.2%) (Figure 2.1). Among samples tested for other respiratory viruses, positivity was 10.1%, with rhinovirus predominating (74.9%) (Figure 2.3).

Between EW 36 and 39, viral detections amounted to 7.1% of ILI cases; influenza predominated (49.4%), followed by SARS-CoV-2 (47.0%) and RSV (3.5%) (Figure 2.4). Between EW 36 and 39, viral detections amounted to 12.8% of SARI cases, with SARS-CoV-2 predominating (52.1%), followed by influenza (33.6%) and RSV (14.3%) (Figure 2.5). In the same period, 117 ICU admissions of SARI cases and 164 deaths were recorded (Figure 2.6).

Figure 2.1.A. Weekly overall influenza positivity.

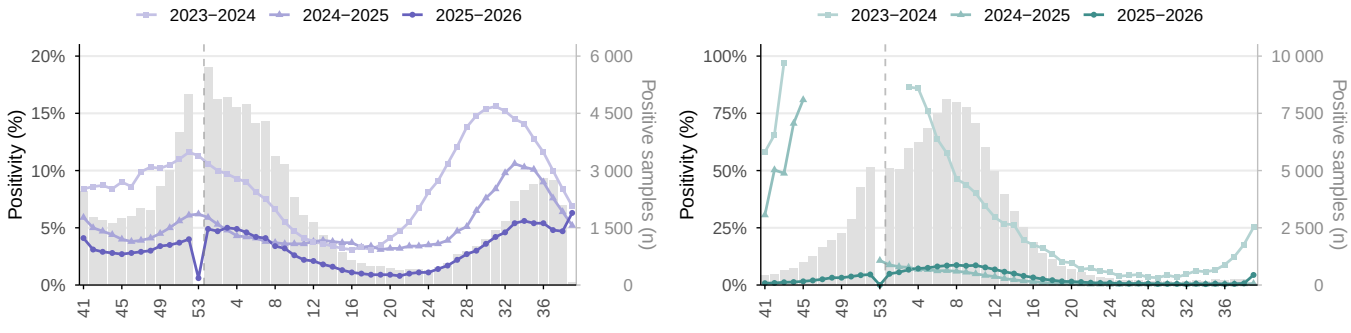
Figure 2.1.B. Weekly relative contribution by type and subtype.



Influenza in North America, EW 41/2025–39/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 2.2.A. Weekly SARS-CoV-2 positivity.

Figure 2.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in North America, EW 41/2025–39/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 2.3.A. Overall weekly positivity.

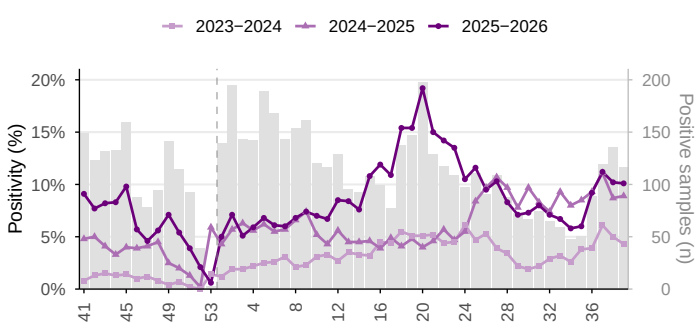
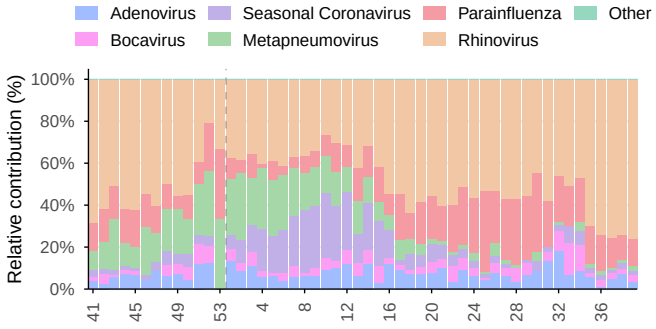


Figure 2.3.B. Weekly relative contribution by virus.



Other respiratory viruses in North America, EW 41/2025–39/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 2.4.A. Weekly ILI cases.

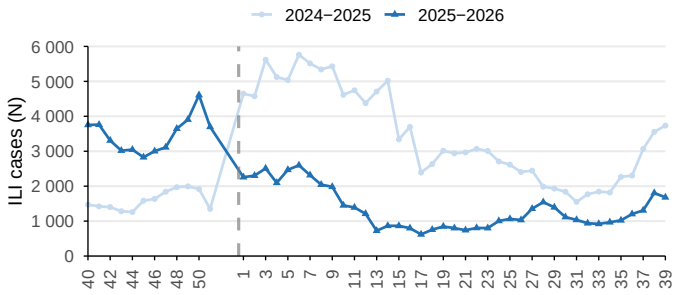
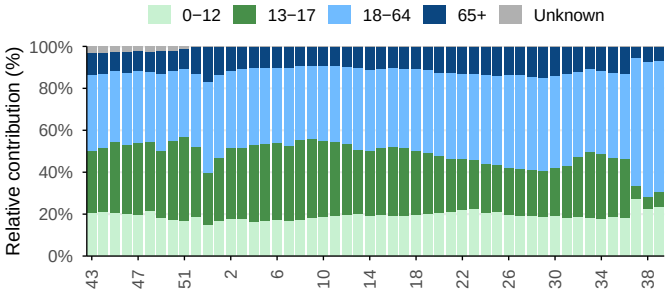


Figure 2.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in North America, EW 40/2025–39/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 2.5.A. Weekly SARI cases.

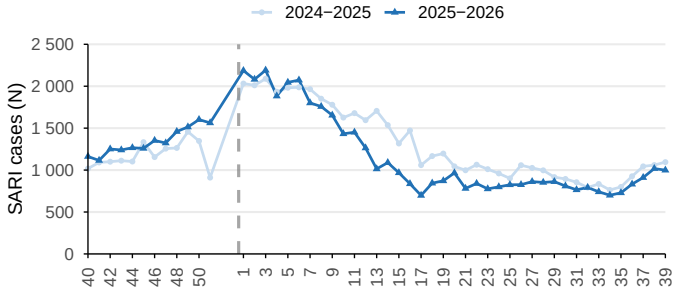
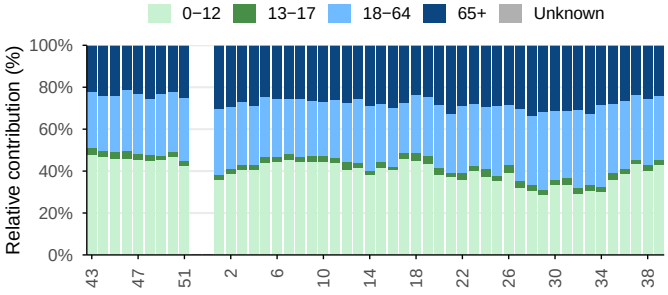


Figure 2.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in North America, EW 40/2025–39/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 2.6.A. Weekly SARI cases admitted to ICU.

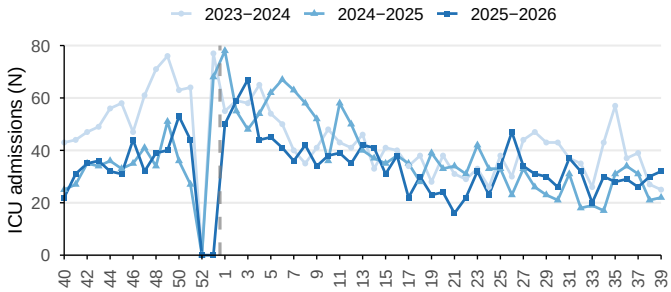
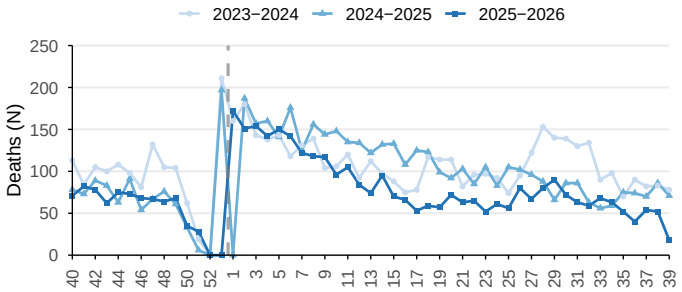


Figure 2.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in North America, EW 40/2025−39/2026. *Source: FluID, WHO−GISRS.*

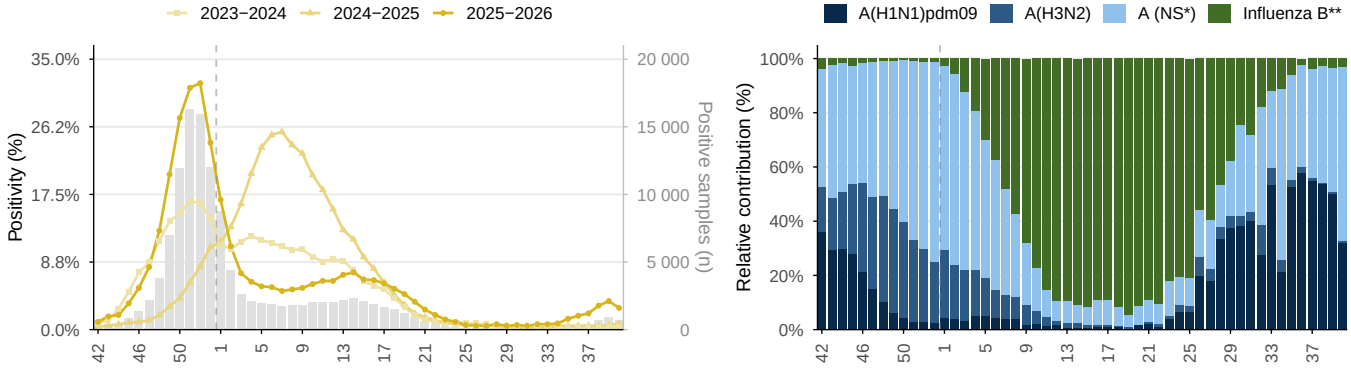
2.1 Country

2.1.1 Canada

During EW 40, non-sentinel surveillance in Canada showed influenza positivity of 2.8% (Figure 2.7). SARS-CoV-2 positivity was 2.0%, and RSV positivity 0.1% (Figure 2.8). Among influenza-positive samples during EW 37 and 40, influenza A predominated (96.8% of typed samples); of all influenza A samples, 49.2% were subtyped, and among these A(H1N1)pdm09 predominated (98.8%) (Figure 2.7). Among samples tested for other respiratory viruses, positivity was 8.7%, with rhinovirus predominating (87.2%) (Figure 2.9). No SARI surveillance data were reported for EW 40.

Figure 2.7.A. Weekly overall influenza positivity.

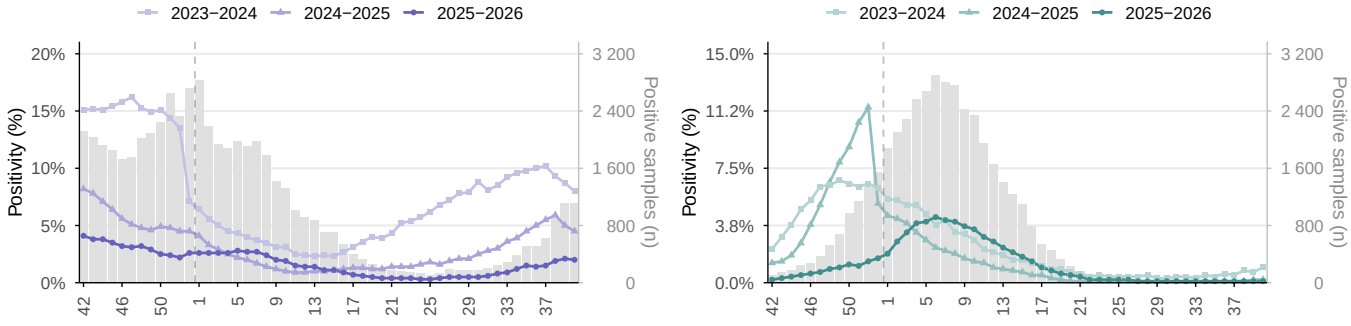
Figure 2.7.B. Weekly relative contribution by type and subtype.



Influenza in Canada, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. Note: data obtained from non–sentinel surveillance. *Source: FluNet, WHO–GISRS.*

Figure 2.8.A. Weekly SARS-CoV-2 positivity.

Figure 2.8.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Canada, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). Note: data obtained from non–sentinel surveillance. *Source: FluNet, WHO–GISRS.*

Figure 2.9.A. Overall weekly positivity.

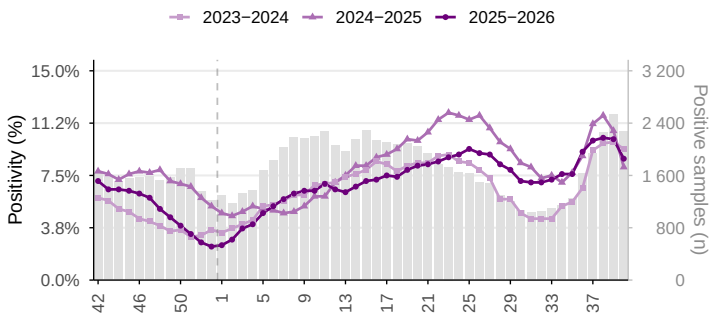
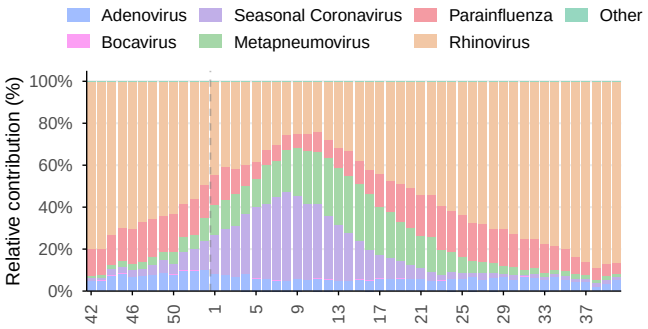


Figure 2.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Canada, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). Note: data obtained from non–sentinel surveillance. *Source: FluNet, WHO–GISRS.*

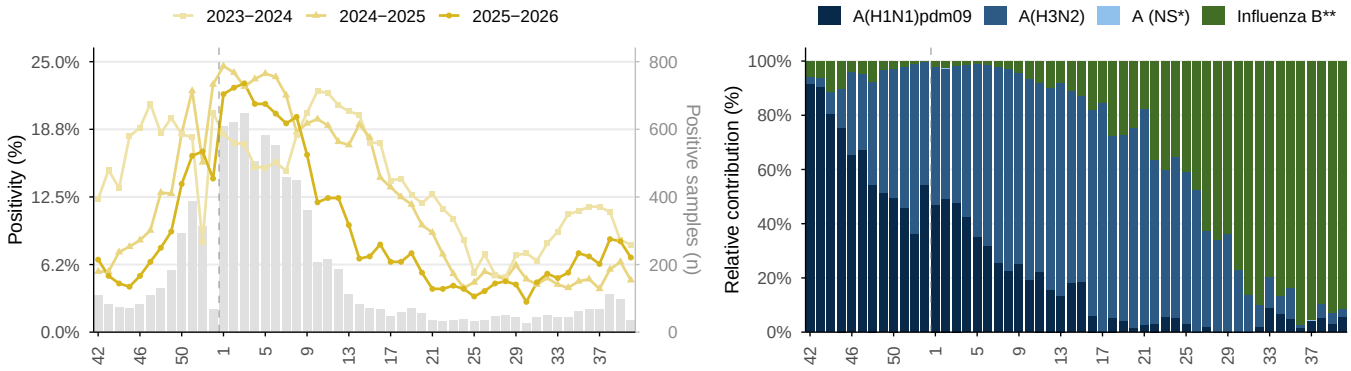
2.1.2 Mexico

During EW 40, sentinel surveillance in Mexico showed influenza positivity of 6.9% (Figure 2.10). SARS-CoV-2 positivity was 4.7%, and RSV positivity 5.1% (Figure 2.11). Among influenza-positive samples during EW 37 and 40, influenza B predominated (92.0% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H1N1)pdm09 predominated (56.0%) (Figure 2.10). Among samples tested for other respiratory viruses, positivity was 9.3%, with rhinovirus predominating (75.3%) (Figure 2.12).

Between EW 37 and 40, viral detections amounted to 6.1% of ILI cases; influenza predominated (53.7%), followed by SARS-CoV-2 (42.0%) and RSV (4.3%) (Figure 2.13). In the same period, 62.9% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (23.7%) (Figure 2.13). Between EW 37 and 40, viral detections amounted to 11.6% of SARI cases, with SARS-CoV-2 predominating (37.5%), followed by RSV (33.1%) and influenza (29.4%) (Figure 2.14). In the same period, 102 ICU admissions of SARI cases and 125 deaths were recorded (Figure 2.15).

Figure 2.10.A. Weekly overall influenza positivity.

Figure 2.10.B. Weekly relative contribution by type and subtype.



Influenza in Mexico, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 2.11.A. Weekly SARS-CoV-2 positivity.

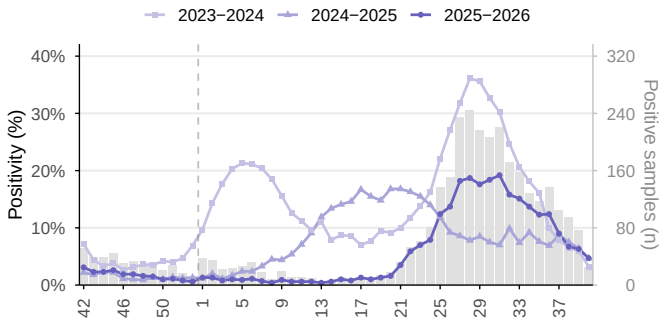
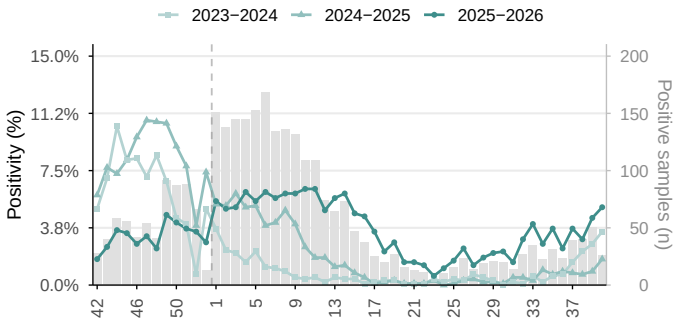


Figure 2.11.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Mexico, EW 42/2025−40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 2.12.A. Overall weekly positivity.

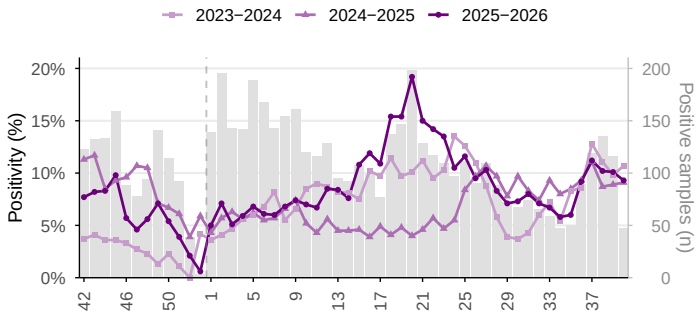
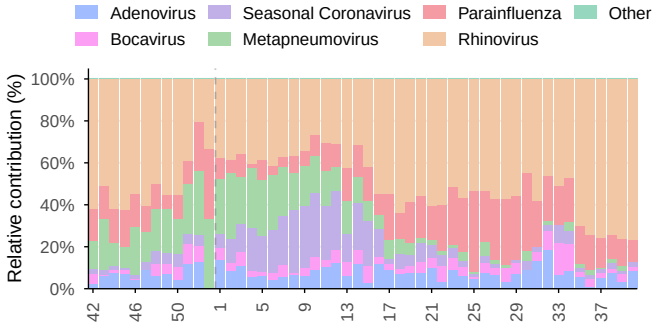


Figure 2.12.B. Weekly relative contribution by virus.



Other respiratory viruses in Mexico, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 2.13.A. Weekly ILI cases.

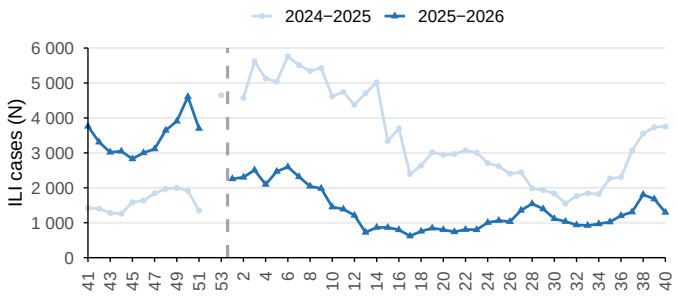
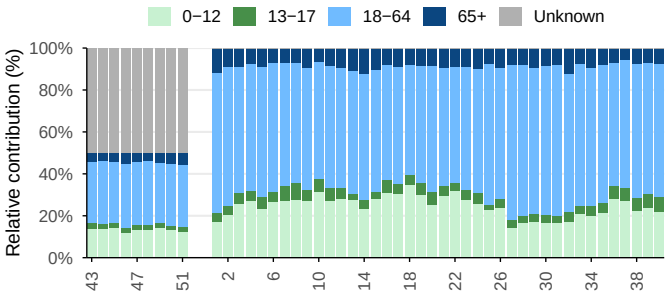


Figure 2.13.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Mexico, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 2.14.A. Weekly SARI cases.

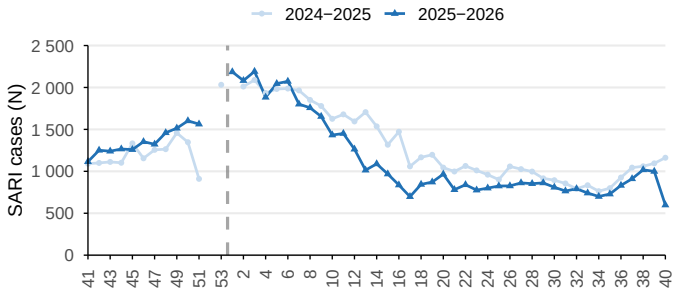
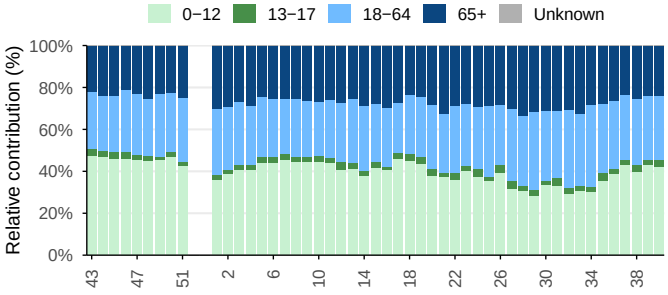


Figure 2.14.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Mexico, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 2.15.A. Weekly SARI cases admitted to ICU.

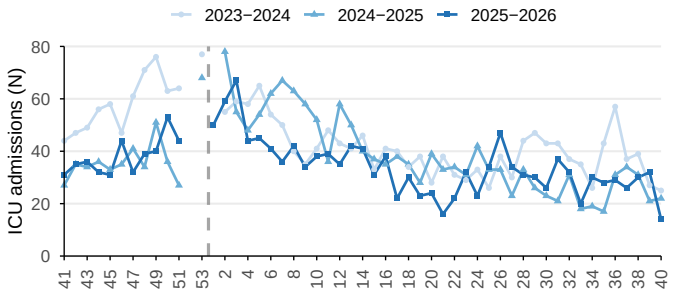
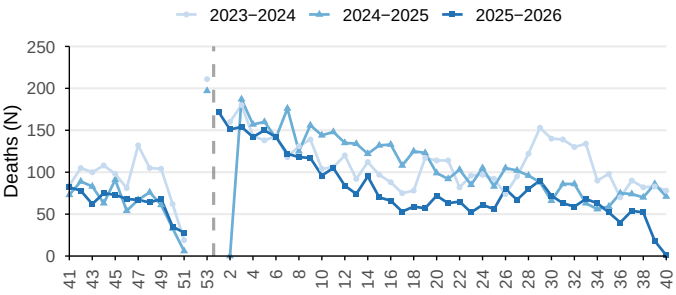


Figure 2.15.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Mexico, EW 41/2025–40/2026. *Source: FluID, WHO–GISRS.*

2.1.3 United States of America

No laboratory surveillance data were reported for EW 40; the summary describes EW 38, the last reported week, and the 3 weeks before it. During EW 37, the last week with samples processed for influenza, sentinel surveillance in United States of America showed influenza positivity of 20.8% (Figure 2.16). In EW 38, SARS-CoV-2 positivity was 4.6%, and RSV positivity 0.6% (Figure 2.17). Among influenza-positive samples during EW 34 and 37, influenza A predominated (96.9% of typed samples); of all influenza A samples, 92.1% were subtyped, and among these A(H1N1)pdm09 predominated (90.5%) (Figure 2.16).

Figure 2.16.A. Weekly overall influenza positivity.

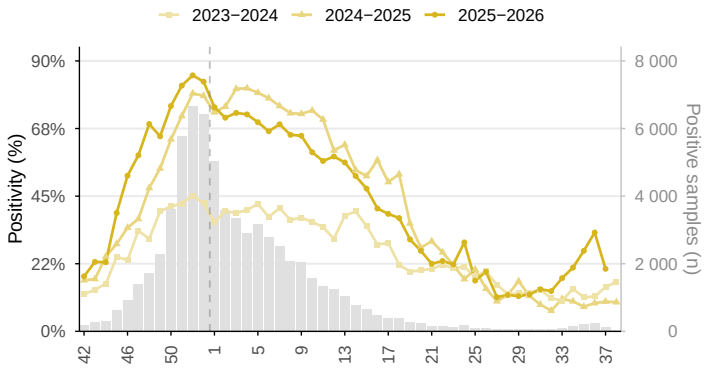
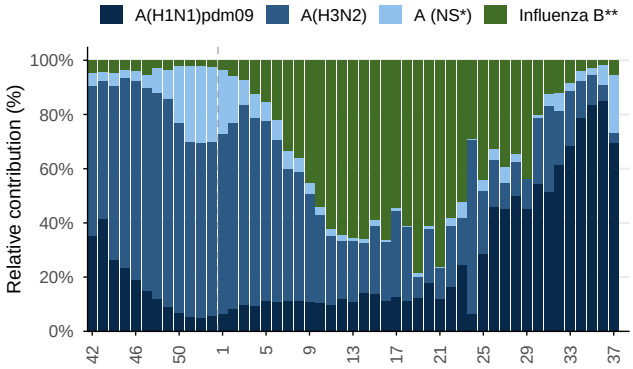


Figure 2.16.B. Weekly relative contribution by type and subtype.



Influenza in United States of America, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 2.17.A. Weekly SARS-CoV-2 positivity.

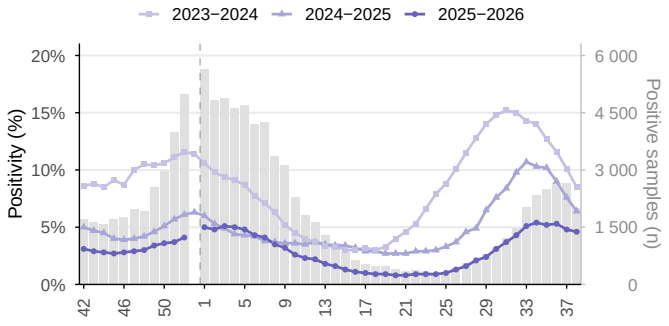
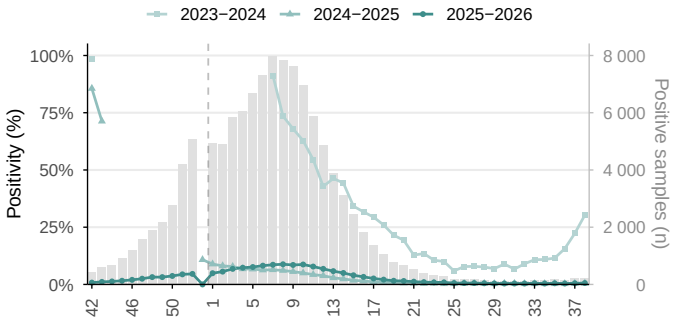


Figure 2.17.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in United States of America, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

3. Caribbean

During EW 40, sentinel surveillance in the Caribbean showed influenza positivity of 19.7% (Figure 3.1). SARS-CoV-2 positivity was 7.2%, and RSV positivity 6.2% (Figure 3.2). Among influenza-positive samples during EW 37 and 40, influenza A predominated (65.2% of typed samples); of all influenza A samples, 90.0% were subtyped, and among these A(H1N1)pdm09 predominated (64.8%) (Figure 3.1). Among samples tested for other respiratory viruses, positivity was 23.8%, with rhinovirus predominating (68.3%) (Figure 3.3).

Between EW 37 and 40, viral detections amounted to 0.2% of ILI cases; influenza predominated (80.0%), followed by SARS-CoV-2 (20.0%) (Figure 3.4). Between EW 37 and 40, viral detections amounted to 0.8% of SARI cases, with RSV predominating (57.9%), followed by influenza (21.1%) and SARS-CoV-2 (21.1%) (Figure 3.5). In the same period, 248 ICU admissions of SARI cases and 346 deaths were recorded (Figure 3.6).

Figure 3.1.A. Weekly overall influenza positivity.

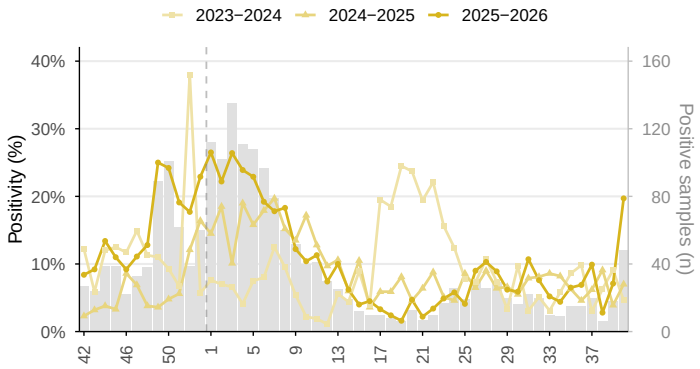
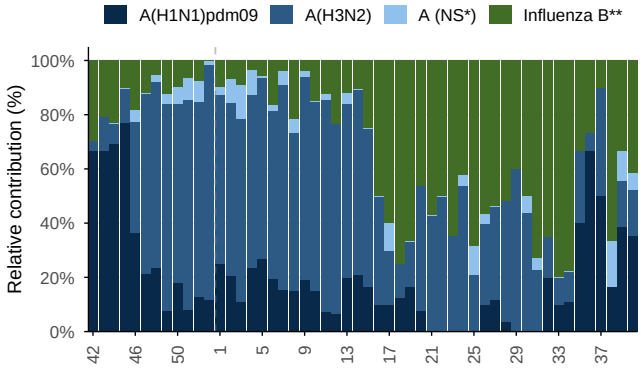


Figure 3.1.B. Weekly relative contribution by type and subtype.



Influenza in the Caribbean, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.2.A. Weekly SARS-CoV-2 positivity.

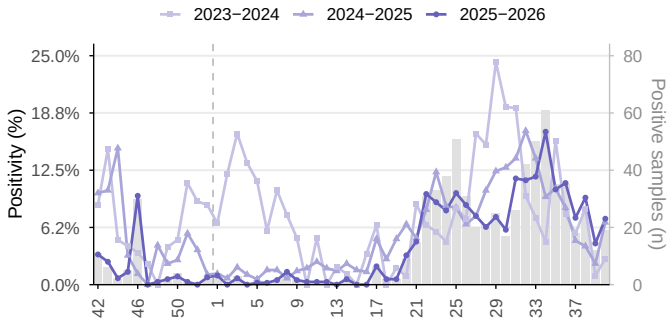
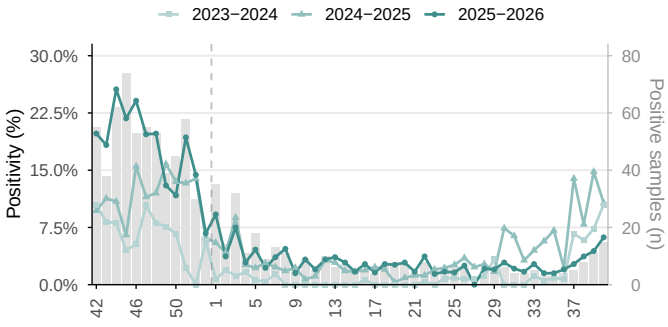


Figure 3.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in the Caribbean, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.3.A. Overall weekly positivity.

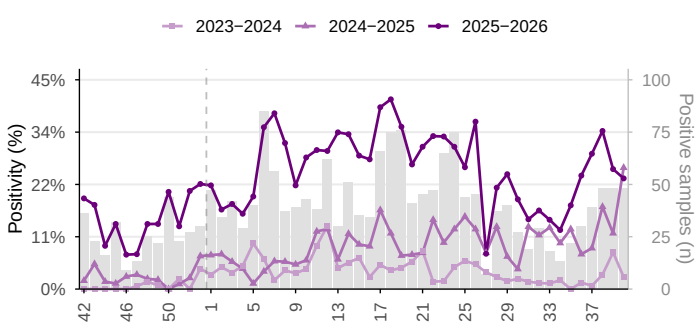
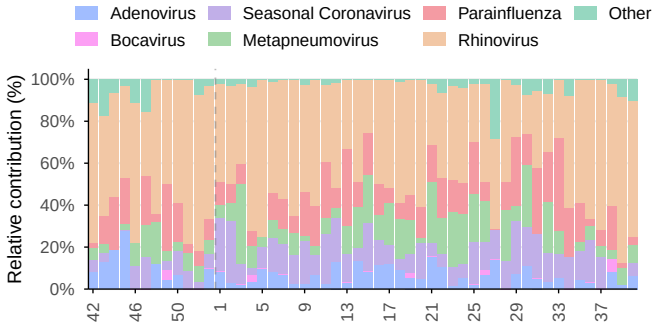


Figure 3.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Caribbean, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 3.4.A. Weekly ILI cases.

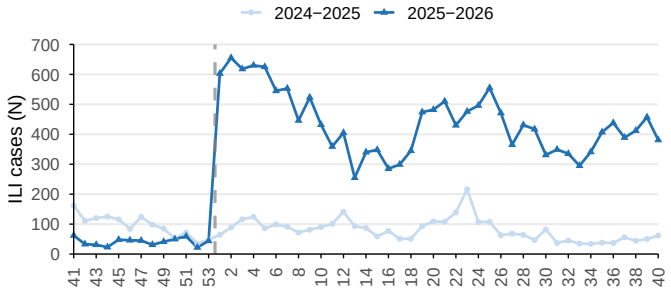
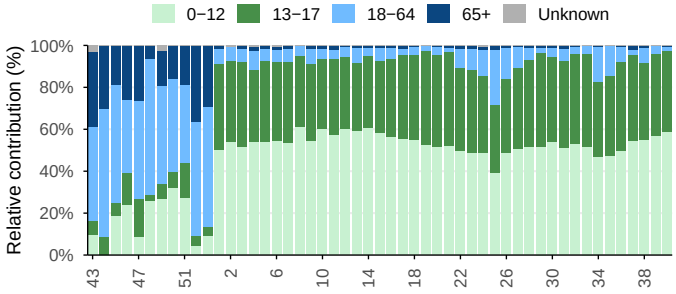


Figure 3.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in the Caribbean, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.5.A. Weekly SARI cases.

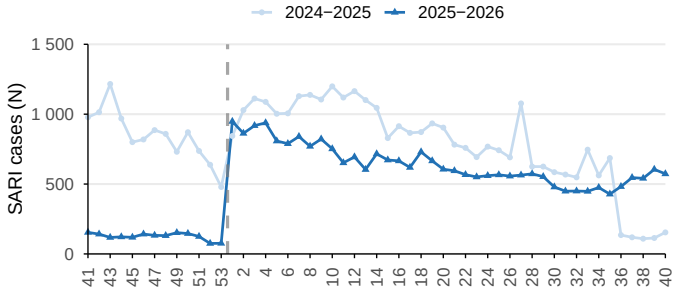
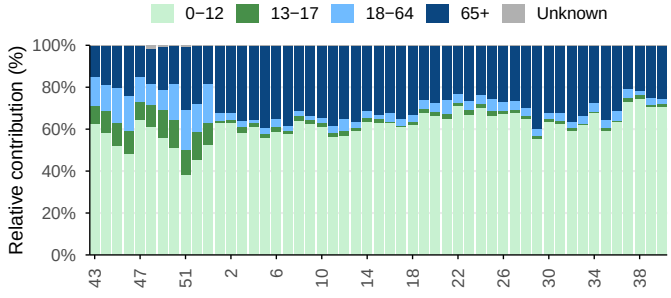


Figure 3.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Caribbean, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.6.A. Weekly SARI cases admitted to ICU.

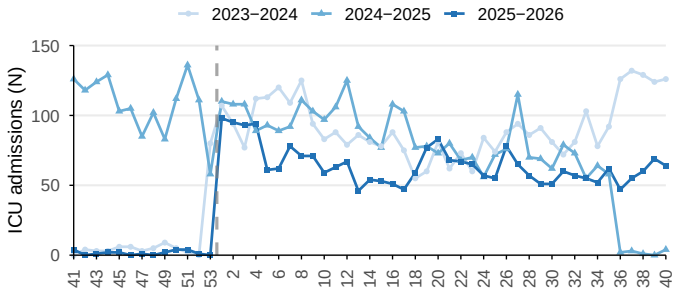
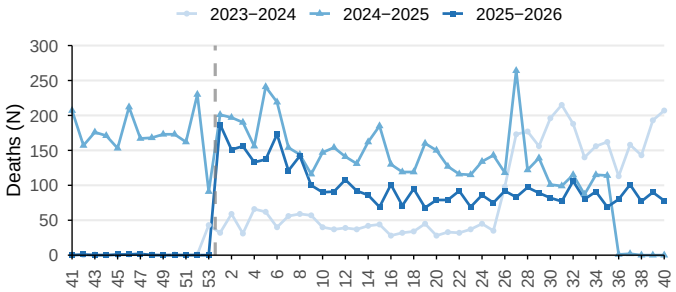


Figure 3.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Caribbean, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

3.1 Country

3.1.1 Belize

During EW 40, sentinel surveillance in Belize showed influenza positivity of 50.0%, with three positive samples (Figure 3.7). Among influenza-positive samples during EW 37 and 40, influenza B predominated (100.0% of typed samples) (Figure 3.7).

Figure 3.7.A. Weekly overall influenza positivity.

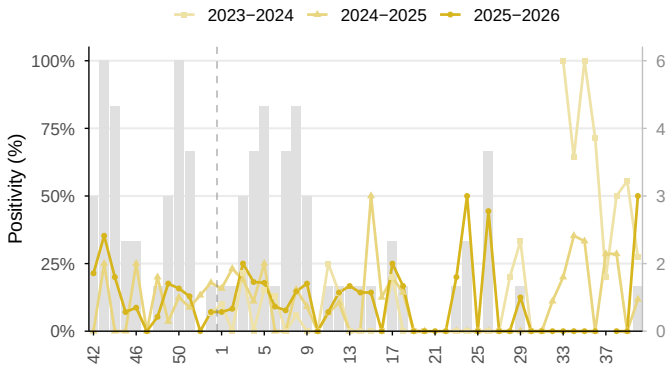
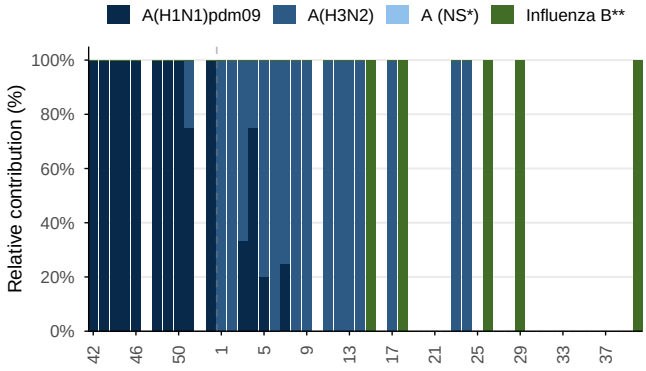


Figure 3.7.B. Weekly relative contribution by type and subtype.



Influenza in Belize, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.8.A. Weekly SARS-CoV-2 positivity.

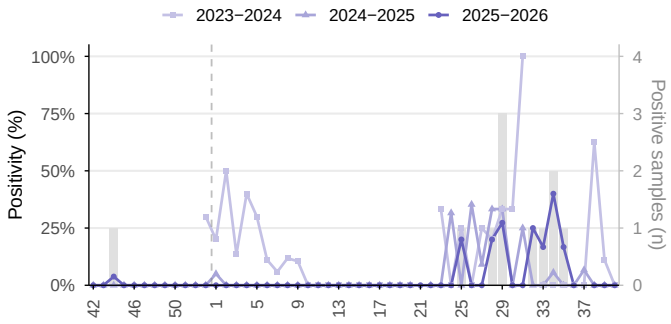
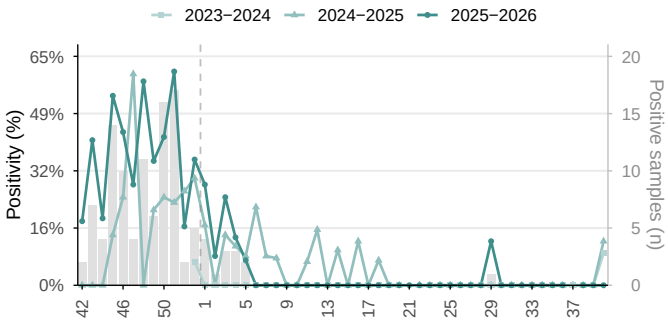


Figure 3.8.B. Weekly RSV positivity.



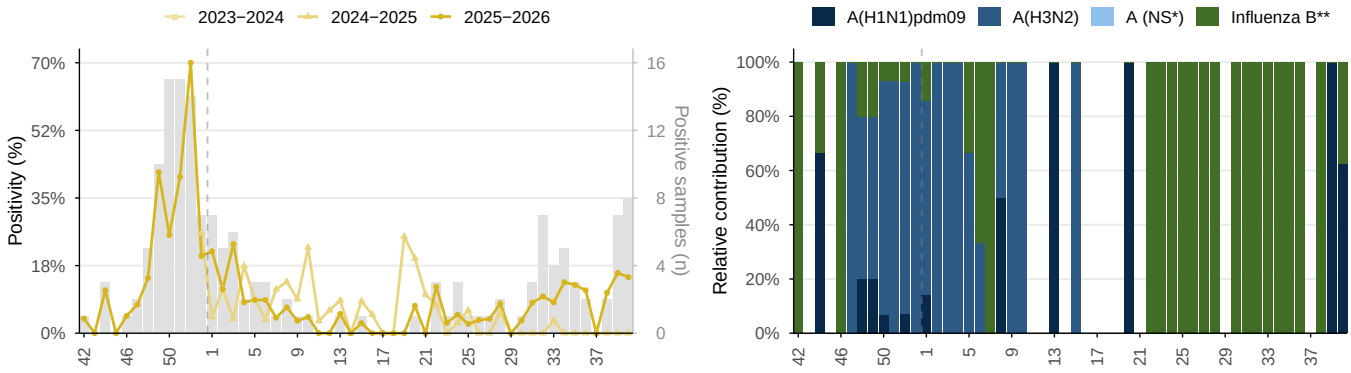
SARS–CoV–2 and RSV in Belize, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

3.1.2 Barbados

During EW 40, sentinel surveillance in Barbados showed influenza positivity of 14.5% (Figure 3.9). SARS-CoV-2 positivity was 11.3%, and RSV positivity 5.5% (Figure 3.10). Among influenza-positive samples during EW 37 and 40, influenza A predominated (70.6% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H1N1)pdm09 predominated (100.0%) (Figure 3.9). Among samples tested for other respiratory viruses, positivity was 31.0%, with rhinovirus predominating (67.6%) (Figure 3.11).

Figure 3.9.A. Weekly overall influenza positivity.

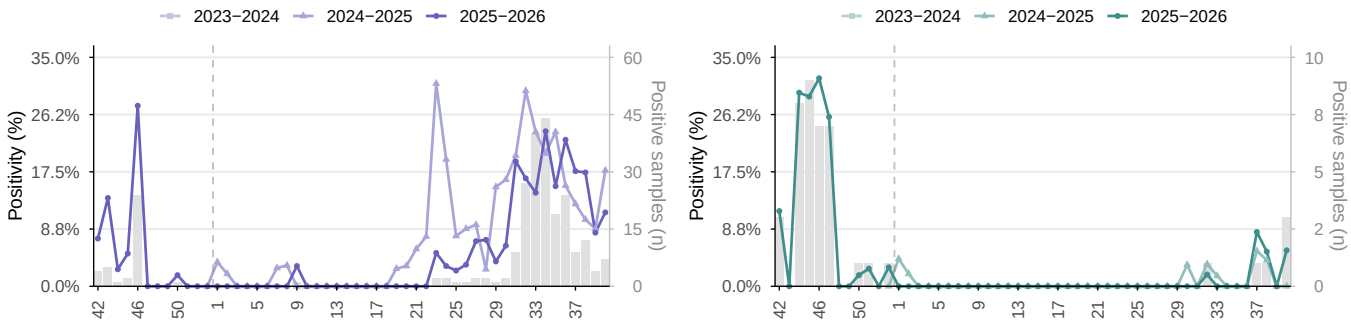
Figure 3.9.B. Weekly relative contribution by type and subtype.



Influenza in Barbados, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.10.A. Weekly SARS-CoV-2 positivity.

Figure 3.10.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Barbados, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.11.A. Overall weekly positivity.

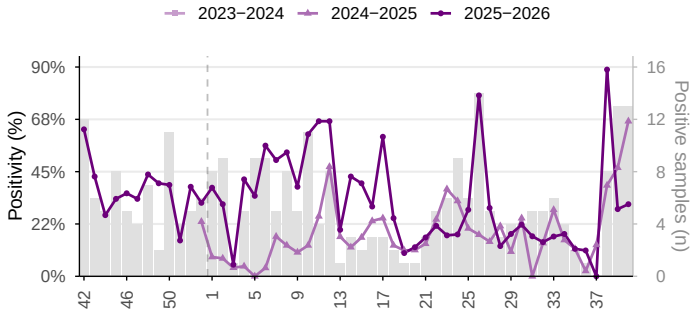
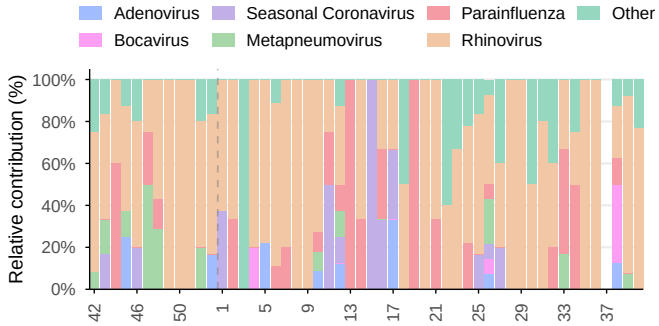


Figure 3.11.B. Weekly relative contribution by virus.



Other respiratory viruses in Barbados, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

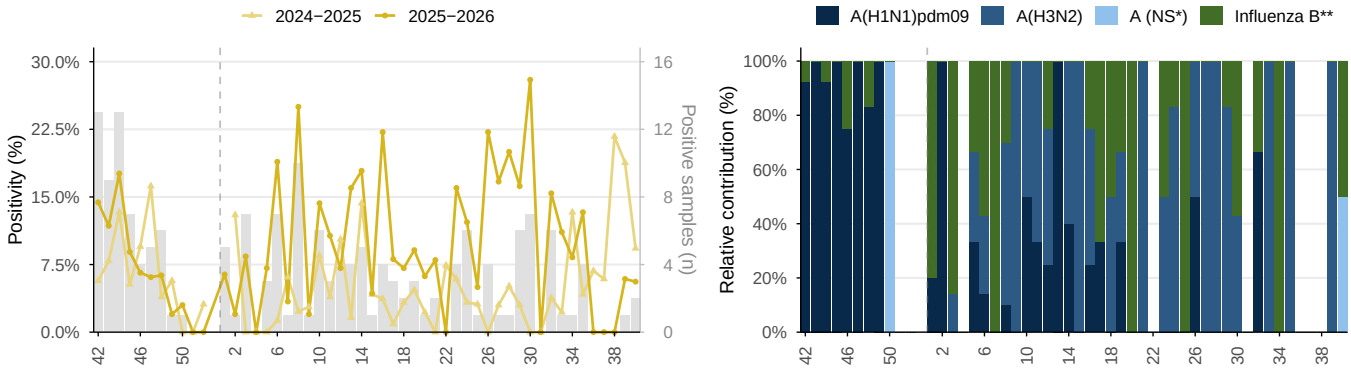
3.1.3 Cuba

During EW 40, sentinel surveillance in Cuba showed influenza positivity of 5.6% (Figure 3.12). SARS-CoV-2 positivity was 7.7%, and RSV positivity 22.2% (Figure 3.13). Among influenza-positive samples during EW 37 and 40, influenza A predominated (66.7% of typed samples); of all influenza A samples, 50.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 3.12). Among samples tested for other respiratory viruses, positivity was 13.9%, with parainfluenza (58.8%) and seasonal coronavirus (29.4%) predominating (Figure 3.14).

Between EW 37 and 40, viral detections amounted to 0.4% of ILI cases; SARS-CoV-2 predominated (100.0%) (Figure 3.15). In the same period, 100.0% of ILI cases with known age were in the 0-12 age group (Figure 3.15). Between EW 37 and 40, viral detections amounted to 0.6% of SARI cases, with RSV predominating (75.0%), followed by influenza (16.7%) and SARS-CoV-2 (8.3%) (Figure 3.16). In the same period, 246 ICU admissions of SARI cases and 346 deaths were recorded (Figure 3.17).

Figure 3.12.A. Weekly overall influenza positivity.

Figure 3.12.B. Weekly relative contribution by type and subtype.



Influenza in Cuba, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.13.A. Weekly SARS-CoV-2 positivity.

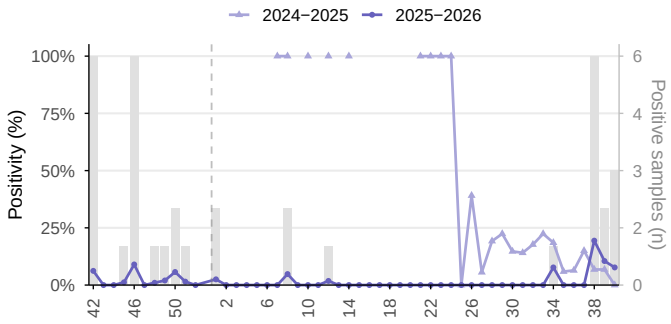
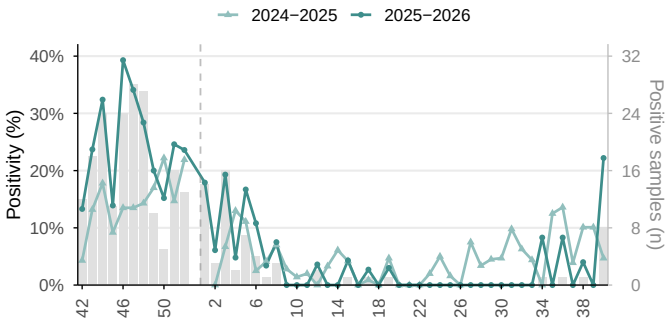


Figure 3.13.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Cuba, EW 42/2025−40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 3.14.A. Overall weekly positivity.

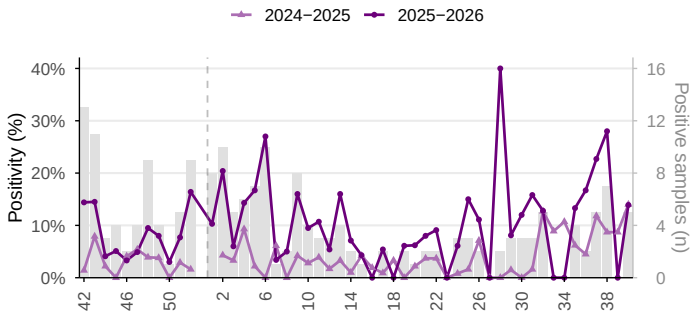
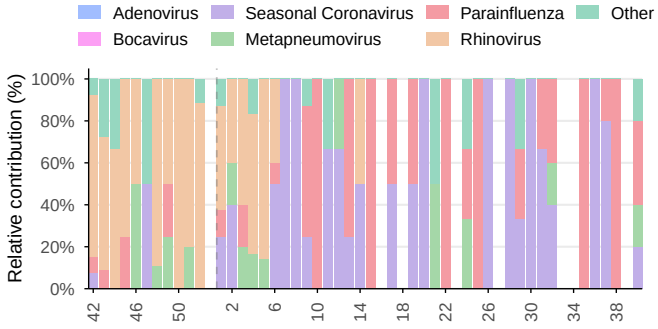


Figure 3.14.B. Weekly relative contribution by virus.



Other respiratory viruses in Cuba, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 3.15.A. Weekly ILI cases.

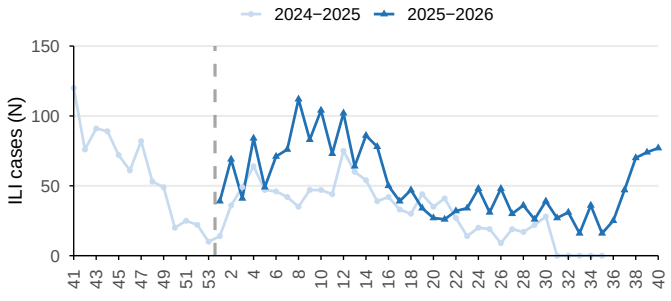
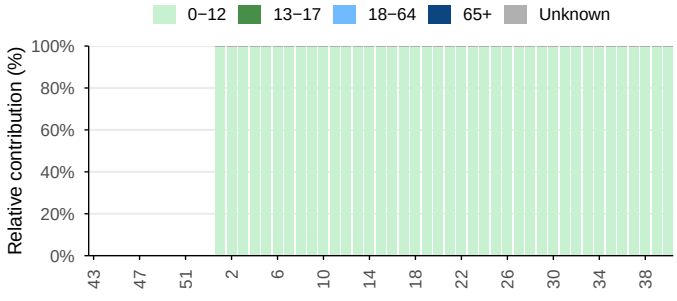


Figure 3.15.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Cuba, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.16.A. Weekly SARI cases.

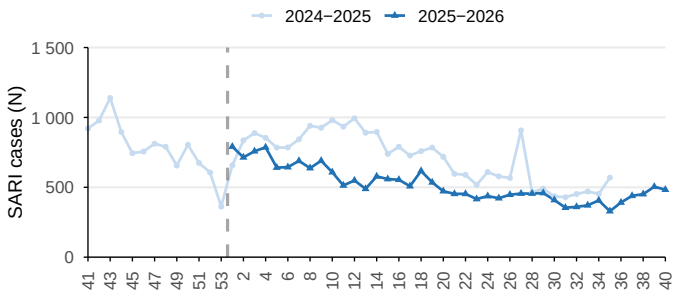
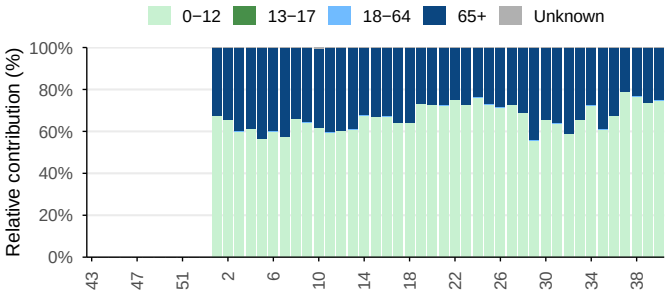


Figure 3.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Cuba, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.17.A. Weekly SARI cases admitted to ICU.

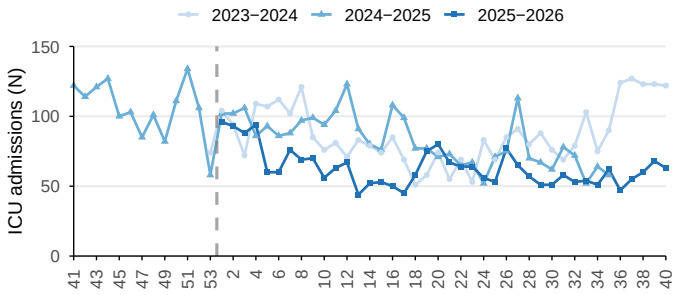
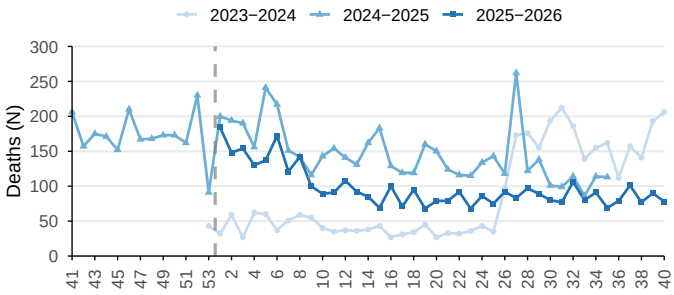


Figure 3.17.B. Weekly deaths among SARI cases.



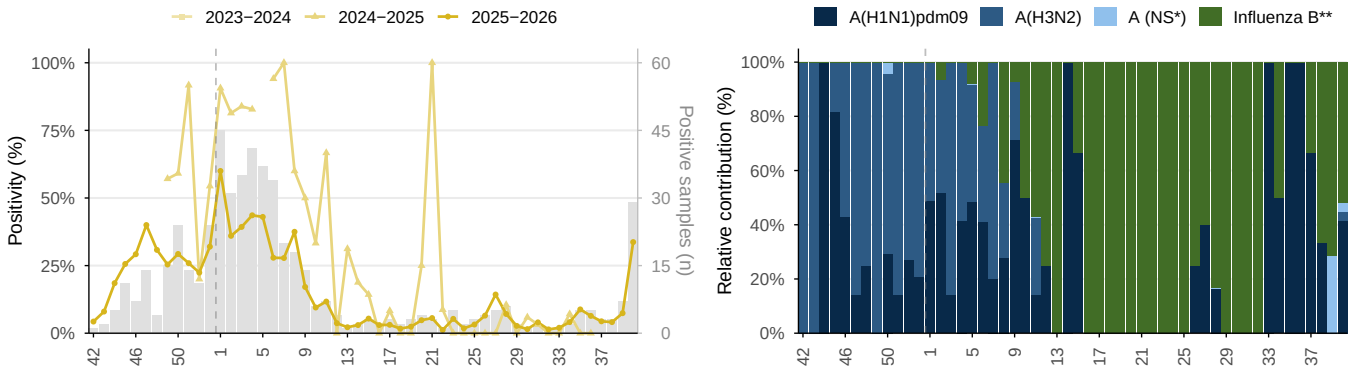
SARI ICU admissions and deaths in Cuba, EW 41/2025–40/2026. *Source: FluID, WHO–GISRS.*

3.1.4 Cayman Islands

During EW 40, sentinel surveillance in Cayman Islands showed influenza positivity of 33.7% (Figure 3.18). SARS-CoV-2 positivity was 9.5%, and RSV positivity 4.7% (Figure 3.19). Among influenza-positive samples during EW 37 and 40, influenza B predominated (54.8% of typed samples); of all influenza A samples, 84.2% were subtyped, and among these A(H1N1)pdm09 predominated (93.8%) (Figure 3.18). Among samples tested for other respiratory viruses, positivity was 34.9%, with rhinovirus predominating (79.1%) (Figure 3.20).

Figure 3.18.A. Weekly overall influenza positivity.

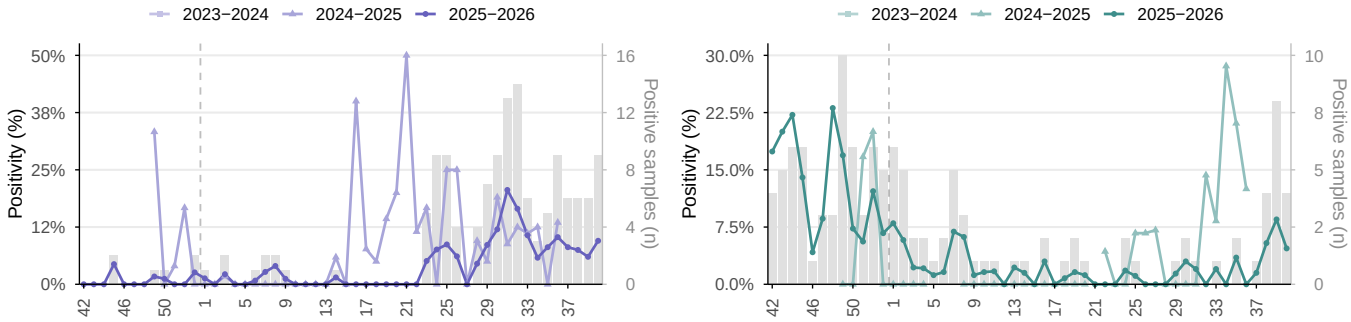
Figure 3.18.B. Weekly relative contribution by type and subtype.



Influenza in Cayman Islands, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.19.A. Weekly SARS-CoV-2 positivity.

Figure 3.19.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Cayman Islands, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.20.A. Overall weekly positivity.

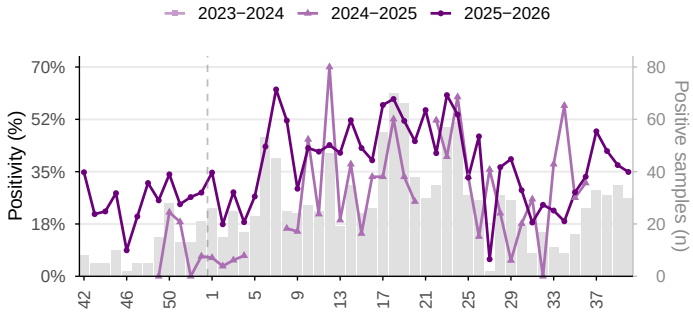
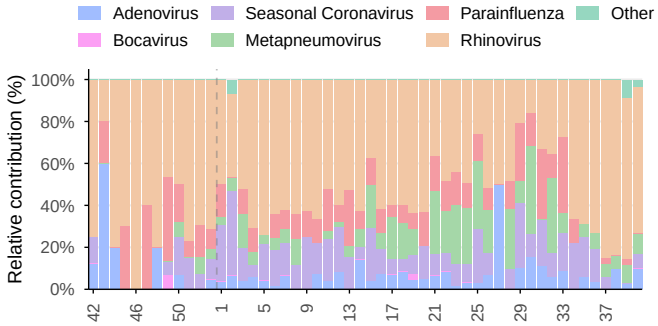


Figure 3.20.B. Weekly relative contribution by virus.



Other respiratory viruses in Cayman Islands, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

3.1.5 Dominica

No data were reported between EW 37 and 40.

3.1.6 Dominican Republic

During EW 40, sentinel surveillance in Dominican Republic showed influenza positivity of 18.4% (Figure 3.21). Among influenza-positive samples during EW 37 and 40, influenza A predominated (100.0% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 3.21). Among samples tested for other respiratory viruses, parainfluenza predominated (100.0%) (Figure 3.23).

Between EW 37 and 40, viral detections amounted to 0.1% of ILI cases; influenza predominated (100.0%) (Figure 3.24). In the same period, 50.0% of ILI cases with known age were in the 0-12 age group, followed by the 13-17 age group (50.0%) (Figure 3.24). Between EW 37 and 40, viral detections amounted to 2.3% of SARI cases, with influenza predominating (33.3%), followed by SARS-CoV-2 (33.3%) and RSV (33.3%) (Figure 3.25).

Figure 3.21.A. Weekly overall influenza positivity.

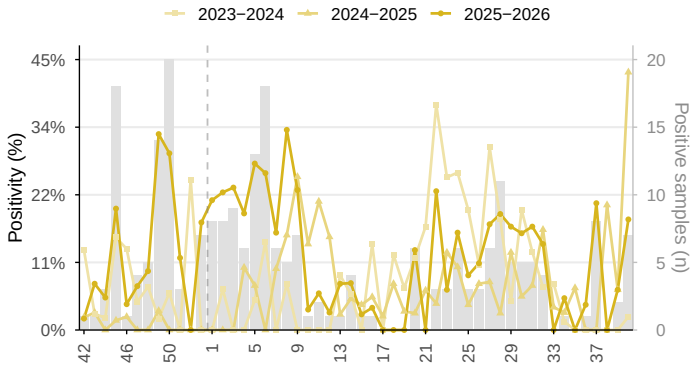
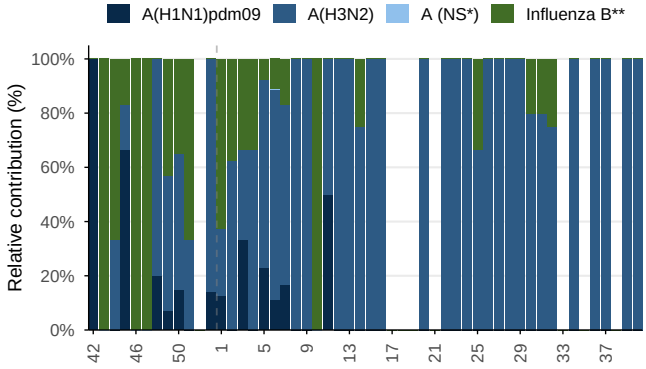


Figure 3.21.B. Weekly relative contribution by type and subtype.



Influenza in Dominican Republic, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.22.A. Weekly SARS-CoV-2 positivity.

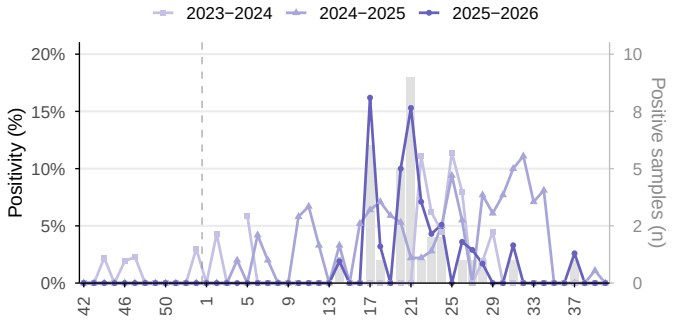
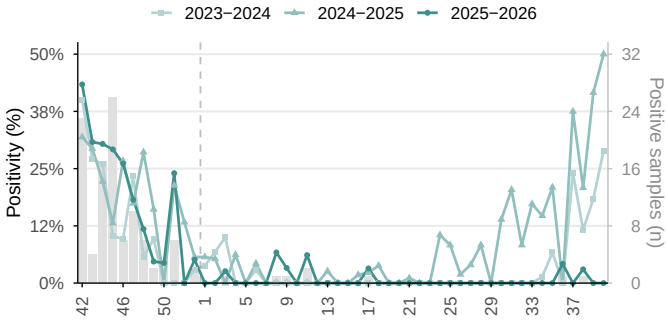


Figure 3.22.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Dominican Republic, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.23.A. Overall weekly positivity.

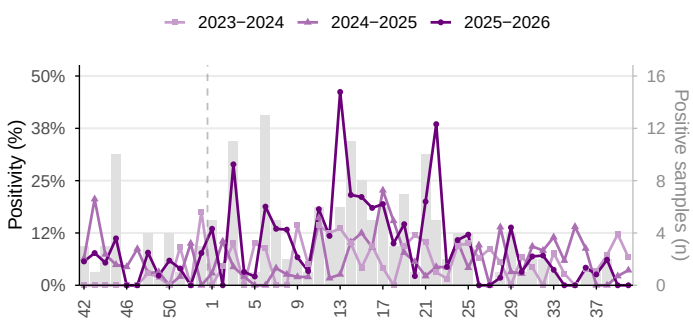
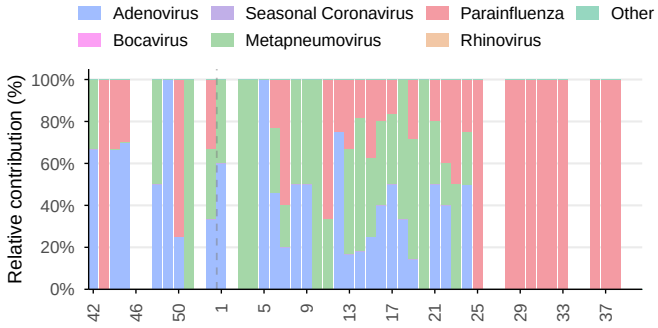


Figure 3.23.B. Weekly relative contribution by virus.



Other respiratory viruses in Dominican Republic, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.24.A. Weekly ILI cases.

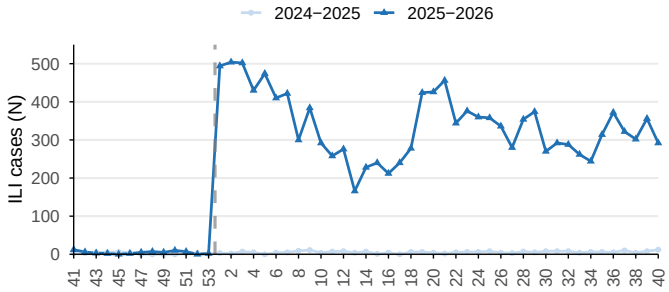
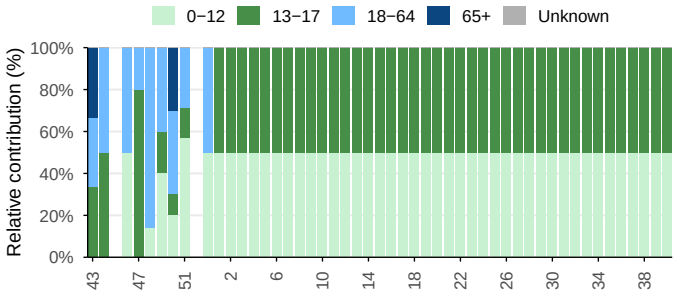


Figure 3.24.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Dominican Republic, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.25.A. Weekly SARI cases.

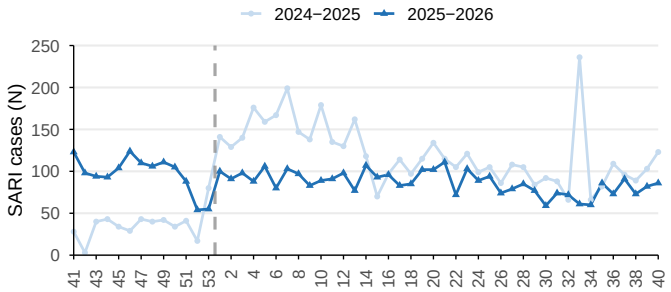
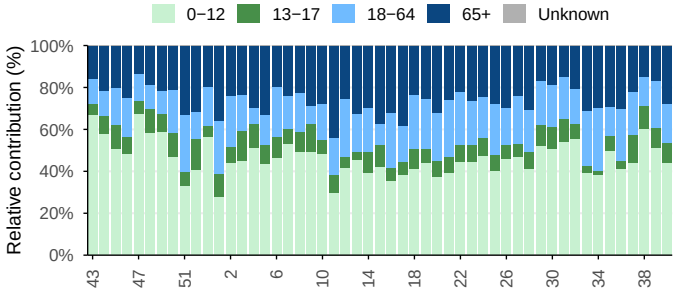


Figure 3.25.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Dominican Republic, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.26.A. Weekly SARI cases admitted to ICU.

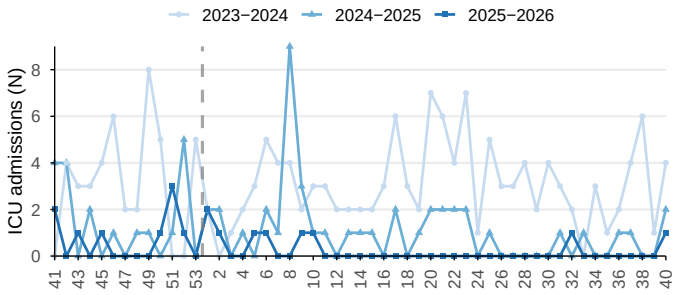
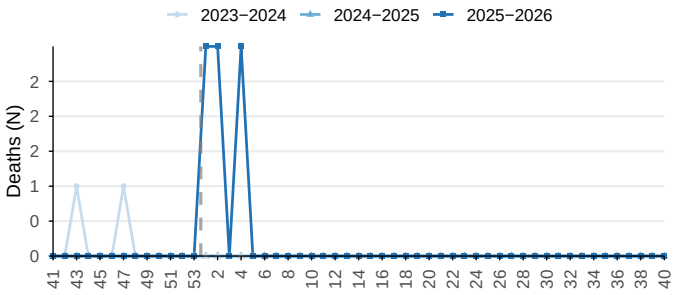


Figure 3.26.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Dominican Republic, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

3.1.7 Grenada

No data were reported between EW 37 and 40.

3.1.8 Guyana

During EW 40, sentinel surveillance in Guyana showed influenza positivity of 12.5% (Figure 3.27). Among influenza-positive samples during EW 37 and 40, influenza A predominated (100.0% of typed samples) (Figure 3.27).

Between EW 37 and 40, viral detections amounted to 1.0% of ILI cases; influenza predominated (100.0%) (Figure 3.29). In the same period, 66.3% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (17.3%) (Figure 3.29). Between EW 37 and 40, no virus detections were recorded in SARI cases (Figure 3.30).

Figure 3.27.A. Weekly overall influenza positivity.

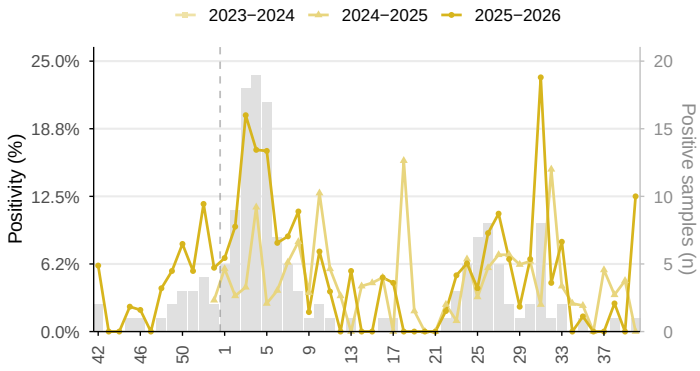
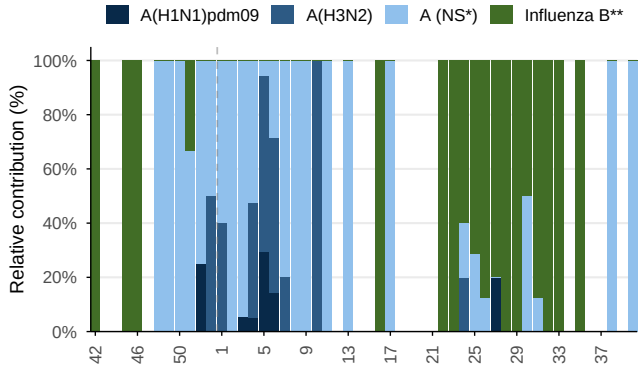


Figure 3.27.B. Weekly relative contribution by type and subtype.



Influenza in Guyana, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.28.A. Weekly SARS-CoV-2 positivity.

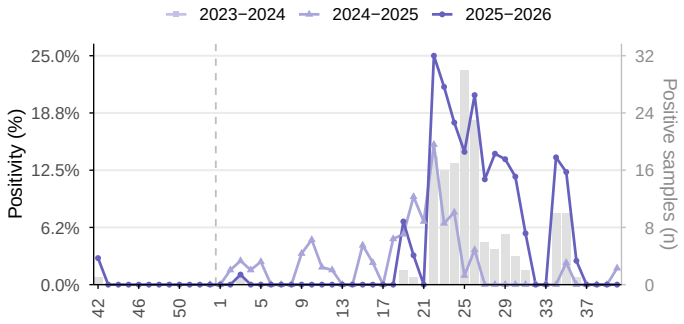
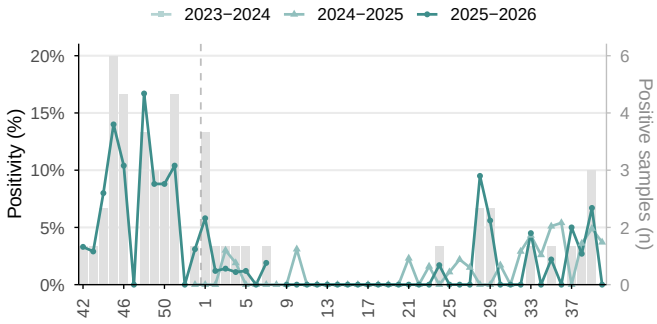


Figure 3.28.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Guyana, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.29.A. Weekly ILI cases.

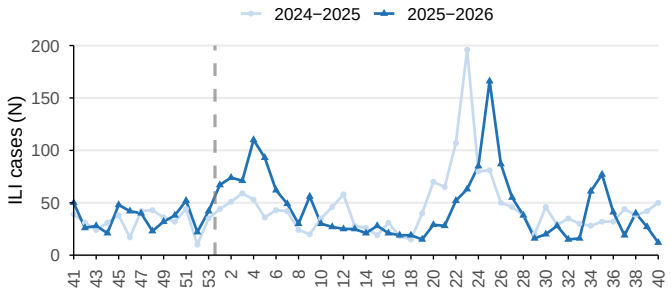
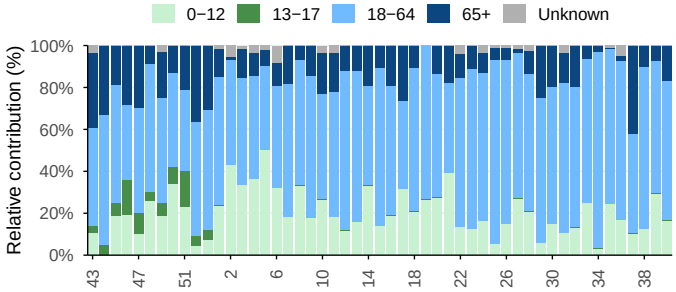


Figure 3.29.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Guyana, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.30.A. Weekly SARI cases.

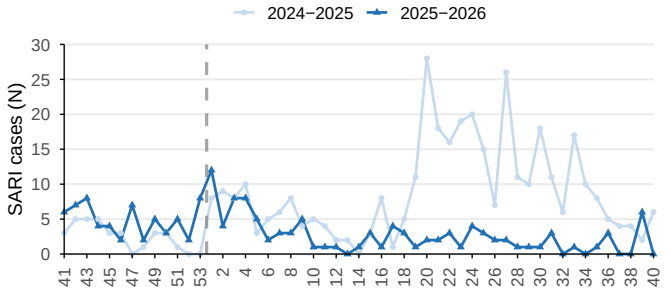
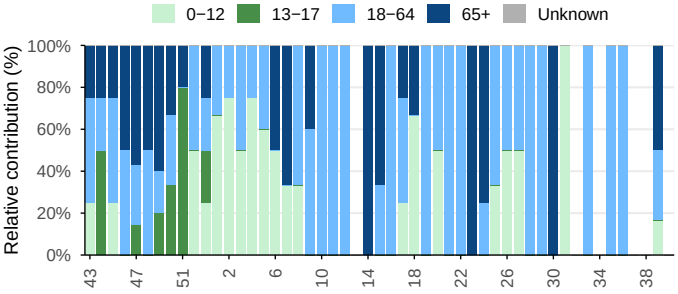


Figure 3.30.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guyana, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.31.A. Weekly SARI cases admitted to ICU.

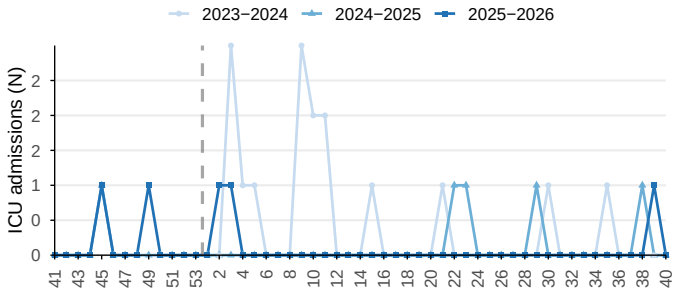
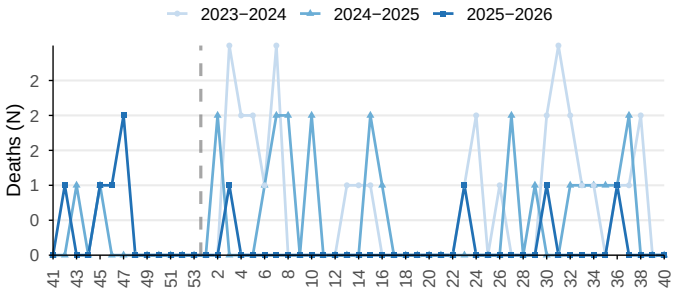


Figure 3.31.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guyana, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

3.1.9 Haiti

No data were reported between EW 37 and 40.

Figure 3.32.A. Weekly overall influenza positivity.

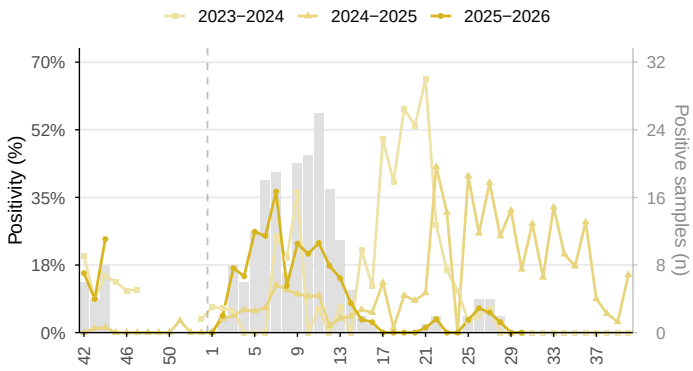
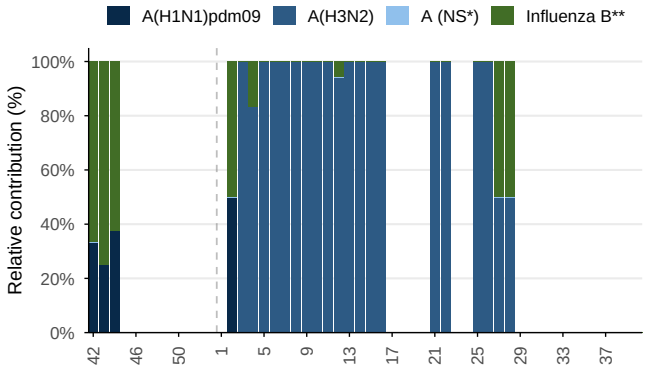


Figure 3.32.B. Weekly relative contribution by type and subtype.



Influenza in Haiti, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.33.A. Weekly SARS-CoV-2 positivity.

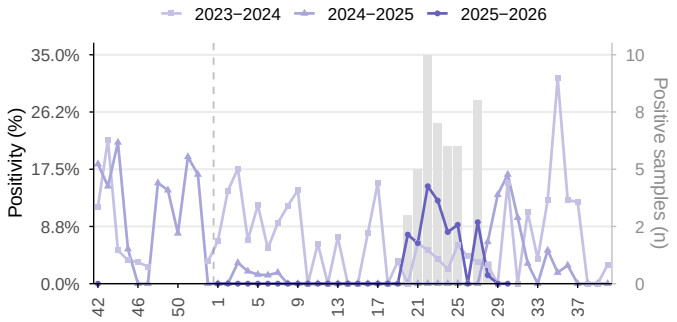
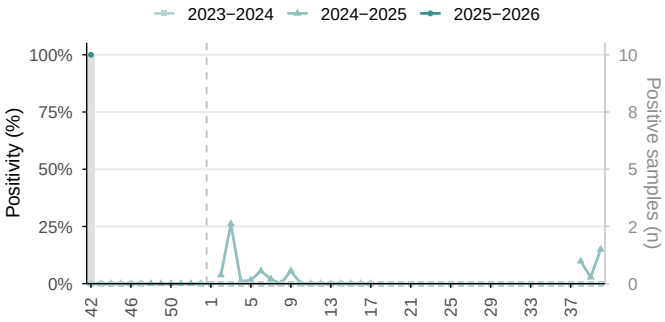


Figure 3.33.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Haiti, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.34.A. Weekly SARI cases.

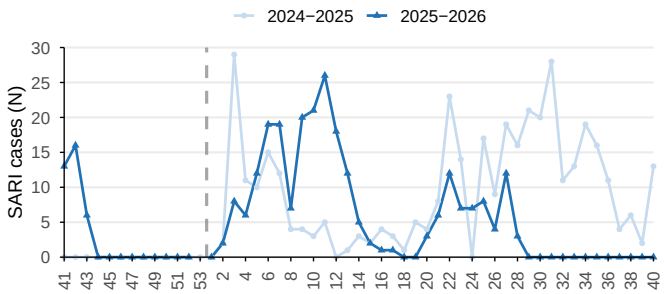
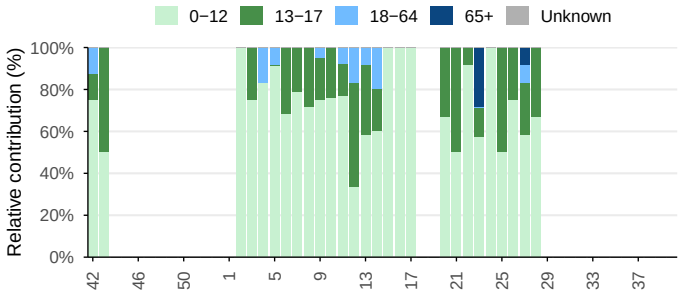


Figure 3.34.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Haiti, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.10 Jamaica

Between EW 37 and 40, no virus detections were recorded in SARI cases.

Figure 3.35.A. Weekly SARI cases.

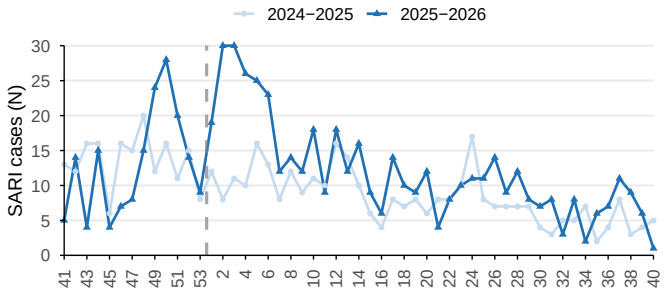
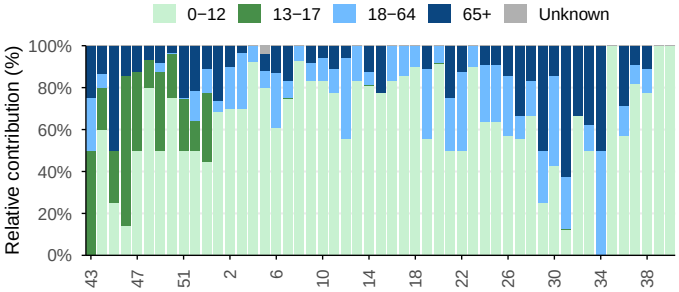


Figure 3.35.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Jamaica, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.11 Saint Lucia

Between EW 37 and 40, viral detections amounted to 14.3% of SARI cases, with SARS-CoV-2 predominating (50.0%), followed by RSV (50.0%) (Figure 3.38).

Figure 3.36.A. Weekly overall influenza positivity.

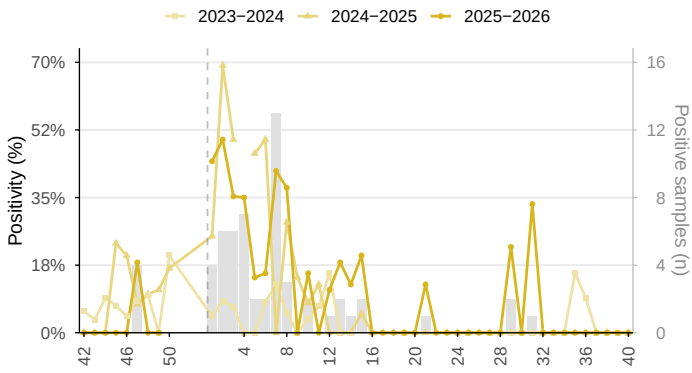
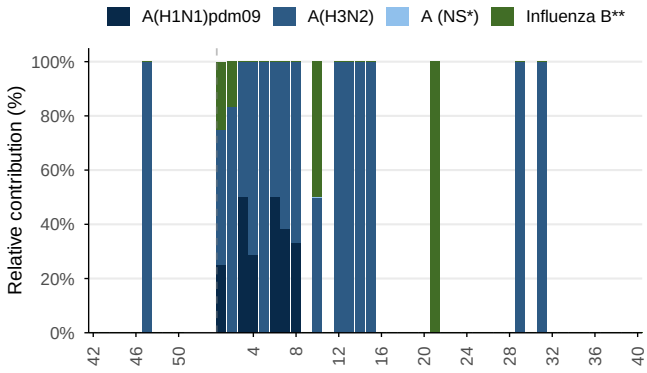


Figure 3.36.B. Weekly relative contribution by type and subtype.



Influenza in Saint Lucia, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.37.A. Weekly SARS-CoV-2 positivity.

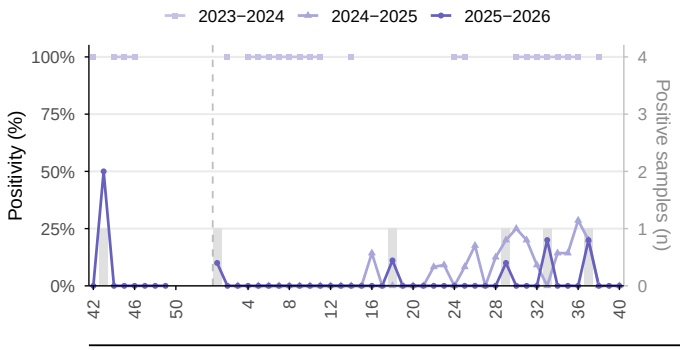
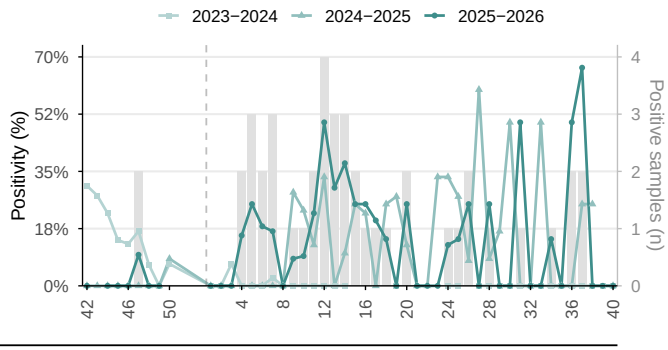


Figure 3.37.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Saint Lucia, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.38.A. Weekly SARI cases.

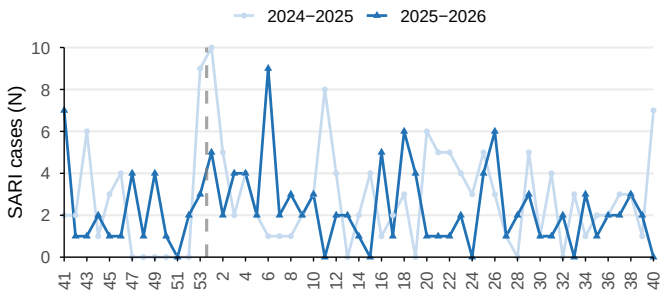
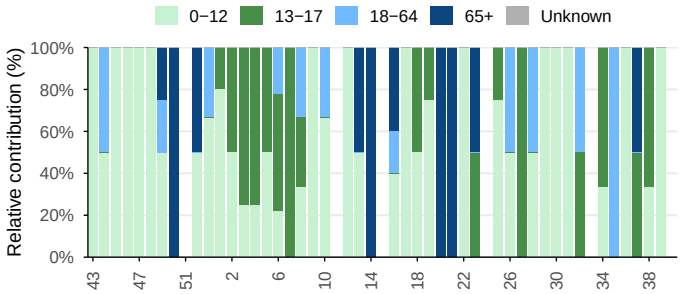


Figure 3.38.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Saint Lucia, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.12 Suriname

Between EW 37 and 40, influenza predominated among ILI cases (Figure 3.41). In the same period, 100.0% of ILI cases with known age were in the 0-12 age group (Figure 3.41). Between EW 37 and 40, viral detections amounted to 13.3% of SARI cases, with influenza predominating (50.0%), followed by SARS-CoV-2 (50.0%) (Figure 3.42).

Figure 3.39.A. Weekly overall influenza positivity.

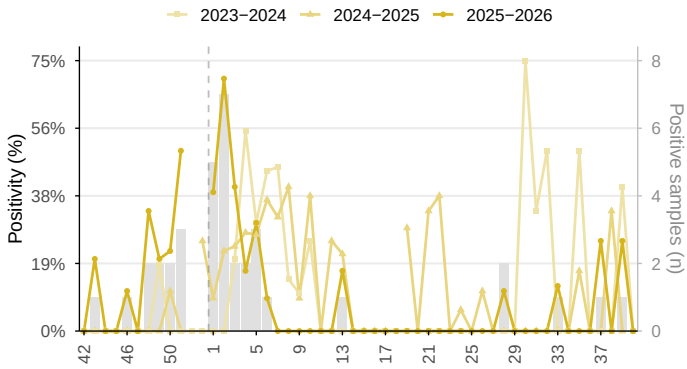
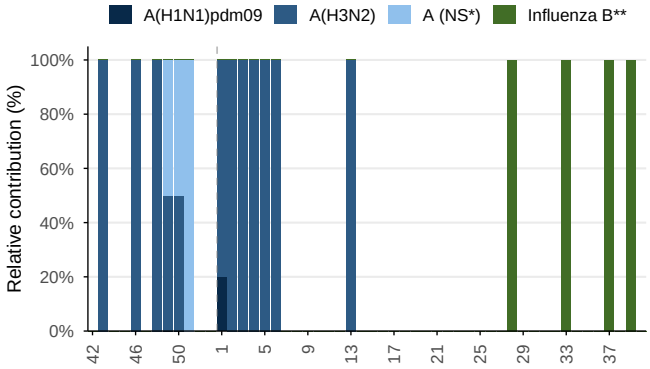


Figure 3.39.B. Weekly relative contribution by type and subtype.



Influenza in Suriname, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.40.A. Weekly SARS-CoV-2 positivity.

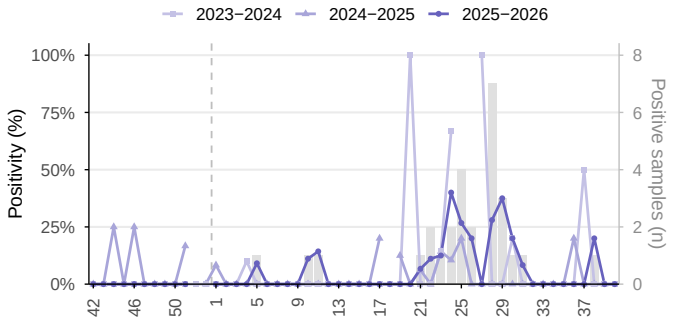
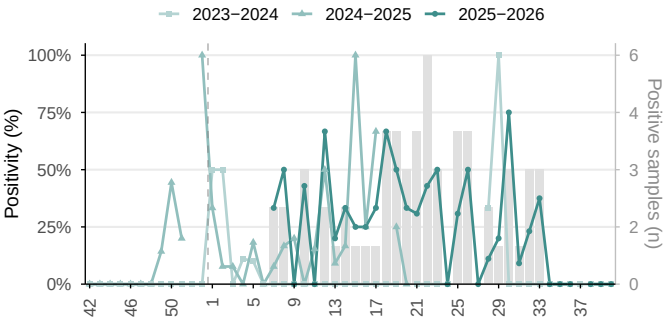


Figure 3.40.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Suriname, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.41.A. Weekly ILI cases.

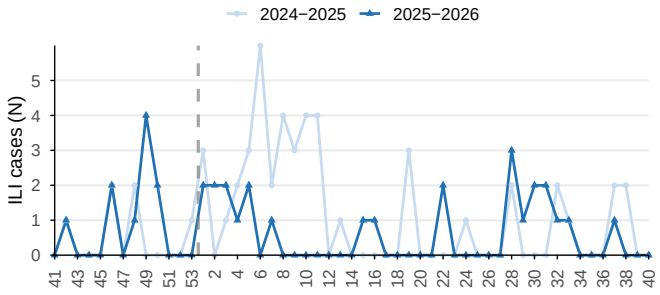
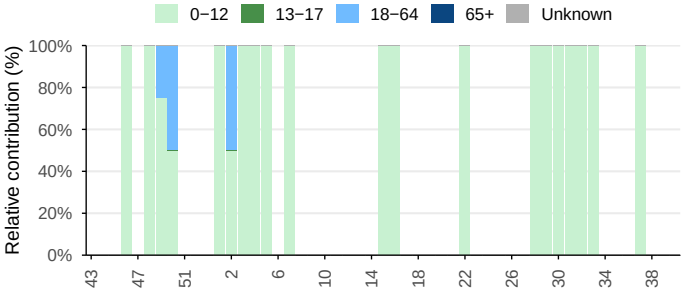


Figure 3.41.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Suriname, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.42.A. Weekly SARI cases.

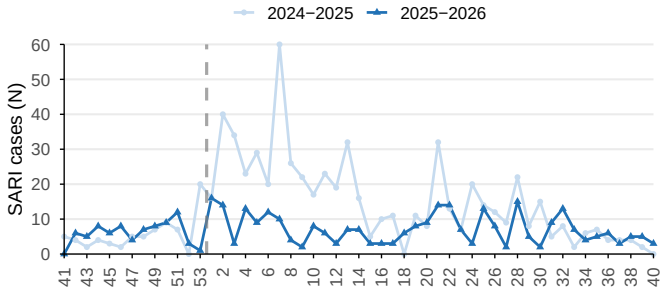
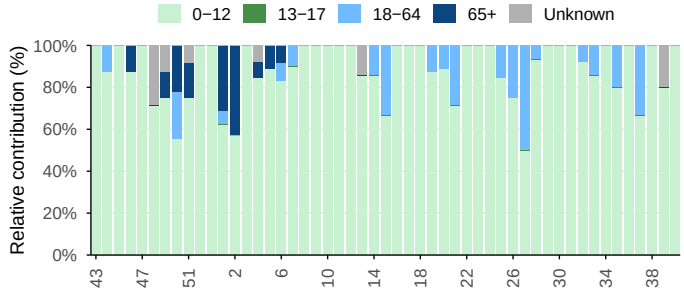


Figure 3.42.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Suriname, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.43.A. Weekly SARI cases admitted to ICU.

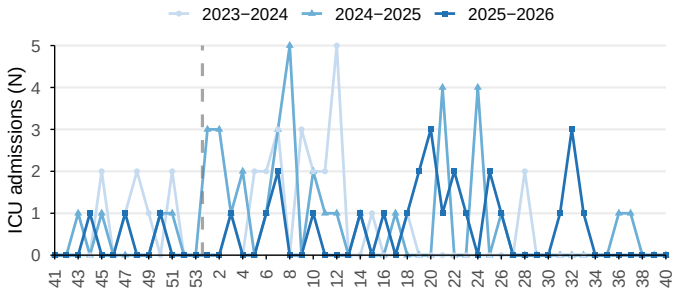
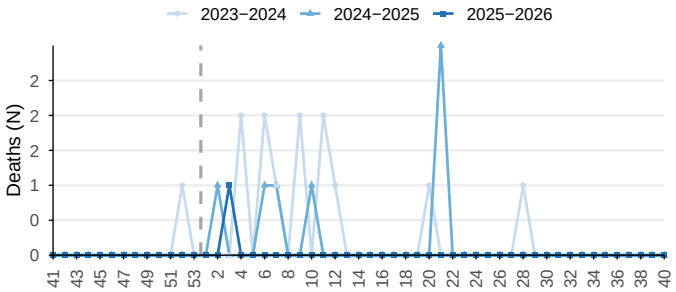


Figure 3.43.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Suriname, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

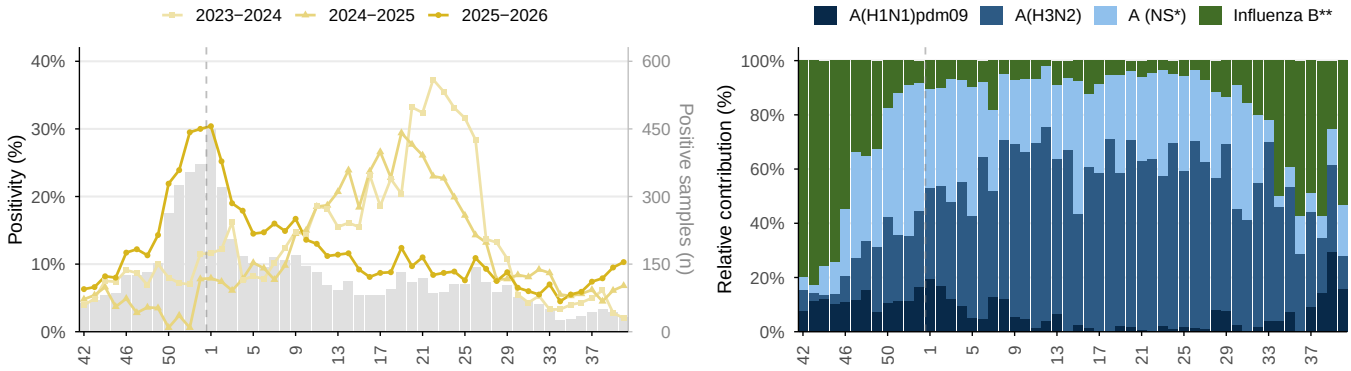
4. Central America

During EW 40, sentinel surveillance in Central America showed influenza positivity of 10.3% (Figure 4.1). SARS-CoV-2 positivity was 1.0%, and RSV positivity 13.1% (Figure 4.2). Among influenza-positive samples during EW 37 and 40, influenza A predominated (54.2% of typed samples); of all influenza A samples, 79.1% were subtyped, and among these A(H3N2) predominated (59.7%) (Figure 4.1). Among samples tested for other respiratory viruses, positivity was 19.0%, with rhinovirus predominating (58.1%) (Figure 4.3).

Between EW 37 and 40, viral detections amounted to 6.2% of ILI cases; influenza predominated (44.4%), followed by SARS-CoV-2 (33.3%) and RSV (22.2%) (Figure 4.4). Between EW 37 and 40, viral detections amounted to 8.0% of SARI cases, with RSV predominating (61.9%), followed by influenza (28.6%) and SARS-CoV-2 (9.5%) (Figure 4.5). In the same period, 73 ICU admissions of SARI cases and 33 deaths were recorded (Figure 4.6).

Figure 4.1.A. Weekly overall influenza positivity.

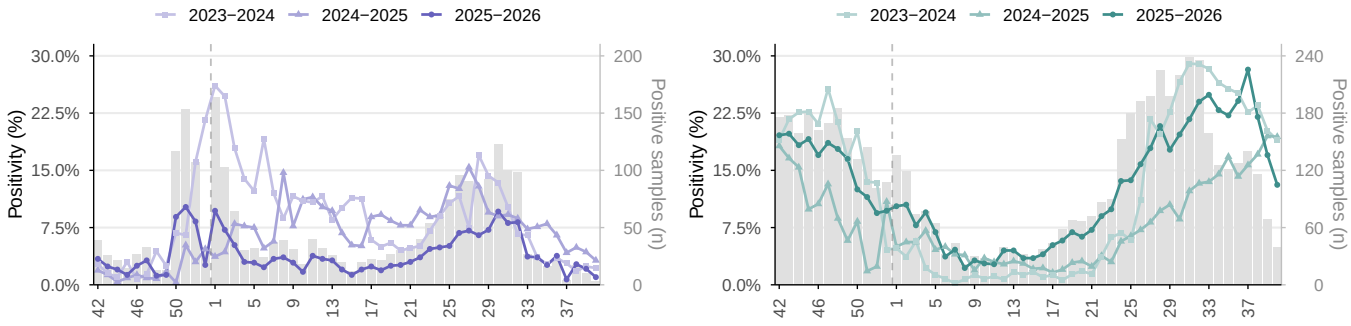
Figure 4.1.B. Weekly relative contribution by type and subtype.



Influenza in Central America, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 4.2.A. Weekly SARS-CoV-2 positivity.

Figure 4.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Central America, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.3.A. Overall weekly positivity.

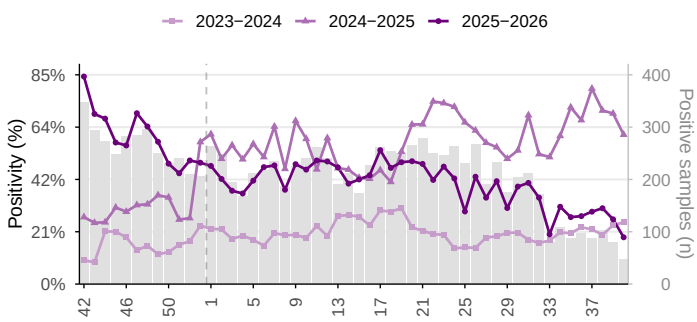
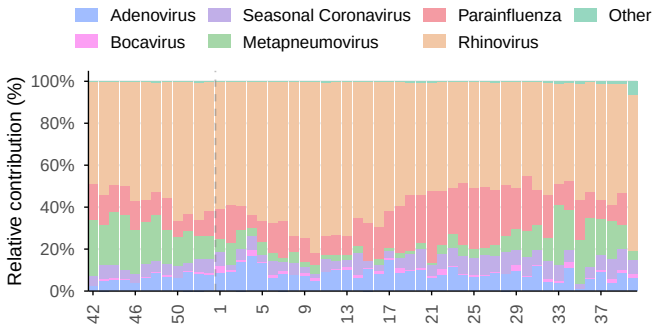


Figure 4.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Central America, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.4.A. Weekly ILI cases.

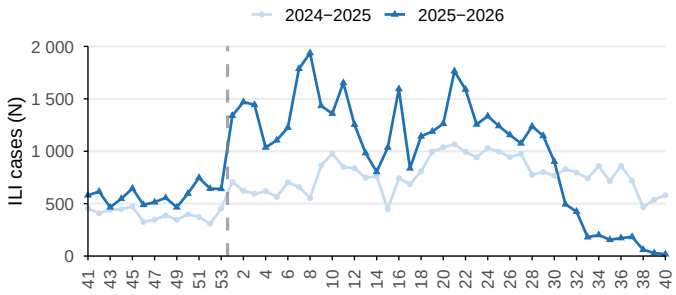
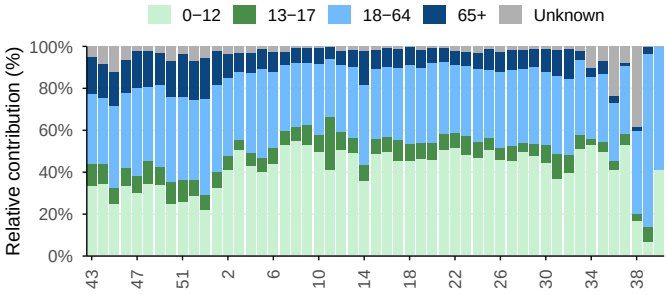


Figure 4.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Central America, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.5.A. Weekly SARI cases.

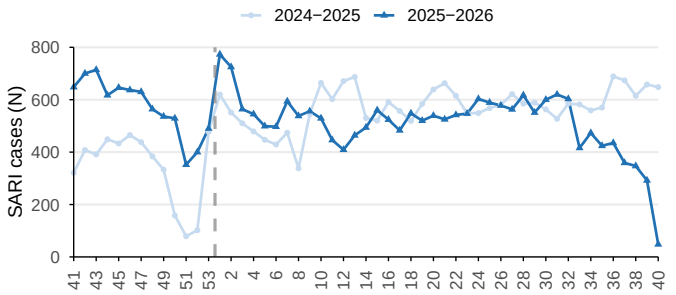
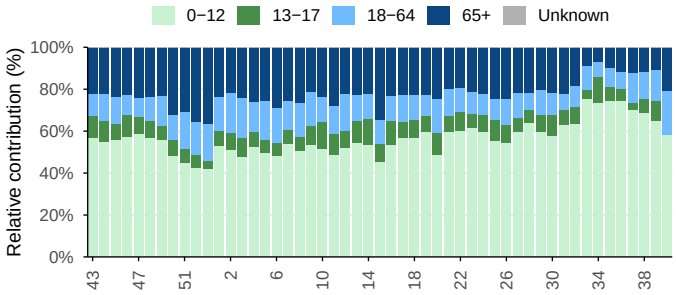


Figure 4.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Central America, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.6.A. Weekly SARI cases admitted to ICU.

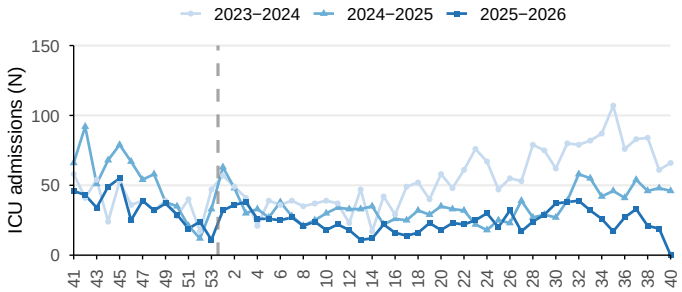
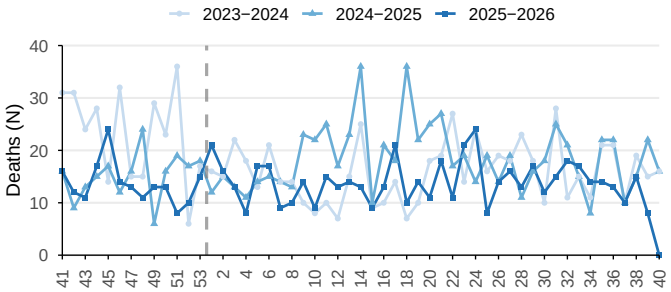


Figure 4.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Central America, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

4.1 Country

4.1.1 Costa Rica

No laboratory, ILI or SARI surveillance data were reported since EW 32.

Figure 4.7.A. Weekly overall influenza positivity.

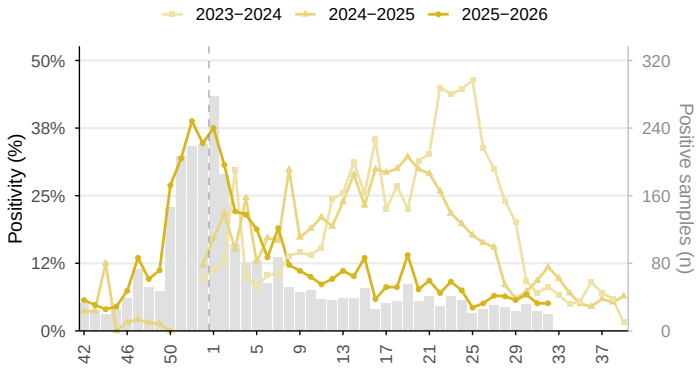
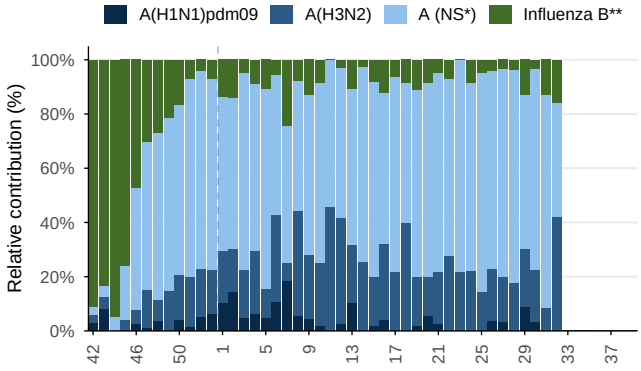


Figure 4.7.B. Weekly relative contribution by type and subtype.



Influenza in Costa Rica, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 4.8.A. Weekly SARS-CoV-2 positivity.

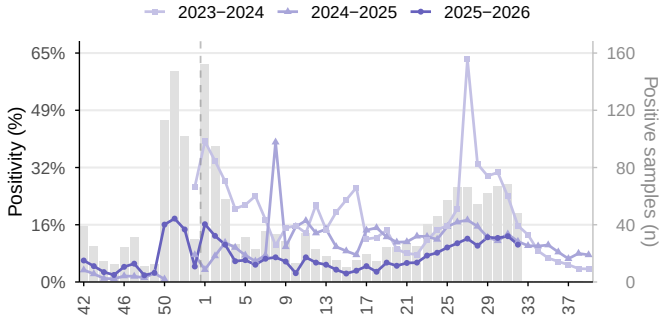
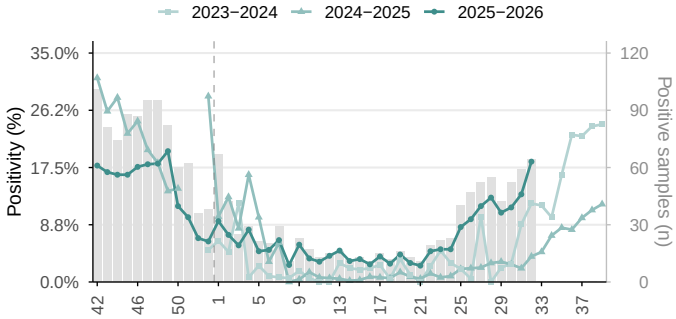


Figure 4.8.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Costa Rica, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.9.A. Overall weekly positivity.

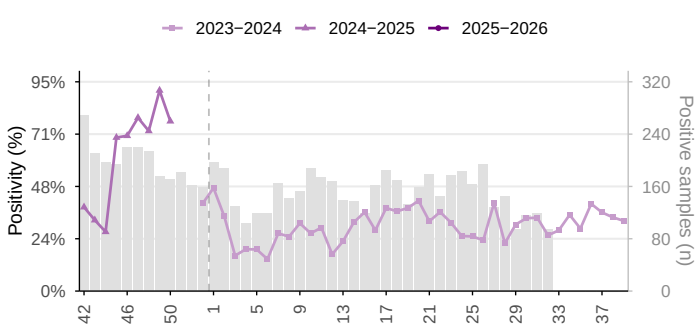
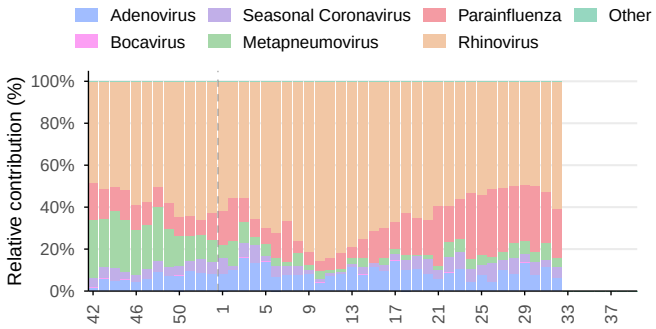


Figure 4.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Costa Rica, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.10.A. Weekly ILI cases.

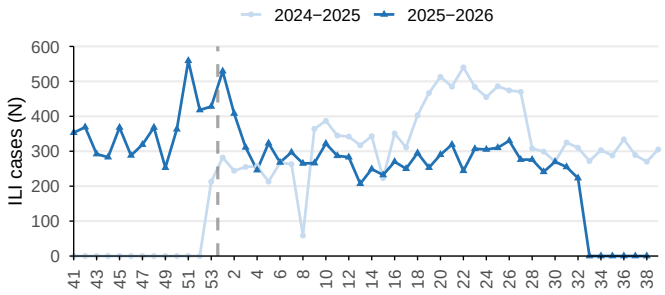
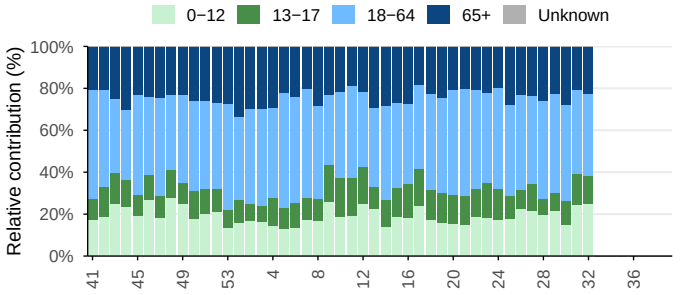


Figure 4.10.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Costa Rica, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.11.A. Weekly SARI cases.

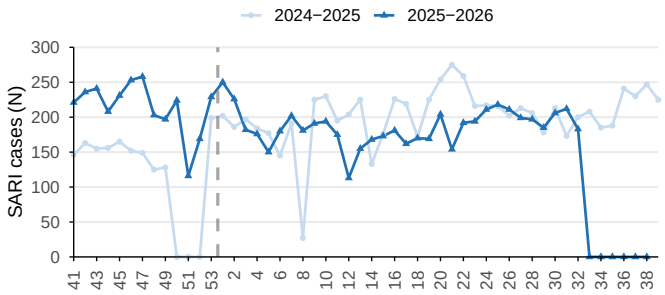
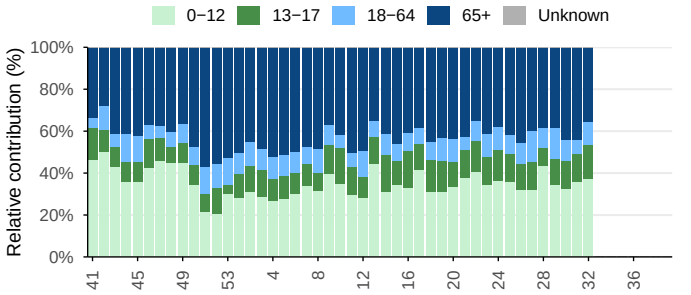


Figure 4.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Costa Rica, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

4.1.2 Guatemala

Among influenza-positive samples during EW 37 and 40, influenza B predominated (71.4% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 4.12). Among samples tested for other respiratory viruses, rhinovirus (55.4%) and metapneumovirus (25.0%) predominated (Figure 4.14).

Between EW 37 and 40, viral detections amounted to 4.8% of ILI cases; RSV predominated (44.4%), followed by SARS-CoV-2 (33.3%) and influenza (22.2%) (Figure 4.15). In the same period, 51.9% of ILI cases with known age were in the 0-12 age group, followed by the 18-64 age group (39.2%) (Figure 4.15). Between EW 37 and 40, viral detections amounted to 23.1% of SARI cases, with RSV predominating (94.4%), followed by influenza (2.8%) and SARS-CoV-2 (2.8%) (Figure 4.16). In the same period, 29 ICU admissions of SARI cases were recorded (Figure 4.17).

Figure 4.12.A. Weekly overall influenza positivity.

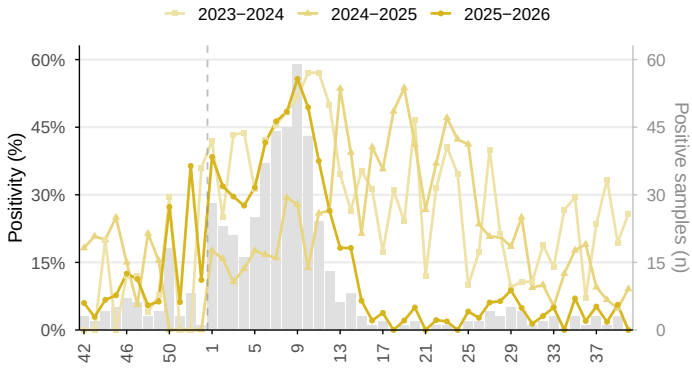
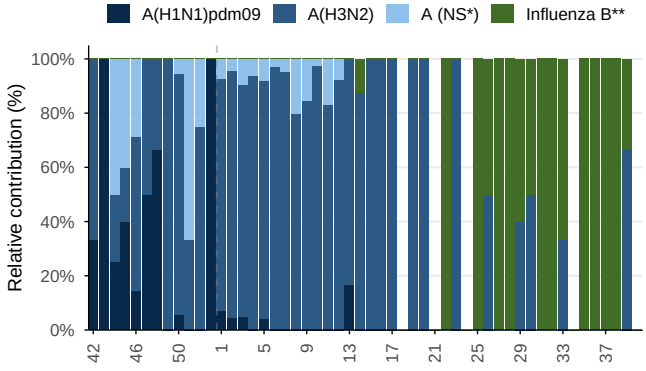


Figure 4.12.B. Weekly relative contribution by type and subtype.



Influenza in Guatemala, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 4.13.A. Weekly SARS-CoV-2 positivity.

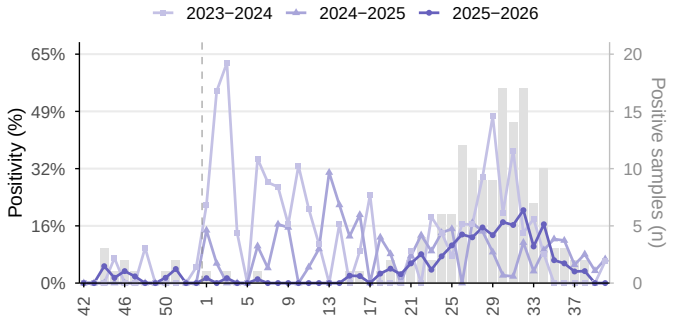
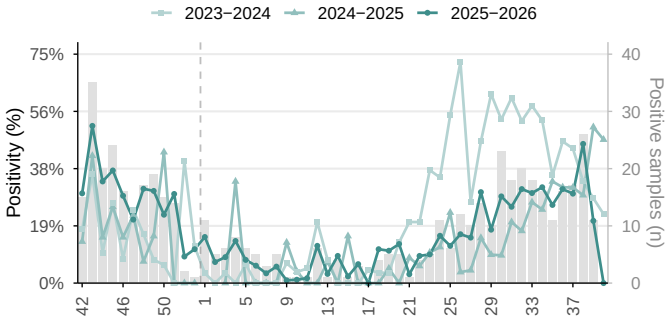


Figure 4.13.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Guatemala, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.14.A. Overall weekly positivity.

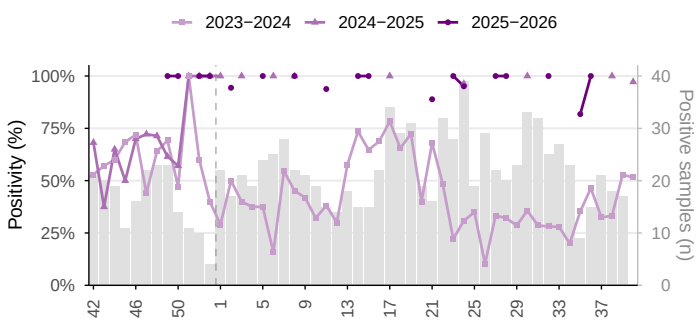
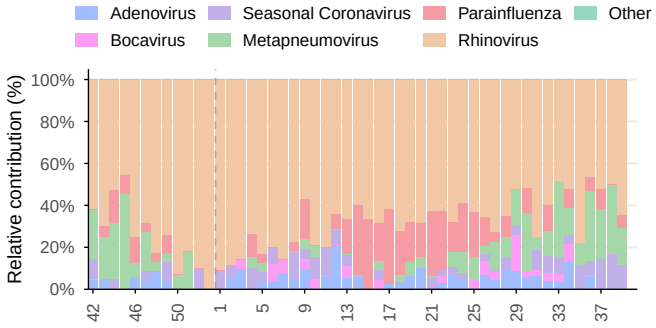


Figure 4.14.B. Weekly relative contribution by virus.



Other respiratory viruses in Guatemala, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.15.A. Weekly ILI cases.

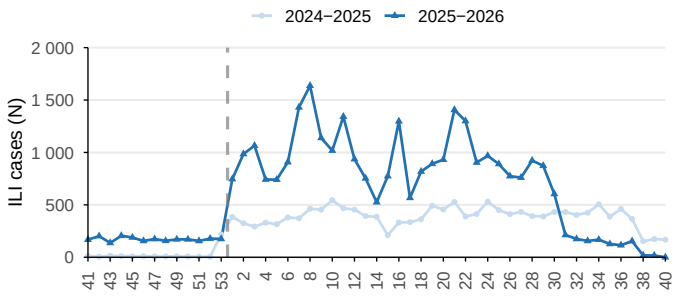
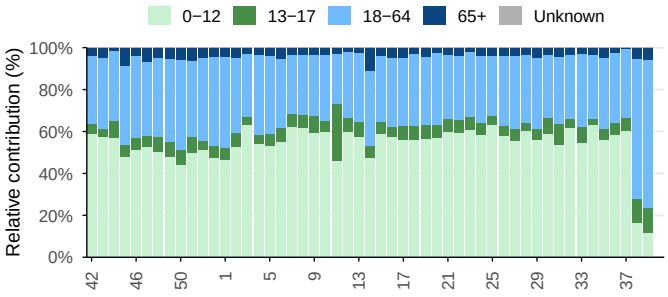


Figure 4.15.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Guatemala, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.16.A. Weekly SARI cases.

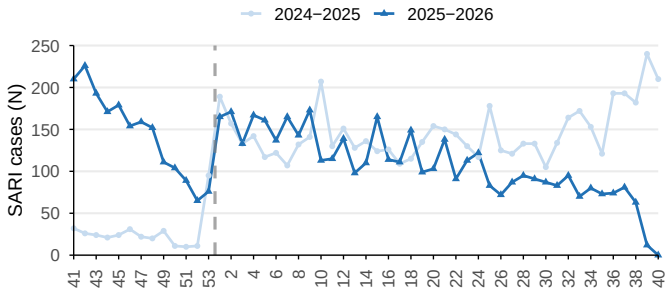
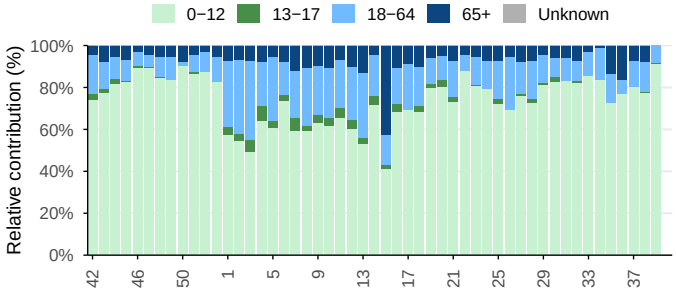


Figure 4.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guatemala, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.17.A. Weekly SARI cases admitted to ICU.

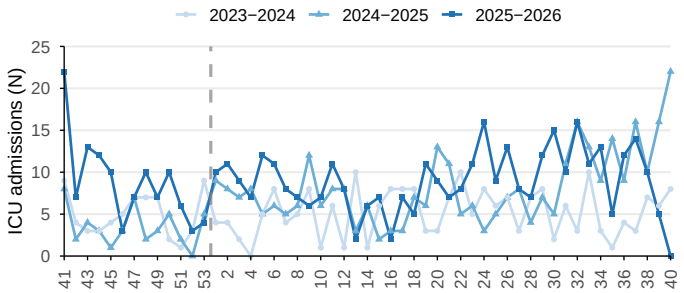
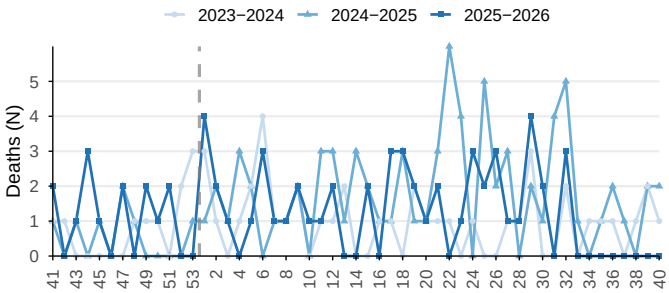


Figure 4.17.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guatemala, EW 41/2025–40/2026. *Source: FluID, WHO–GISRS.*

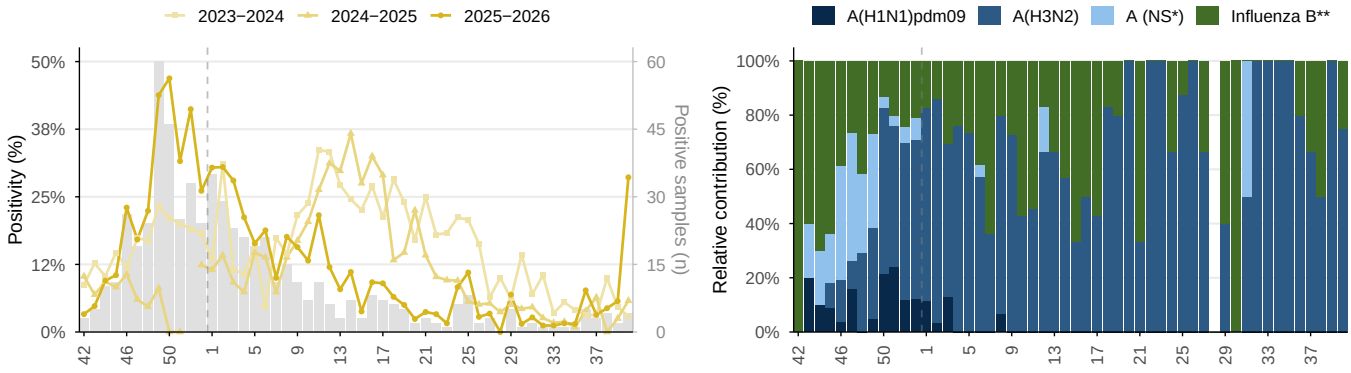
4.1.3 Honduras

During EW 40, sentinel surveillance in Honduras showed influenza positivity of 28.6% (Figure 4.18). Among influenza-positive samples during EW 37 and 40, influenza A predominated (69.2% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 4.18).

Between EW 37 and 40, viral detections amounted to 14.3% of ILI cases; influenza predominated (66.7%), followed by SARS-CoV-2 (33.3%) (Figure 4.20). In the same period, 68.3% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (28.6%) (Figure 4.20). Between EW 37 and 40, viral detections amounted to 11.0% of SARI cases, with influenza predominating (74.2%), followed by SARS-CoV-2 (19.4%) and RSV (6.5%) (Figure 4.21). In the same period, 5 ICU admissions of SARI cases were recorded (Figure 4.22).

Figure 4.18.A. Weekly overall influenza positivity.

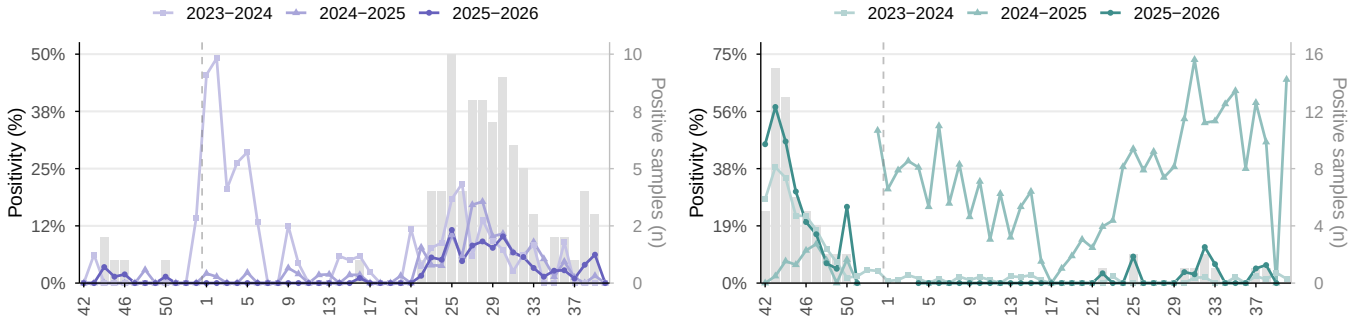
Figure 4.18.B. Weekly relative contribution by type and subtype.



Influenza in Honduras, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 4.19.A. Weekly SARS-CoV-2 positivity.

Figure 4.19.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Honduras, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.20.A. Weekly ILI cases.

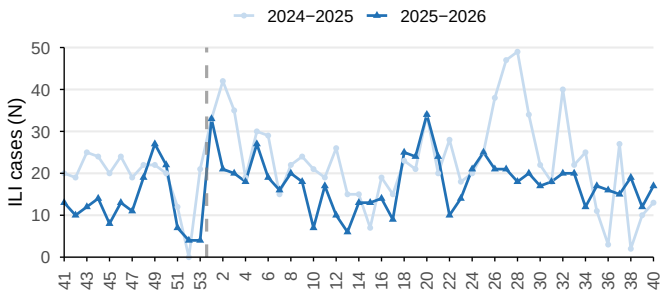
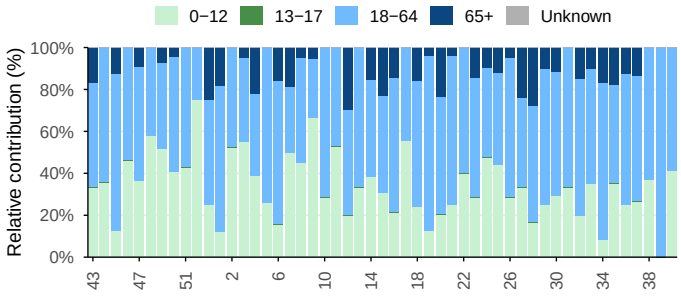


Figure 4.20.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Honduras, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.21.A. Weekly SARI cases.

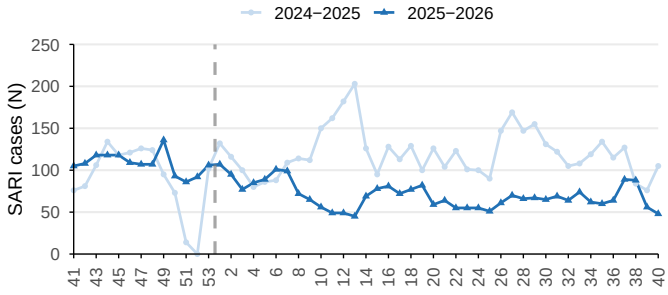
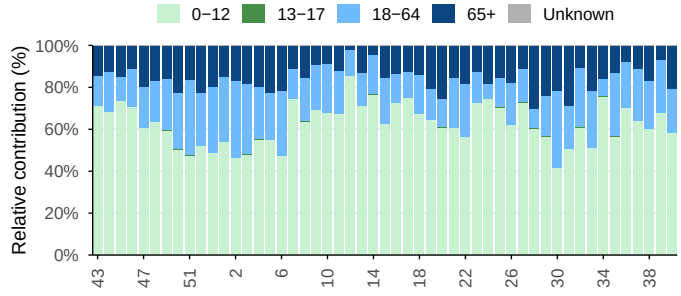


Figure 4.21.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Honduras, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.22.A. Weekly SARI cases admitted to ICU.

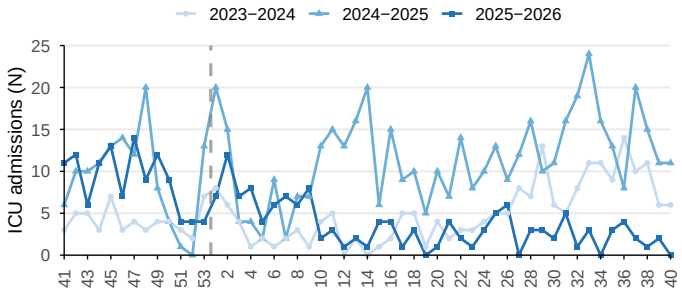
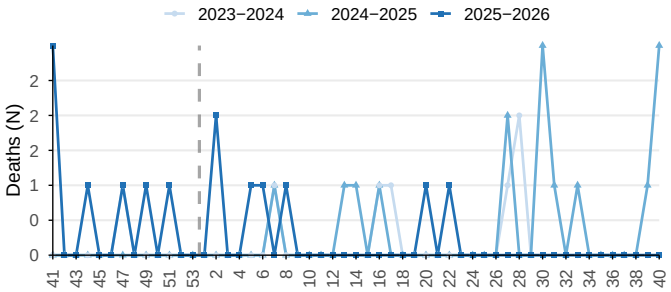


Figure 4.22.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Honduras, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

4.1.4 Nicaragua

During EW 40, sentinel surveillance in Nicaragua showed influenza positivity of 3.6% (Figure 4.23). RSV positivity was 6.5% (Figure 4.24). Among influenza-positive samples during EW 37 and 40, influenza A predominated (100.0% of typed samples); of all influenza A samples, 38.1% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 4.23). Among samples tested for other respiratory viruses, positivity was 4.7%, with seasonal coronavirus (35.4%), parainfluenza (33.3%) and rhinovirus (18.8%) predominating (Figure 4.25).

Figure 4.23.A. Weekly overall influenza positivity.

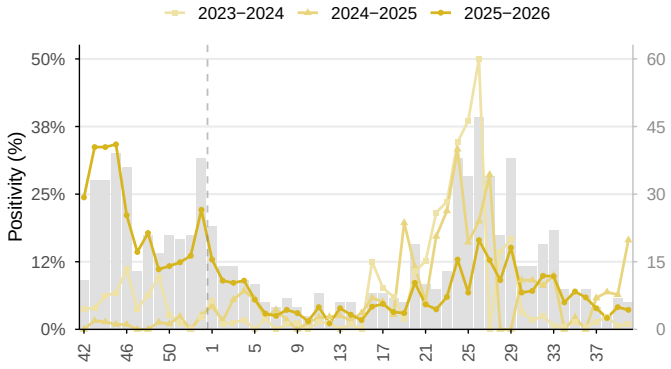
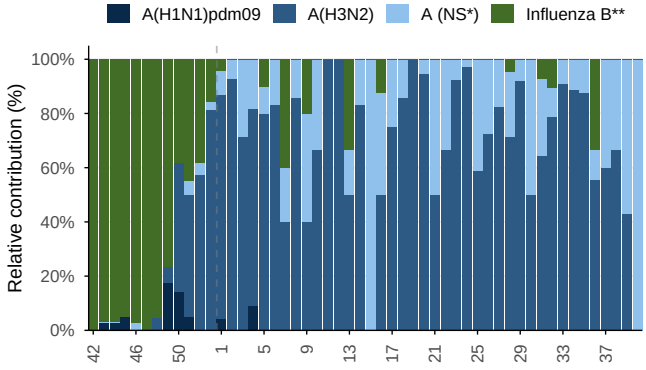


Figure 4.23.B. Weekly relative contribution by type and subtype.



Influenza in Nicaragua, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 4.24.A. Weekly SARS-CoV-2 positivity.

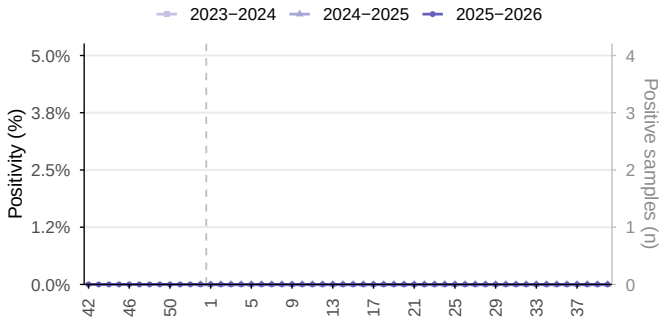
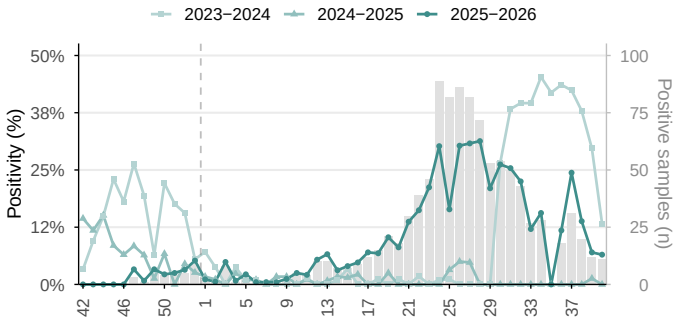


Figure 4.24.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Nicaragua, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.25.A. Overall weekly positivity.

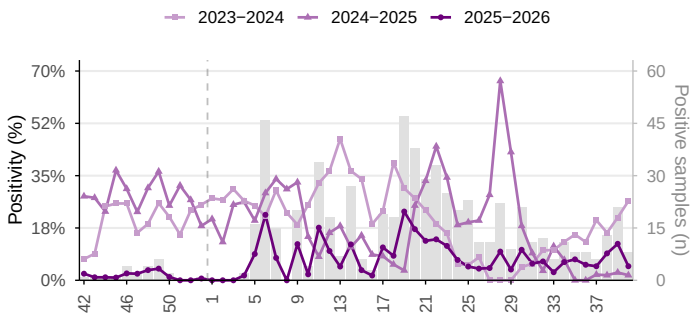
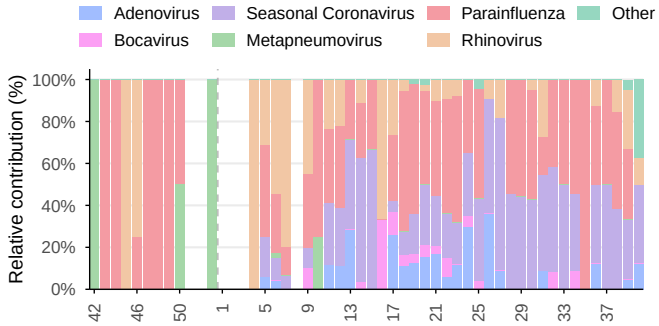


Figure 4.25.B. Weekly relative contribution by virus.



Other respiratory viruses in Nicaragua, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

4.1.5 Panama

During EW 40, sentinel surveillance in Panama showed influenza positivity of 14.8% (Figure 4.26). SARS-CoV-2 positivity was 2.6%, and RSV positivity 29.5% (Figure 4.27). Among influenza-positive samples during EW 37 and 40, influenza A predominated (54.8% of typed samples); of all influenza A samples, 87.0% were subtyped, and among these A(H1N1)pdm09 predominated (65.0%) (Figure 4.26). Among samples tested for other respiratory viruses, positivity was 51.2%, with rhinovirus (64.6%) and metapneumovirus (15.7%) predominating (Figure 4.28).

No ILI and SARI surveillance data were reported for EW 40; the summary describes EW 39, the last reported week, and the 3 weeks before it. Between EW 36 and 39, viral detections amounted to 5.1% of ILI cases; RSV predominated (50.0%), followed by influenza (25.0%) and SARS-CoV-2 (25.0%) (Figure 4.29). Between EW 36 and 39, viral detections amounted to 3.4% of SARI cases, with RSV predominating (87.1%), followed by influenza (9.7%) and SARS-CoV-2 (3.2%) (Figure 4.30). In the same period, 50 ICU admissions of SARI cases and 46 deaths were recorded (Figure 4.31).

Figure 4.26.A. Weekly overall influenza positivity.

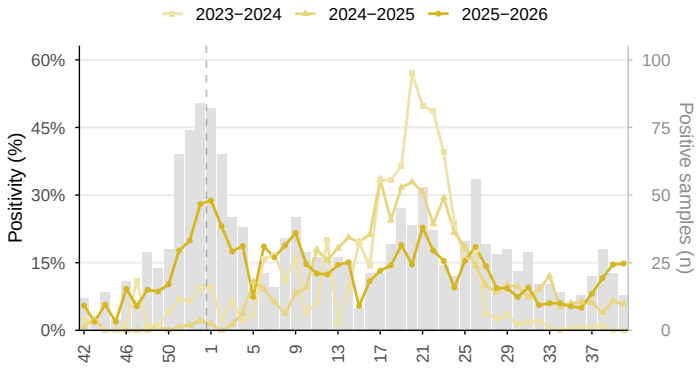
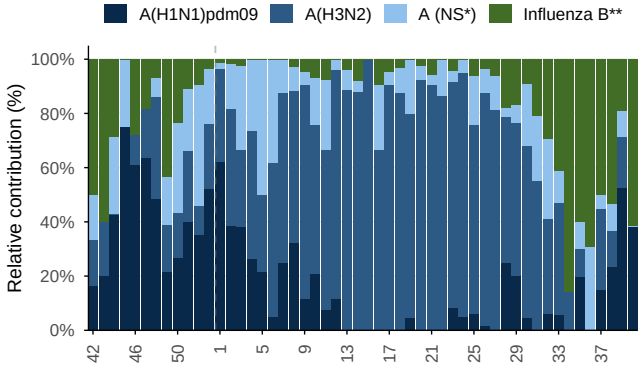


Figure 4.26.B. Weekly relative contribution by type and subtype.



Influenza in Panama, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 4.27.A. Weekly SARS-CoV-2 positivity.

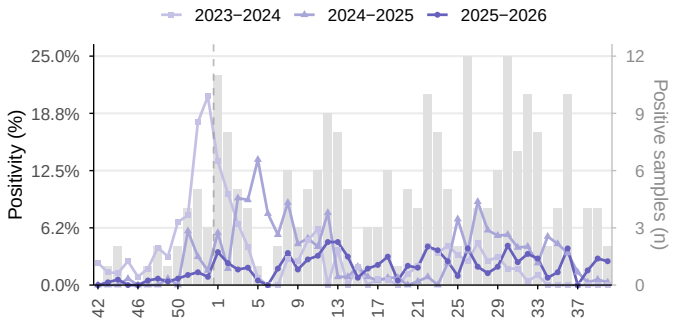
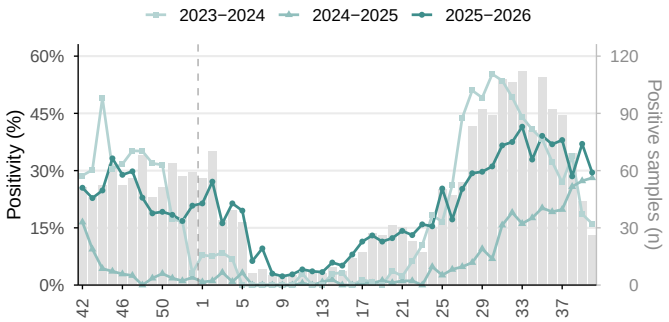


Figure 4.27.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Panama, EW 42/2025−40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 4.28.A. Overall weekly positivity.

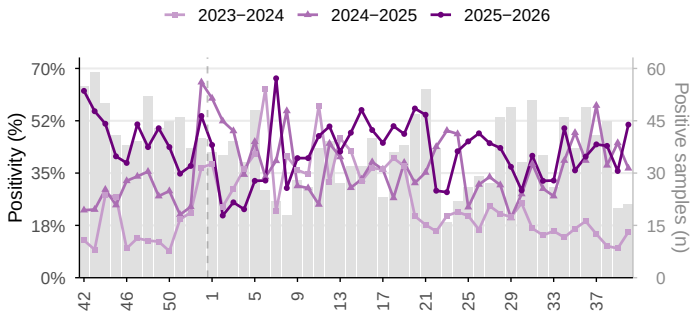
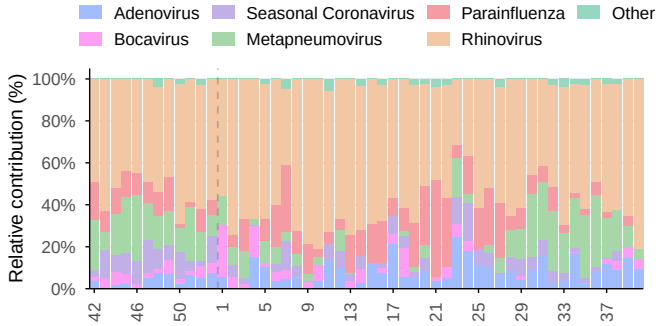


Figure 4.28.B. Weekly relative contribution by virus.



Other respiratory viruses in Panama, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 4.29.A. Weekly ILI cases.

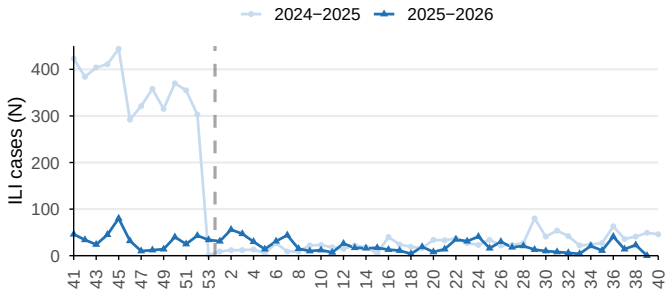
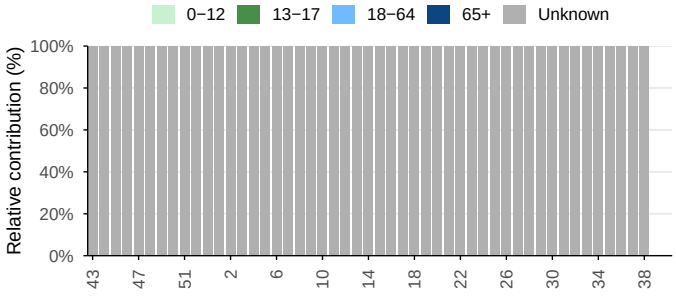


Figure 4.29.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Panama, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.30.A. Weekly SARI cases.

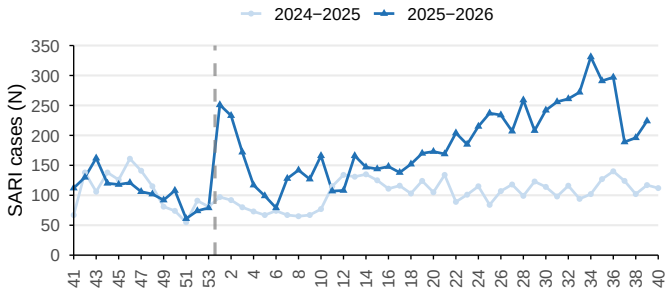
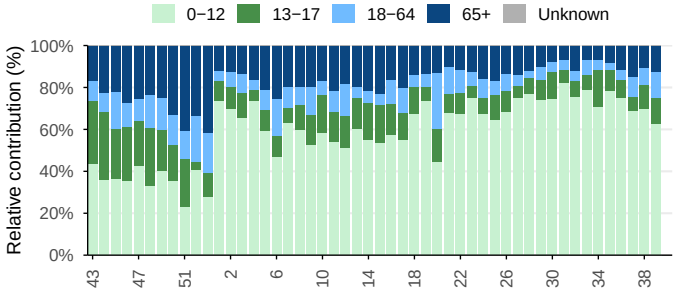


Figure 4.30.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Panama, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.31.A. Weekly SARI cases admitted to ICU.

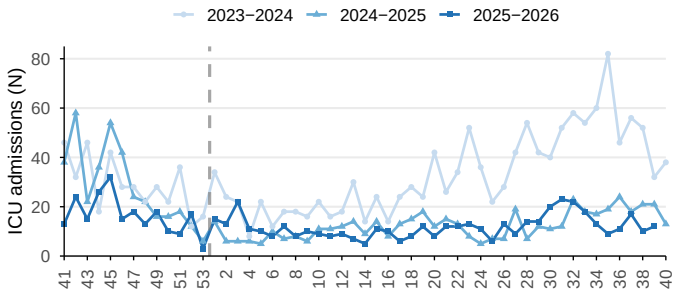
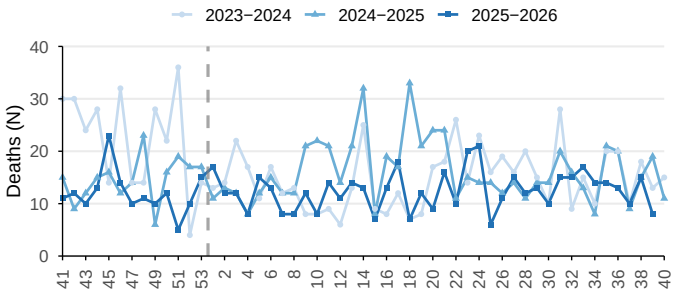


Figure 4.31.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Panama, EW 41/2025–40/2026. *Source: FluID, WHO–GISRS.*

4.1.6 El Salvador

During EW 40, sentinel surveillance in El Salvador showed influenza positivity of 23.7% (Figure 4.32). SARS-CoV-2 positivity was 2.8%, and RSV positivity 5.3% (Figure 4.33). Among influenza-positive samples during EW 37 and 40, influenza B predominated (69.8% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (76.9%) (Figure 4.32). Among samples tested for other respiratory viruses, positivity was 47.4%, with rhinovirus predominating (72.6%) (Figure 4.34).

Figure 4.32.A. Weekly overall influenza positivity.

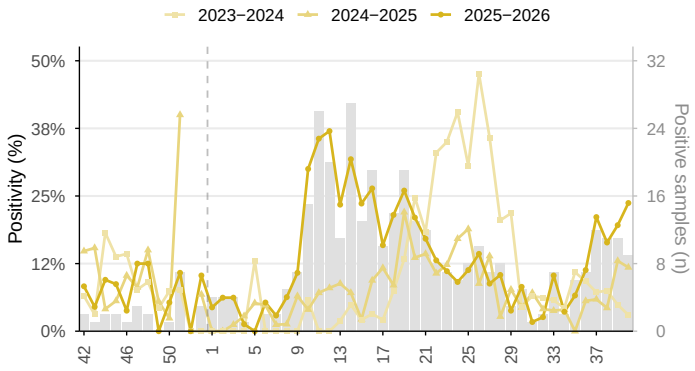
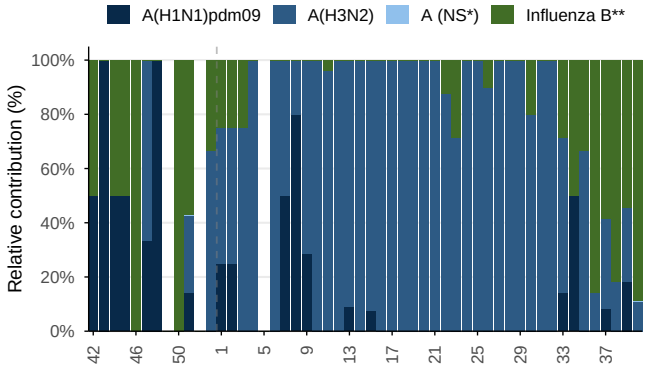


Figure 4.32.B. Weekly relative contribution by type and subtype.



Influenza in El Salvador, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 4.33.A. Weekly SARS-CoV-2 positivity.

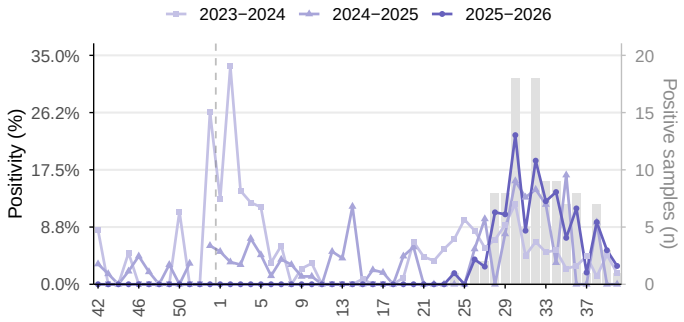
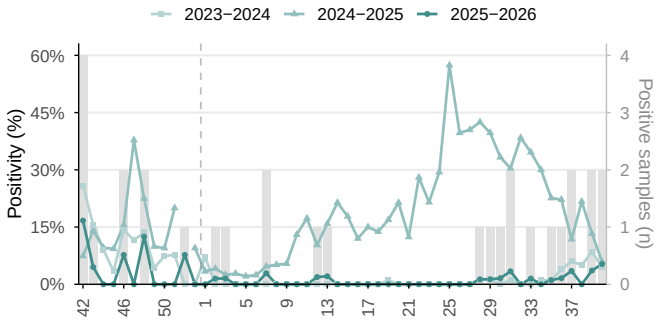


Figure 4.33.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in El Salvador, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.34.A. Overall weekly positivity.

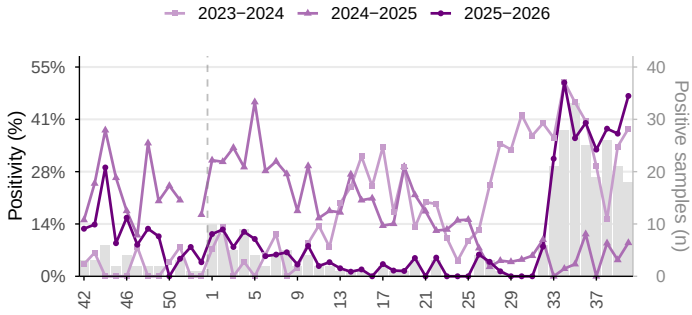
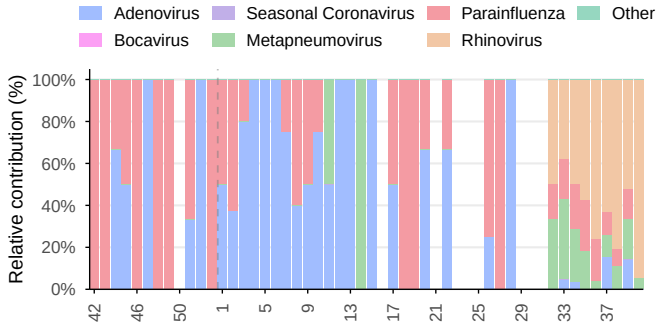


Figure 4.34.B. Weekly relative contribution by virus.



Other respiratory viruses in El Salvador, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

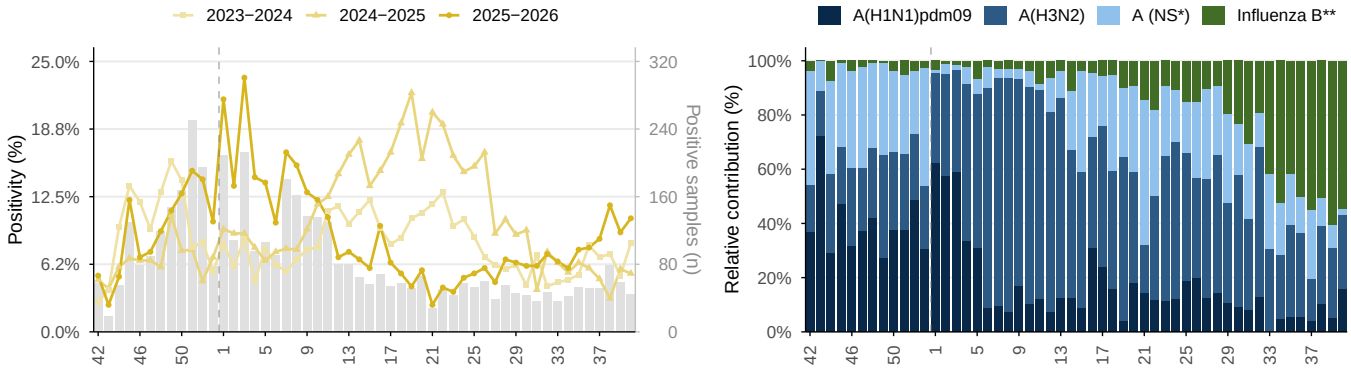
5. Andean Subregion

During EW 40, sentinel surveillance in the Andean Subregion showed influenza positivity of 10.5% (Figure 5.1). SARS-CoV-2 positivity was 2.1%, and RSV positivity 7.5% (Figure 5.2). Among influenza-positive samples during EW 37 and 40, influenza B predominated (54.7% of typed samples); of all influenza A samples, 74.3% were subtyped, and among these A(H3N2) predominated (74.4%) (Figure 5.1). Among samples tested for other respiratory viruses, positivity was 21.9%, with adenovirus (36.8%), rhinovirus (35.6%) and parainfluenza (15.6%) predominating (Figure 5.3).

Between EW 37 and 40, viral detections amounted to 35.0% of ILI cases; influenza predominated (86.4%), followed by RSV (9.8%) and SARS-CoV-2 (3.8%) (Figure 5.4). Between EW 37 and 40, viral detections amounted to 15.5% of SARI cases, with influenza predominating (53.2%), followed by RSV (40.8%) and SARS-CoV-2 (6.0%) (Figure 5.5). In the same period, 142 ICU admissions of SARI cases and 10 deaths were recorded (Figure 5.6).

Figure 5.1.A. Weekly overall influenza positivity.

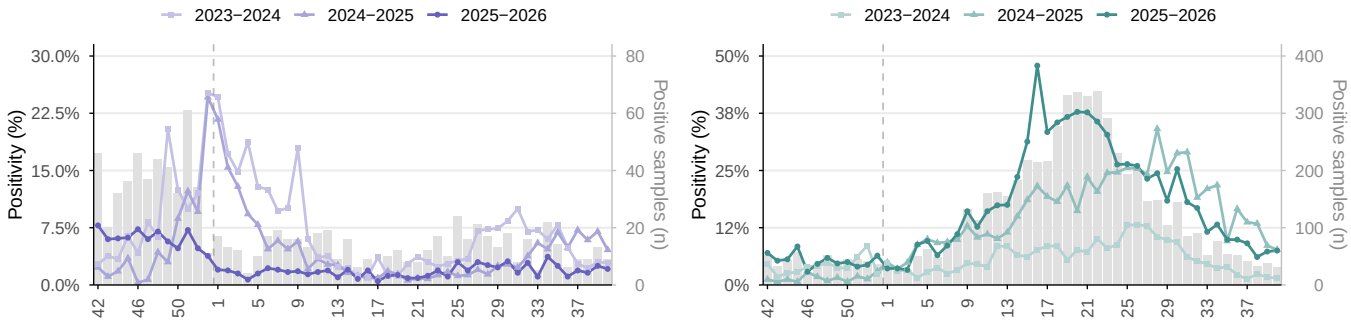
Figure 5.1.B. Weekly relative contribution by type and subtype.



Influenza in the Andean Subregion, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 5.2.A. Weekly SARS-CoV-2 positivity.

Figure 5.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in the Andean Subregion, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 5.3.A. Overall weekly positivity.

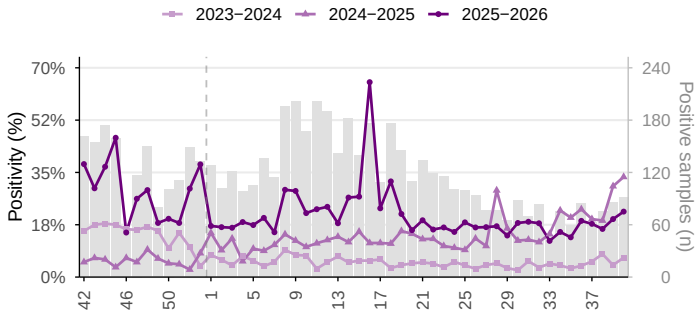
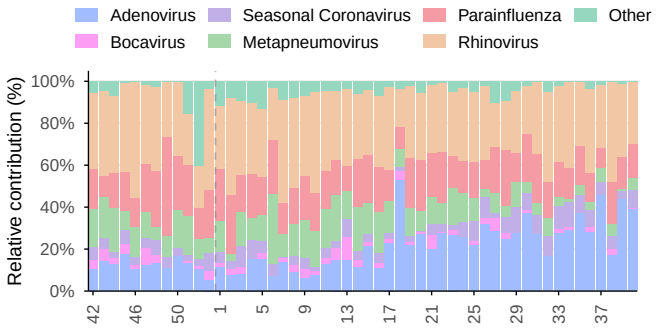


Figure 5.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Andean Subregion, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 5.4.A. Weekly ILI cases.

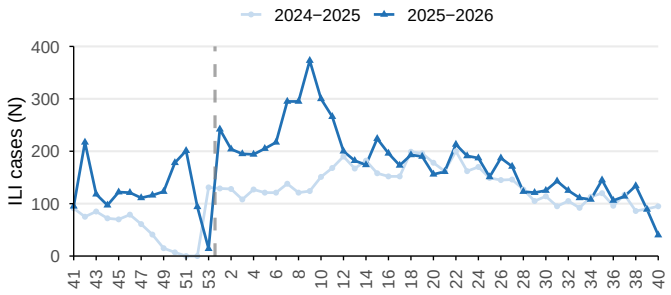
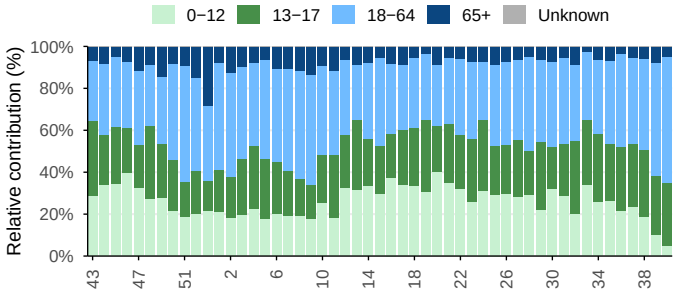


Figure 5.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in the Andean Subregion, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.5.A. Weekly SARI cases.

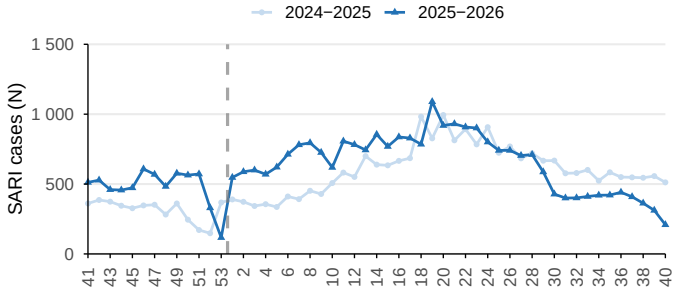
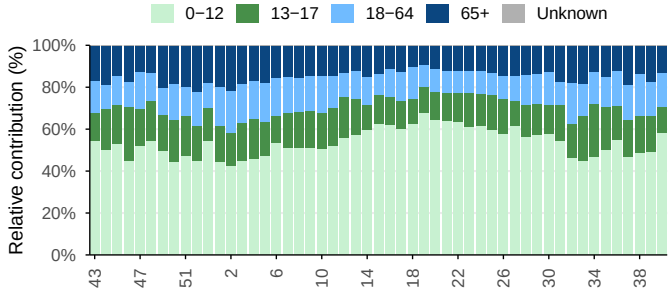


Figure 5.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Andean Subregion, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.6.A. Weekly SARI cases admitted to ICU.

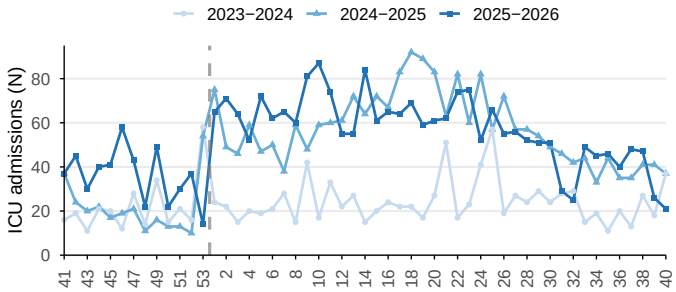
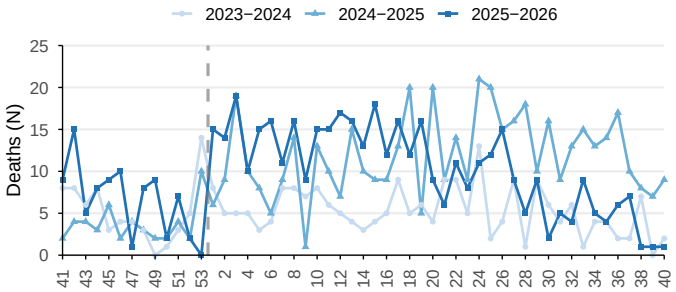


Figure 5.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Andean Subregion, EW 41/2025–40/2026. *Source: FluID, WHO–GISRS.*

5.1 Country

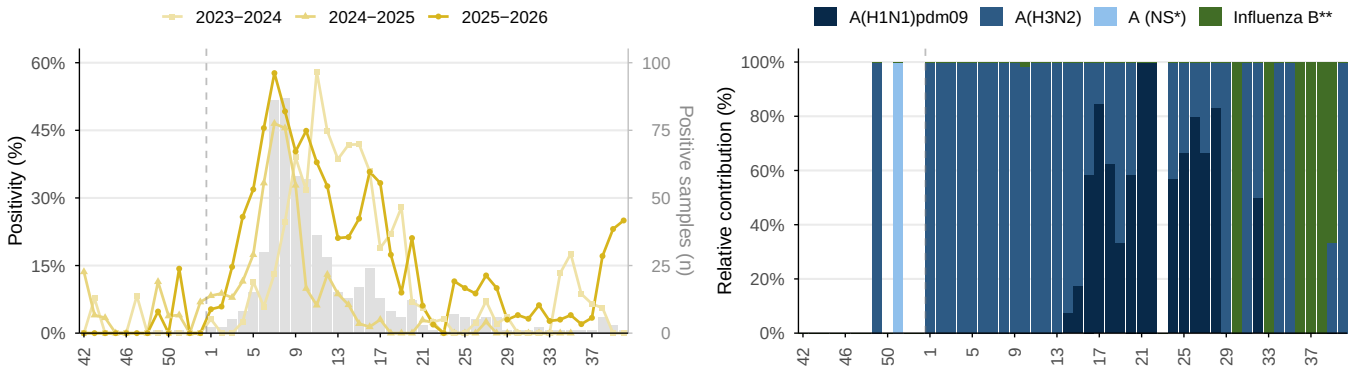
5.1.1 Bolivia

During EW 40, sentinel surveillance in Bolivia showed influenza positivity of 25.0% (Figure 5.7). Among influenza-positive samples during EW 37 and 40, influenza B predominated (81.8% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 5.7). Among samples tested for other respiratory viruses, adenovirus (16.7%), metapneumovirus (16.7%) and rhinovirus (16.7%) predominated between EW 36 and 39 (Figure 5.9).

Between EW 37 and 40, no virus detections were recorded in ILI cases (Figure 5.10). In the same period, 100.0% of ILI cases with known age were in the 18-64 age group (Figure 5.10). Between EW 37 and 40, viral detections amounted to 14.9% of SARI cases, with influenza predominating (73.3%), followed by RSV (26.7%) (Figure 5.11). In the same period, 3 ICU admissions of SARI cases and 3 deaths were recorded (Figure 5.12).

Figure 5.7.A. Weekly overall influenza positivity.

Figure 5.7.B. Weekly relative contribution by type and subtype.



Influenza in Bolivia, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 5.8.A. Weekly SARS-CoV-2 positivity.

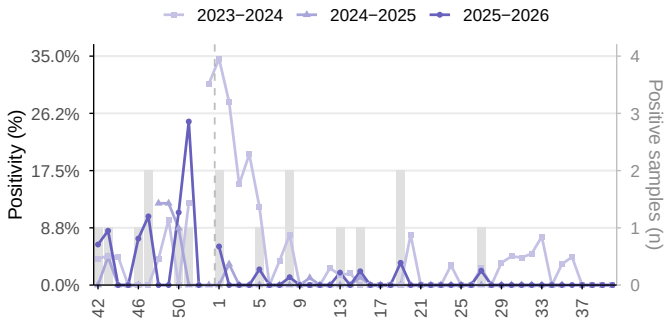
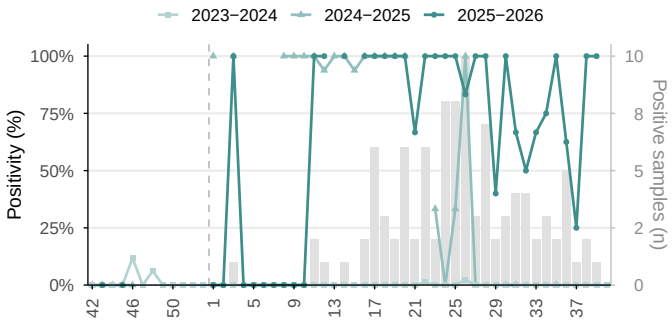


Figure 5.8.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Bolivia, EW 42/2025−40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 5.9.A. Overall weekly positivity.

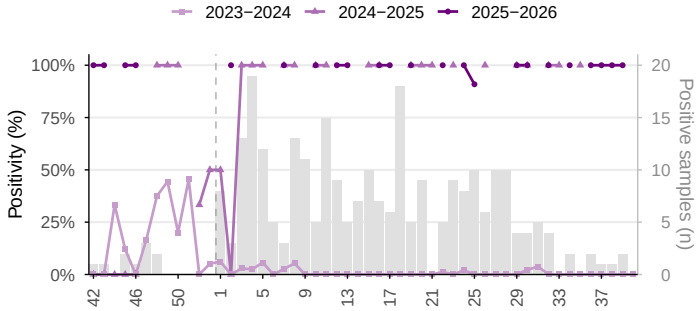
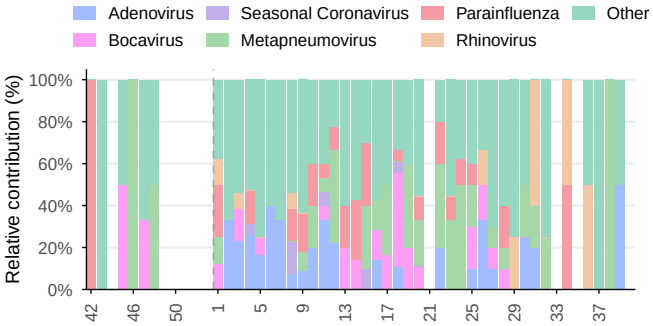


Figure 5.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Bolivia, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 5.10.A. Weekly ILI cases.

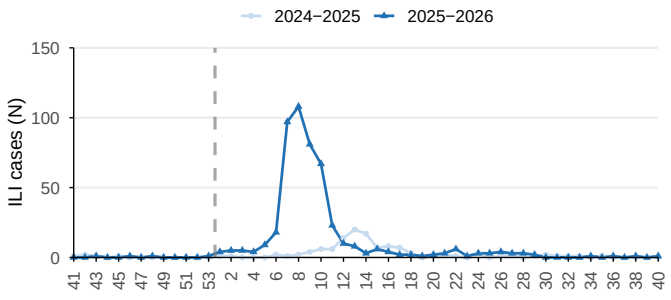
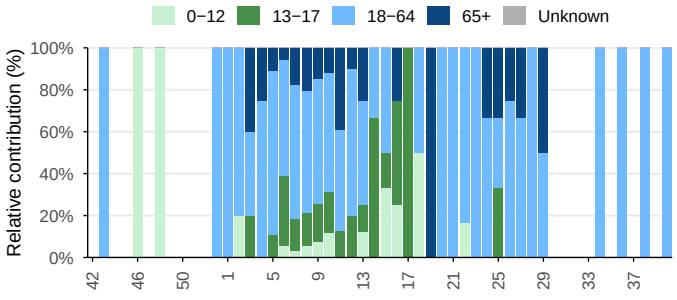


Figure 5.10.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Bolivia, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.11.A. Weekly SARI cases.

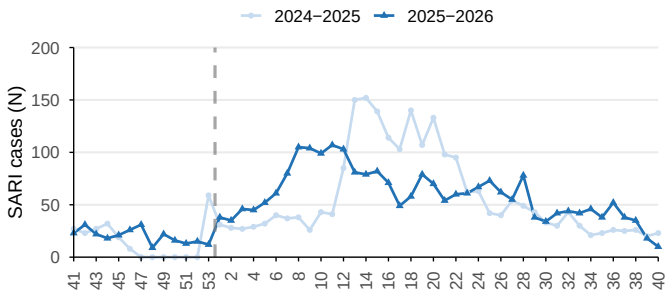
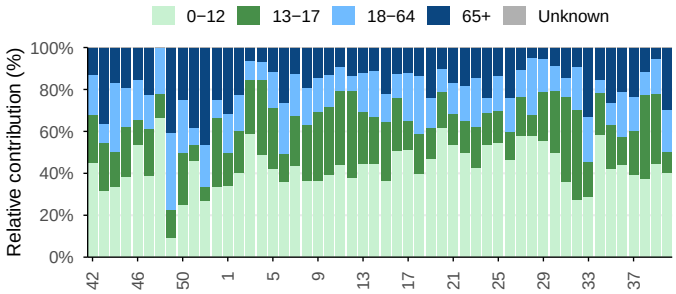


Figure 5.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Bolivia, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 5.12.A. Weekly SARI cases admitted to ICU.

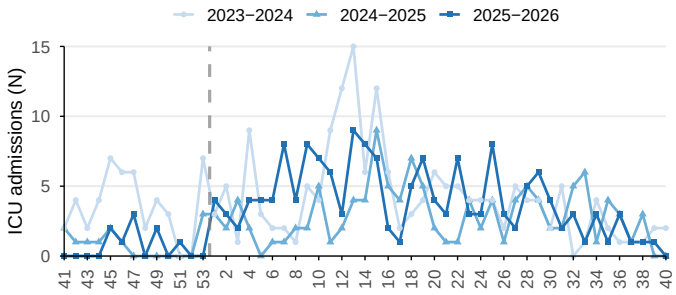
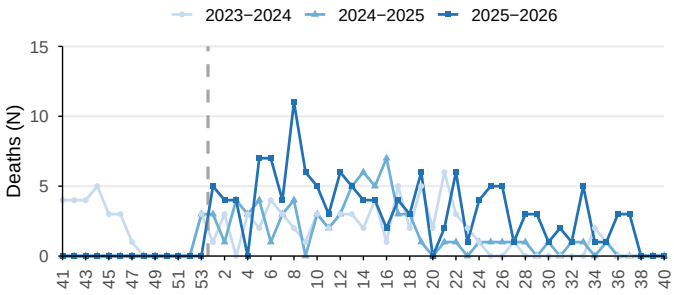


Figure 5.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Bolivia, EW 41/2025–40/2026. *Source: FluID, WHO–GISRS.*

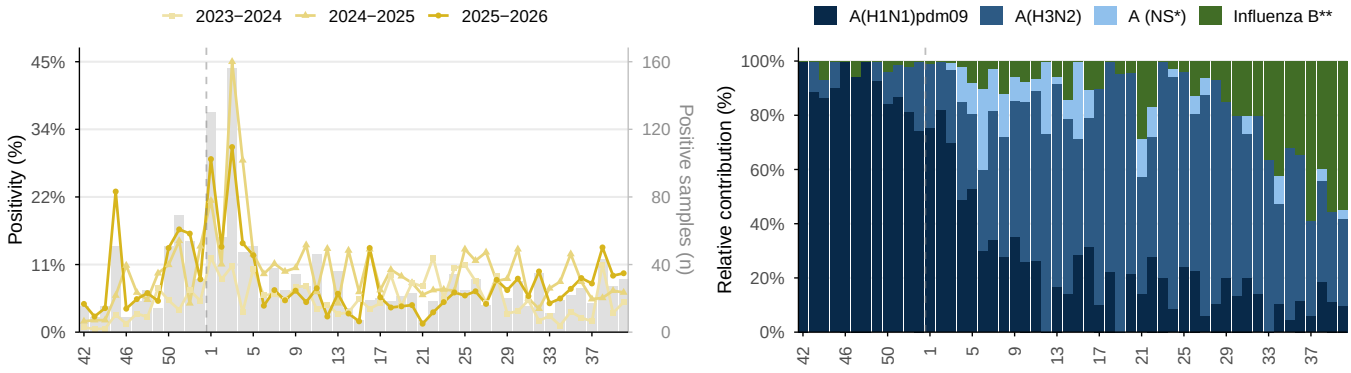
5.1.2 Colombia

During EW 40, sentinel surveillance in Colombia showed influenza positivity of 9.8% (Figure 5.13). SARS-CoV-2 positivity was 2.5%, and RSV positivity 7.6% (Figure 5.14). Among influenza-positive samples during EW 37 and 40, there was a co-dominance of influenza A with influenza B; of all influenza A samples, 94.9% were subtyped, and among these A(H3N2) predominated (73.2%) (Figure 5.13). Among samples tested for other respiratory viruses, positivity was 28.3%, with adenovirus (39.4%), rhinovirus (32.8%) and parainfluenza (17.2%) predominating (Figure 5.15).

Between EW 37 and 40, viral detections amounted to 6.7% of ILI cases; influenza predominated (100.0%) (Figure 5.16). In the same period, 56.7% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (20.0%) (Figure 5.16). Between EW 37 and 40, viral detections amounted to 16.2% of SARI cases, with RSV predominating (53.2%), followed by influenza (41.8%) and SARS-CoV-2 (5.1%) (Figure 5.17). In the same period, 79 ICU admissions of SARI cases were recorded (Figure 5.18).

Figure 5.13.A. Weekly overall influenza positivity.

Figure 5.13.B. Weekly relative contribution by type and subtype.



Influenza in Colombia, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 5.14.A. Weekly SARS-CoV-2 positivity.

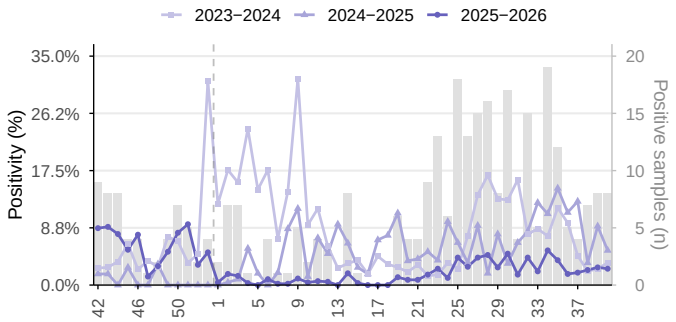
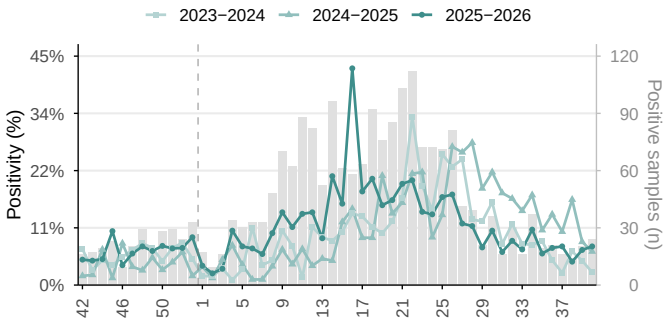


Figure 5.14.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Colombia, EW 42/2025−40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 5.15.A. Overall weekly positivity.

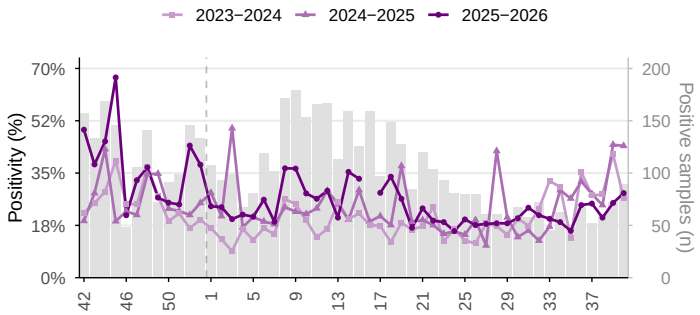
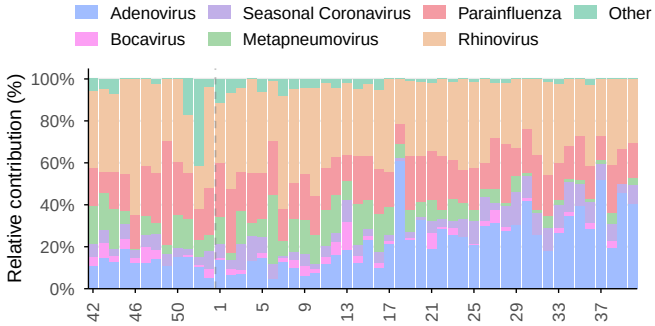


Figure 5.15.B. Weekly relative contribution by virus.



Other respiratory viruses in Colombia, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 5.16.A. Weekly ILI cases.

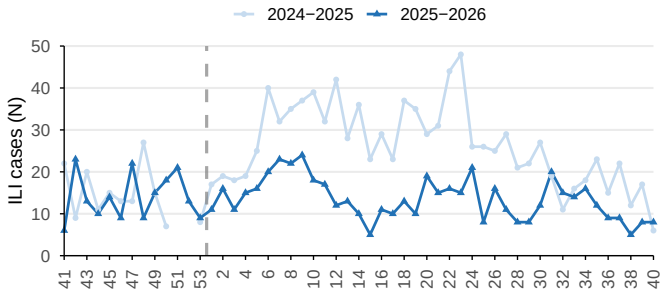
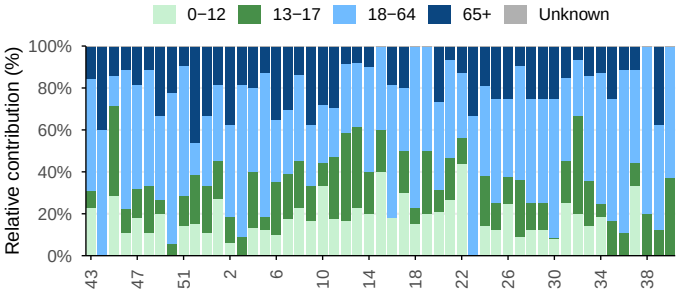


Figure 5.16.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Colombia, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.17.A. Weekly SARI cases.

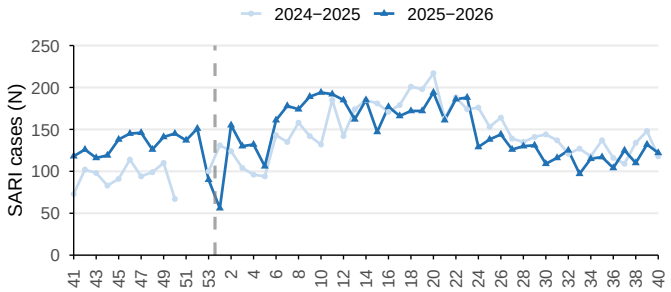
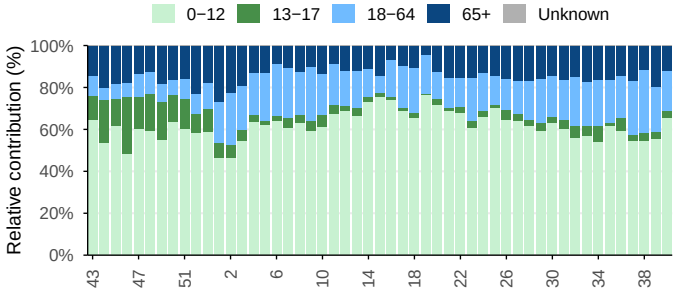


Figure 5.17.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Colombia, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.18.A. Weekly SARI cases admitted to ICU.

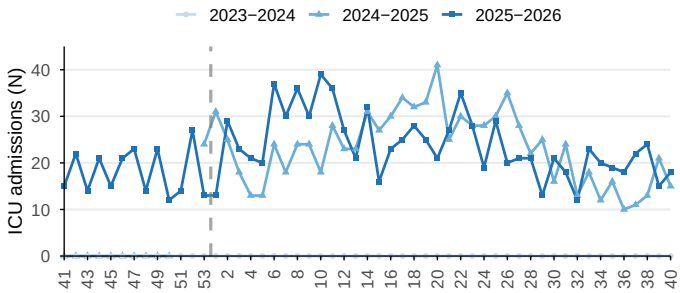
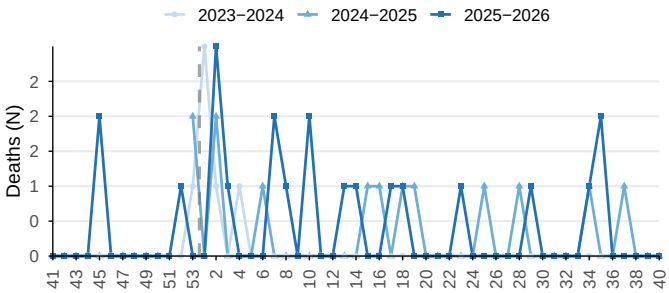


Figure 5.18.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Colombia, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

5.1.3 Ecuador

During EW 40, sentinel surveillance in Ecuador showed influenza positivity of 12.0% (Figure 5.19). SARS-CoV-2 positivity was 1.0%, and RSV positivity 7.0% (Figure 5.20). Among influenza-positive samples during EW 37 and 40, influenza B predominated (68.6% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (68.8%) (Figure 5.19). Among samples tested for other respiratory viruses, positivity was 2.0%, with adenovirus (53.8%), metapneumovirus (30.8%) and parainfluenza (15.4%) predominating (Figure 5.21).

Figure 5.19.A. Weekly overall influenza positivity.

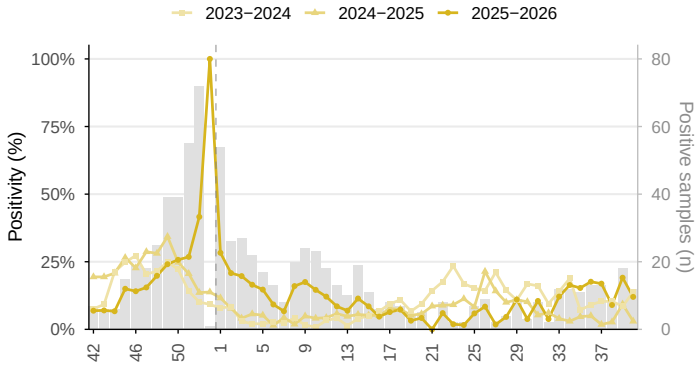
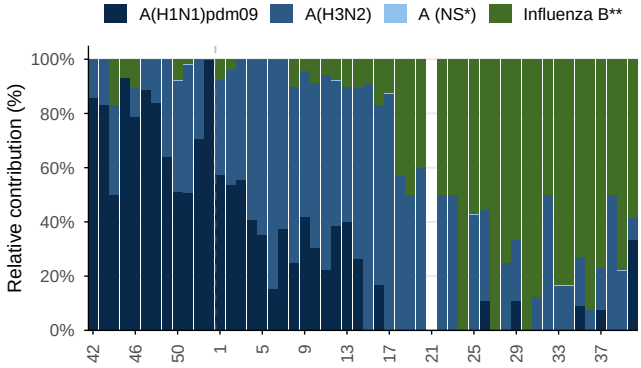


Figure 5.19.B. Weekly relative contribution by type and subtype.



Influenza in Ecuador, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 5.20.A. Weekly SARS-CoV-2 positivity.

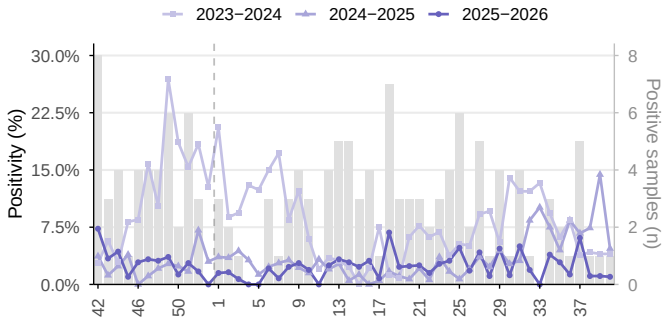
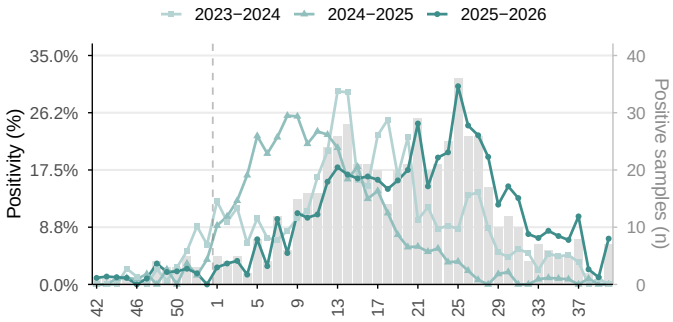


Figure 5.20.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Ecuador, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 5.21.A. Overall weekly positivity.

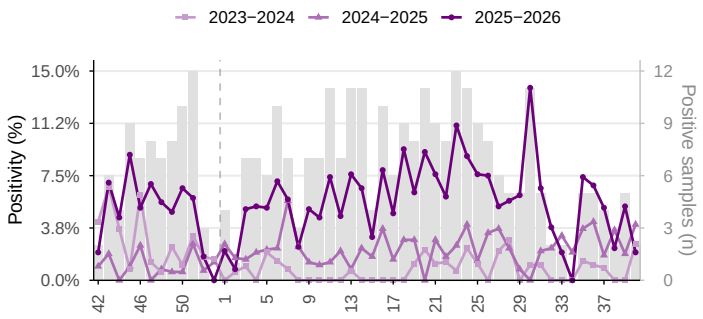
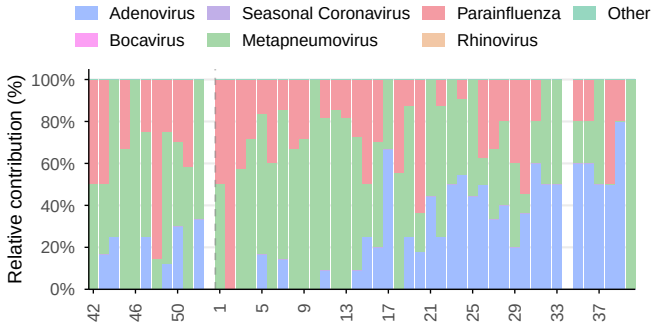


Figure 5.21.B. Weekly relative contribution by virus.



Other respiratory viruses in Ecuador, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

5.1.4 Peru

No laboratory surveillance data were reported for EW 40; the summary describes EW 39, the last reported week, and the 3 weeks before it. During EW 39, sentinel surveillance in Peru showed influenza positivity of 4.3% (Figure 5.22). SARS-CoV-2 positivity was 3.3%, and RSV positivity 11.7% (Figure 5.23). Among influenza-positive samples during EW 36 and 39, influenza A predominated (56.2% of typed samples); of all influenza A samples, 13.9% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 5.22). Among samples tested for other respiratory viruses, positivity was 11.7%, with rhinovirus predominating (87.5%) (Figure 5.24).

Between EW 37 and 40, viral detections amounted to 37.7% of ILI cases; influenza predominated (86.2%), followed by RSV (10.0%) and SARS-CoV-2 (3.8%) (Figure 5.25). In the same period, 45.8% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (31.3%) (Figure 5.25). Between EW 37 and 40, viral detections amounted to 15.2% of SARI cases, with influenza predominating (58.9%), followed by RSV (33.6%) and SARS-CoV-2 (7.5%) (Figure 5.26). In the same period, 60 ICU admissions of SARI cases and 7 deaths were recorded (Figure 5.27).

Figure 5.22.A. Weekly overall influenza positivity.

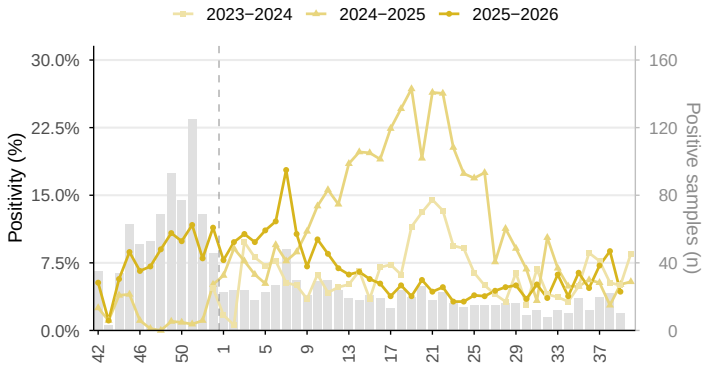
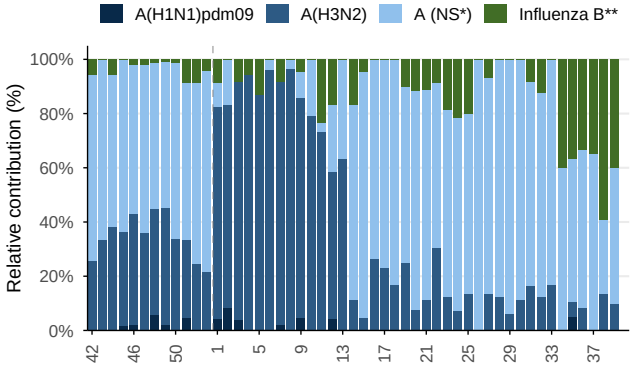


Figure 5.22.B. Weekly relative contribution by type and subtype.



Influenza in Peru, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO−GISRS.*

Figure 5.23.A. Weekly SARS-CoV-2 positivity.

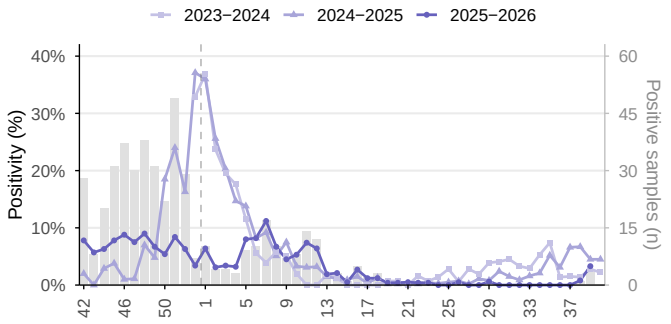
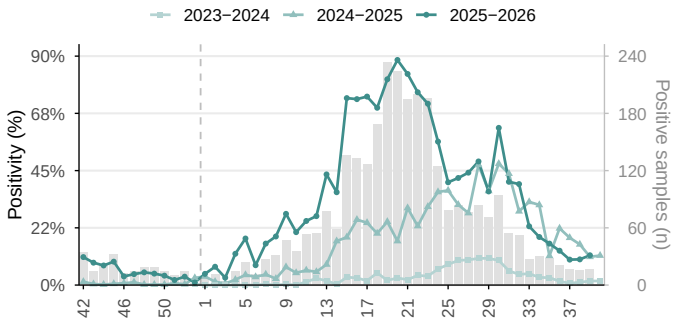


Figure 5.23.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Peru, EW 42/2025−40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 5.24.A. Overall weekly positivity.

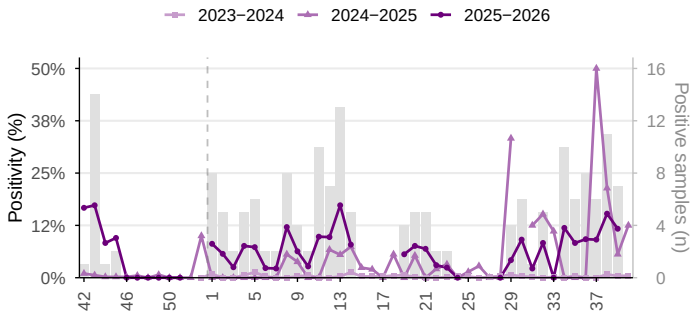
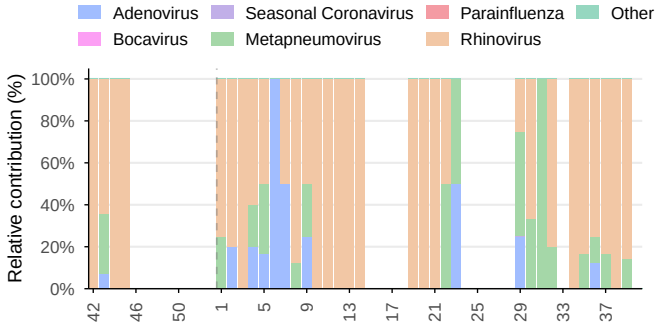


Figure 5.24.B. Weekly relative contribution by virus.



Other respiratory viruses in Peru, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 5.25.A. Weekly ILI cases.

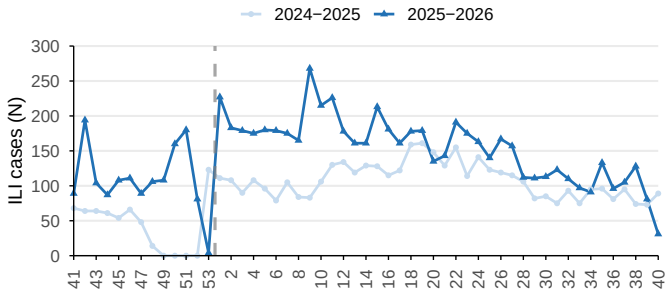
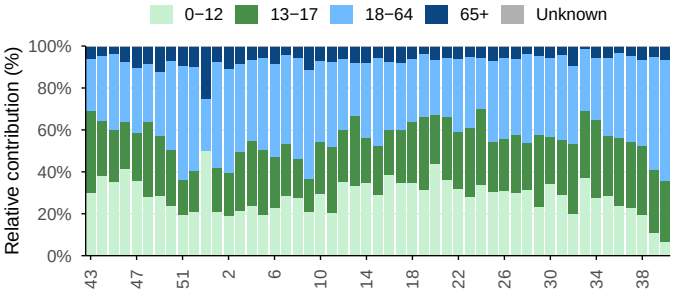


Figure 5.25.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Peru, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.26.A. Weekly SARI cases.

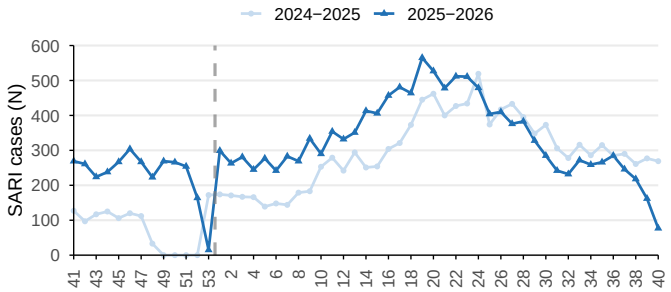
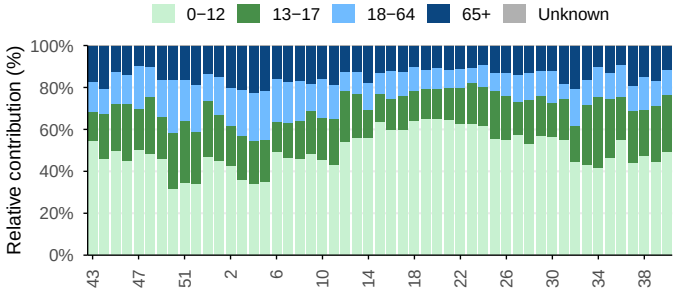


Figure 5.26.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Peru, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 5.27.A. Weekly SARI cases admitted to ICU.

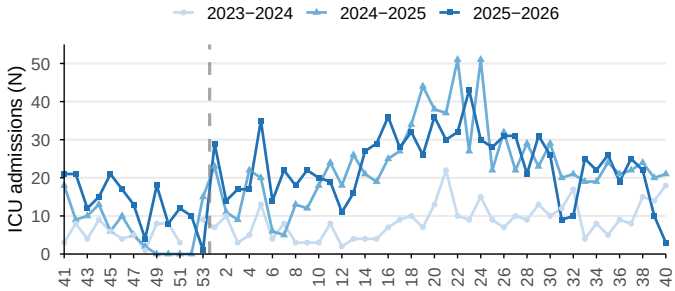
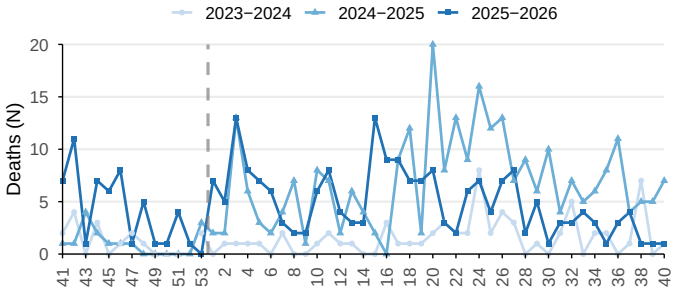


Figure 5.27.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Peru, EW 41/2025–40/2026. *Source: FluID, WHO–GISRS.*

5.1.5 Venezuela

No data were reported between EW 37 and 40.

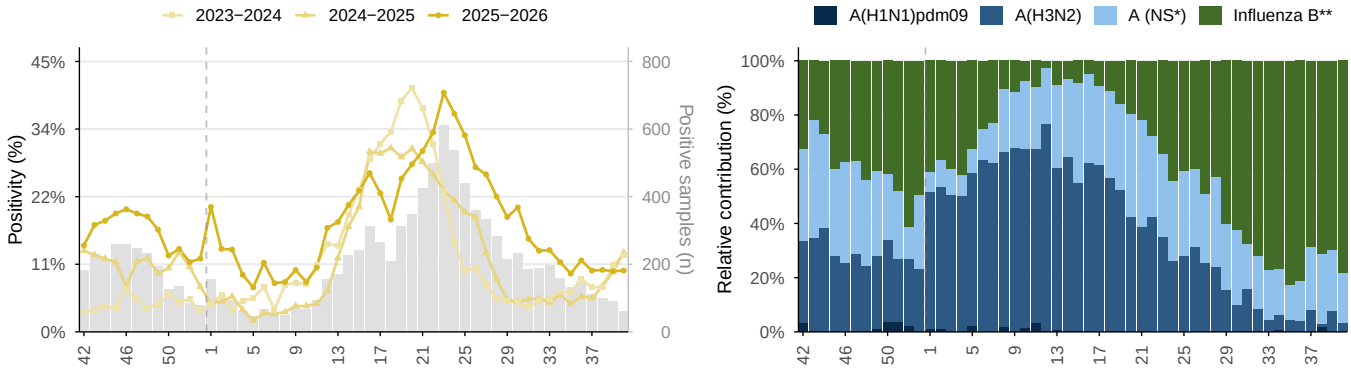
6. Brazil and Southern Cone

During EW 40, sentinel surveillance in Brazil and the Southern Cone showed influenza positivity of 10.2% (Figure 6.1). SARS-CoV-2 positivity was 1.2%, and RSV positivity 8.4% (Figure 6.2). Among influenza-positive samples during EW 37 and 40, influenza B predominated (71.1% of typed samples); of all influenza A samples, 20.2% were subtyped, and among these A(H3N2) predominated (90.5%) (Figure 6.1). Among samples tested for other respiratory viruses, positivity was 44.8%, with rhinovirus (57.4%) and metapneumovirus (26.0%) predominating (Figure 6.3).

Between EW 37 and 40, viral detections amounted to 15.0% of ILI cases; SARS-CoV-2 predominated (51.5%), followed by influenza (36.8%) and RSV (11.7%) (Figure 6.4). Between EW 37 and 40, viral detections amounted to 11.4% of SARI cases, with RSV predominating (63.5%), followed by influenza (25.7%) and SARS-CoV-2 (10.7%) (Figure 6.5). In the same period, 2,376 ICU admissions of SARI cases and 319 deaths were recorded (Figure 6.6).

Figure 6.1.A. Weekly overall influenza positivity.

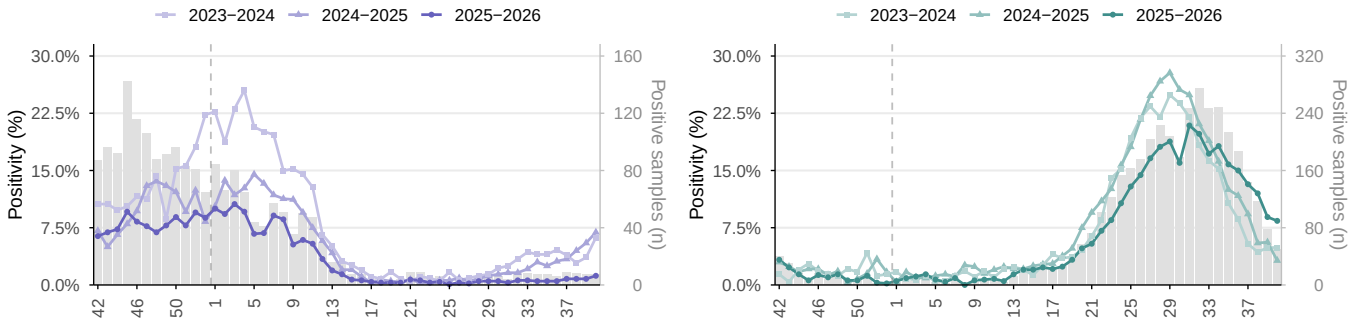
Figure 6.1.B. Weekly relative contribution by type and subtype.



Influenza in Brazil and the Southern Cone, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 6.2.A. Weekly SARS-CoV-2 positivity.

Figure 6.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Brazil and the Southern Cone, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.3.A. Overall weekly positivity.

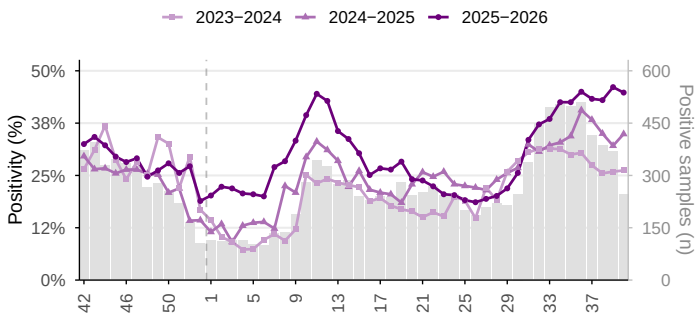
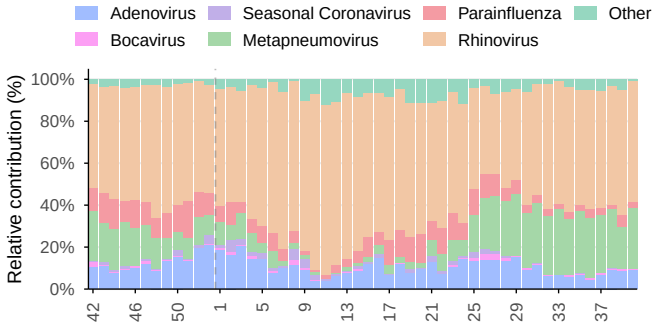


Figure 6.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil and the Southern Cone, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.4.A. Weekly ILI cases.

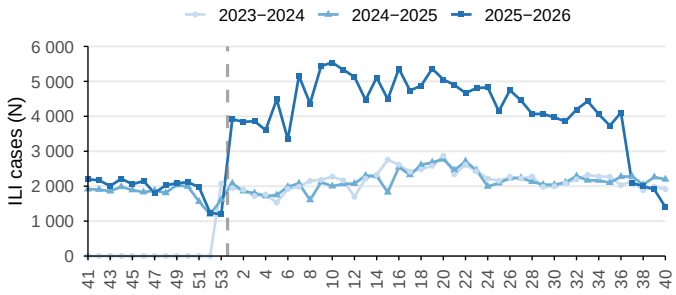
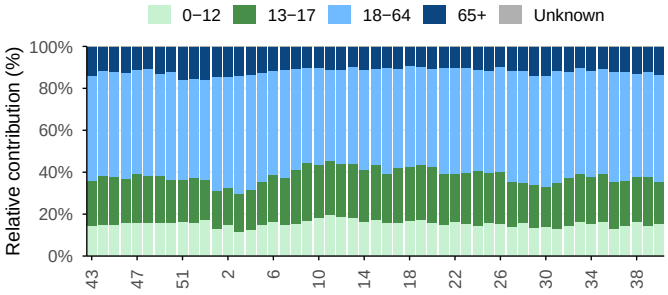


Figure 6.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil and the Southern Cone, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.5.A. Weekly SARI cases.

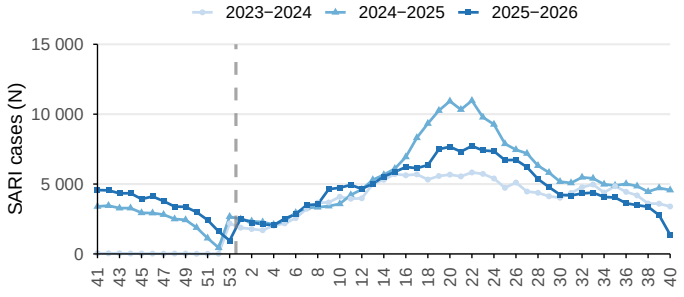
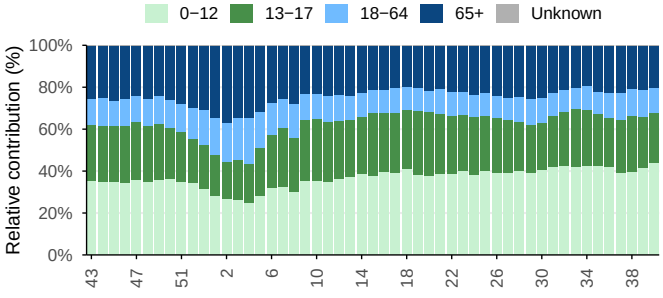


Figure 6.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil and the Southern Cone, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.6.A. Weekly SARI cases admitted to ICU.

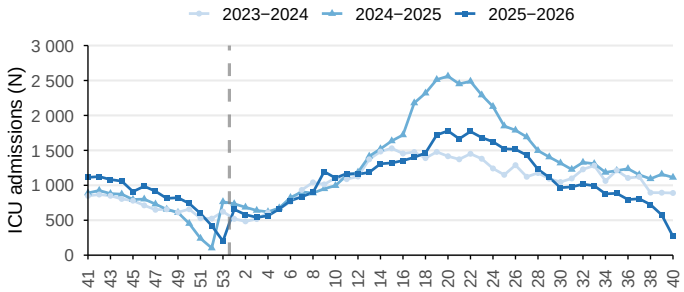
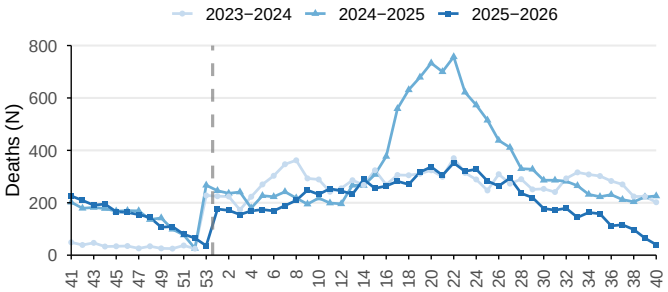


Figure 6.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil and the Southern Cone, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

6.1 Country

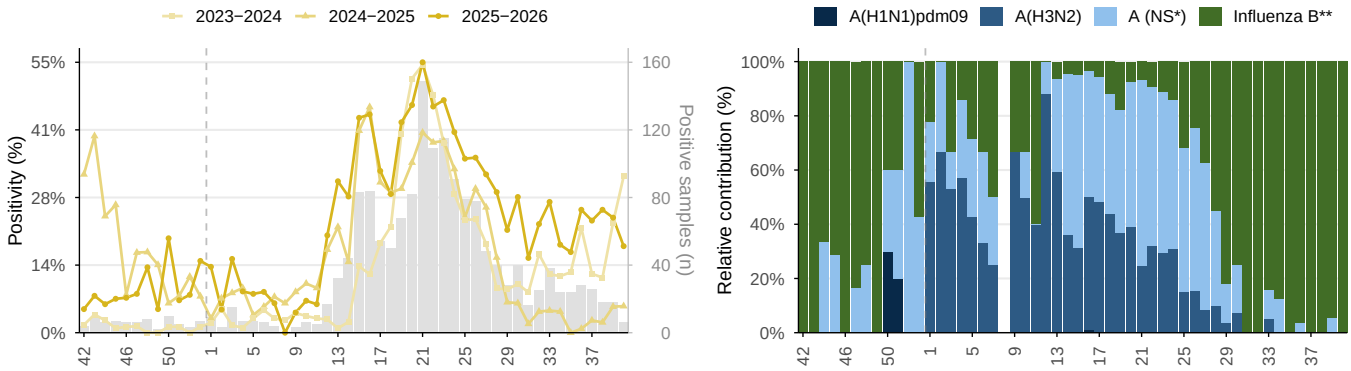
6.1.1 Argentina

During EW 40, sentinel surveillance in Argentina showed influenza positivity of 17.6% (Figure 6.7). SARS-CoV-2 positivity was 3.2% (Figure 6.8). Among influenza-positive samples during EW 37 and 40, influenza B predominated (98.5% of typed samples) (Figure 6.7).

Between EW 37 and 40, no ILI cases were reported. Between EW 37 and 40, viral detections amounted to 27.4% of SARI cases, with RSV predominating (74.1%), followed by influenza (21.1%) and SARS-CoV-2 (4.7%) (Figure 6.9). In the same period, 42 ICU admissions of SARI cases were recorded (Figure 6.10).

Figure 6.7.A. Weekly overall influenza positivity.

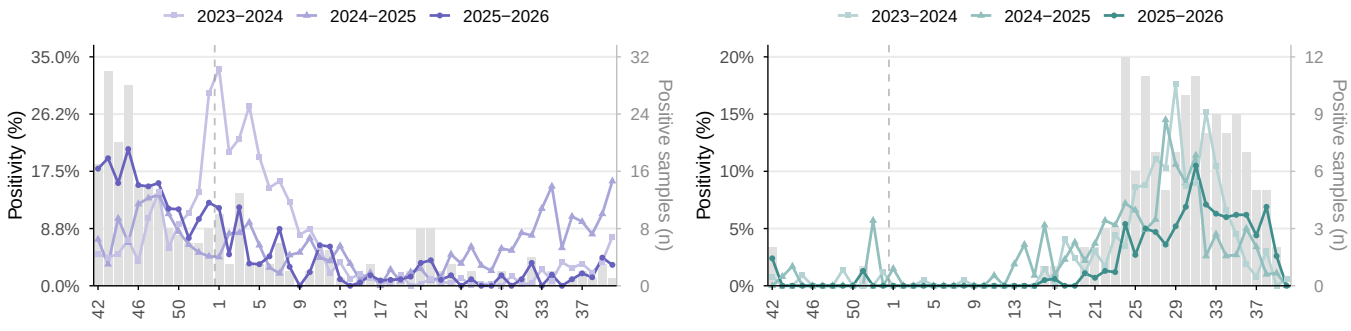
Figure 6.7.B. Weekly relative contribution by type and subtype.



Influenza in Argentina, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 6.8.A. Weekly SARS-CoV-2 positivity.

Figure 6.8.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Argentina, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.9.A. Weekly SARI cases.

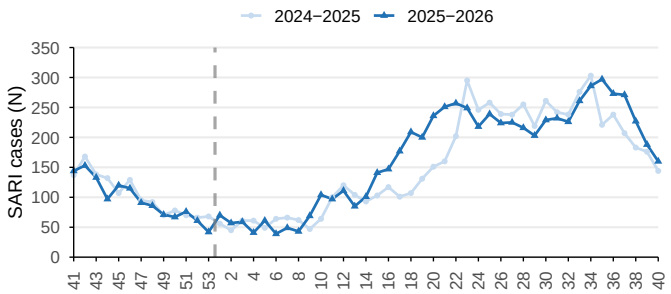
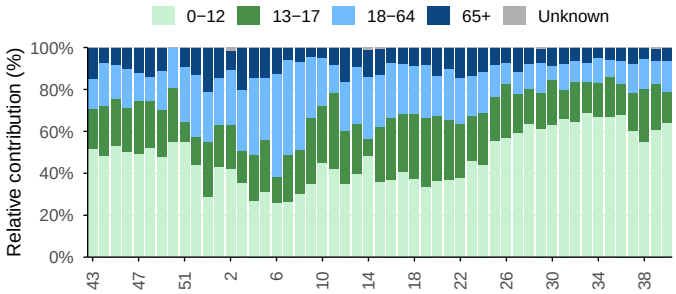


Figure 6.9.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Argentina, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.10.A. Weekly SARI cases admitted to ICU.

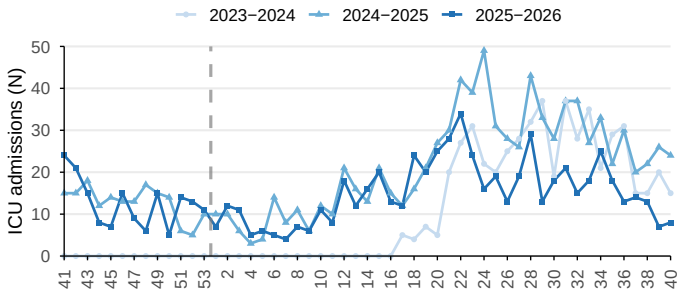
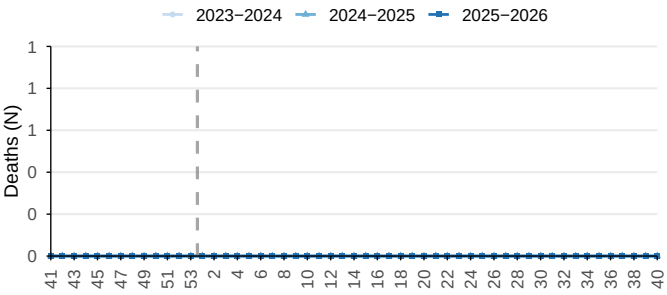


Figure 6.10.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Argentina, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

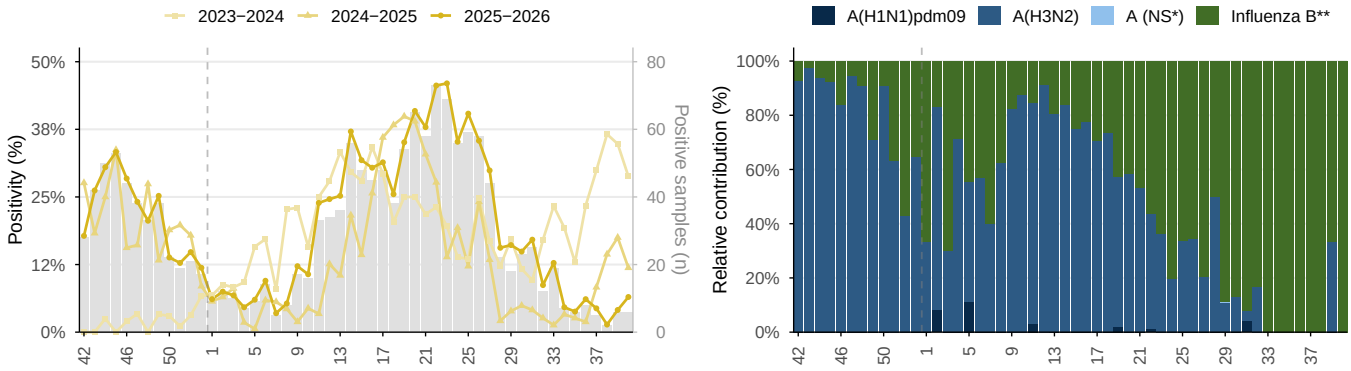
6.1.2 Brazil

During EW 40, sentinel surveillance in Brazil showed influenza positivity of 6.5% (Figure 6.11). SARS-CoV-2 positivity was 4.2%, and RSV positivity 1.1% (Figure 6.12). Among influenza-positive samples during EW 37 and 40, influenza B predominated (89.5% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 6.11). Among samples tested for other respiratory viruses, positivity was 39.1%, with rhinovirus (71.0%) and adenovirus (15.7%) predominating (Figure 6.13).

Between EW 37 and 40, viral detections amounted to 15.0% of ILI cases; SARS-CoV-2 predominated (65.9%), followed by influenza (28.2%) and RSV (5.9%) (Figure 6.14). In the same period, 50.5% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (21.6%) (Figure 6.14). Between EW 37 and 40, viral detections amounted to 8.7% of SARI cases, with RSV predominating (51.6%), followed by influenza (30.5%) and SARS-CoV-2 (17.9%) (Figure 6.15). In the same period, 1,824 ICU admissions of SARI cases and 149 deaths were recorded (Figure 6.16).

Figure 6.11.A. Weekly overall influenza positivity.

Figure 6.11.B. Weekly relative contribution by type and subtype.



Influenza in Brazil, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 6.12.A. Weekly SARS-CoV-2 positivity.

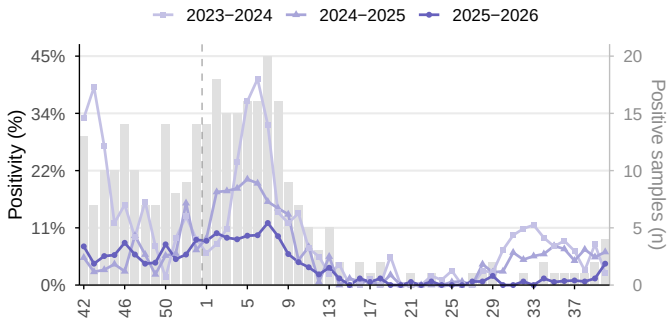
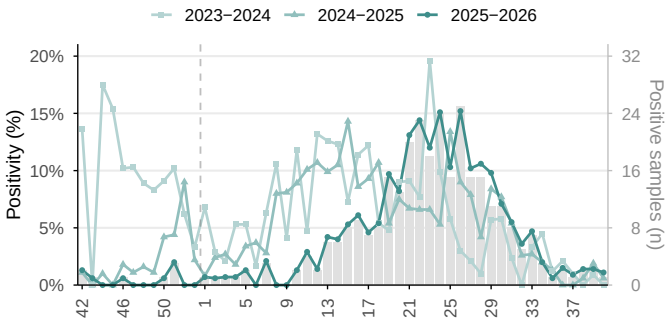


Figure 6.12.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Brazil, EW 42/2025−40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.13.A. Overall weekly positivity.

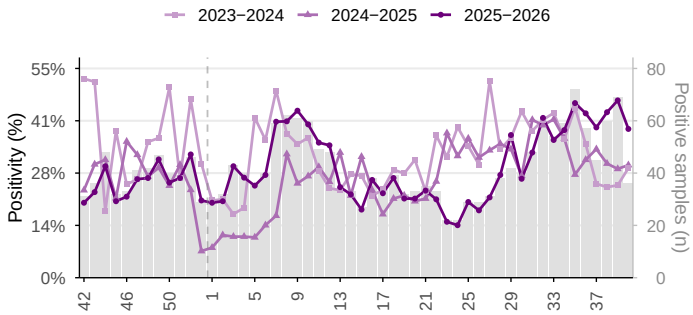
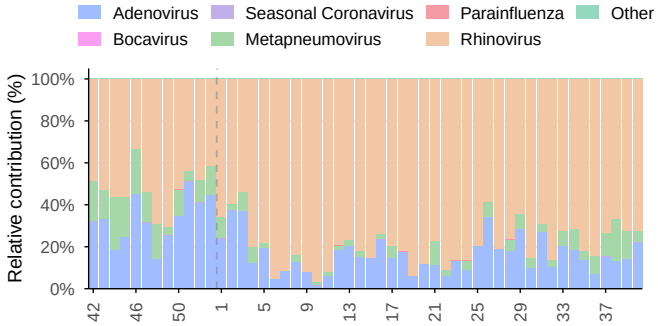


Figure 6.13.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.14.A. Weekly ILI cases.

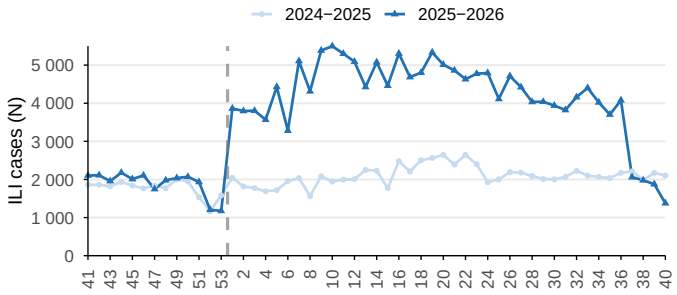
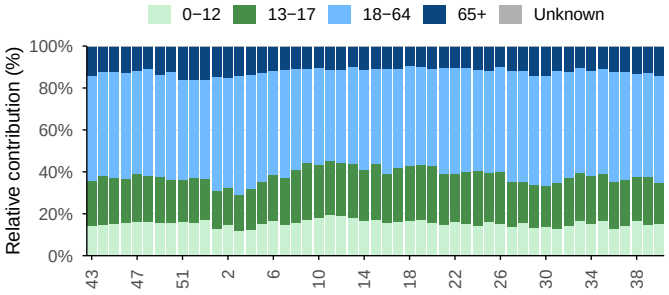


Figure 6.14.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.15.A. Weekly SARI cases.

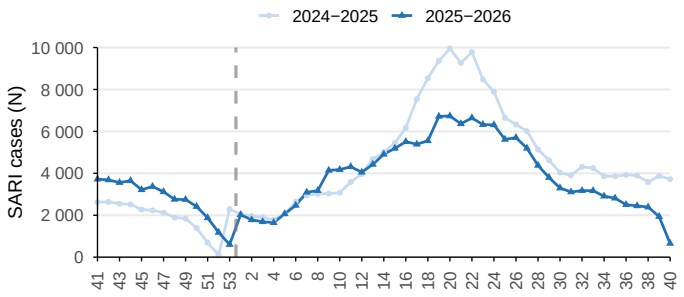
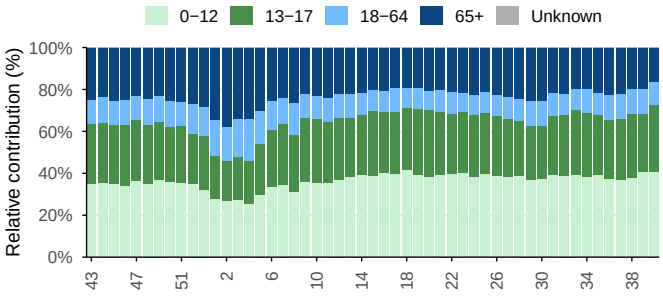


Figure 6.15.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.16.A. Weekly SARI cases admitted to ICU.

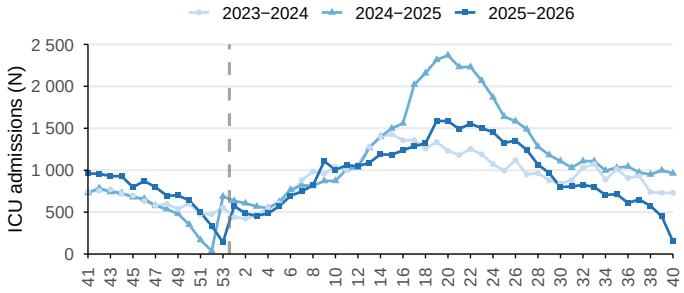
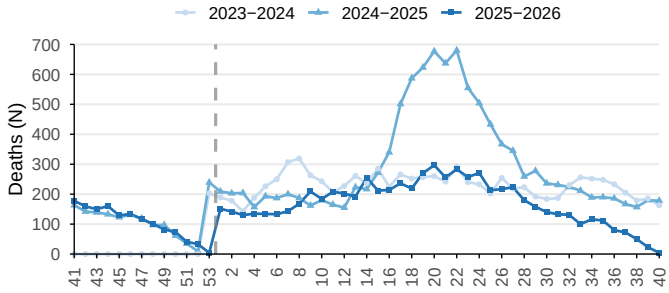


Figure 6.16.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil, EW 41/2025–40/2026. *Source: FluID, WHO–GISRS.*

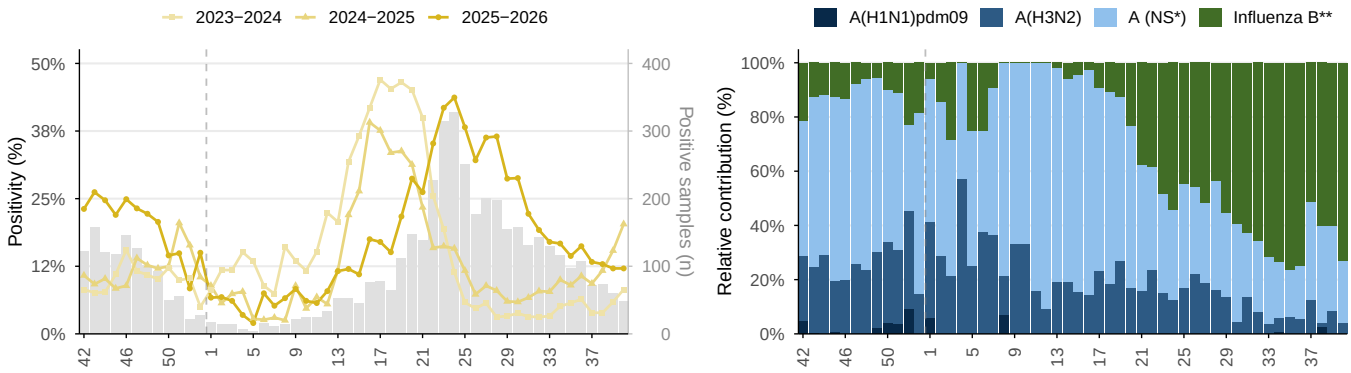
6.1.3 Chile

During EW 40, sentinel surveillance in Chile showed influenza positivity of 12.1% (Figure 6.17). SARS-CoV-2 positivity was 0.5%, and RSV positivity 10.6% (Figure 6.18). Among influenza-positive samples during EW 37 and 40, influenza B predominated (60.1% of typed samples); of all influenza A samples, 18.8% were subtyped, and among these A(H3N2) predominated (89.5%) (Figure 6.17). Among samples tested for other respiratory viruses, positivity was 47.9%, with rhinovirus (57.1%) and metapneumovirus (28.7%) predominating (Figure 6.19).

Between EW 37 and 40, viral detections amounted to 19.8% of SARI cases, with RSV predominating (73.6%), followed by influenza (24.5%) and SARS-CoV-2 (1.8%) (Figure 6.20). In the same period, 265 ICU admissions of SARI cases and 34 deaths were recorded (Figure 6.21).

Figure 6.17.A. Weekly overall influenza positivity.

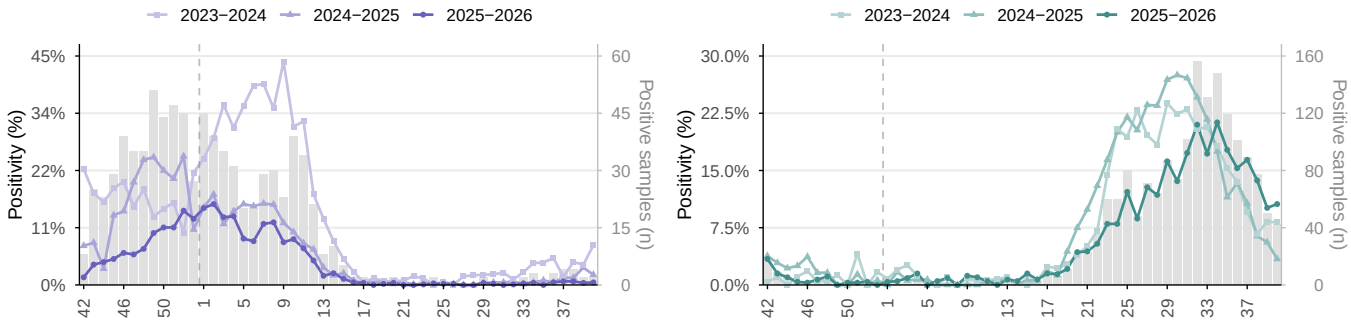
Figure 6.17.B. Weekly relative contribution by type and subtype.



Influenza in Chile, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 6.18.A. Weekly SARS-CoV-2 positivity.

Figure 6.18.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Chile, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.19.A. Overall weekly positivity.

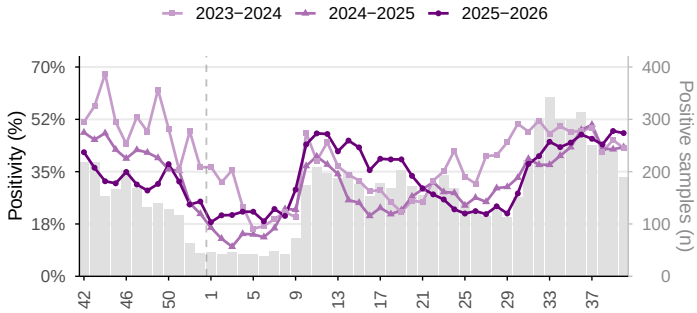
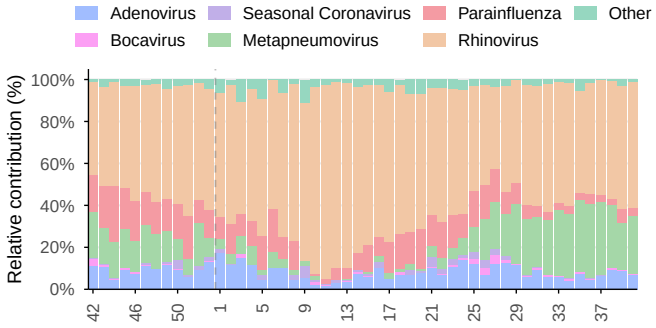


Figure 6.19.B. Weekly relative contribution by virus.



Other respiratory viruses in Chile, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.20.A. Weekly SARI cases.

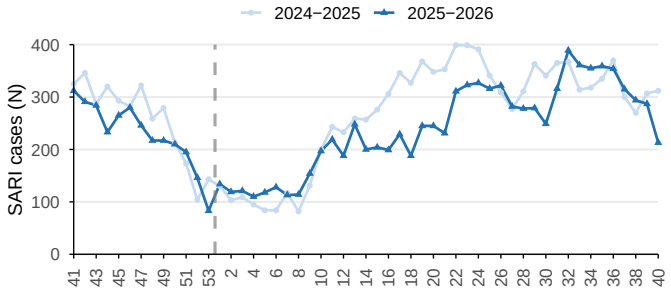
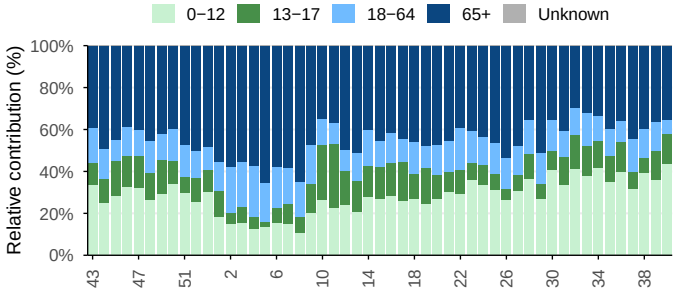


Figure 6.20.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Chile, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.21.A. Weekly SARI cases admitted to ICU.

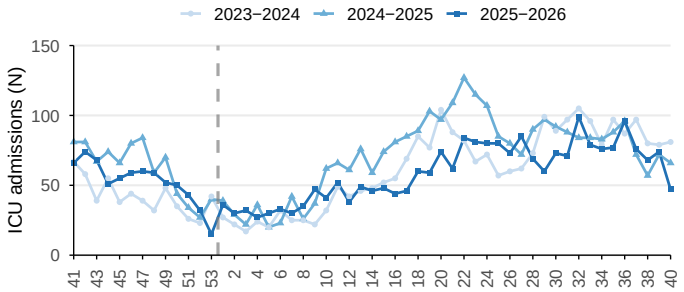
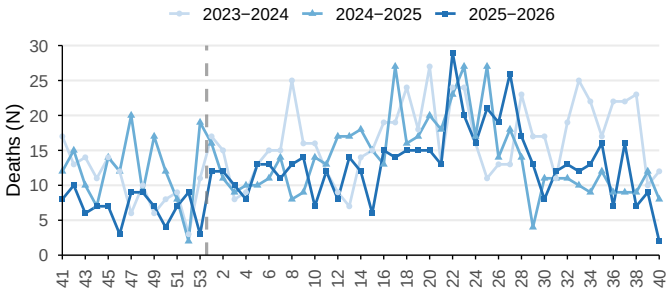


Figure 6.21.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Chile, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

6.1.4 Paraguay

Among influenza-positive samples during EW 37 and 40, influenza B predominated (100.0% of typed samples) (Figure 6.22). Among samples tested for other respiratory viruses, positivity was 28.6%, with rhinovirus (66.9%) and metapneumovirus (27.8%) predominating (Figure 6.24).

Between EW 37 and 40, viral detections amounted to 18.8% of ILI cases; influenza predominated (63.6%), followed by RSV (27.3%) and SARS-CoV-2 (9.1%) (Figure 6.25). In the same period, 51.3% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (25.6%) (Figure 6.25). Between EW 37 and 40, viral detections amounted to 9.9% of SARI cases, with RSV predominating (79.5%), followed by influenza (17.9%) and SARS-CoV-2 (2.6%) (Figure 6.26). In the same period, 190 ICU admissions of SARI cases and 135 deaths were recorded (Figure 6.27).

Figure 6.22.A. Weekly overall influenza positivity.

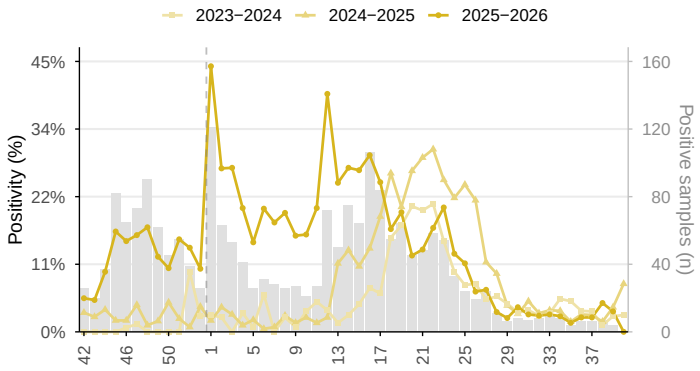
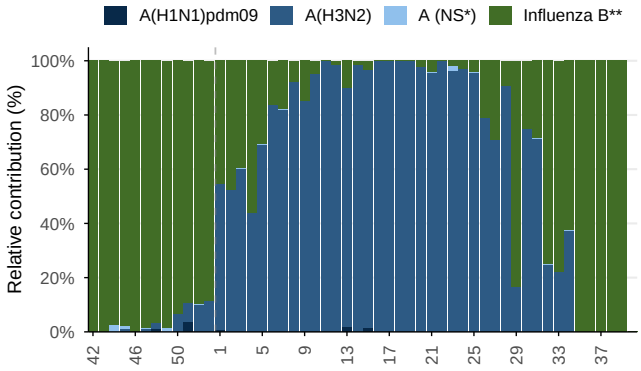


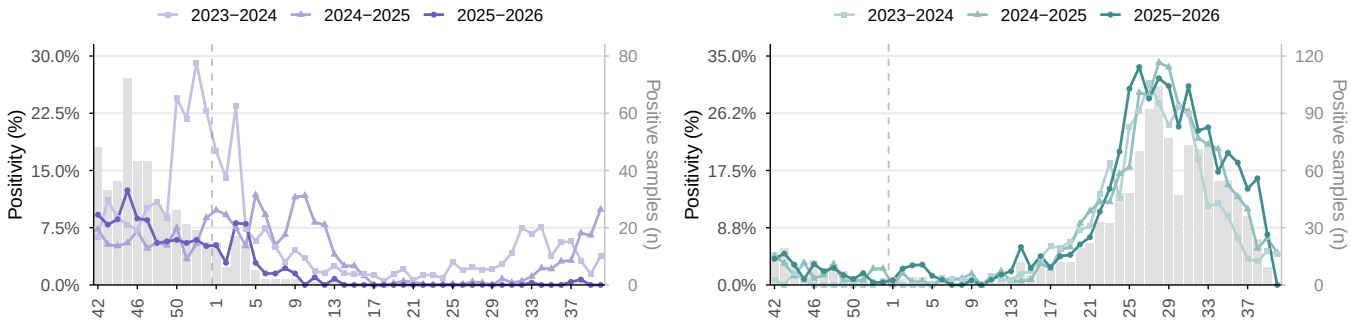
Figure 6.22.B. Weekly relative contribution by type and subtype.



Influenza in Paraguay, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 6.23.A. Weekly SARS-CoV-2 positivity.

Figure 6.23.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Paraguay, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.24.A. Overall weekly positivity.

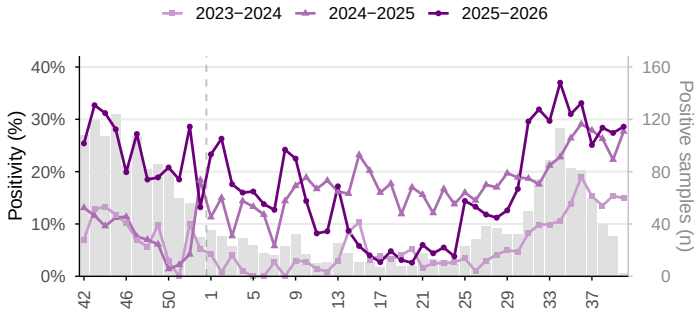
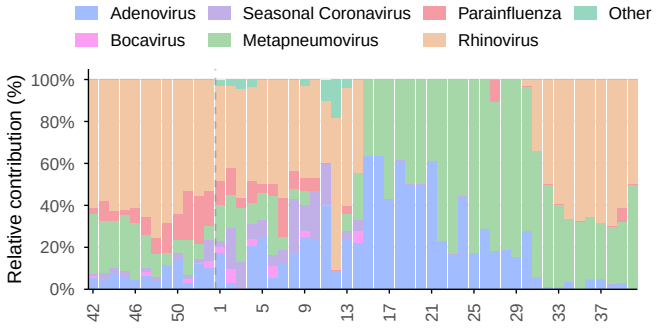


Figure 6.24.B. Weekly relative contribution by virus.



Other respiratory viruses in Paraguay, EW 42/2025−40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.25.A. Weekly ILI cases.

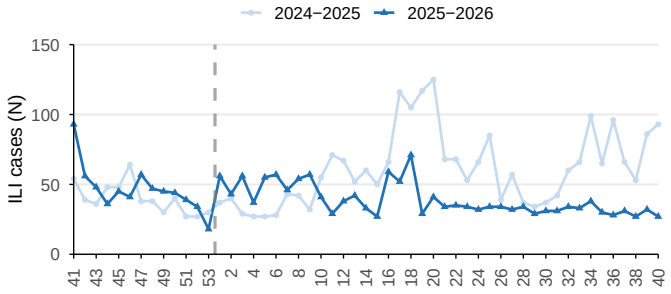
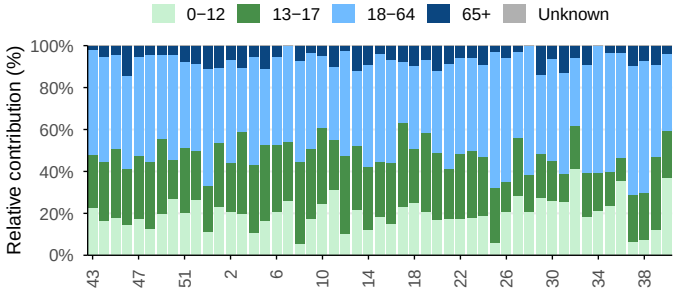


Figure 6.25.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Paraguay, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.26.A. Weekly SARI cases.

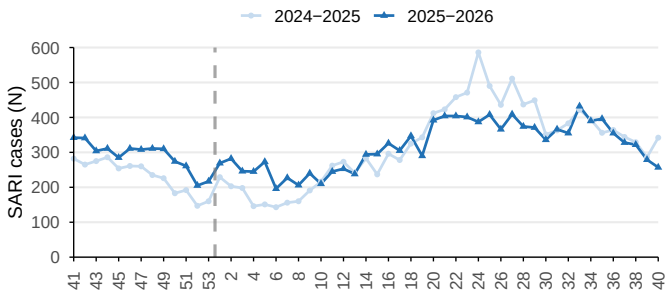
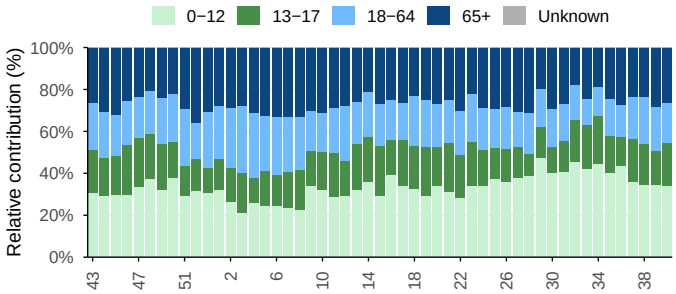


Figure 6.26.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Paraguay, EW 41/2025−40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.27.A. Weekly SARI cases admitted to ICU.

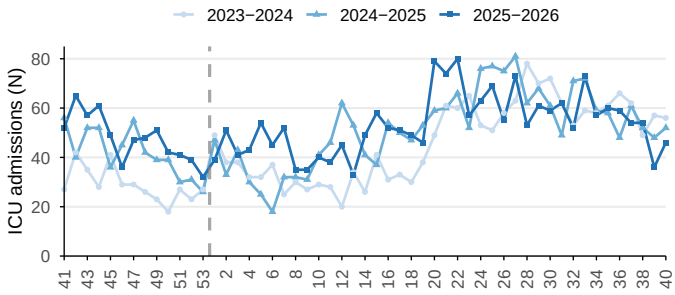
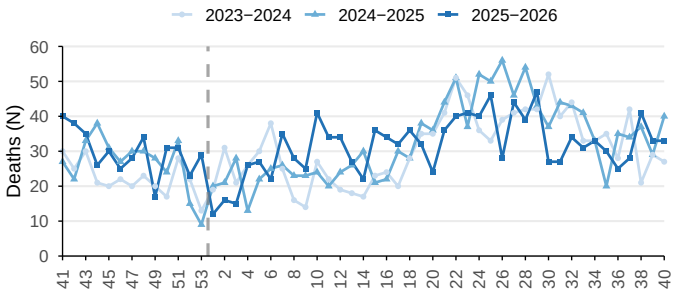


Figure 6.27.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Paraguay, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*

6.1.5 Uruguay

During EW 40, RSV positivity was 11.3% (Figure 6.29). Among influenza-positive samples during EW 37 and 40, influenza B predominated (100.0% of typed samples) (Figure 6.28). Among samples tested for other respiratory viruses, positivity was 34.0%, with rhinovirus (30.3%), other (29.6%) and metapneumovirus (25.4%) predominating (Figure 6.30).

Between EW 37 and 40, no ILI cases were reported. Between EW 37 and 40, viral detections amounted to 8.9% of SARI cases, with RSV predominating (92.3%), followed by influenza (5.1%) and SARS-CoV-2 (2.6%) (Figure 6.31). In the same period, 55 ICU admissions of SARI cases and one death were recorded (Figure 6.32).

Figure 6.28.A. Weekly overall influenza positivity.

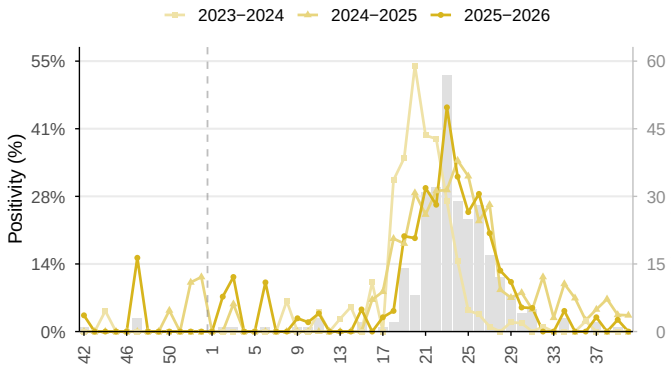
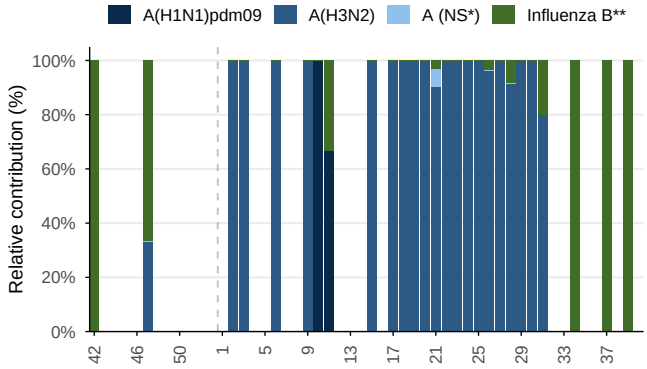


Figure 6.28.B. Weekly relative contribution by type and subtype.



Influenza in Uruguay, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 6.29.A. Weekly SARS-CoV-2 positivity.

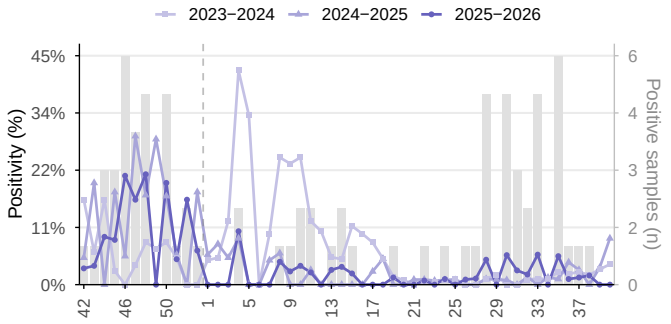
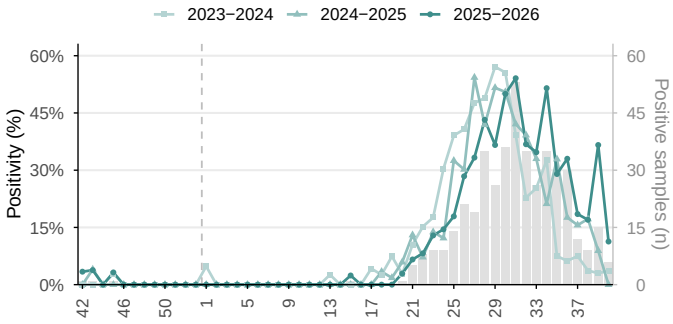


Figure 6.29.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Uruguay, EW 42/2025–40/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.30.A. Overall weekly positivity.

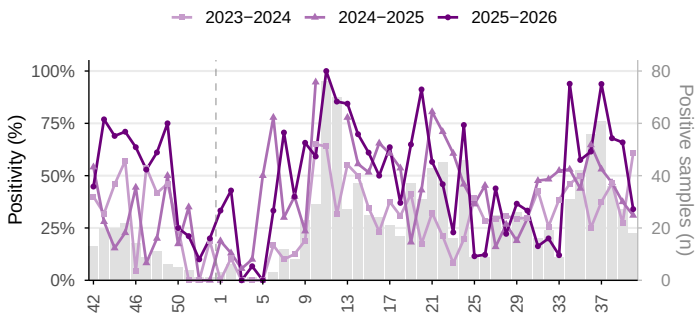
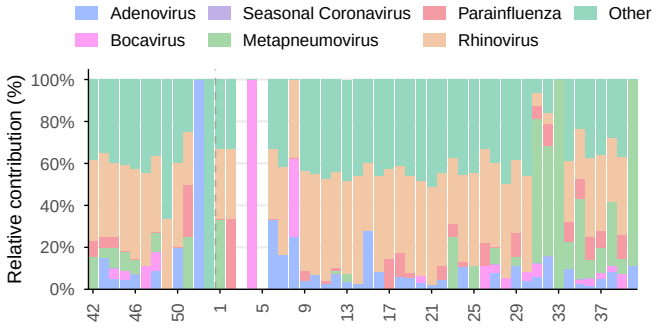


Figure 6.30.B. Weekly relative contribution by virus.



Other respiratory viruses in Uruguay, EW 42/2025–40/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.31.A. Weekly SARI cases.

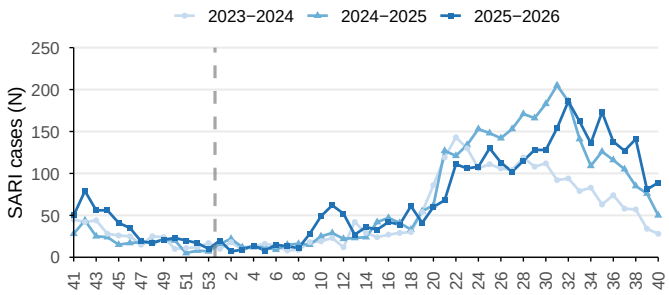
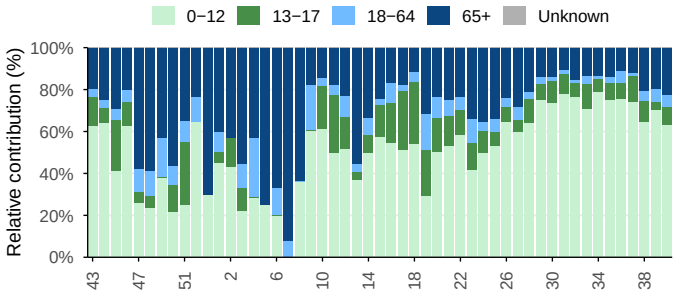
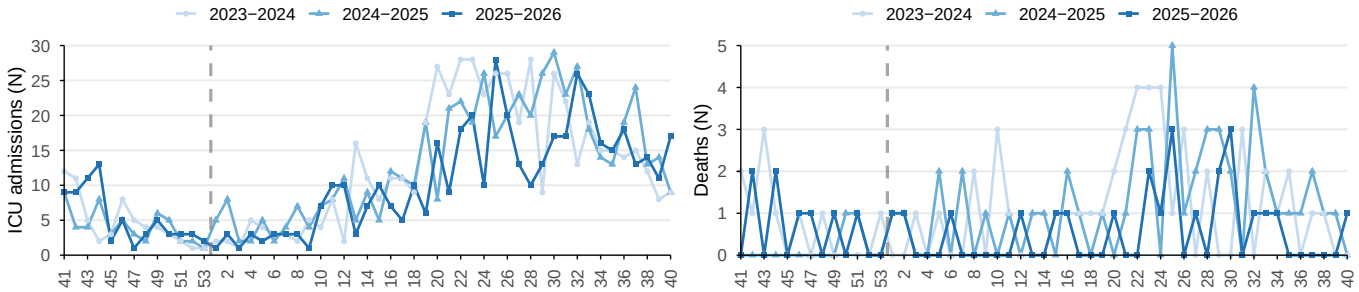


Figure 6.31.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Uruguay, EW 41/2025–40/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.32.A. Weekly SARI cases admitted to ICU. **Figure 6.32.B. Weekly deaths among SARI cases.**



SARI ICU admissions and deaths in Uruguay, EW 41/2025−40/2026. *Source: FluID, WHO−GISRS.*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