PAHO Pan American Health Organization

World Health Organization Americas
REGIONAL OFFICE FOR THE

Respiratory Viruses Weekly Report

Epidemiological week
2026-41

Data as of
23 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 23 October 2026; and open data that Ministries of Health published on its website or shared with PAHO/ WHO.

© Pan American Health Organization, 2024

Some rights reserved. This work is available under license CC BY-NC-SA 3.0 IGO.

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.

Table of contents

1 Summary 1

2 North America 3

2.1 Country . . . 6

2.1.1 Canada . . . 6

2.1.2 Mexico . . . 8

2.1.3 United States of America . . . 11

3 Caribbean 12

3.1 Country . . . 15

3.1.1 Belize . . . 15

3.1.2 Barbados . . . 16

3.1.3 Cuba . . . 18

3.1.4 Cayman Islands . . . 21

3.1.5 Dominica . . . 23

3.1.6 Dominican Republic . . . 24

3.1.7 Grenada . . . 27

3.1.8 Guyana . . . 28

3.1.9 Haiti . . . 31

3.1.10 Jamaica . . . 32

3.1.11 Saint Lucia . . . 34

3.1.12 Suriname . . . 36

4 Central America 39

4.1 Country . . . 42

4.1.1 Costa Rica . . . 42

4.1.2 Guatemala . . . 44

4.1.3 Honduras . . . 47

4.1.4 Nicaragua . . . 50

4.1.5 Panama . . . 52

4.1.6 El Salvador . . . 55

5 Andean Subregion 57

5.1 Country . . . 60

5.1.1 Bolivia . . . 60

5.1.2 Colombia . . . 63

5.1.3 Ecuador . . . 66

5.1.4 Peru . . . 68

5.1.5 Venezuela . . . 71

Table of contents

6 Brazil and Southern Cone 72

6.1 Country . . . 75

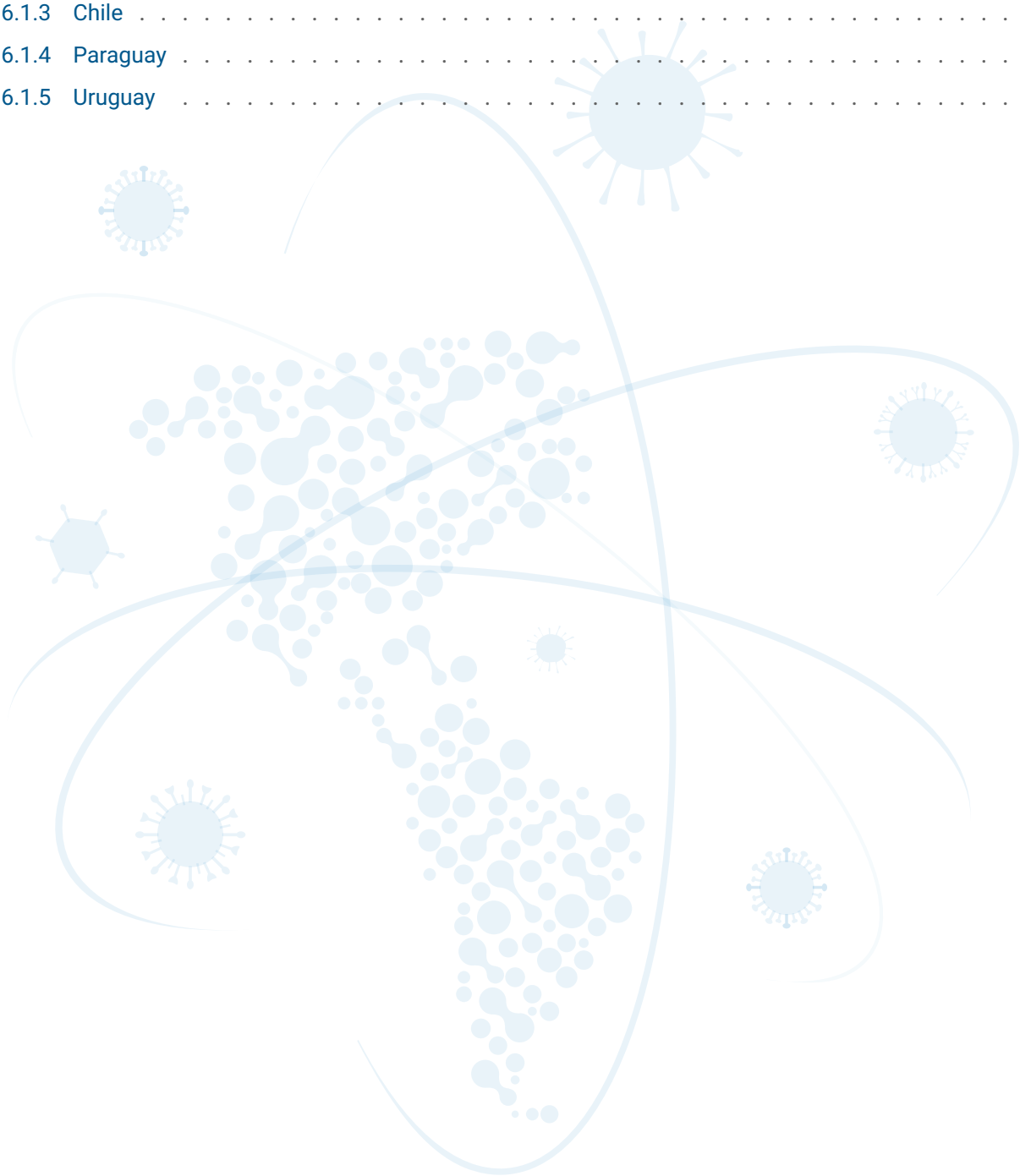
6.1.1 Argentina . . . 75

6.1.2 Brazil . . . 77

6.1.3 Chile . . . 80

6.1.4 Paraguay . . . 83

6.1.5 Uruguay . . . 86



1. Summary

Regional situation
In EW 41, influenza activity remains high in the Caribbean and shows recent increases in El Salvador, Bolivia, Ecuador and Barbados. In Central America and the Andean Subregion it remains stable at around 10%. In North America it remains at low levels, and in Brazil and the Southern Cone it has decreased below 10%. Influenza B predominates in the Andean Subregion, in Brazil and the Southern Cone and in Mexico, and its proportion is increasing in Central America, where A(H3N2) predominates. In the Caribbean, influenza A, mainly A(H1N1), and influenza B are co-circulating. RSV remains high in Central America, with increases in Honduras and Nicaragua, and is increasing in the Caribbean and in Mexico. In the Andean Subregion and in Brazil and the Southern Cone it continues to decrease, although it remains the main virus identified in SARI cases in Central America and in Brazil and the Southern Cone. SARS-CoV-2 circulation is low in all subregions, with a decrease in the Caribbean and a slight increase in Brazil, where it predominates among ILI detections. Positivity for other respiratory viruses is high in Brazil and the Southern Cone, above previous seasons, with rhinovirus predominating; in the Andean Subregion, the proportion of adenovirus is notable. SARI cases show a decreasing trend in Brazil and the Southern Cone and in the Andean Subregion. In Panama they remain above previous seasons.

North America
At the subregional level, influenza positivity is low (10.4% in EW 40). Since EW 38 it mainly reflects data from Mexico. Among typed samples, influenza B predominates, and among influenza A, A(H1N1) predominates. SARS-CoV-2 continues to decrease (3.5%), below previous seasons. RSV remains low at the subregional level (0.8%). SARI cases remain stable at levels similar to the previous season.

Highlights:

- Canada: slow increase in influenza since EW 33, still at low levels (3.2%), with A(H1N1) predominating.
- Mexico: influenza at low levels with a slight increase (8.9%), with influenza B predominating. RSV increasing (5.5%), above the previous season. SARS-CoV-2 decreasing (2.6%).
- USA: SARS-CoV-2 decreasing (3.5% in EW 40).

Caribbean
At the subregional level, influenza positivity remains high (20.8%) following the sharp increase in EW 40. Influenza A, mainly A(H1N1), and influenza B are co-circulating in similar proportions. RSV continues to increase slightly (7.8%). SARS-CoV-2 has decreased to low levels (2.5%). Positivity for other respiratory viruses is moderate (28.0%), with rhinovirus predominating. SARI cases remain stable, with RSV predominating among detections.

Highlights:

- Cayman Islands: influenza high (31.9%), with influenza B predominating and A(H1N1) predominating among type A samples.
- Barbados: influenza increasing since EW 37 (22.5%), with A(H1N1) predominating. SARS-CoV-2 decreasing (4.8%).
- Dominican Republic: influenza decreasing following the increase in EW 40 (11.3%), with A(H3N2) predominating.
- Cuba: RSV is the main virus identified in SARI cases (75.0%).

Central America
At the subregional level, influenza positivity remains stable at around 9–10% (9.2%), with A(H3N2)

predominating and a growing proportion of influenza B. RSV remains high (18.4%) following the peak in EW 36–37 and is the main virus identified in SARI cases (58.6%). SARS-CoV-2 remains low (1.9%). Positivity for other respiratory viruses is moderate (19.6%), with rhinovirus and metapneumovirus predominating.

Highlights:

- El Salvador: influenza in sustained increase since EW 34 (28.6%), with influenza B predominating.
- Honduras: RSV increasing in recent weeks (33.3%). Influenza is the main virus in ILI and SARI cases.
- Guatemala: RSV high (27.8%), with RSV predominating among SARI detections (94.4%).
- Panama: influenza decreasing (7.6%). RSV decreasing (22.3%). SARI cases decreasing following the peak in EW 36, although they remain above previous seasons, with RSV predominating.
- Nicaragua: resurgence of RSV (15.1%) following the decline after the peak in EW 34.

Andean Subregion
At the subregional level, influenza positivity remains stable at around 10% (9.9%), with influenza B predominating; among influenza A, A(H3N2) predominates. RSV continues to decrease (3.2%). SARS-CoV-2 remains low (1.0%). Positivity for other respiratory viruses is moderate (17.3%), with rhinovirus and adenovirus predominating. Influenza predominates among detections in ILI (93.4%) and SARI (51.8%), followed by RSV. SARI cases have continued to decrease since EW 25.

Highlights:

- Bolivia: influenza increasing since EW 35 (30.0%), with influenza B predominating.
- Ecuador: influenza increasing (16.1%), with influenza B predominating.
- Colombia: influenza stable (8.6%), with co-circulation of influenza B and A(H3N2). RSV decreasing (2.6%), although it remains the main virus in SARI cases.
- Peru: influenza at low levels (8.3%), the main virus among ILI and SARI detections. RSV decreasing (1.4%). SARI cases decreasing since EW 20.

Brazil and Southern Cone
At the subregional level, influenza positivity is decreasing (7.5%) after remaining at around 10% since EW 32, with influenza B predominating. RSV continues to decrease (7.1%), although it remains the main virus identified in SARI cases (58.1%). SARS-CoV-2 remains low (1.8%), but predominates among ILI detections (53.2%). Positivity for other respiratory viruses remains high (45.9%), above previous seasons, with rhinovirus and metapneumovirus predominating. SARI cases have continued to decrease since EW 22, at levels below the previous season.

Highlights:

- Argentina: influenza at moderate levels (13.3% in EW 40), with almost exclusive predominance of influenza B. SARI cases decreasing, with RSV predominating (73.8%).
- Brazil: influenza decreasing (2.3%). SARS-CoV-2 with a slight increase (3.7%), predominating among ILI detections (65.8%). SARI cases decreasing.
- Chile: influenza slightly decreasing (10.5%), with influenza B predominating. RSV stable at around 11% (10.8%). Positivity for other respiratory viruses high (50.2%).
- Paraguay and Uruguay: RSV decreasing; SARI cases decreasing, with RSV predominating (68.0% and 96.6%, respectively).

2. North America

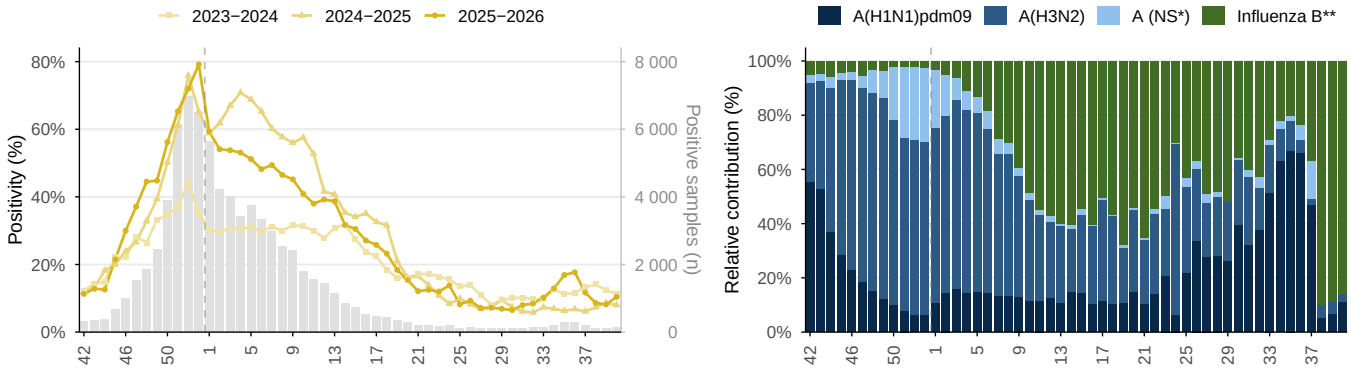
In North America, only Mexico and Canada has reported data for EW 41. During EW 40, sentinel surveillance in the subregion showed influenza positivity of 10.4% (Figure 2.1). SARS-CoV-2 positivity was 3.5%, and RSV positivity 0.8% (Figure 2.2). Among influenza-positive samples during EW 37 and 40, influenza B predominated (69.3% of typed samples); of all influenza A samples, 83.4% were subtyped, and among these A(H1N1)pdm09 predominated (85.8%) (Figure 2.1). Among samples tested for other respiratory viruses, positivity was 8.3%, with rhinovirus predominating (75.2%) (Figure 2.3).

Between EW 37 and 40, viral detections amounted to 6.9% of ILI cases; influenza predominated (57.7%), followed by SARS-CoV-2 (37.8%) and RSV (4.5%) (Figure 2.4). Between EW 37 and 40, viral detections amounted to 13.6% of SARI cases, with SARS-CoV-2 predominating (44.8%), followed by influenza (34.6%) and RSV (20.6%) (Figure 2.5). In the same period, 112 ICU admissions of SARI cases and 173 deaths were recorded (Figure 2.6).

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

Figure 2.1.A. Weekly overall influenza positivity.

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



Influenza in North 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.*

2. North America

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

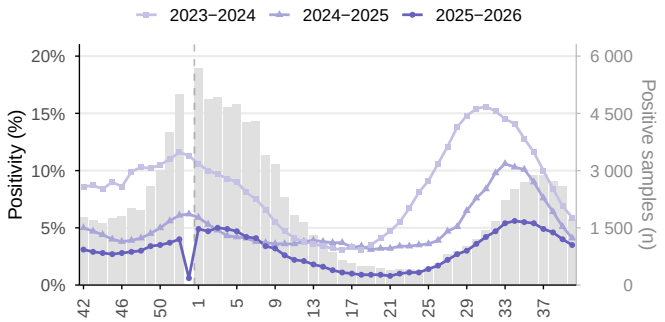
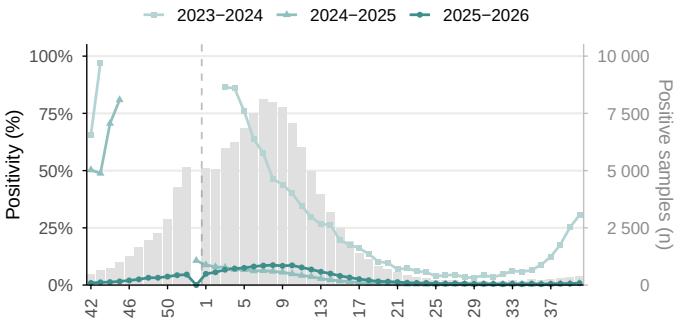


Figure 2.2.B. Weekly RSV positivity.



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

Figure 2.3.A. Overall weekly positivity.

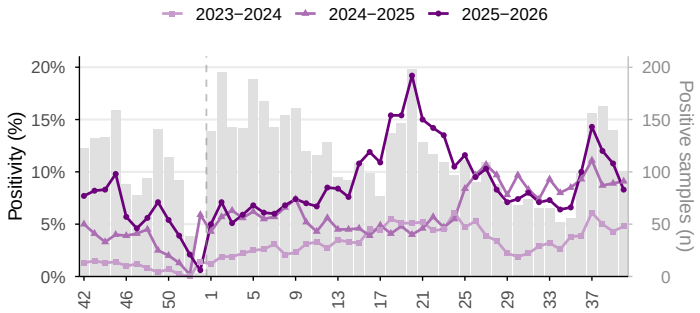
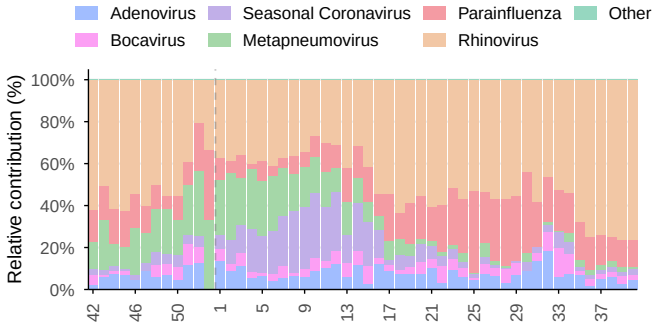


Figure 2.3.B. Weekly relative contribution by virus.



Other respiratory viruses in North 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 2.4.A. Weekly ILI cases.

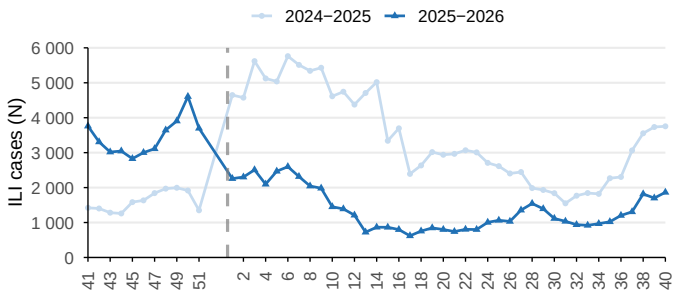
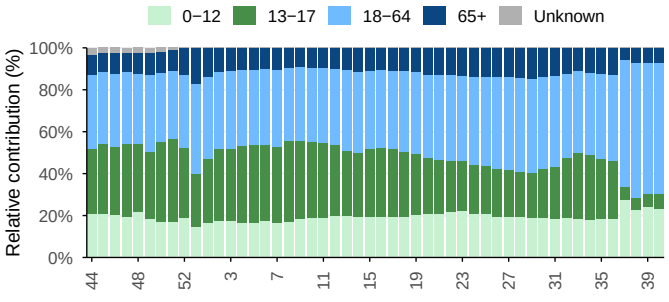


Figure 2.4.B. Weekly relative contribution by age group.



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

Figure 2.5.A. Weekly SARI cases.

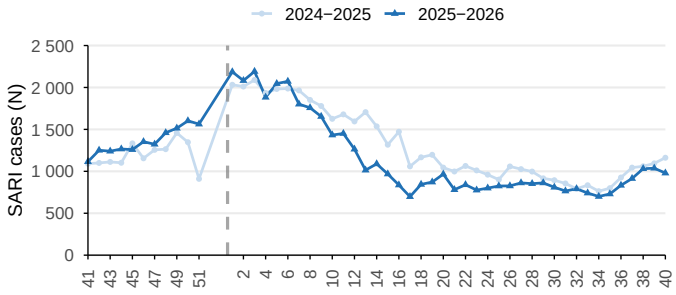
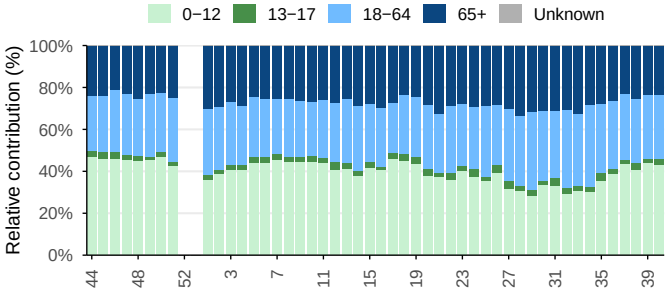


Figure 2.5.B. Weekly relative contribution by age group.



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

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

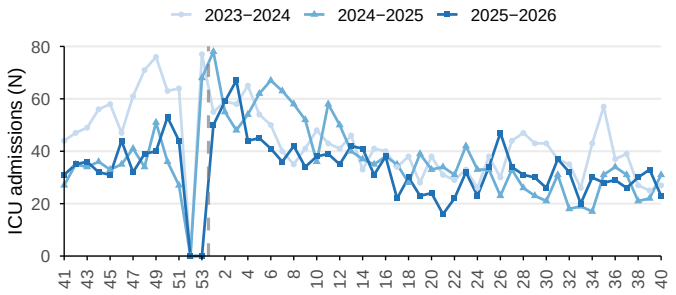
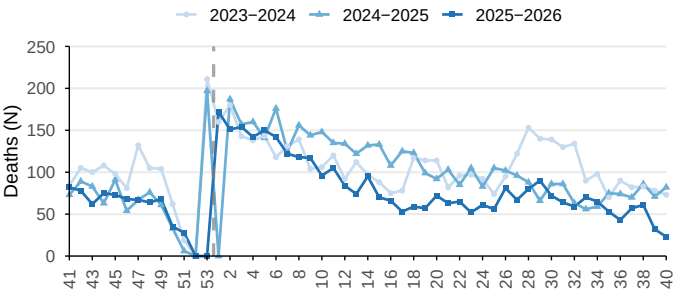


Figure 2.6.B. Weekly deaths among SARI cases.



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

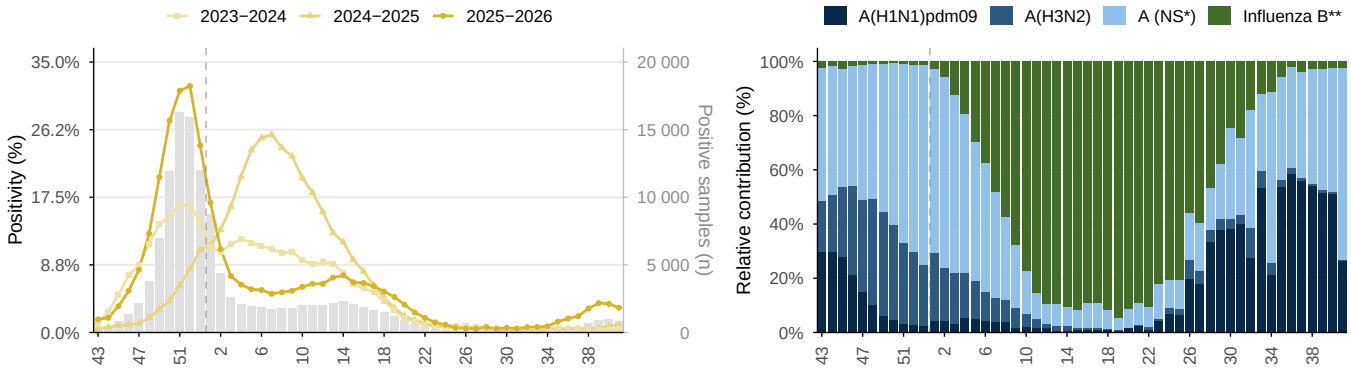
2.1 Country

2.1.1 Canada

During EW 41, non-sentinel surveillance in Canada showed influenza positivity of 3.2% (Figure 2.7). SARS-CoV-2 positivity was 2.2%, and RSV positivity 0.1% (Figure 2.8). Among influenza-positive samples during EW 38 and 41, influenza A predominated (97.4% of typed samples); of all influenza A samples, 47.6% were subtyped, and among these A(H1N1)pdm09 predominated (98.8%) (Figure 2.7). Among samples tested for other respiratory viruses, positivity was 7.6%, with rhinovirus predominating (86.8%) (Figure 2.9).

Figure 2.7.A. Weekly overall influenza positivity.

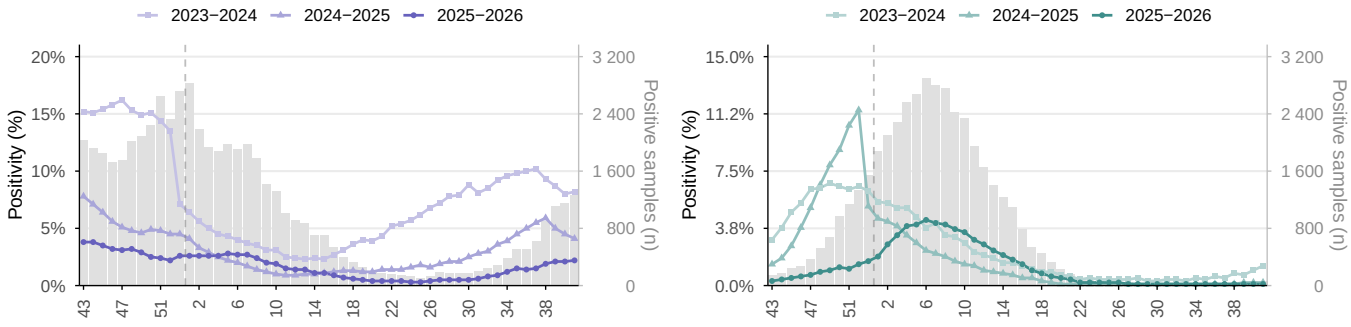
Figure 2.7.B. Weekly relative contribution by type and subtype.



Influenza in Canada, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

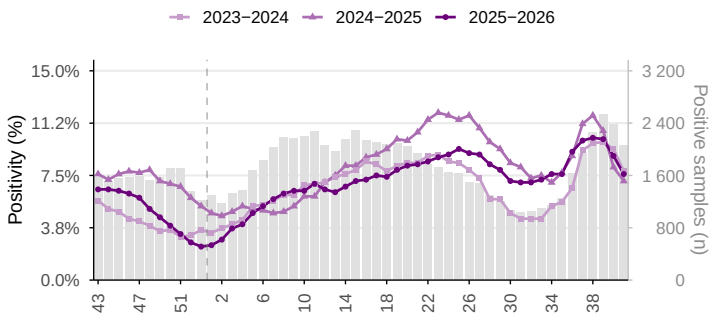
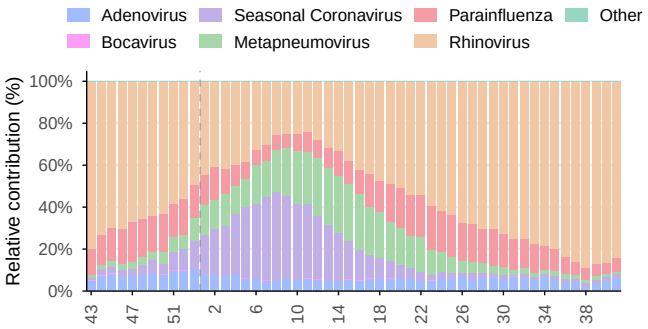


Figure 2.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Canada, EW 43/2025−41/2026. 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.*

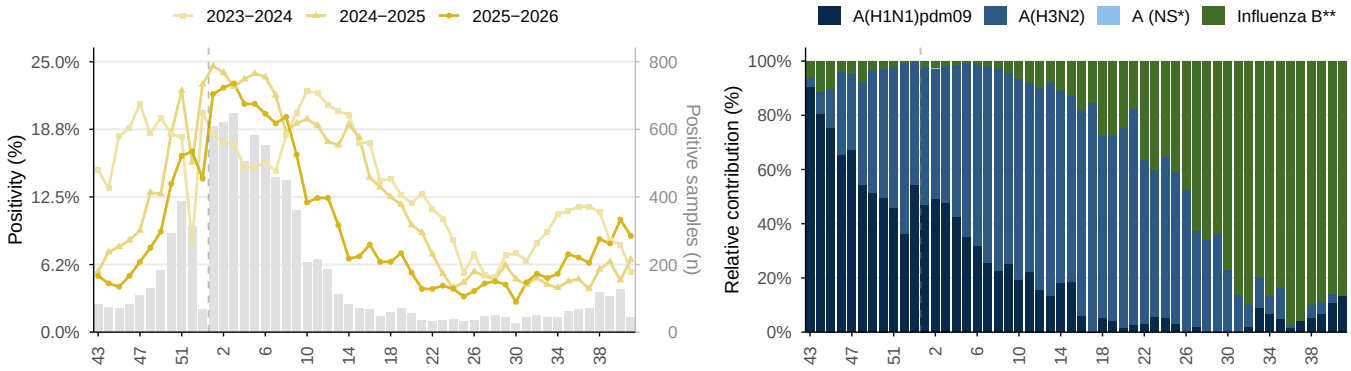
2.1.2 Mexico

During EW 41, sentinel surveillance in Mexico showed influenza positivity of 8.9% (Figure 2.10). SARS-CoV-2 positivity was 2.6%, and RSV positivity 5.5% (Figure 2.11). Among influenza-positive samples during EW 38 and 41, influenza B predominated (87.8% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H1N1)pdm09 predominated (68.8%) (Figure 2.10). Among samples tested for other respiratory viruses, positivity was 7.5%, with rhinovirus predominating (76.0%) (Figure 2.12).

Between EW 38 and 41, viral detections amounted to 6.2% of ILI cases; influenza predominated (61.5%), followed by SARS-CoV-2 (33.4%) and RSV (5.1%) (Figure 2.13). In the same period, 62.5% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (23.8%) (Figure 2.13). Between EW 38 and 41, viral detections amounted to 12.4% of SARI cases, with RSV predominating (37.1%), followed by influenza (33.8%) and SARS-CoV-2 (29.2%) (Figure 2.14). In the same period, 104 ICU admissions of SARI cases and 119 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 43/2025–41/2026. 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.

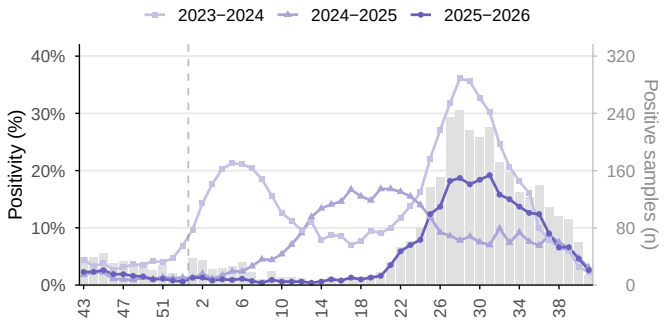
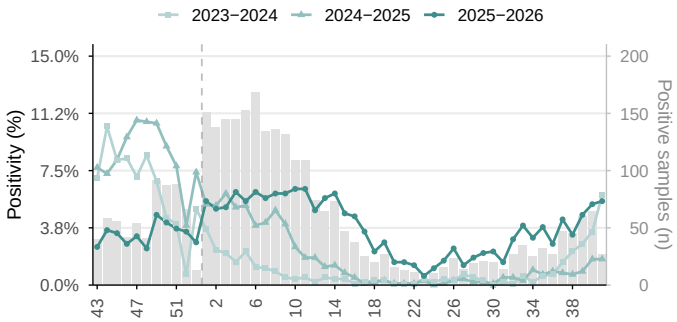


Figure 2.11.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Mexico, EW 43/2025−41/2026. 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.

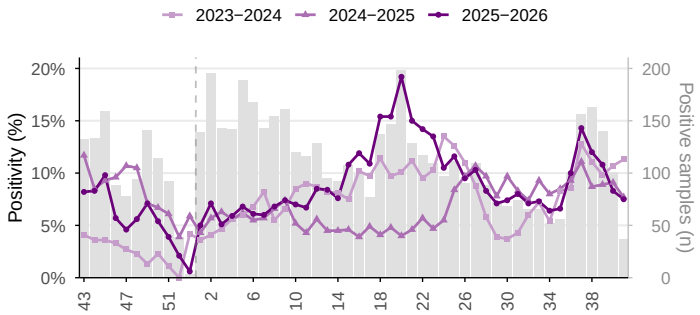
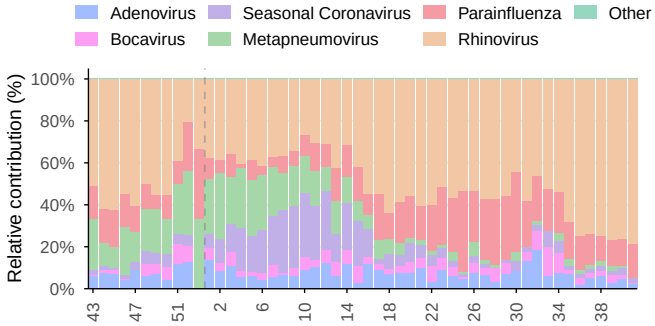


Figure 2.12.B. Weekly relative contribution by virus.



Other respiratory viruses in Mexico, EW 43/2025−41/2026. 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.

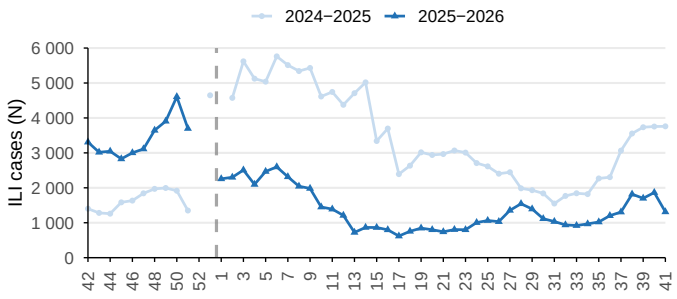
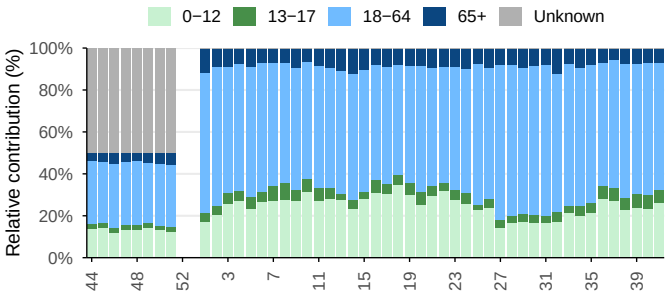


Figure 2.13.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Mexico, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 2.14.A. Weekly SARI cases.

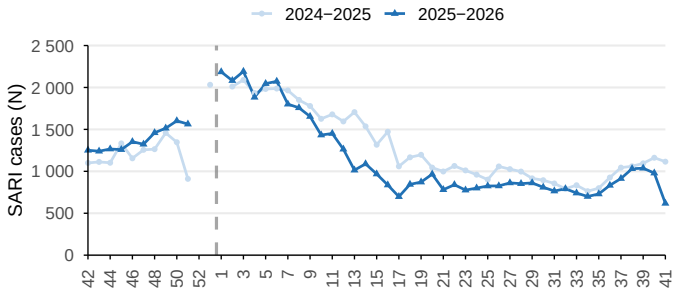
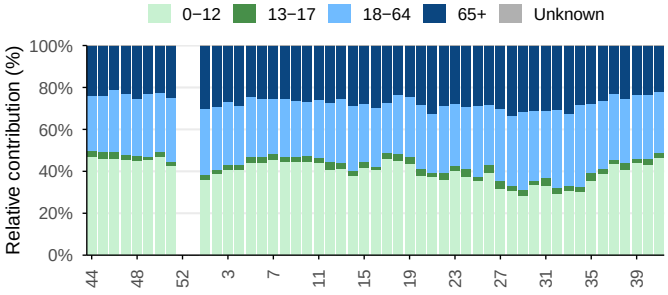


Figure 2.14.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Mexico, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

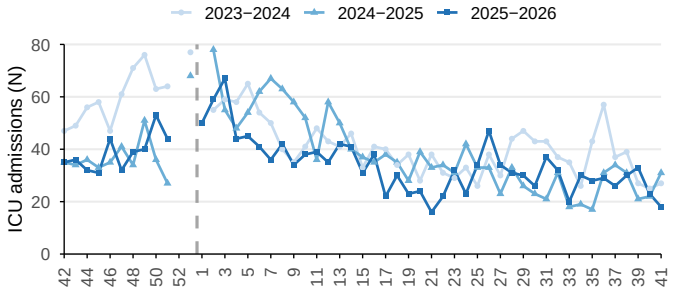
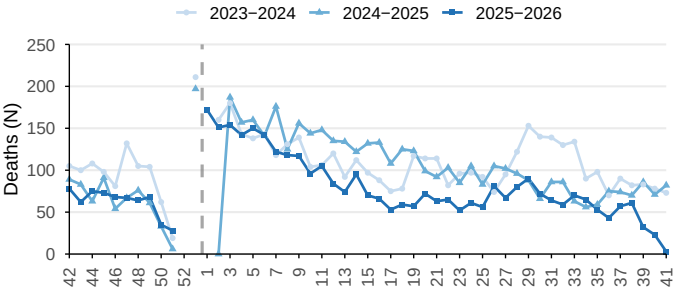


Figure 2.15.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Mexico, EW 42/2025–41/2026. *Source: FluID, WHO–GISRS.*

2.1.3 United States of America

No laboratory surveillance data were reported for EW 41. 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 40, SARS-CoV-2 positivity was 3.5%, and RSV positivity 0.7% (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.

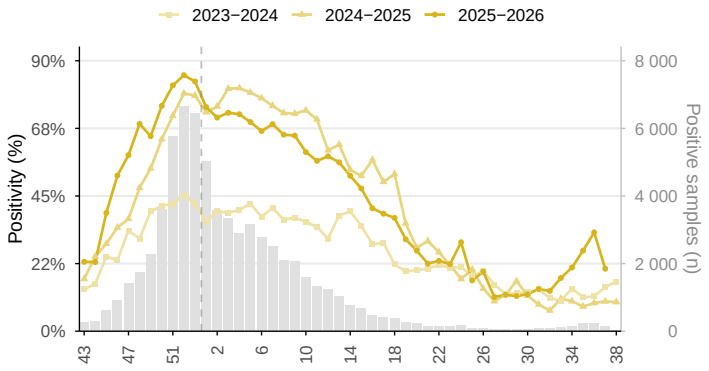
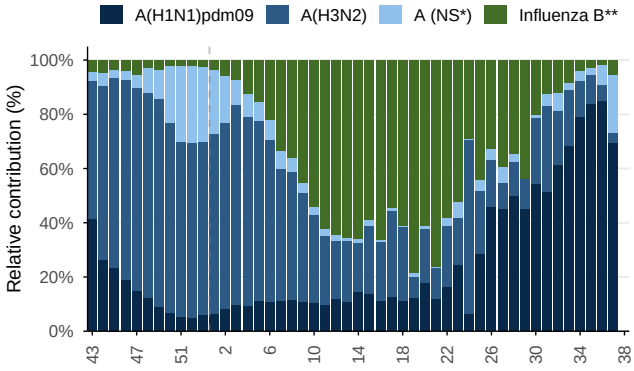


Figure 2.16.B. Weekly relative contribution by type and subtype.



Influenza in United States of America, EW 43/2025–41/2026. 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.

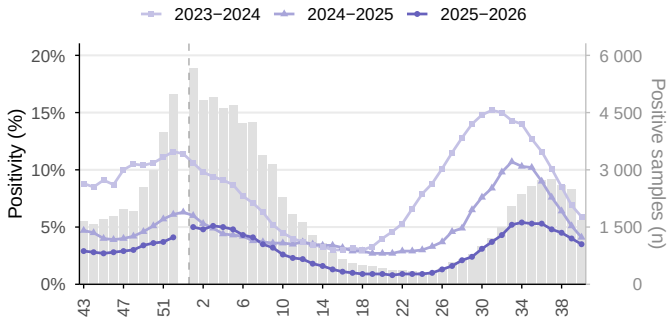
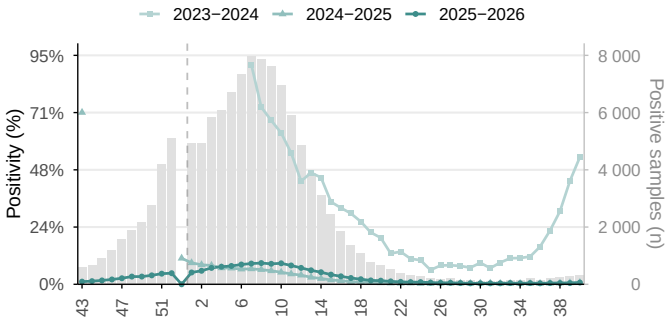


Figure 2.17.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in United States of America, EW 43/2025–41/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

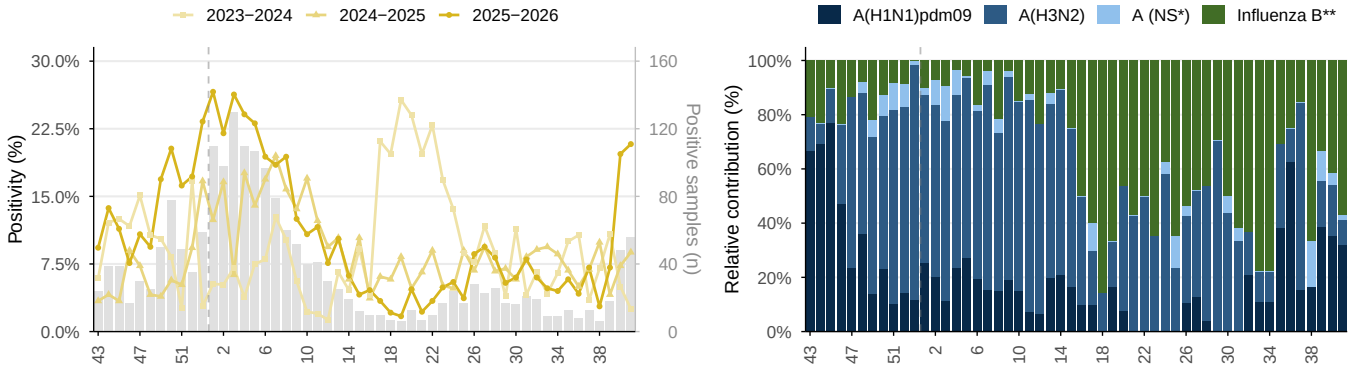
3. Caribbean

During EW 41, sentinel surveillance in the Caribbean showed influenza positivity of 20.8% (Figure 3.1). SARS-CoV-2 positivity was 2.5%, and RSV positivity 7.8% (Figure 3.2). Among influenza-positive samples during EW 38 and 41, influenza A predominated (51.6% of typed samples); of all influenza A samples, 90.9% were subtyped, and among these A(H1N1)pdm09 predominated (71.7%) (Figure 3.1). Among samples tested for other respiratory viruses, positivity was 28.0%, with rhinovirus predominating (69.0%) (Figure 3.3).

Between EW 38 and 41, 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 38 and 41, viral detections amounted to 0.6% of SARI cases, with RSV predominating (62.5%), followed by influenza (18.8%) and SARS-CoV-2 (18.8%) (Figure 3.5). In the same period, 278 ICU admissions of SARI cases and 345 deaths were recorded (Figure 3.6).

Figure 3.1.A. Weekly overall influenza positivity.

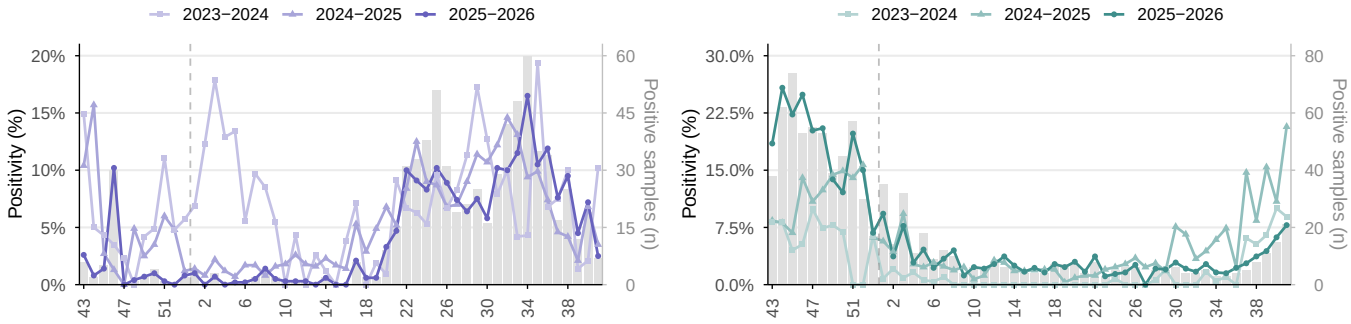
Figure 3.1.B. Weekly relative contribution by type and subtype.



Influenza in the Caribbean, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

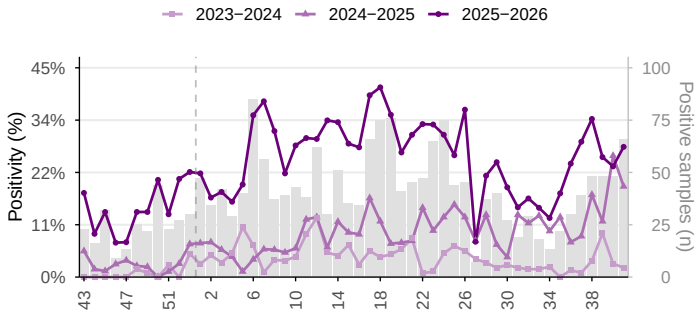
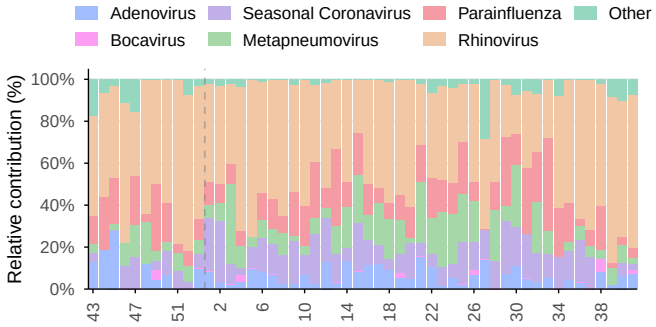


Figure 3.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Caribbean, EW 43/2025−41/2026. 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.

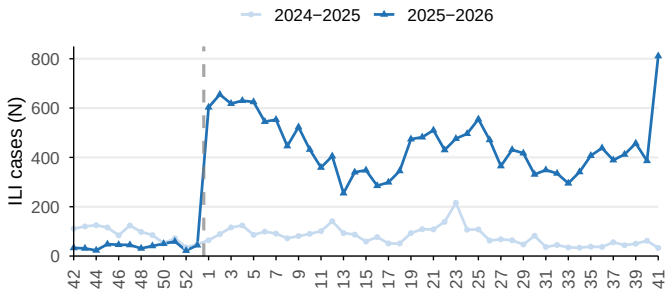
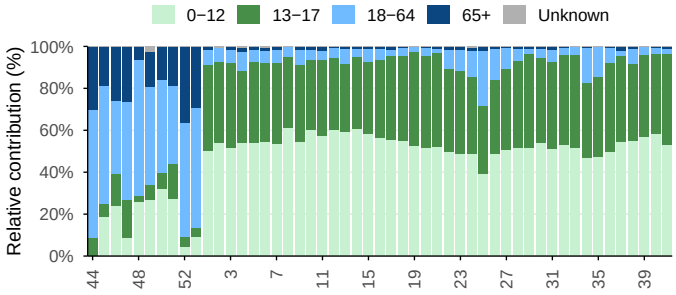


Figure 3.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in the Caribbean, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.5.A. Weekly SARI cases.

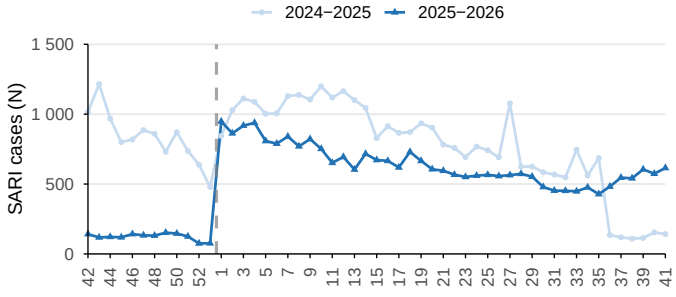
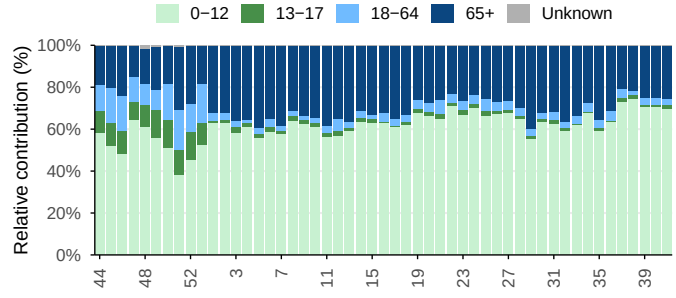


Figure 3.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Caribbean, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

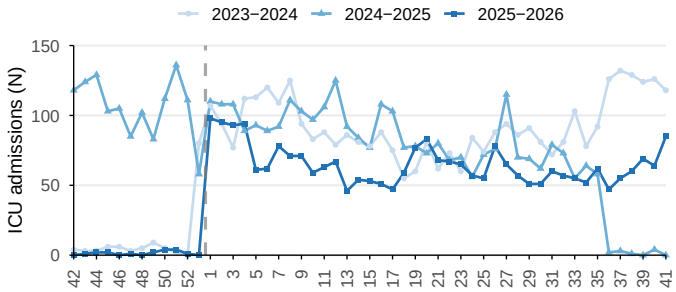
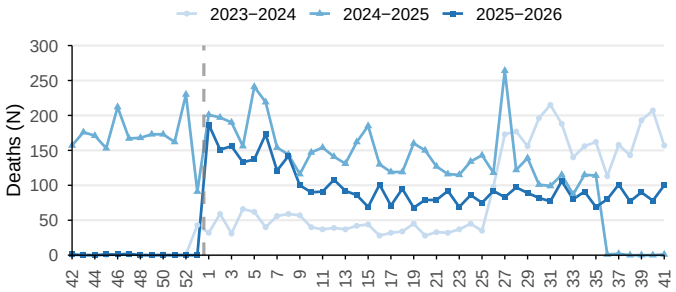


Figure 3.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Caribbean, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

3.1 Country

3.1.1 Belize

During EW 41, sentinel surveillance in Belize showed influenza positivity of 50.0%, with three positive samples (Figure 3.7). Among influenza-positive samples during EW 38 and 41, influenza B predominated (100.0% of typed samples) (Figure 3.7).

Figure 3.7.A. Weekly overall influenza positivity.

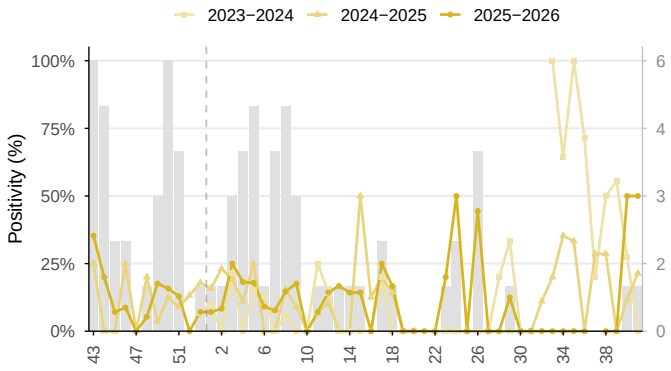
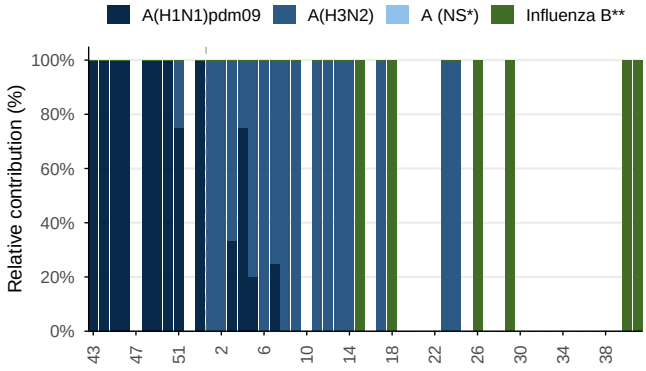


Figure 3.7.B. Weekly relative contribution by type and subtype.



Influenza in Belize, EW 43/2025–41/2026. 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.

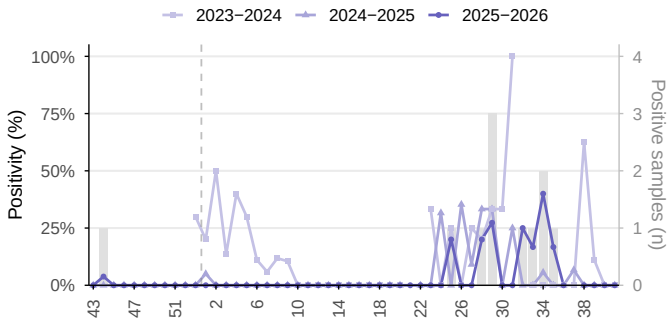
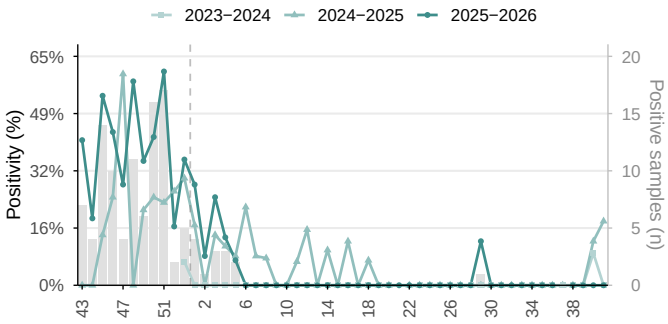


Figure 3.8.B. Weekly RSV positivity.



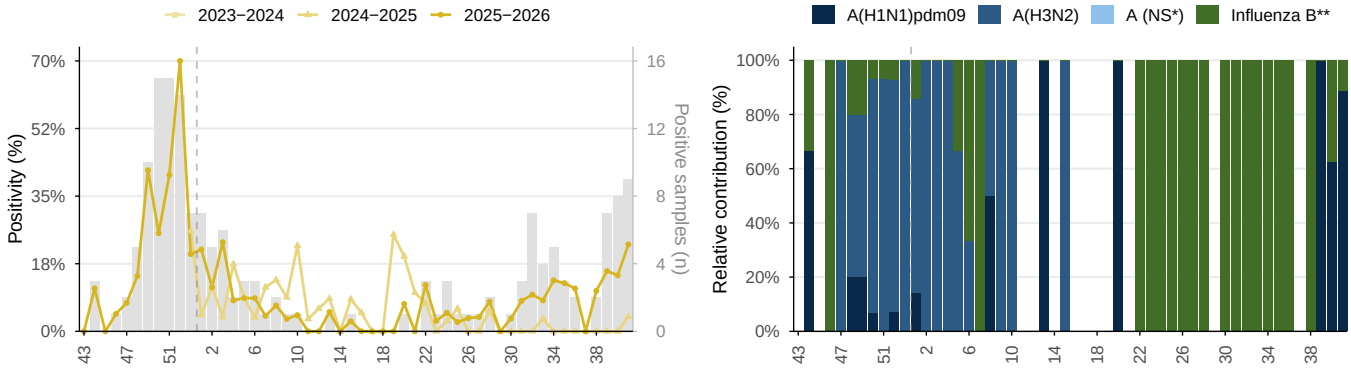
SARS–CoV–2 and RSV in Belize, EW 43/2025–41/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

3.1.2 Barbados

During EW 41, sentinel surveillance in Barbados showed influenza positivity of 22.5% (Figure 3.9). SARS-CoV-2 positivity was 4.8%, and RSV positivity 12.5% (Figure 3.10). Among influenza-positive samples during EW 38 and 41, influenza A predominated (76.9% 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 47.5%, with rhinovirus (64.2%) and other (18.9%) predominating (Figure 3.11).

Figure 3.9.A. Weekly overall influenza positivity.

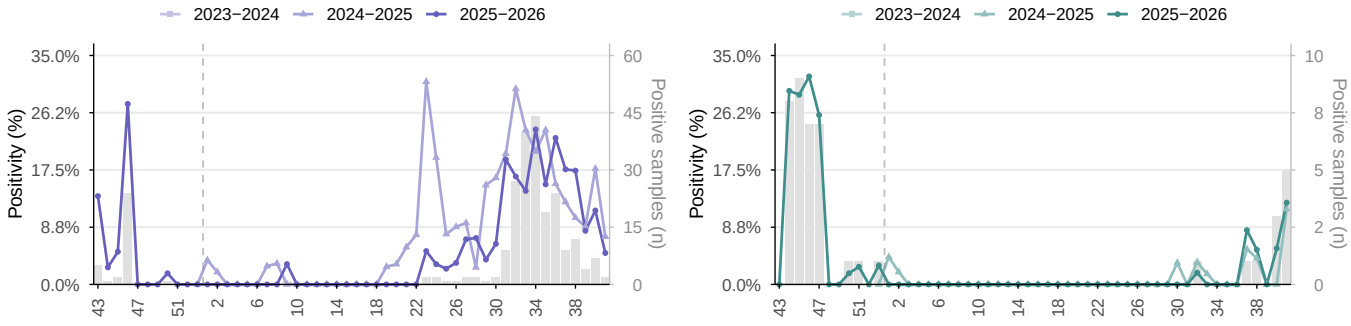
Figure 3.9.B. Weekly relative contribution by type and subtype.



Influenza in Barbados, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

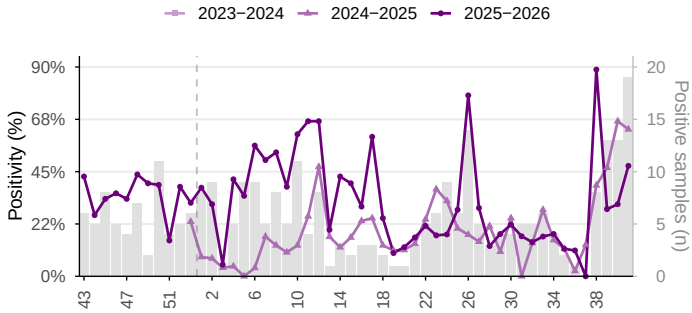
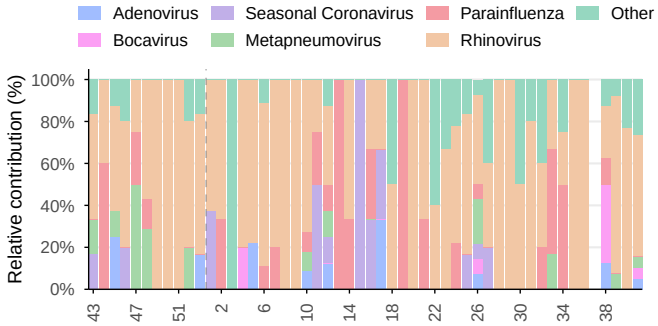


Figure 3.11.B. Weekly relative contribution by virus.



Other respiratory viruses in Barbados, EW 43/2025–41/2026. 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 41, sentinel surveillance in Cuba showed a SARS-CoV-2 positivity of 16.7% (Figure 3.13). Among influenza-positive samples during EW 38 and 41, influenza A predominated (66.7% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 3.12). Among samples tested for other respiratory viruses, parainfluenza predominated (75.0%) (Figure 3.14).

Between EW 38 and 41, viral detections amounted to 0.3% 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 38 and 41, viral detections amounted to 0.5% 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, 275 ICU admissions of SARI cases and 345 deaths were recorded (Figure 3.17).

Figure 3.12.A. Weekly overall influenza positivity.

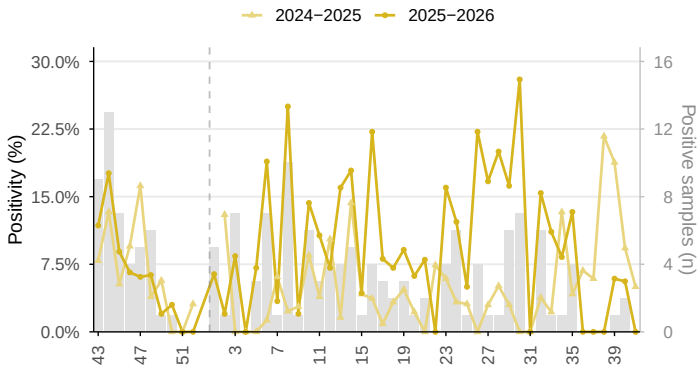
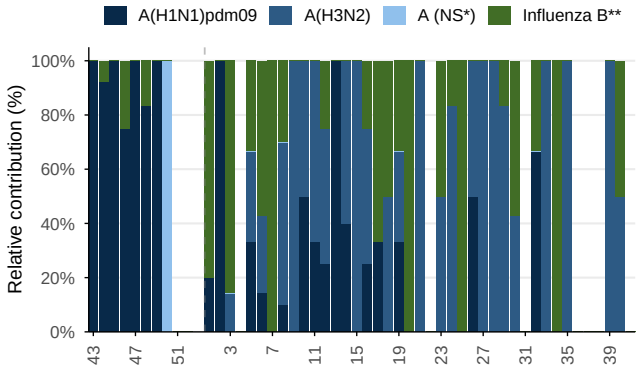


Figure 3.12.B. Weekly relative contribution by type and subtype.



Influenza in Cuba, EW 43/2025–41/2026. 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.

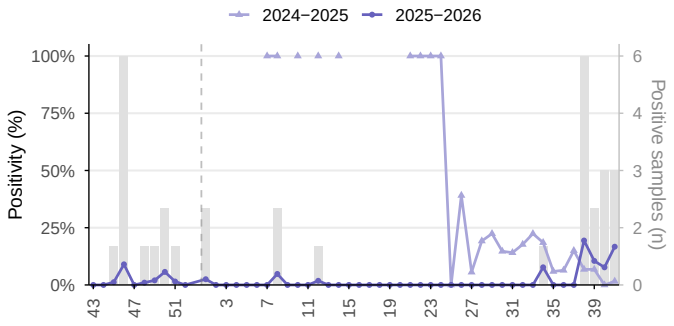
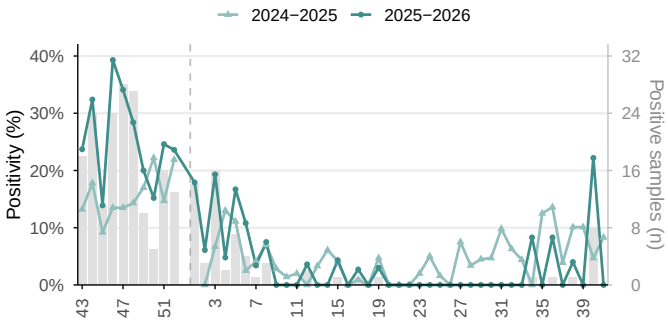


Figure 3.13.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Cuba, EW 43/2025–41/2026. 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.

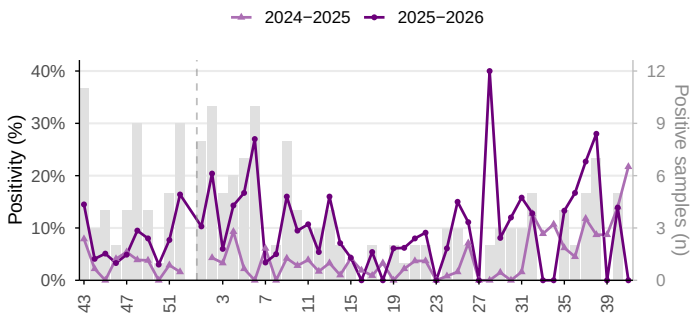
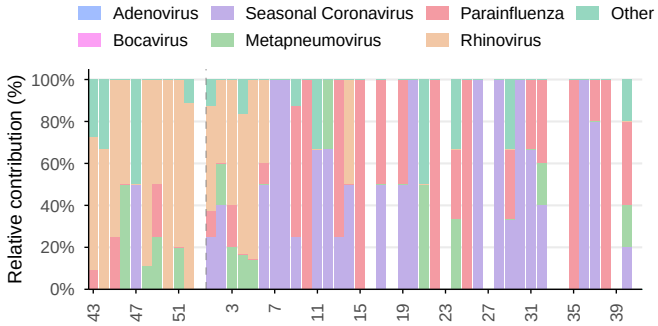


Figure 3.14.B. Weekly relative contribution by virus.



Other respiratory viruses in Cuba, EW 43/2025−41/2026. 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.

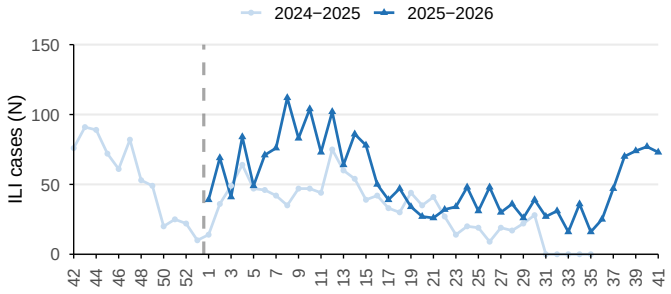
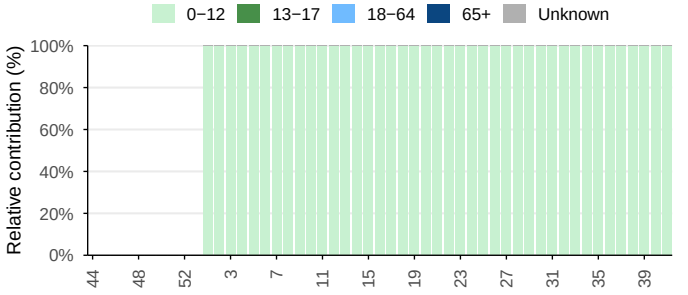


Figure 3.15.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Cuba, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.16.A. Weekly SARI cases.

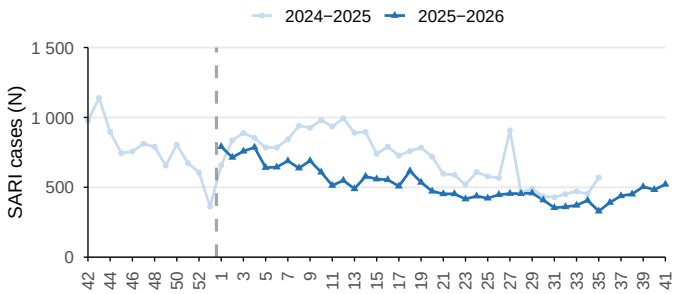
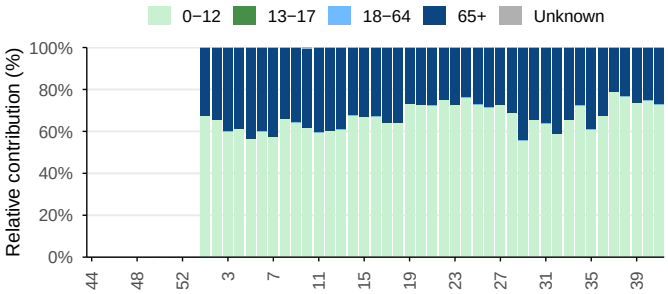


Figure 3.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Cuba, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

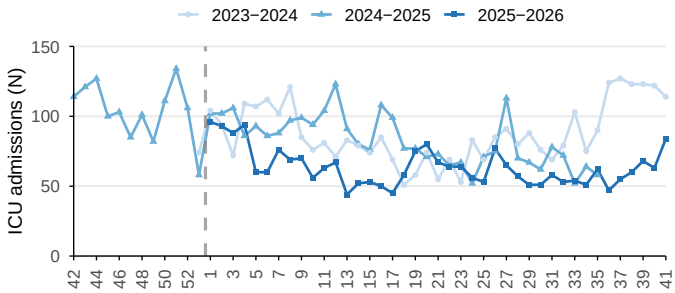
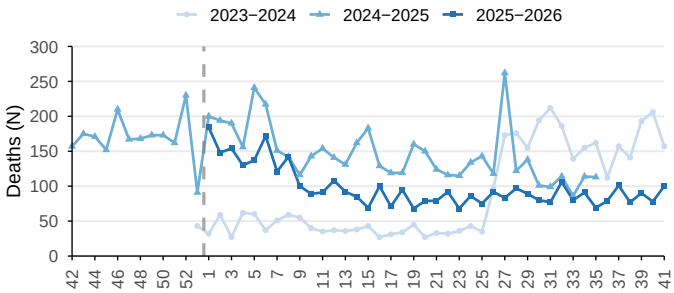


Figure 3.17.B. Weekly deaths among SARI cases.



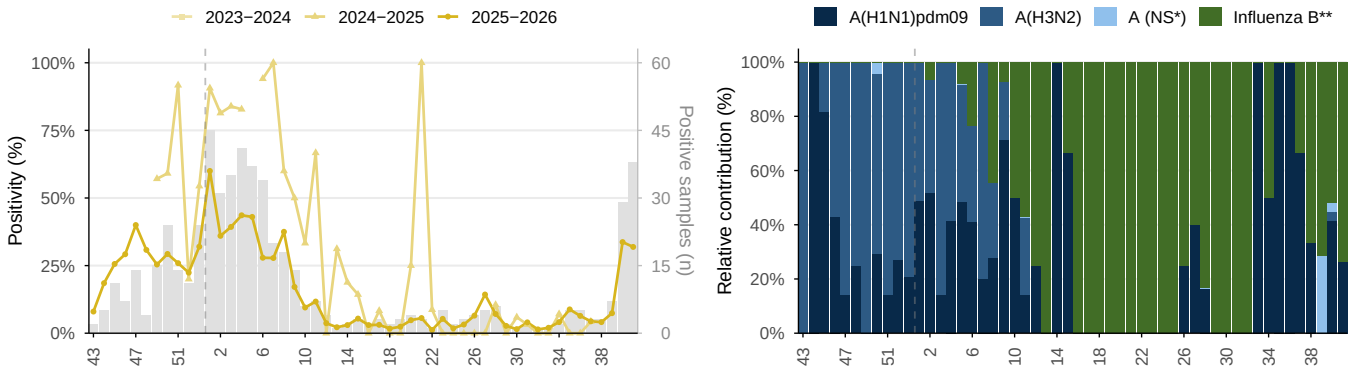
SARI ICU admissions and deaths in Cuba, EW 42/2025–41/2026. *Source: FluID, WHO–GISRS.*

3.1.4 Cayman Islands

During EW 41, sentinel surveillance in Cayman Islands showed influenza positivity of 31.9% (Figure 3.18). SARS-CoV-2 positivity was 1.7%, and RSV positivity 6.7% (Figure 3.19). Among influenza-positive samples during EW 38 and 41, influenza B predominated (64.9% of typed samples); of all influenza A samples, 88.9% were subtyped, and among these A(H1N1)pdm09 predominated (95.8%) (Figure 3.18). Among samples tested for other respiratory viruses, positivity was 37.0%, with rhinovirus predominating (79.3%) (Figure 3.20).

Figure 3.18.A. Weekly overall influenza positivity.

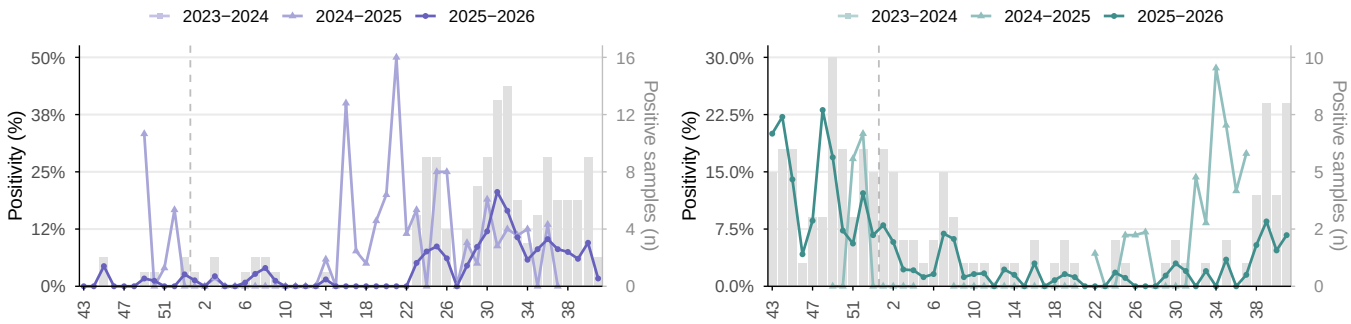
Figure 3.18.B. Weekly relative contribution by type and subtype.



Influenza in Cayman Islands, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

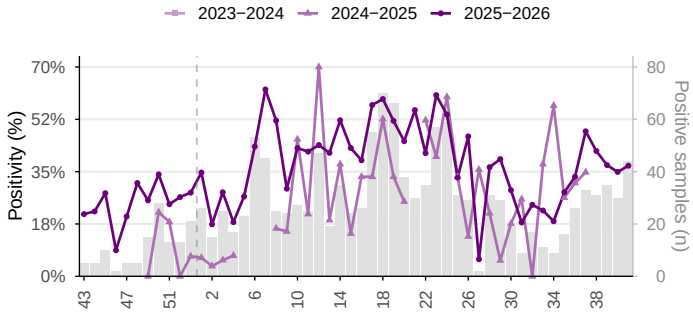
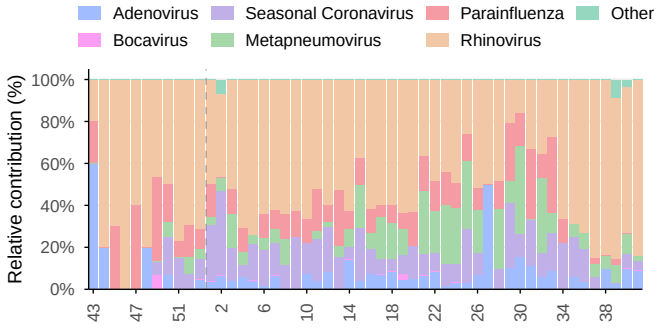


Figure 3.20.B. Weekly relative contribution by virus.



Other respiratory viruses in Cayman Islands, EW 43/2025–41/2026. 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 38 and 41.

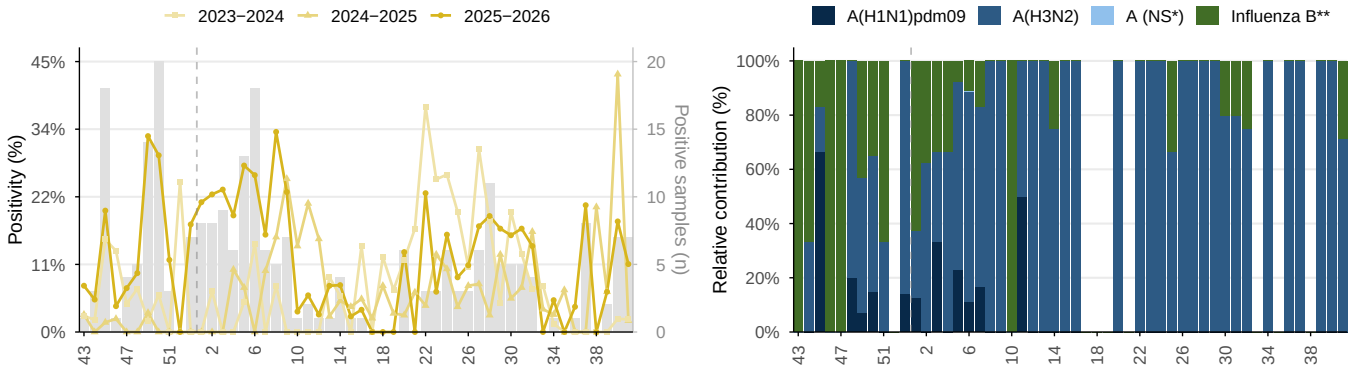
3.1.6 Dominican Republic

During EW 41, sentinel surveillance in Dominican Republic showed influenza positivity of 11.3% (Figure 3.21). RSV positivity was 6.5% (Figure 3.22). Among influenza-positive samples during EW 38 and 41, influenza A predominated (87.5% 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, positivity was 4.8%, with parainfluenza predominating (100.0%) (Figure 3.23).

Between EW 38 and 41, 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 38 and 41, viral detections amounted to 0.7% of SARI cases, with RSV predominating (100.0%) (Figure 3.25). In the same period, 2 ICU admissions of SARI cases were recorded (Figure 3.26).

Figure 3.21.A. Weekly overall influenza positivity.

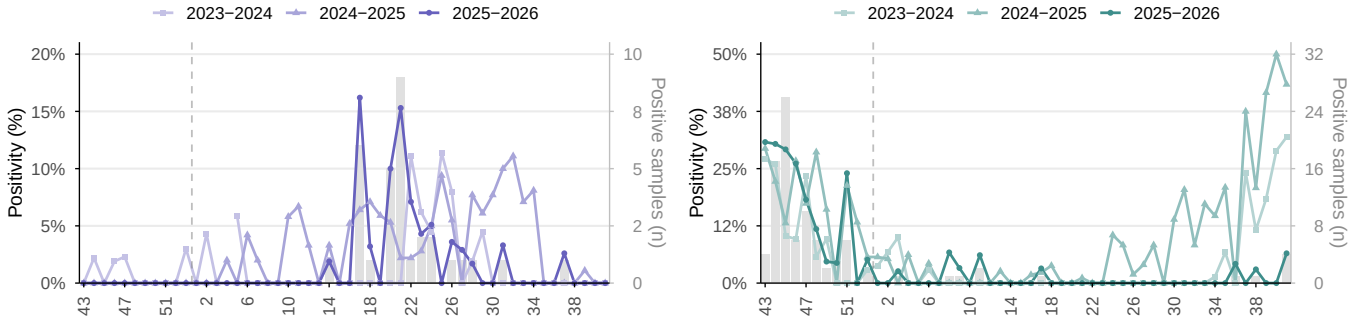
Figure 3.21.B. Weekly relative contribution by type and subtype.



Influenza in Dominican Republic, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

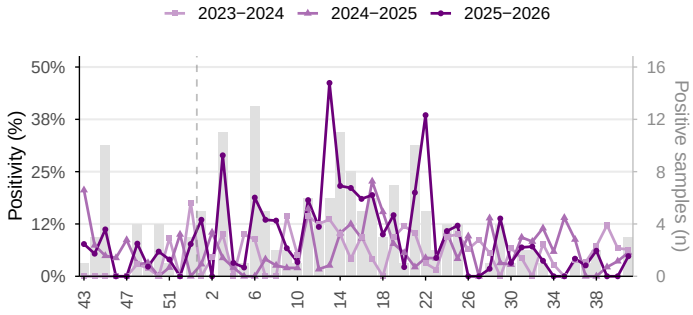
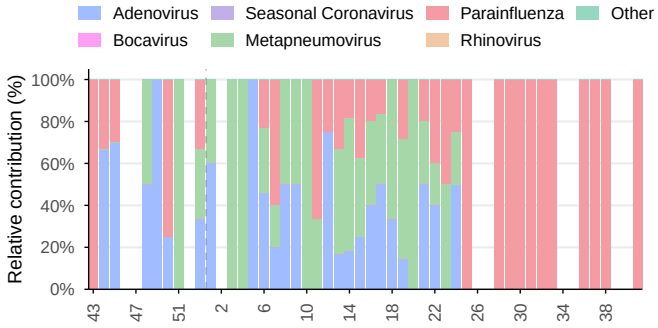


Figure 3.23.B. Weekly relative contribution by virus.



Other respiratory viruses in Dominican Republic, EW 43/2025−41/2026. 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.

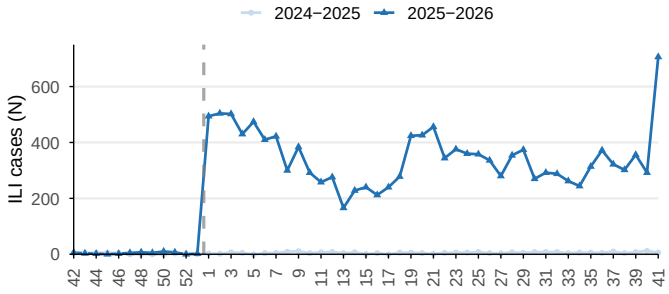
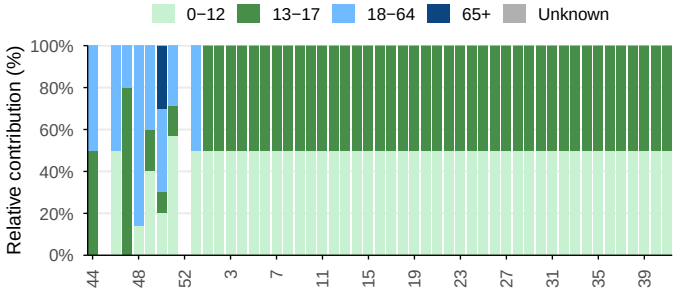


Figure 3.24.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Dominican Republic, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

3. Caribbean — Dominican Republic

Figure 3.25.A. Weekly SARI cases.

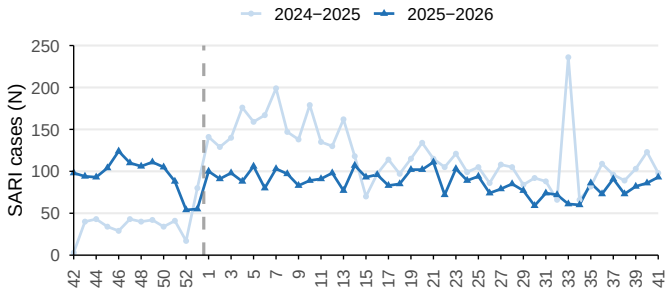
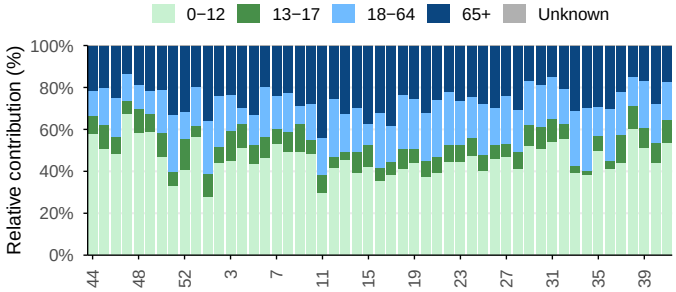


Figure 3.25.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Dominican Republic, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

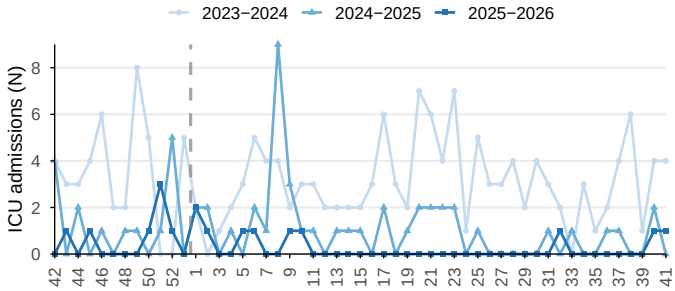
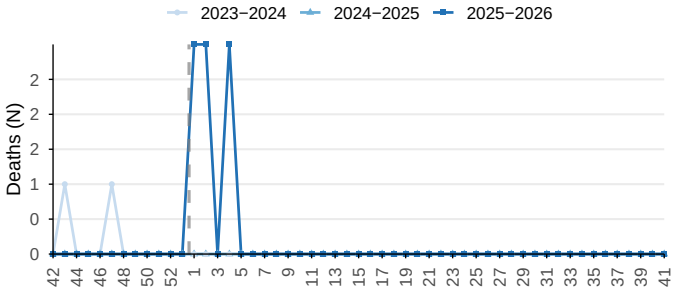


Figure 3.26.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Dominican Republic, EW 42/2025–41/2026. *Source: FluID, WHO–GISRS.*

3.1.7 Grenada

No data were reported between EW 38 and 41.

3.1.8 Guyana

During EW 41, sentinel surveillance in Guyana showed influenza positivity of 3.2% (Figure 3.27). RSV positivity was 13.3% (Figure 3.28). Among influenza-positive samples during EW 38 and 41, influenza A predominated (100.0% of typed samples) (Figure 3.27).

Between EW 38 and 41, viral detections amounted to 2.6% of ILI cases; influenza predominated (100.0%) (Figure 3.29). In the same period, 67.0% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (18.3%) (Figure 3.29). Between EW 38 and 41, no virus detections were recorded in SARI cases (Figure 3.30). In the same period, one ICU admission of a SARI case was recorded (Figure 3.31).

Figure 3.27.A. Weekly overall influenza positivity.

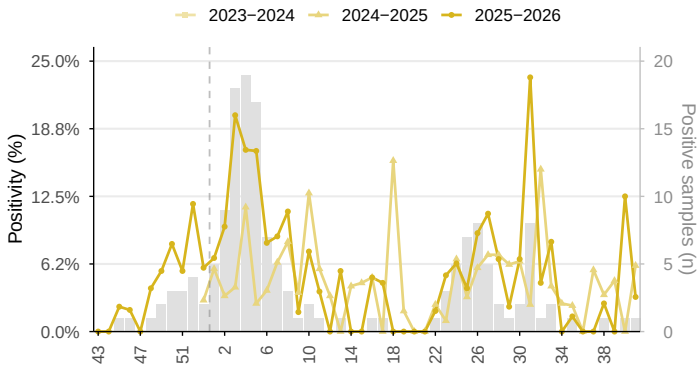
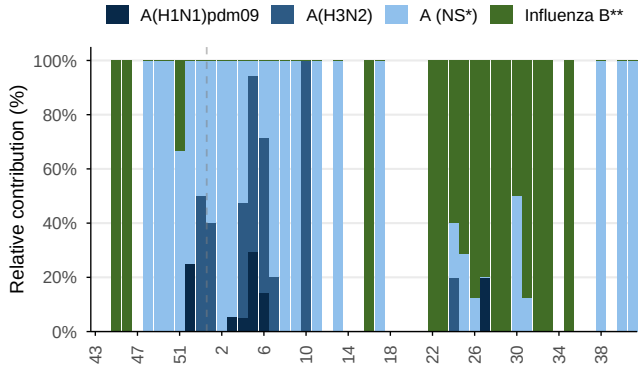


Figure 3.27.B. Weekly relative contribution by type and subtype.



Influenza in Guyana, EW 43/2025–41/2026. 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.

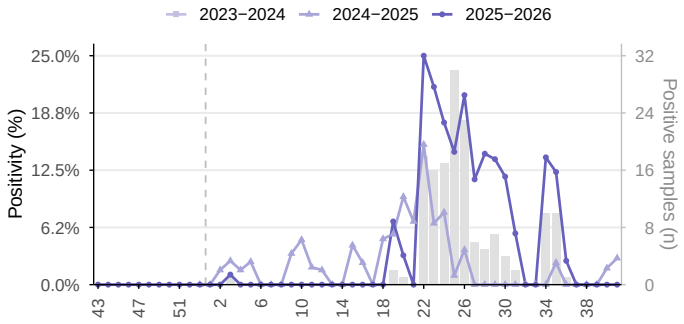
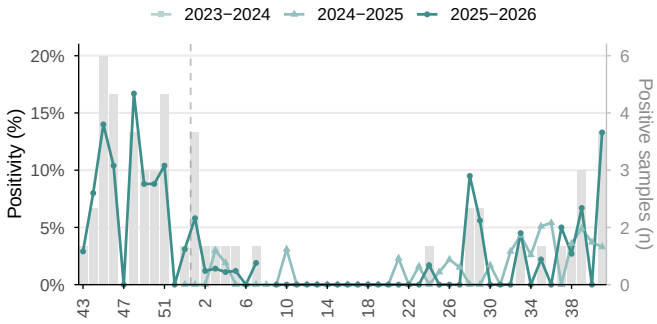


Figure 3.28.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Guyana, EW 43/2025–41/2026. 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.

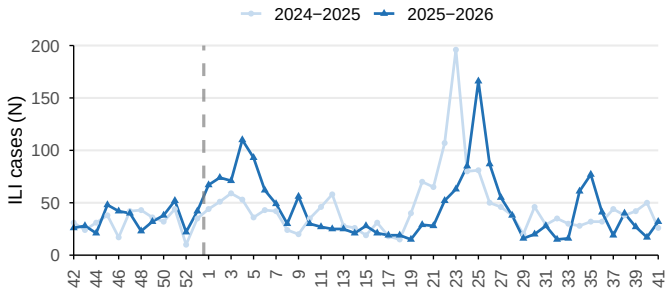
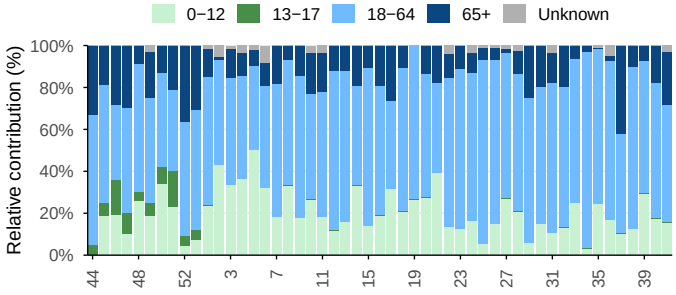


Figure 3.29.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Guyana, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.30.A. Weekly SARI cases.

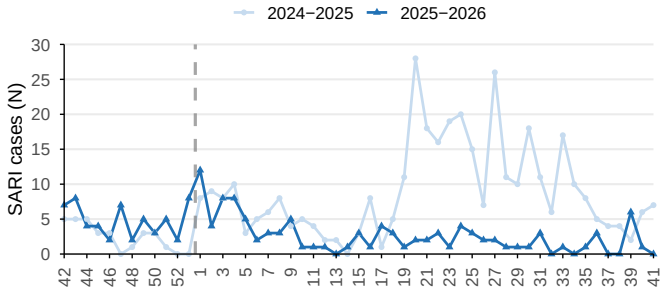
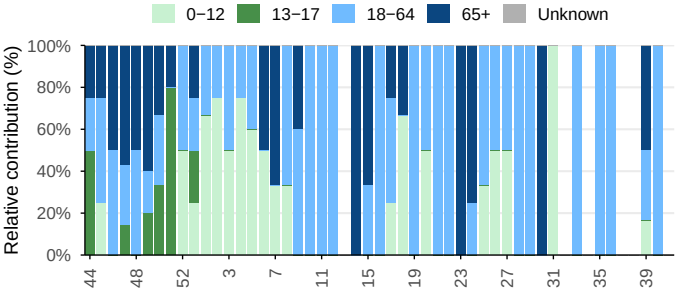


Figure 3.30.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guyana, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

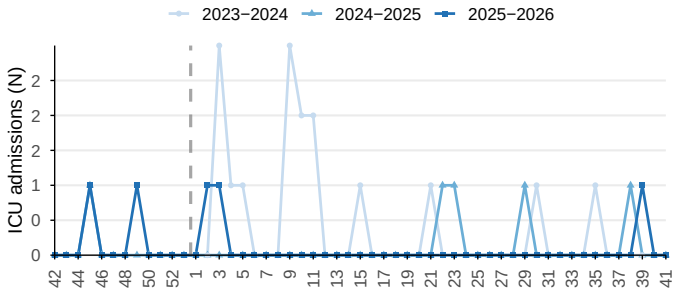
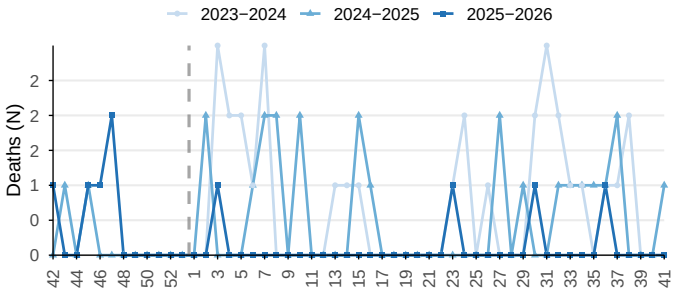


Figure 3.31.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guyana, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

3.1.9 Haiti

No data were reported between EW 38 and 41.

3.1.10 Jamaica

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 3.32).

Figure 3.32.A. Weekly overall influenza positivity.

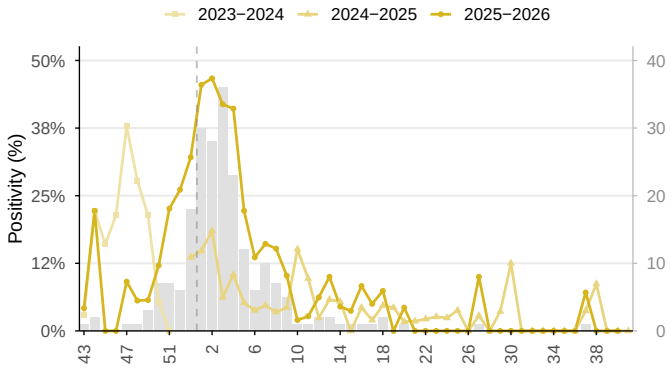
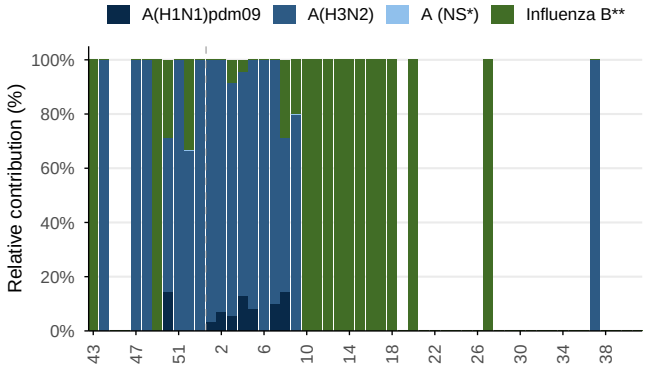


Figure 3.32.B. Weekly relative contribution by type and subtype.



Influenza in Jamaica, EW 43/2025–41/2026. 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.

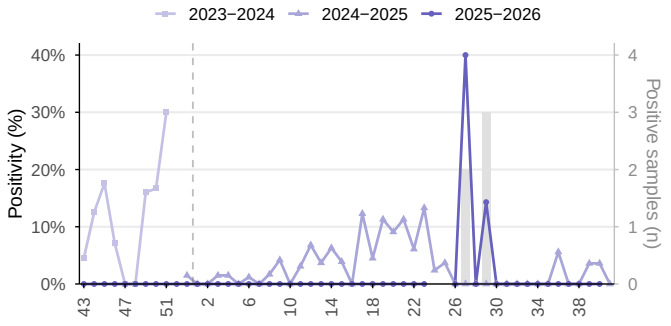
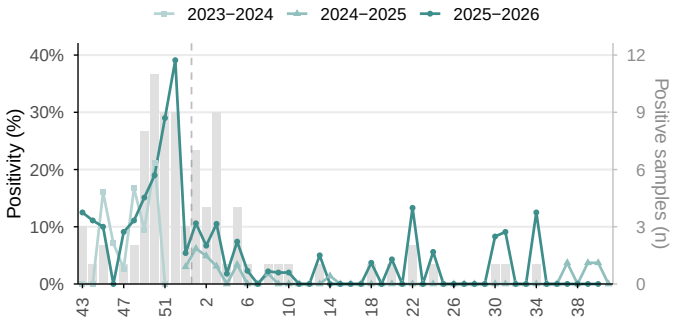


Figure 3.33.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Jamaica, EW 43/2025–41/2026. 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.

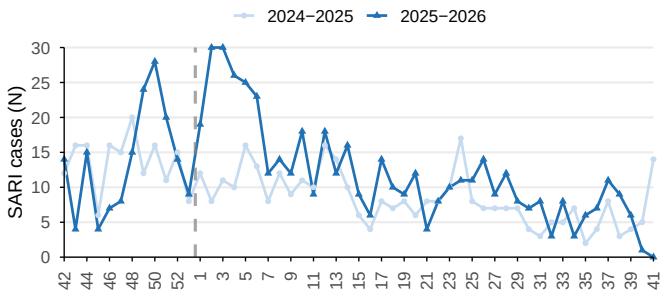
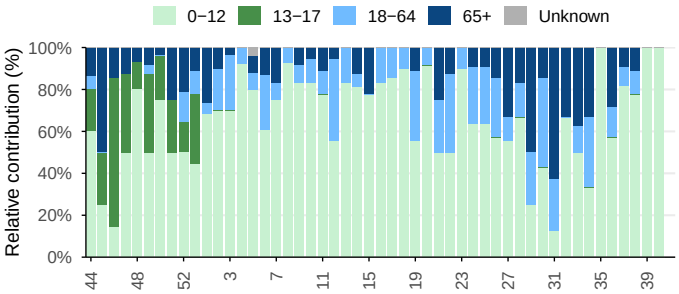


Figure 3.34.B. Weekly relative contribution by age group.



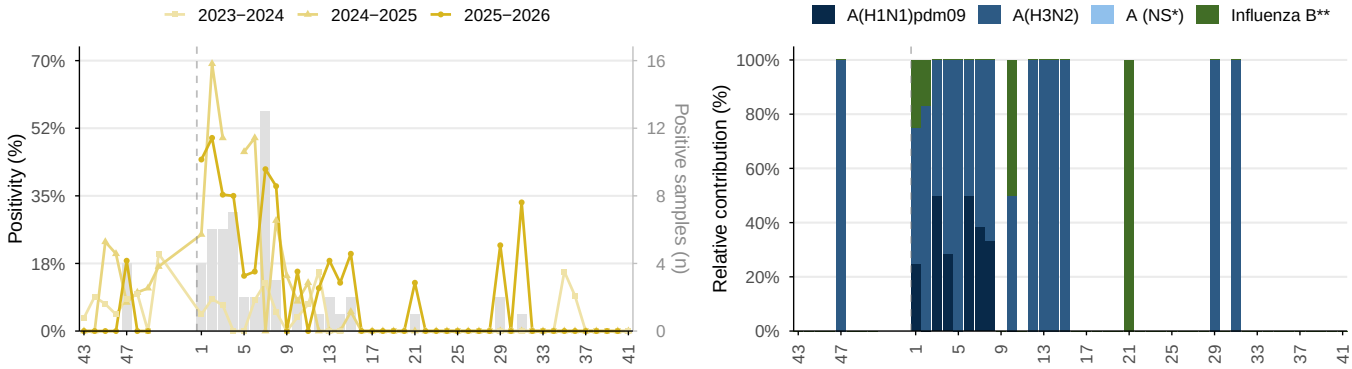
Severe acute respiratory infection (SARI) cases in Jamaica, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

3.1.11 Saint Lucia

No laboratory surveillance data were reported for EW 41; the summary describes EW 40, the last reported week, and the 3 weeks before it. During EW 40, sentinel surveillance in Saint Lucia showed influenza positivity of 0.0% (Figure 3.35). Between EW 38 and 41, viral detections amounted to 0.0% of SARI cases, with SARS-CoV-2 predominating (100.0%) (Figure 3.37).

Figure 3.35.A. Weekly overall influenza positivity.

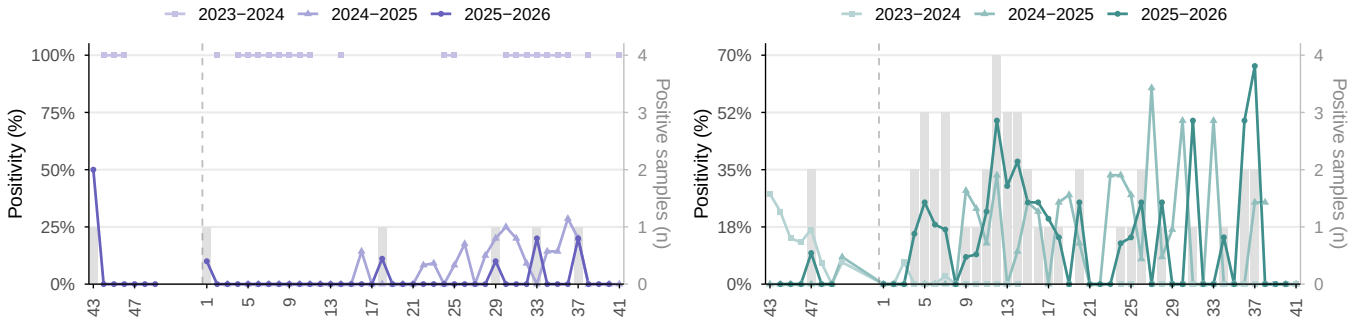
Figure 3.35.B. Weekly relative contribution by type and subtype.



Influenza in Saint Lucia, EW 43/2025–41/2026. 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 3.36.A. Weekly SARS-CoV-2 positivity.

Figure 3.36.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Saint Lucia, EW 43/2025–41/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.37.A. Weekly SARI cases.

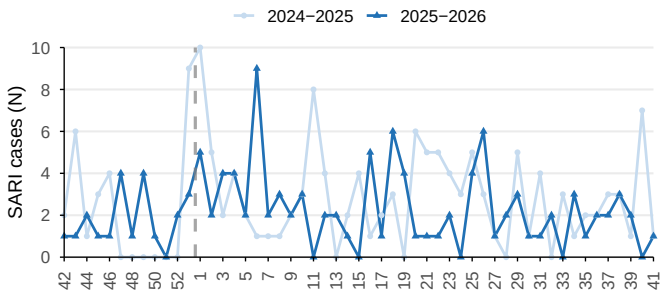
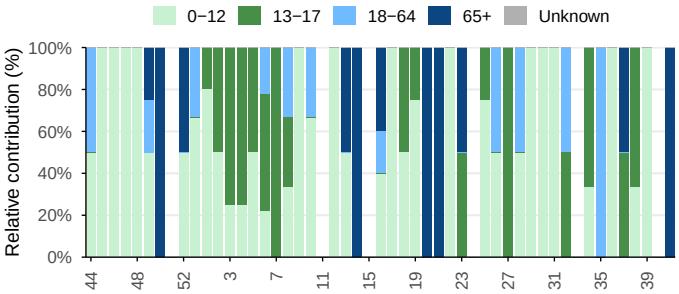


Figure 3.37.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Saint Lucia, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.12 Suriname

Among influenza-positive samples during EW 37 and 40, influenza B predominated (100.0% of typed samples) (Figure 3.38). Between EW 38 and 41, no virus detections were recorded in ILI cases (Figure 3.40). Between EW 38 and 41, viral detections amounted to 16.7% of SARI cases, with influenza predominating (50.0%), followed by SARS-CoV-2 (50.0%) (Figure 3.41).

Figure 3.38.A. Weekly overall influenza positivity.

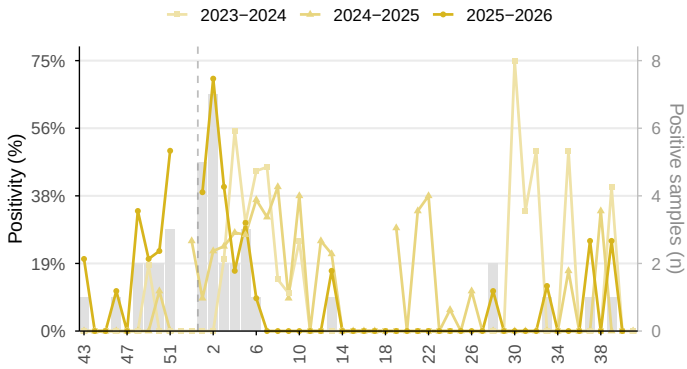
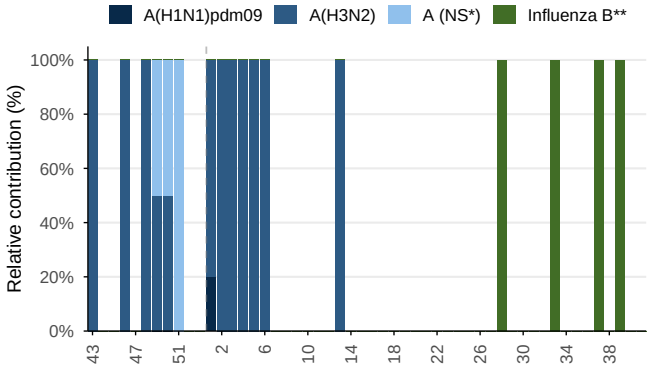


Figure 3.38.B. Weekly relative contribution by type and subtype.



Influenza in Suriname, EW 43/2025–41/2026. 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 3.39.A. Weekly SARS-CoV-2 positivity.

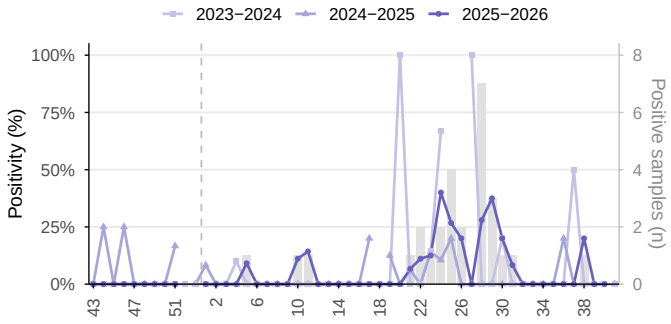
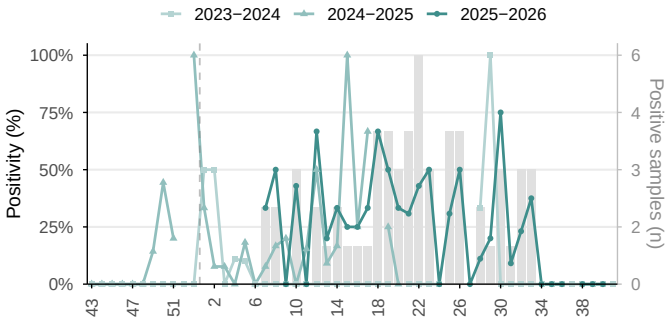


Figure 3.39.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Suriname, EW 43/2025–41/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.40.A. Weekly ILI cases.

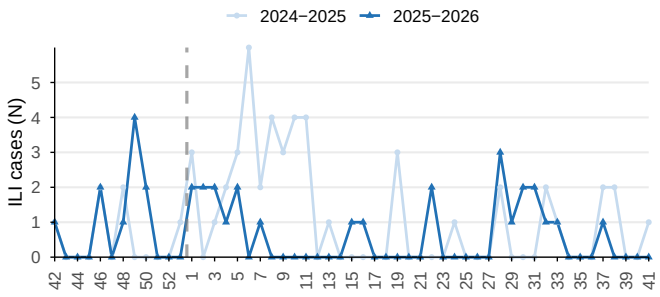
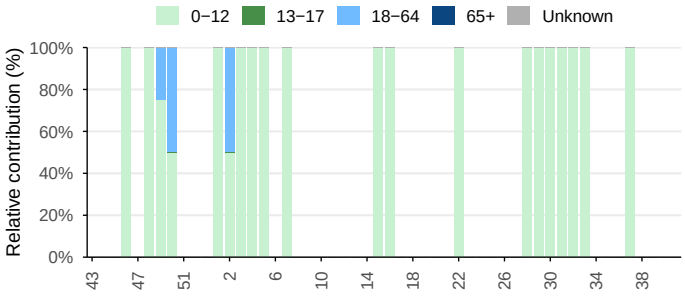


Figure 3.40.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Suriname, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.41.A. Weekly SARI cases.

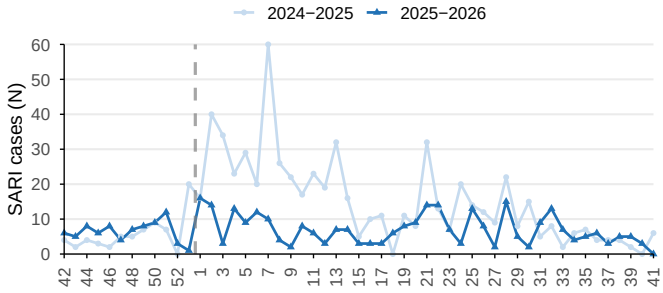
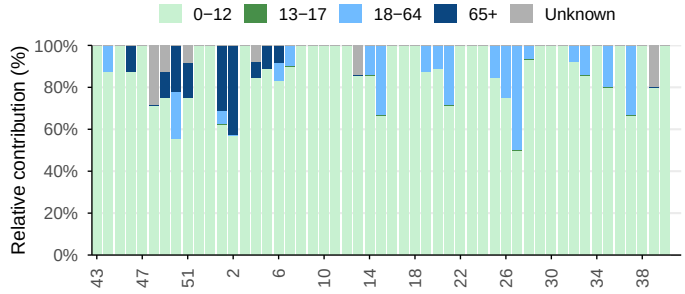


Figure 3.41.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Suriname, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.42.A. Weekly SARI cases admitted to ICU.

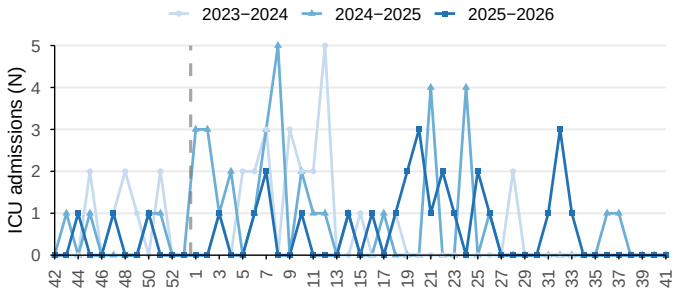
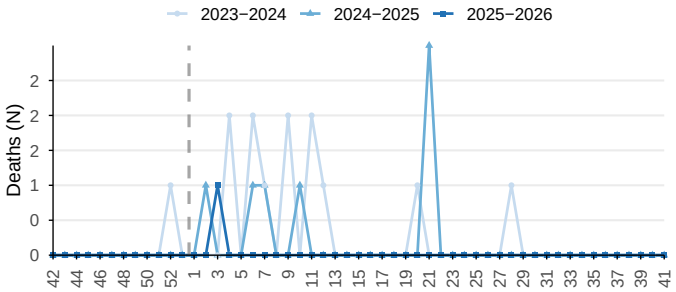


Figure 3.42.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Suriname, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

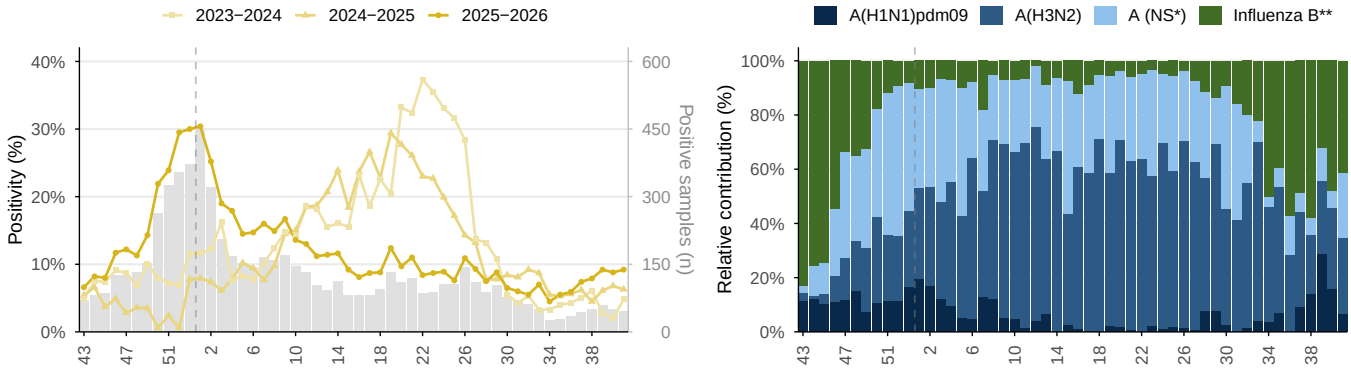
4. Central America

During EW 41, sentinel surveillance in Central America showed influenza positivity of 9.2% (Figure 4.1). SARS-CoV-2 positivity was 1.9%, and RSV positivity 18.4% (Figure 4.2). Among influenza-positive samples during EW 38 and 41, influenza A predominated (55.6% of typed samples); of all influenza A samples, 78.9% were subtyped, and among these A(H3N2) predominated (61.1%) (Figure 4.1). Among samples tested for other respiratory viruses, positivity was 19.6%, with rhinovirus (58.0%) and metapneumovirus (15.4%) predominating (Figure 4.3).

Between EW 38 and 41, viral detections amounted to 14.6% of ILI cases; influenza predominated (55.6%), followed by SARS-CoV-2 (27.8%) and RSV (16.7%) (Figure 4.4). Between EW 38 and 41, viral detections amounted to 6.6% of SARI cases, with RSV predominating (58.6%), followed by influenza (31.4%) and SARS-CoV-2 (10.0%) (Figure 4.5). In the same period, 60 ICU admissions of SARI cases and 37 deaths were recorded (Figure 4.6).

Figure 4.1.A. Weekly overall influenza positivity.

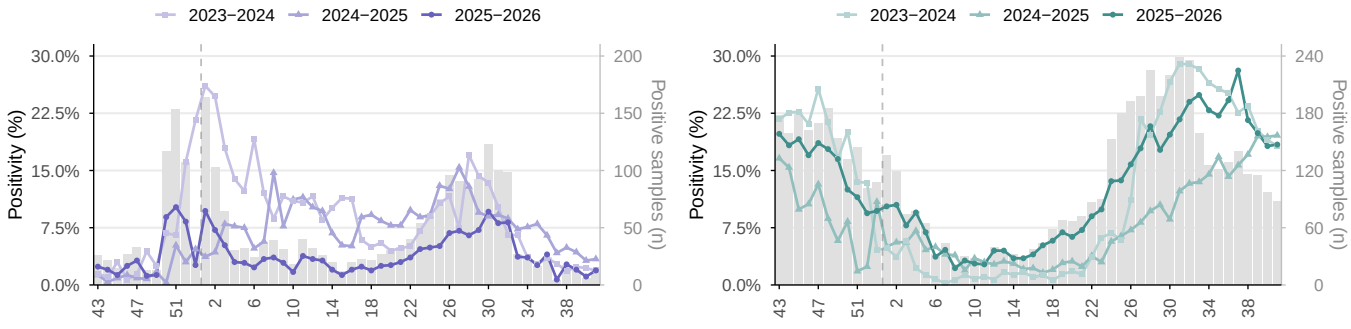
Figure 4.1.B. Weekly relative contribution by type and subtype.



Influenza in Central America, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

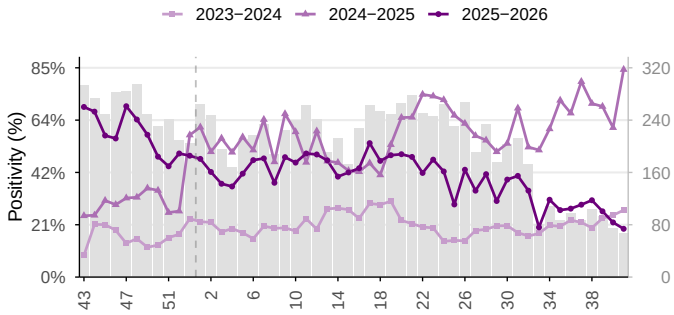
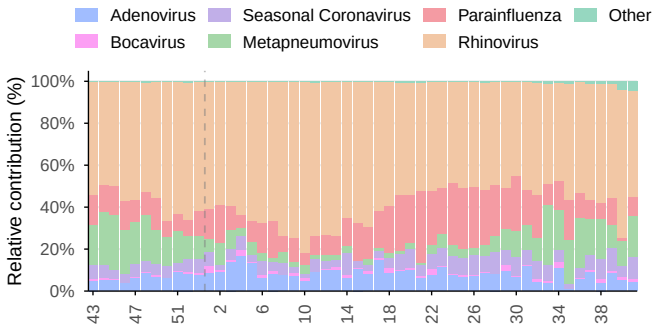


Figure 4.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Central America, EW 43/2025–41/2026. 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.

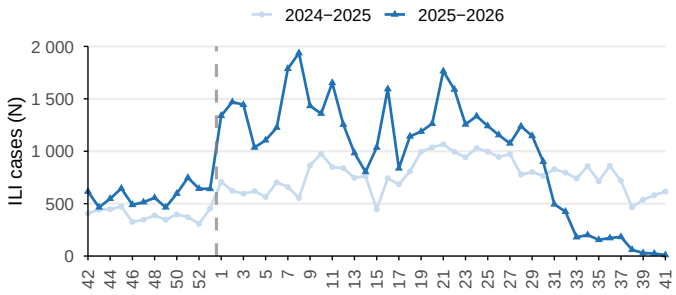
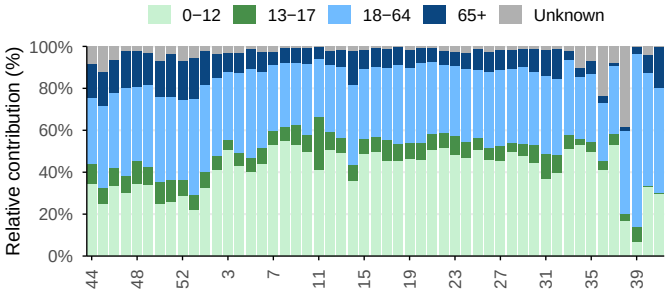


Figure 4.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Central America, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.5.A. Weekly SARI cases.

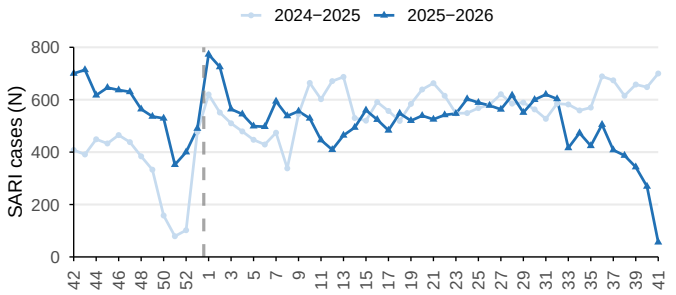
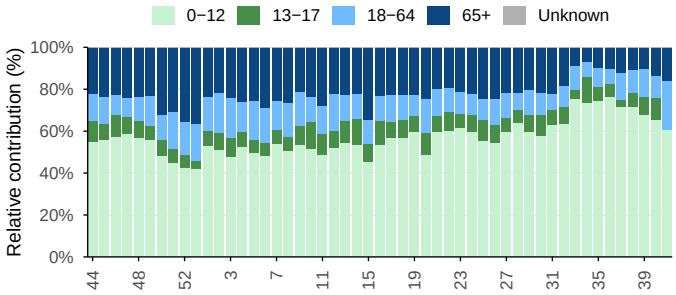


Figure 4.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Central America, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

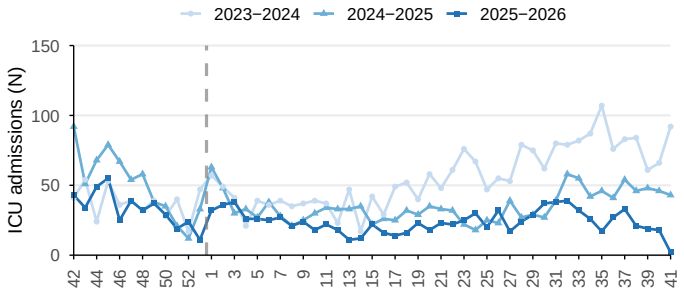
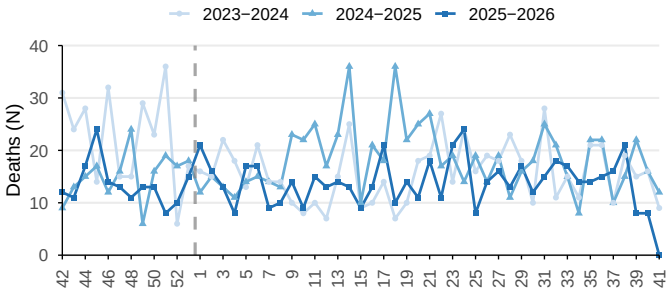


Figure 4.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Central America, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

4.1 Country

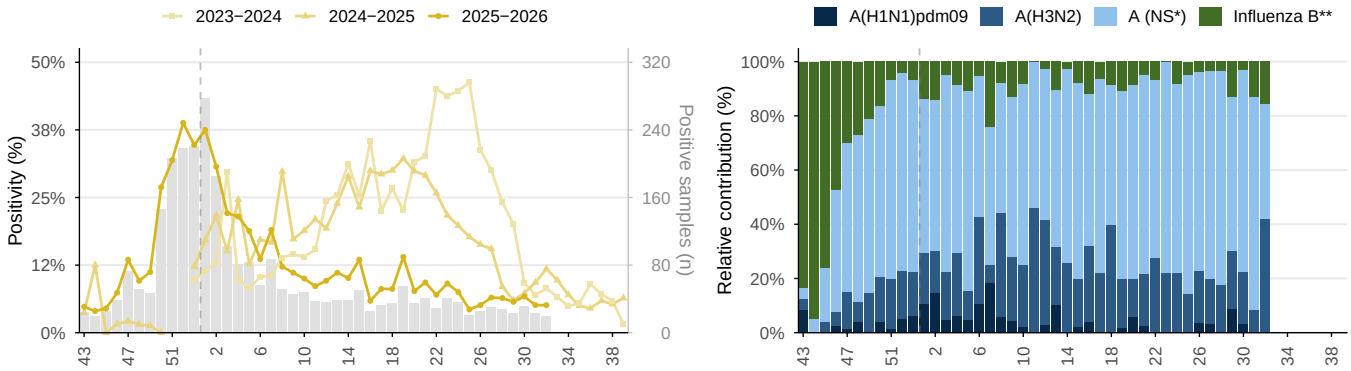
4.1.1 Costa Rica

No laboratory surveillance data were reported for EW 41; the summary describes EW 38, the last reported week, and the 3 weeks before it. Between EW 35 and 38, sentinel surveillance in Costa Rica reported no samples processed for influenza (Figure 4.7).

Between EW 35 and 38, no virus detections were recorded in ILI cases (Figure 4.10). Between EW 35 and 38, no virus detections were recorded in SARI cases (Figure 4.11). In the same period, 0 ICU admissions of SARI cases and 0 deaths were recorded.

Figure 4.7.A. Weekly overall influenza positivity.

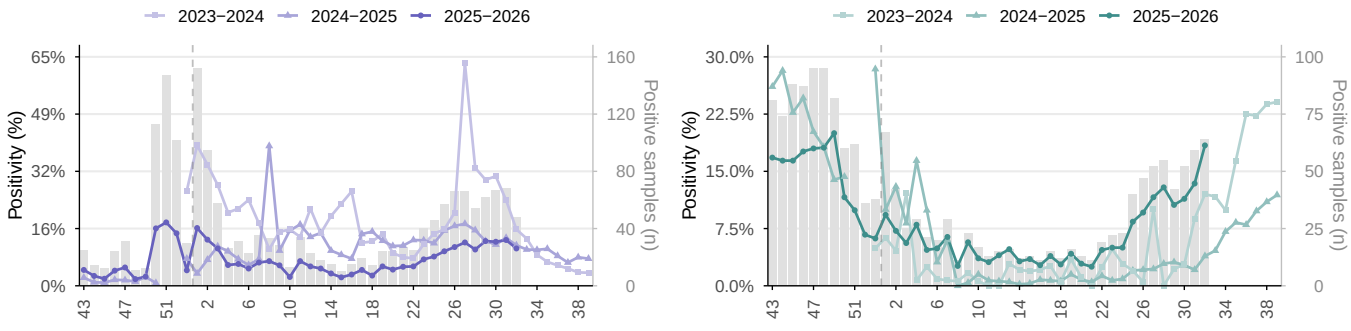
Figure 4.7.B. Weekly relative contribution by type and subtype.



Influenza in Costa Rica, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

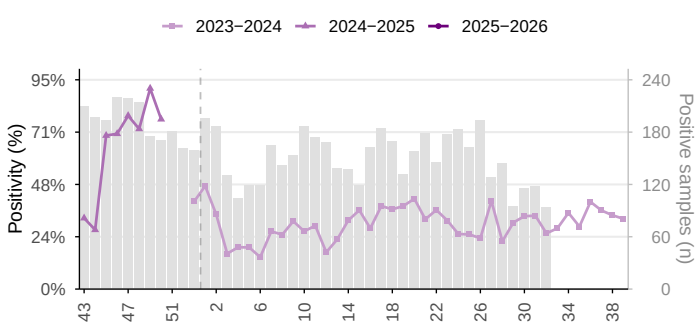
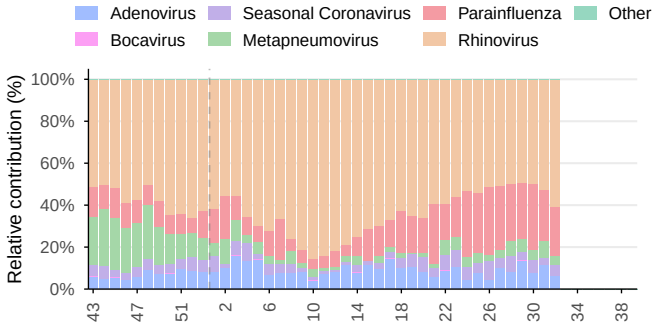


Figure 4.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Costa Rica, EW 43/2025–41/2026. 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.

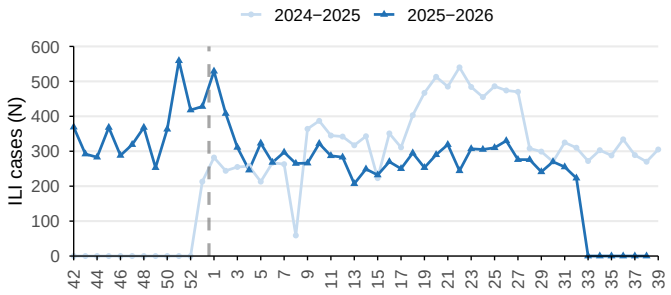
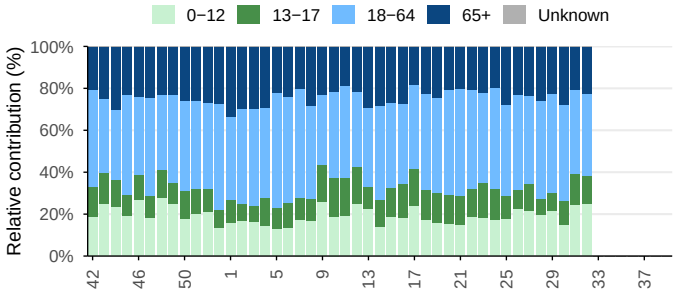


Figure 4.10.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Costa Rica, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.11.A. Weekly SARI cases.

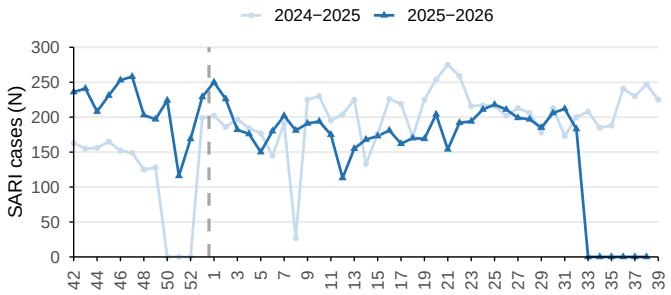
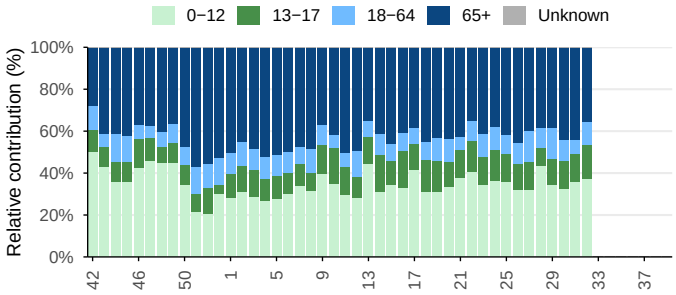


Figure 4.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Costa Rica, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

4.1.2 Guatemala

During EW 41, sentinel surveillance in Guatemala showed influenza positivity of 0.0% (Figure 4.12). RSV positivity was 27.8% (Figure 4.13). Among influenza-positive samples during EW 38 and 41, influenza B predominated (63.6% of typed samples); of all influenza A samples, 75.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 4.12). Among samples tested for other respiratory viruses, positivity was 92.9% (EW 40), with rhinovirus (57.5%) and metapneumovirus (26.0%) predominating between EW 37 and 40 (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.

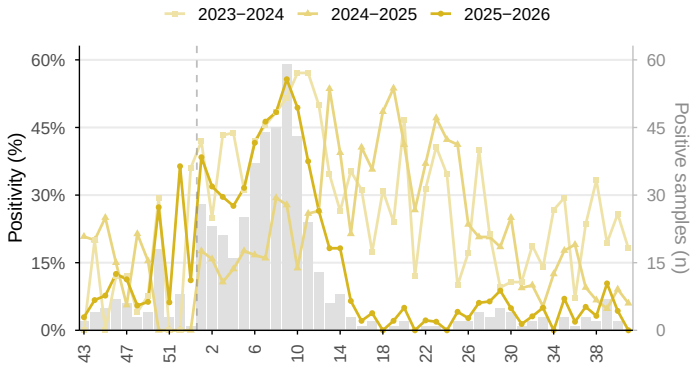
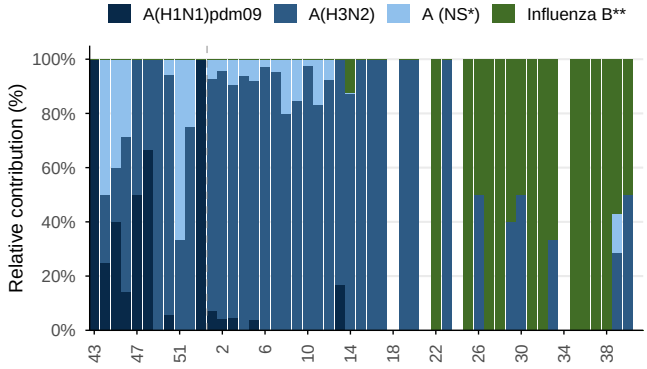


Figure 4.12.B. Weekly relative contribution by type and subtype.



Influenza in Guatemala, EW 43/2025–41/2026. 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.

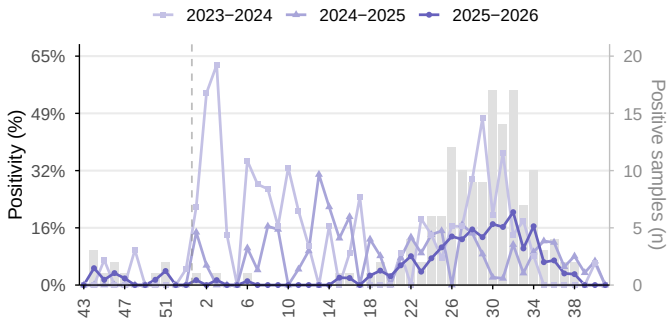
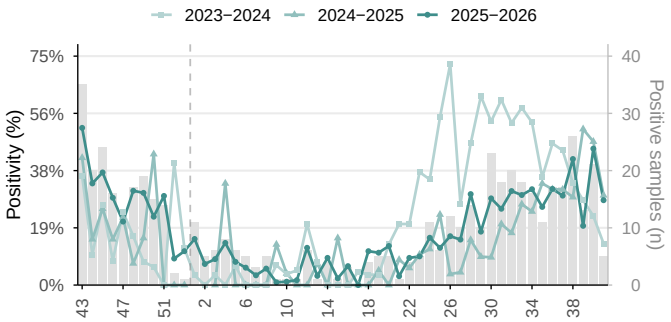


Figure 4.13.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Guatemala, EW 43/2025−41/2026. 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.

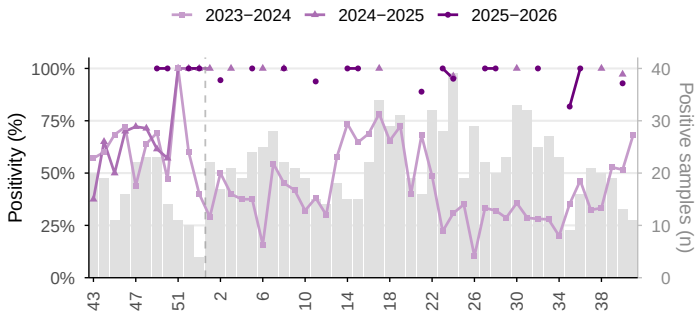
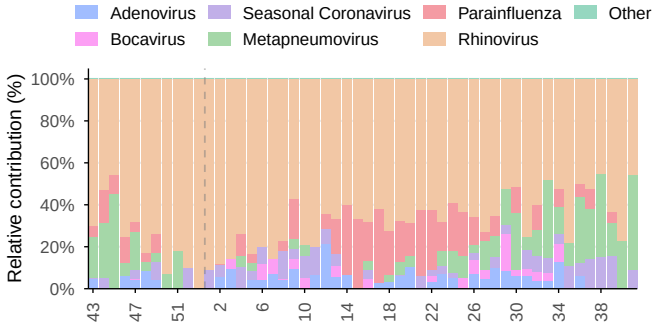


Figure 4.14.B. Weekly relative contribution by virus.



Other respiratory viruses in Guatemala, EW 43/2025−41/2026. 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.

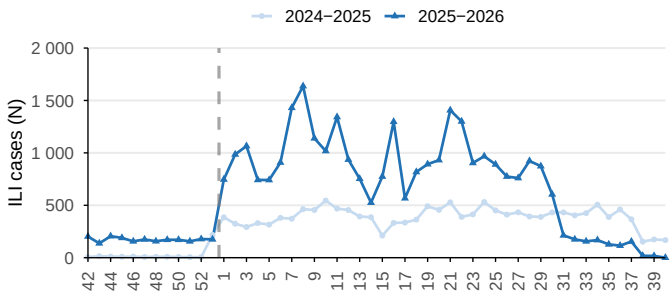
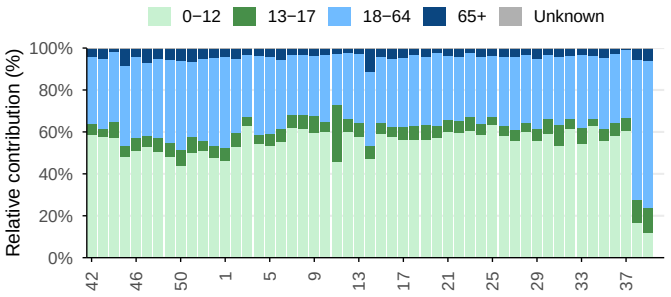


Figure 4.15.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Guatemala, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.16.A. Weekly SARI cases.

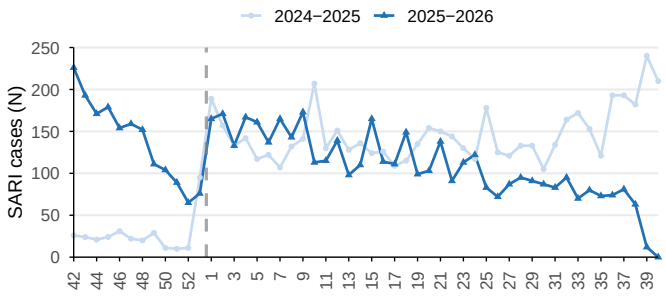
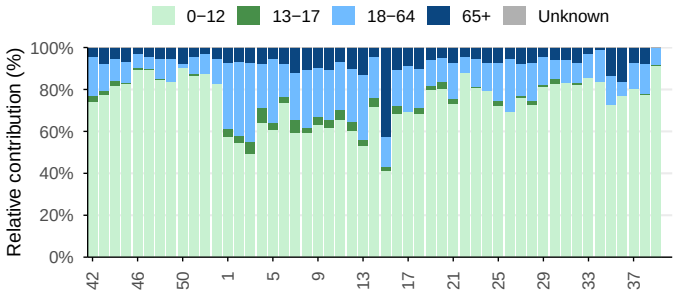


Figure 4.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guatemala, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

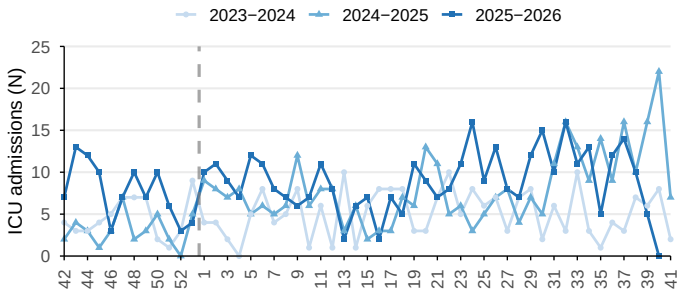
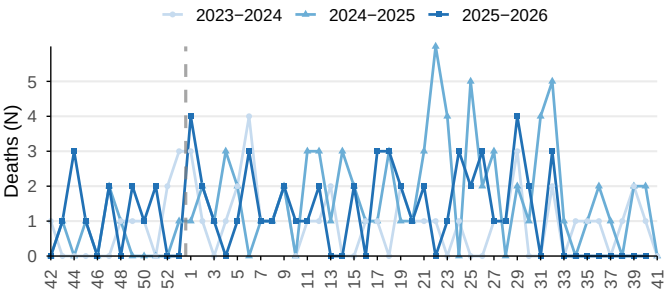


Figure 4.17.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guatemala, EW 42/2025–41/2026. *Source: FluID, WHO–GISRS.*

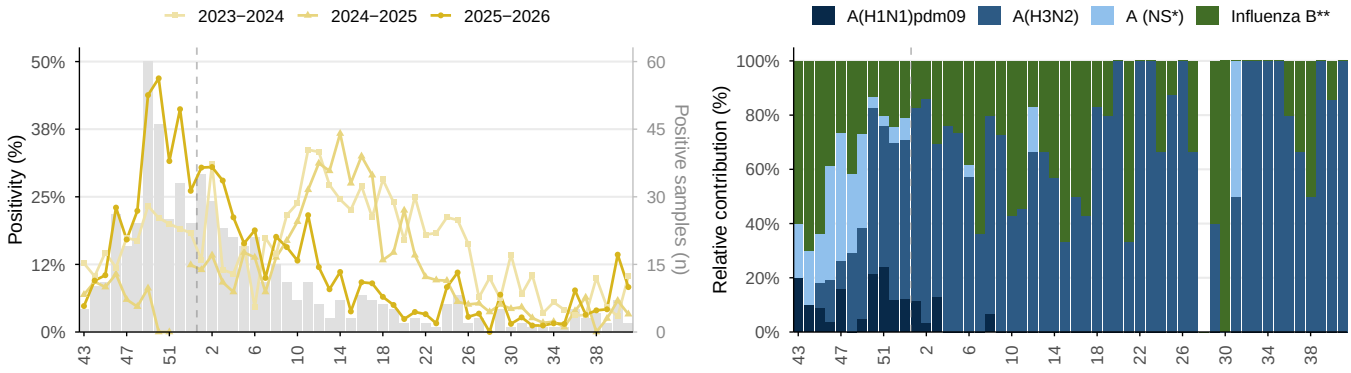
4.1.3 Honduras

During EW 41, sentinel surveillance in Honduras showed influenza positivity of 8.3% (Figure 4.18). SARS-CoV-2 positivity was 3.2%, and RSV positivity 33.3% (Figure 4.19). Among influenza-positive samples during EW 38 and 41, influenza A predominated (80.0% 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 38 and 41, viral detections amounted to 20.3% of ILI cases; influenza predominated (76.9%), followed by SARS-CoV-2 (23.1%) (Figure 4.20). In the same period, 65.6% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (28.1%) (Figure 4.20). Between EW 38 and 41, viral detections amounted to 13.0% of SARI cases, with influenza predominating (62.9%), followed by SARS-CoV-2 (20.0%) and RSV (17.1%) (Figure 4.21). In the same period, 6 ICU admissions of SARI cases were recorded (Figure 4.22).

Figure 4.18.A. Weekly overall influenza positivity.

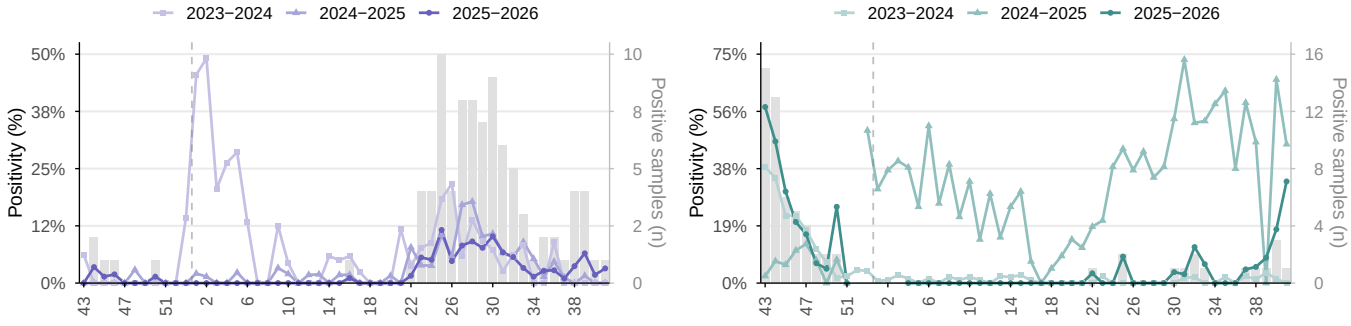
Figure 4.18.B. Weekly relative contribution by type and subtype.



Influenza in Honduras, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

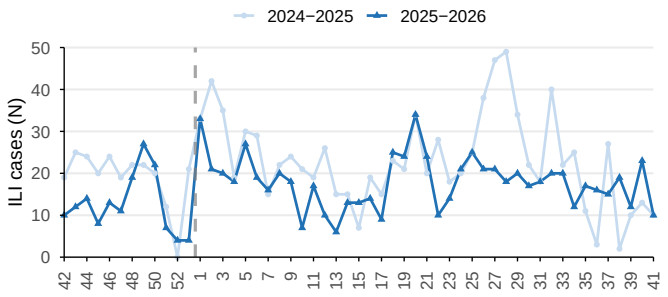
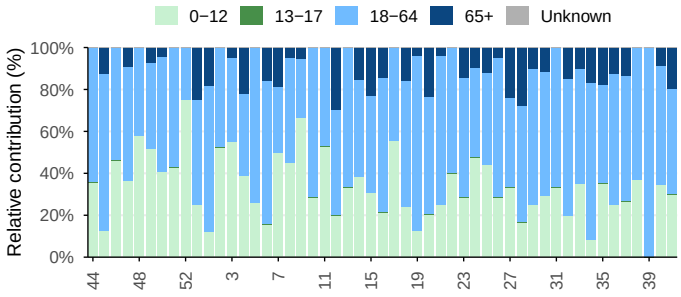


Figure 4.20.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Honduras, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.21.A. Weekly SARI cases.

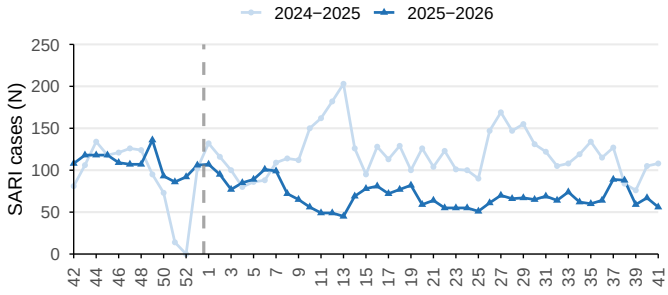
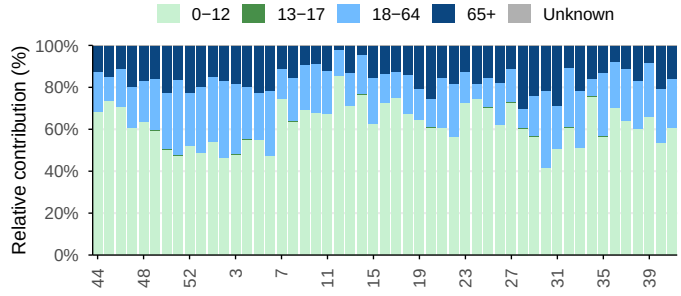


Figure 4.21.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Honduras, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

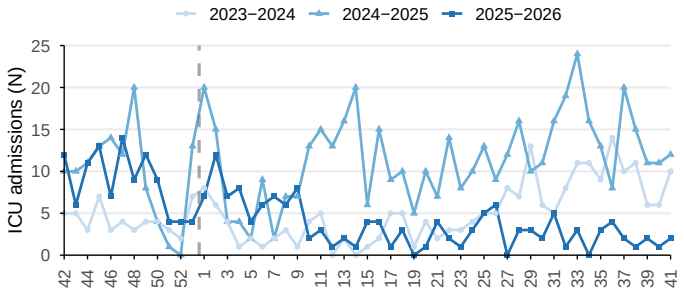
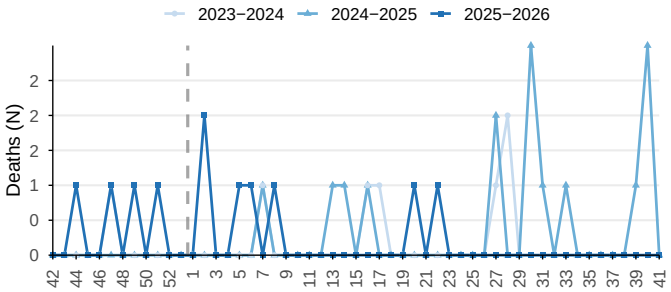


Figure 4.22.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Honduras, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

4.1.4 Nicaragua

During EW 41, sentinel surveillance in Nicaragua showed influenza positivity of 8.4% (Figure 4.23). RSV positivity was 15.1% (Figure 4.24). Among influenza-positive samples during EW 38 and 41, influenza A predominated (97.4% of typed samples); of all influenza A samples, 56.8% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 4.23). Among samples tested for other respiratory viruses, positivity was 7.6%, with seasonal coronavirus (35.5%), parainfluenza (27.4%) and rhinovirus (21.0%) predominating (Figure 4.25).

Figure 4.23.A. Weekly overall influenza positivity.

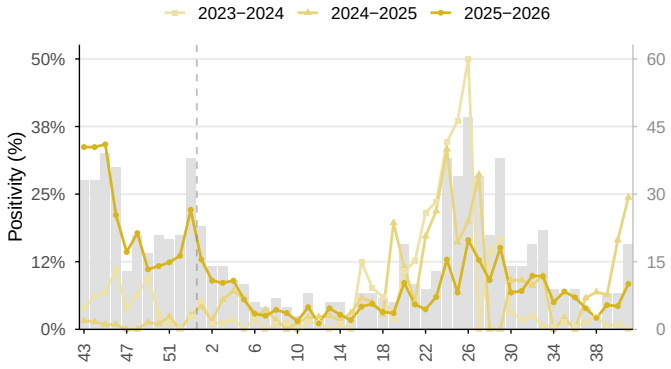
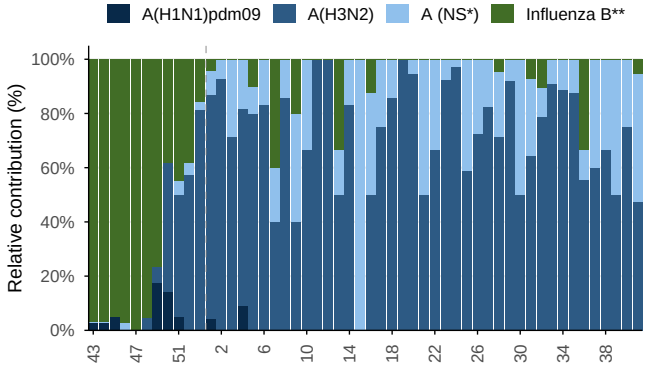


Figure 4.23.B. Weekly relative contribution by type and subtype.



Influenza in Nicaragua, EW 43/2025–41/2026. 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.

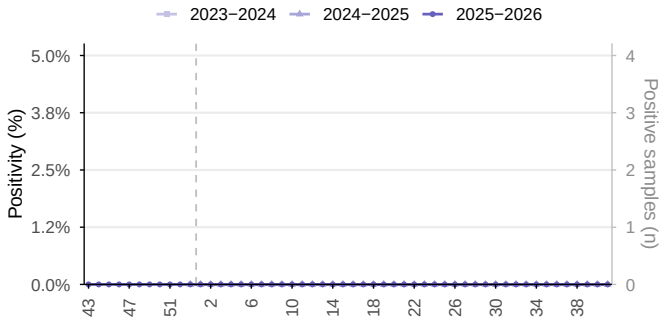
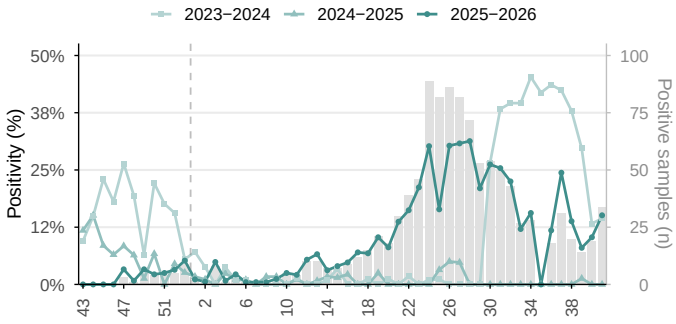


Figure 4.24.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Nicaragua, EW 43/2025–41/2026. 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.

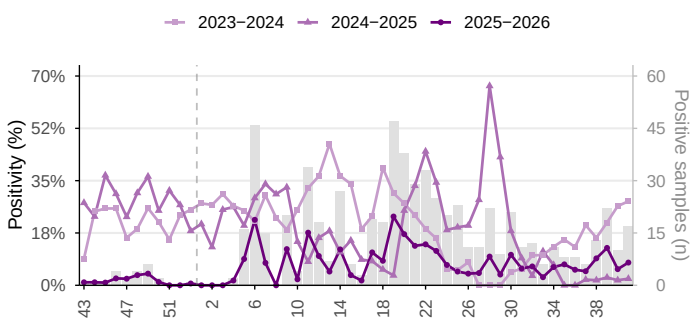
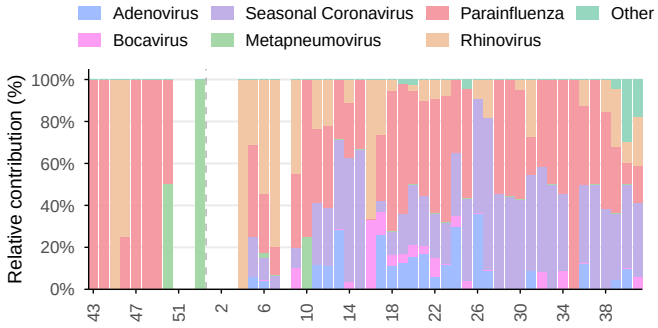


Figure 4.25.B. Weekly relative contribution by virus.



Other respiratory viruses in Nicaragua, EW 43/2025−41/2026. 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.*

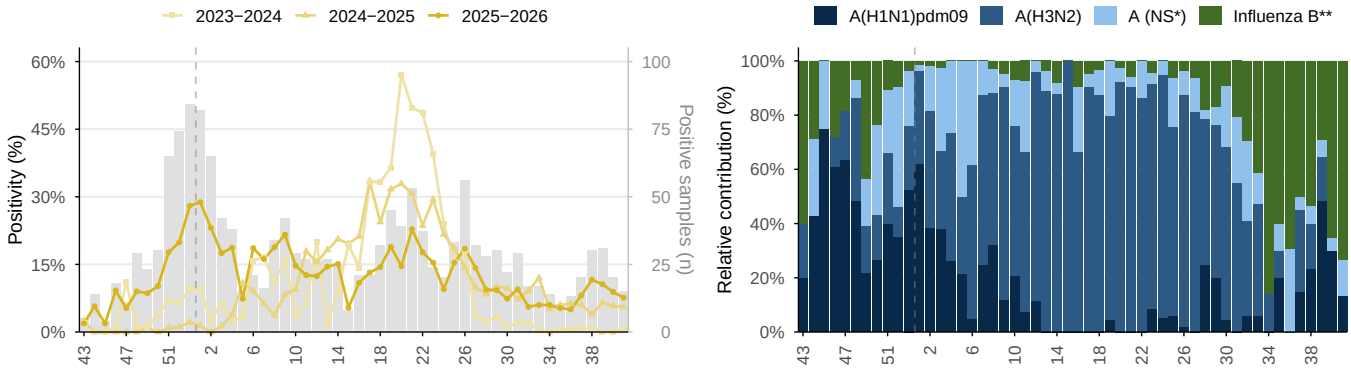
4.1.5 Panama

During EW 41, sentinel surveillance in Panama showed influenza positivity of 7.6% (Figure 4.26). SARS-CoV-2 positivity was 3.0%, and RSV positivity 22.3% (Figure 4.27). Among influenza-positive samples during EW 38 and 41, influenza B predominated (51.0% of typed samples); of all influenza A samples, 85.1% were subtyped, and among these A(H1N1)pdm09 predominated (75.0%) (Figure 4.26). Among samples tested for other respiratory viruses, positivity was 41.7%, with rhinovirus (67.9%) and metapneumovirus (16.8%) predominating (Figure 4.28).

Between EW 37 and 40, no virus detections were recorded in ILI cases (Figure 4.29). Between EW 37 and 40, viral detections amounted to 2.4% of SARI cases, with RSV predominating (95.7%), followed by SARS-CoV-2 (4.3%) (Figure 4.30). In the same period, 56 ICU admissions of SARI cases and 53 deaths were recorded (Figure 4.31).

Figure 4.26.A. Weekly overall influenza positivity.

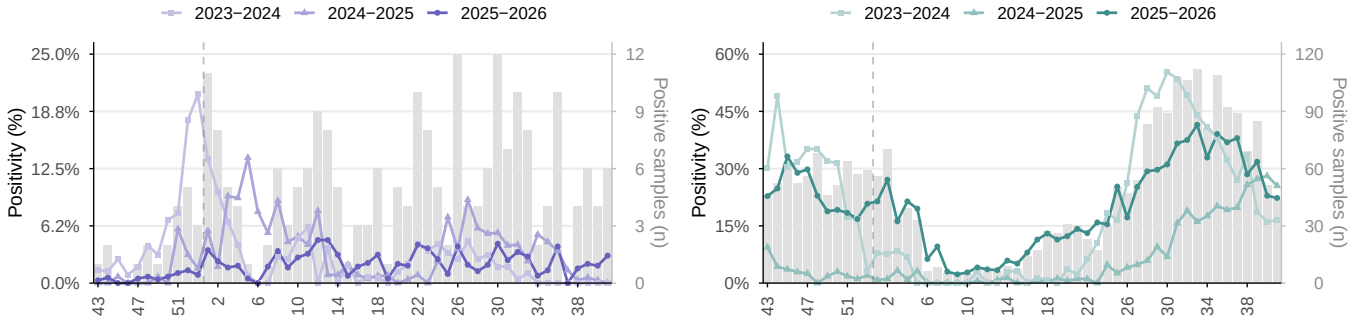
Figure 4.26.B. Weekly relative contribution by type and subtype.



Influenza in Panama, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

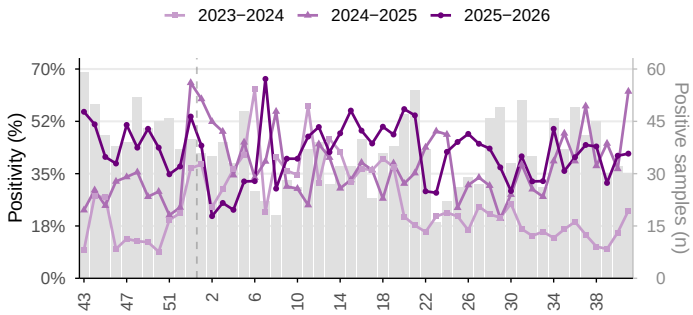
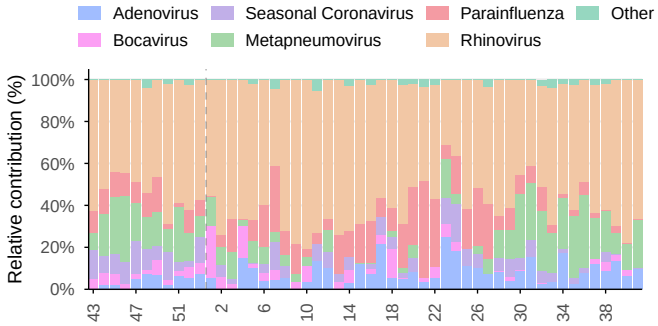


Figure 4.28.B. Weekly relative contribution by virus.



Other respiratory viruses in Panama, EW 43/2025−41/2026. 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.

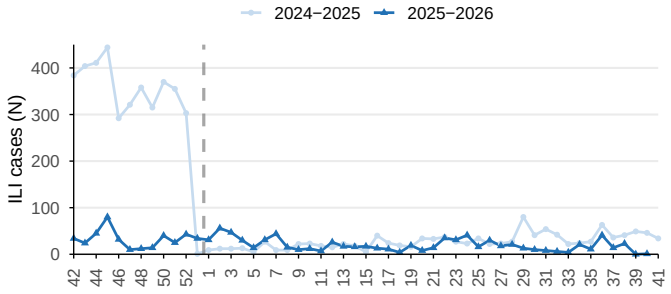
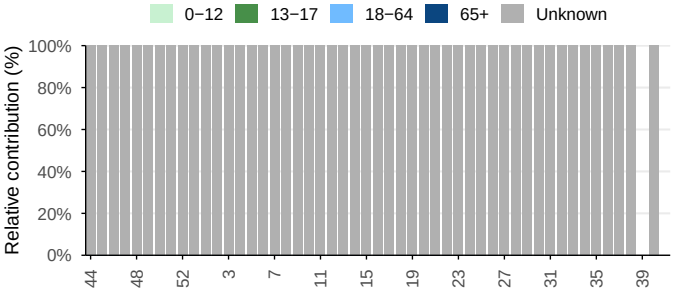


Figure 4.29.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Panama, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.30.A. Weekly SARI cases.

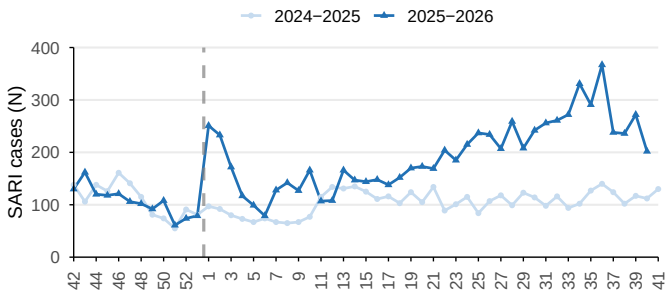
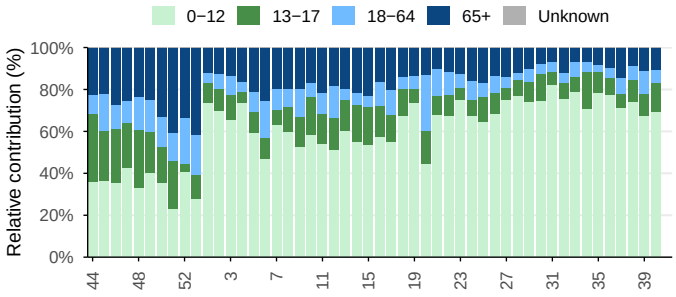


Figure 4.30.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Panama, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

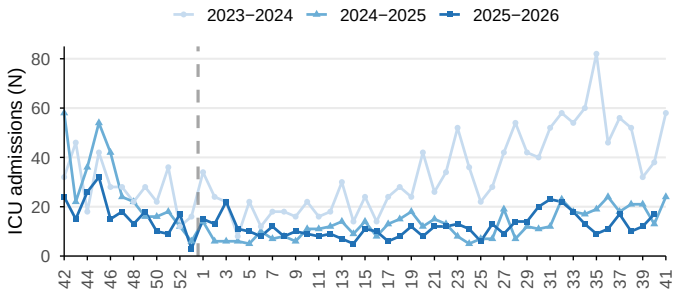
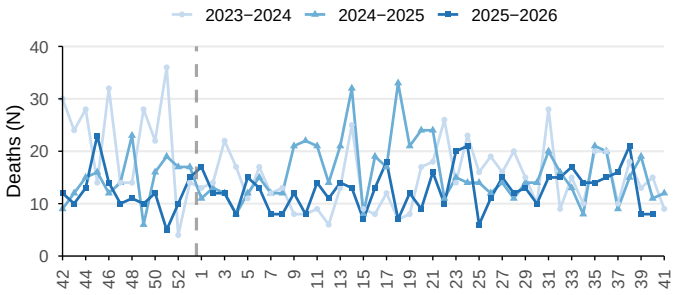


Figure 4.31.B. Weekly deaths among SARI cases.



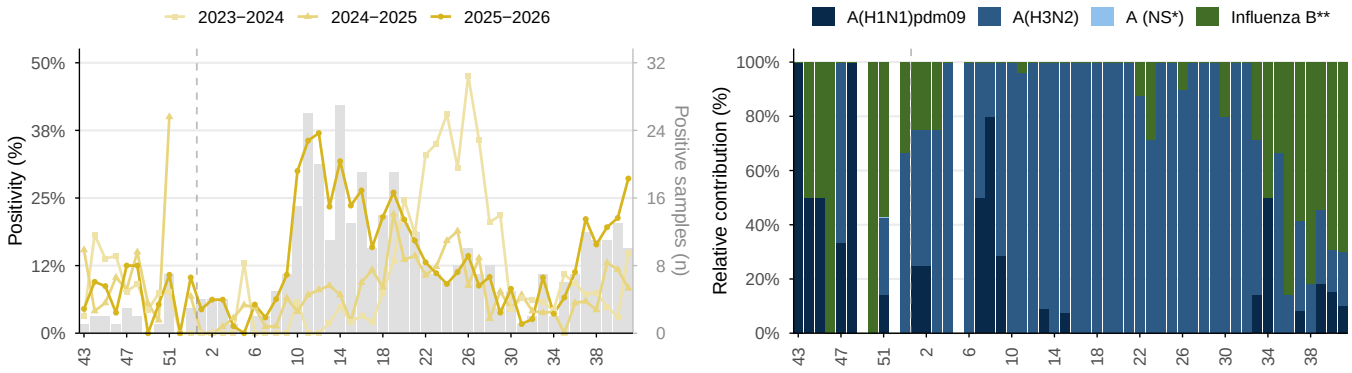
SARI ICU admissions and deaths in Panama, EW 42/2025–41/2026. *Source: FluID, WHO–GISRS.*

4.1.6 El Salvador

During EW 41, sentinel surveillance in El Salvador showed influenza positivity of 28.6% (Figure 4.32). SARS-CoV-2 positivity was 7.9%, and RSV positivity 11.4% (Figure 4.33). Among influenza-positive samples during EW 38 and 41, influenza B predominated (68.9% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (64.3%) (Figure 4.32). Among samples tested for other respiratory viruses, positivity was 25.7%, with rhinovirus predominating (71.1%) (Figure 4.34).

Figure 4.32.A. Weekly overall influenza positivity.

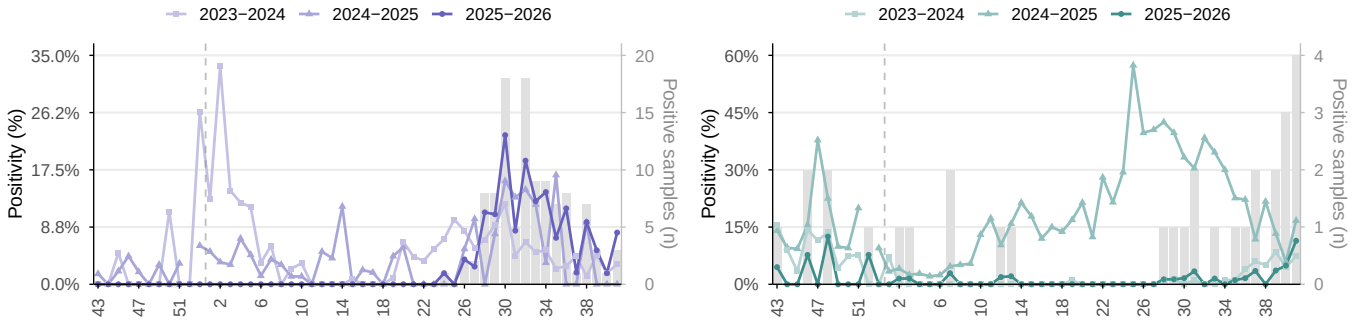
Figure 4.32.B. Weekly relative contribution by type and subtype.



Influenza in El Salvador, EW 43/2025–41/2026. 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.

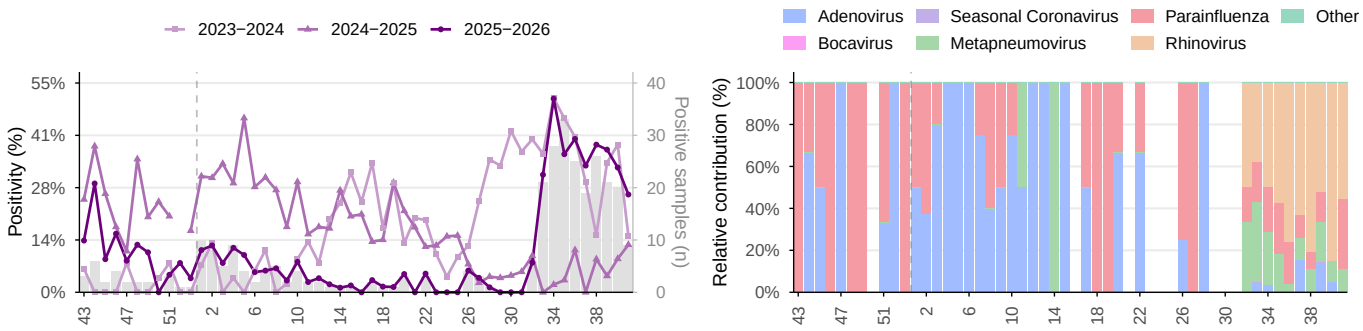
Figure 4.33.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in El Salvador, EW 43/2025–41/2026. 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 43/2025–41/2026. 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 41, sentinel surveillance in the Andean Subregion showed influenza positivity of 9.9% (Figure 5.1). SARS-CoV-2 positivity was 1.0%, and RSV positivity 3.2% (Figure 5.2). Among influenza-positive samples during EW 38 and 41, influenza B predominated (51.7% of typed samples); of all influenza A samples, 71.2% were subtyped, and among these A(H3N2) predominated (71.2%) (Figure 5.1). Among samples tested for other respiratory viruses, positivity was 17.3%, with rhinovirus (40.3%) and adenovirus (32.6%) predominating (Figure 5.3).

Between EW 38 and 41, viral detections amounted to 33.1% of ILI cases; influenza predominated (93.4%), followed by SARS-CoV-2 (3.3%) and RSV (3.3%) (Figure 5.4). Between EW 38 and 41, viral detections amounted to 14.8% of SARI cases, with influenza predominating (51.8%), followed by RSV (41.7%) and SARS-CoV-2 (6.5%) (Figure 5.5). In the same period, 110 ICU admissions of SARI cases and 4 deaths were recorded (Figure 5.6).

Figure 5.1.A. Weekly overall influenza positivity.

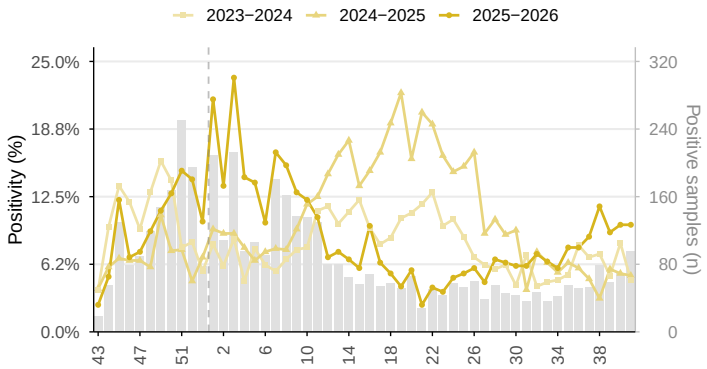
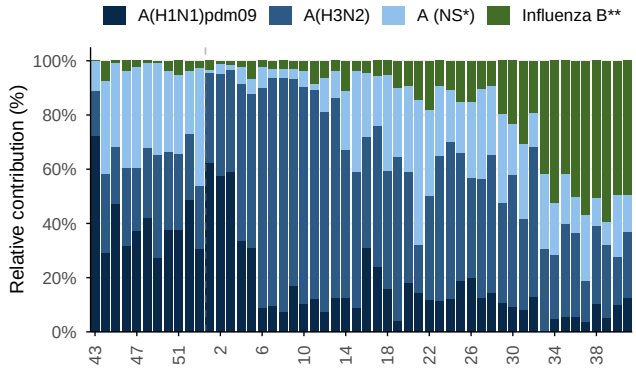


Figure 5.1.B. Weekly relative contribution by type and subtype.



Influenza in the Andean Subregion, EW 43/2025–41/2026. 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.

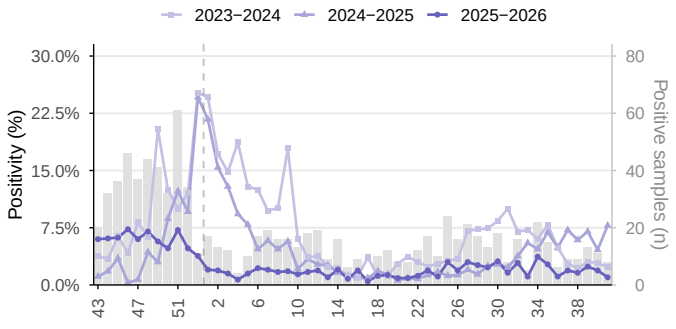
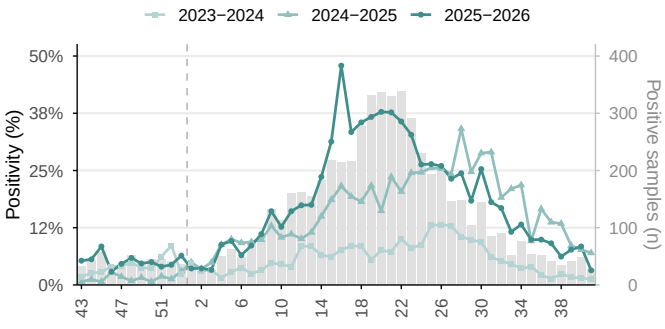


Figure 5.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in the Andean Subregion, EW 43/2025–41/2026. 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.

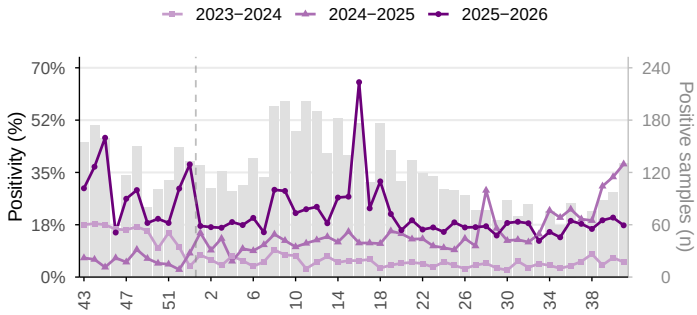
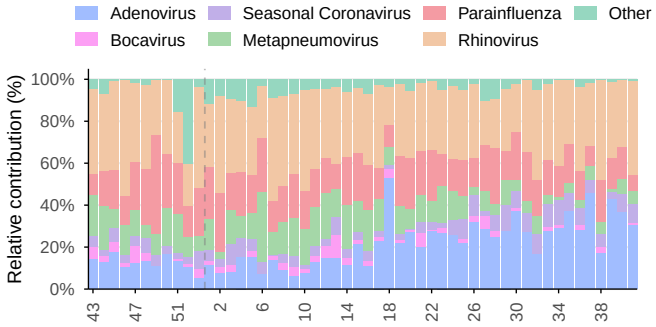


Figure 5.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Andean Subregion, EW 43/2025−41/2026. 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.

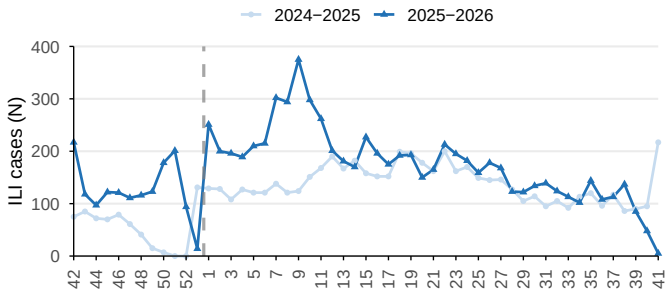
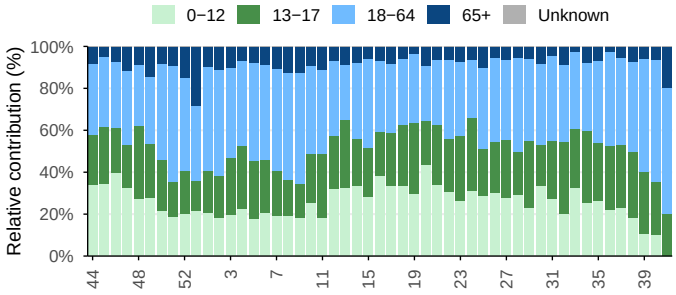


Figure 5.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in the Andean Subregion, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.5.A. Weekly SARI cases.

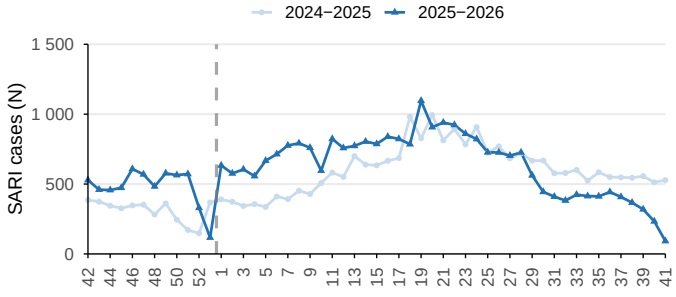
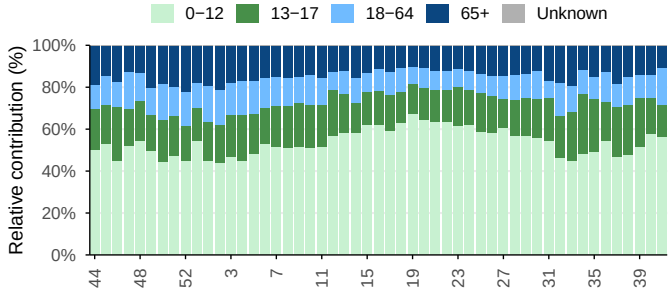


Figure 5.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Andean Subregion, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

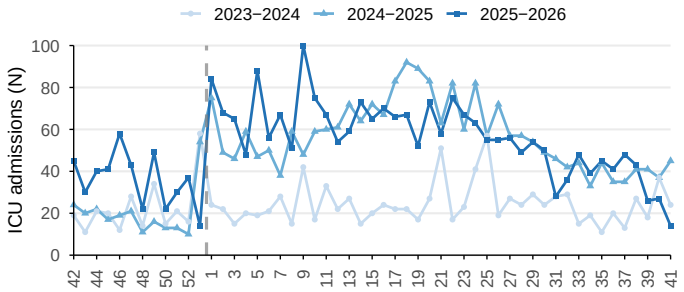
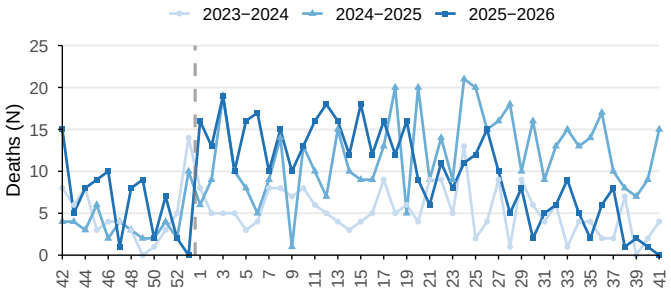


Figure 5.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Andean Subregion, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

5.1 Country

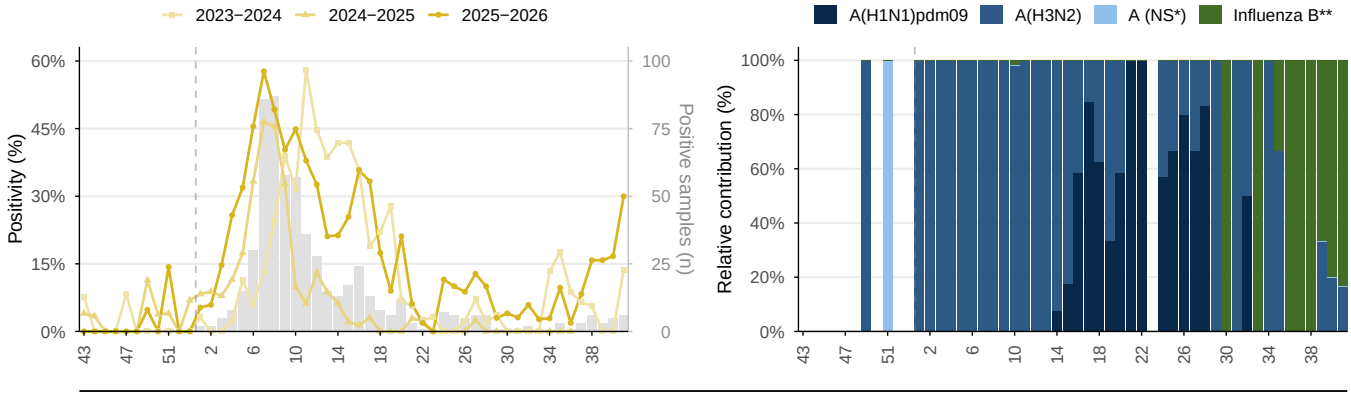
5.1.1 Bolivia

During EW 41, sentinel surveillance in Bolivia showed influenza positivity of 30.0% (Figure 5.7). SARS-CoV-2 positivity was 11.8%, and RSV positivity 100.0% (Figure 5.8). Among influenza-positive samples during EW 38 and 41, influenza B predominated (85.0% 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, positivity was 100.0% (EW 39), with other (50.0%), adenovirus (16.7%), metapneumovirus (16.7%) and rhinovirus (16.7%) predominating between EW 36 and 39 (Figure 5.9).

Between EW 38 and 41, viral detections amounted to 66.7% of ILI cases; influenza predominated (100.0%) (Figure 5.10). In the same period, 66.7% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (33.3%) (Figure 5.10). Between EW 38 and 41, viral detections amounted to 25.9% of SARI cases, with influenza predominating (64.3%), followed by RSV (28.6%) and SARS-CoV-2 (7.1%) (Figure 5.11). In the same period, 5 ICU admissions of SARI cases and one death 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 43/2025–41/2026. 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.

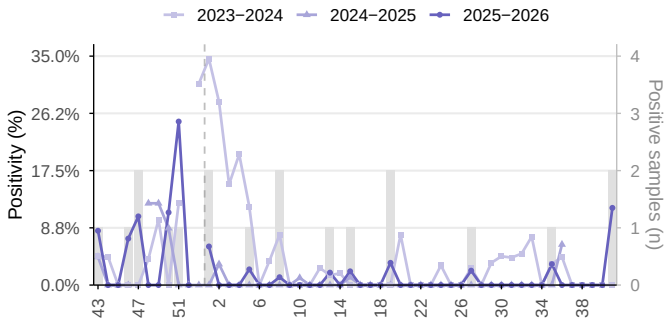
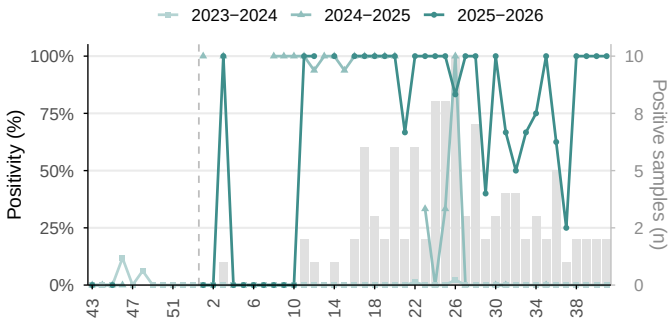


Figure 5.8.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Bolivia, EW 43/2025−41/2026. 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.

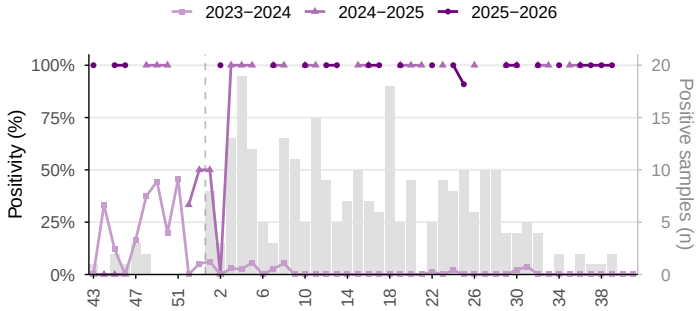
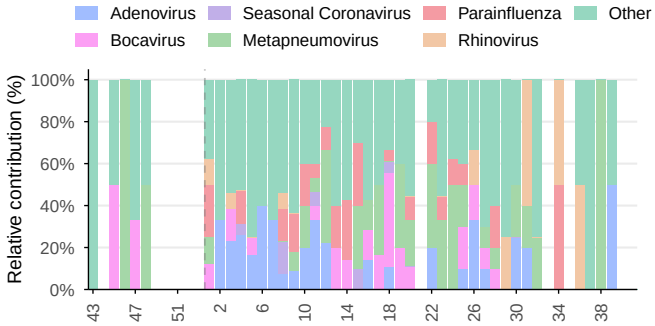


Figure 5.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Bolivia, EW 43/2025−41/2026. 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.

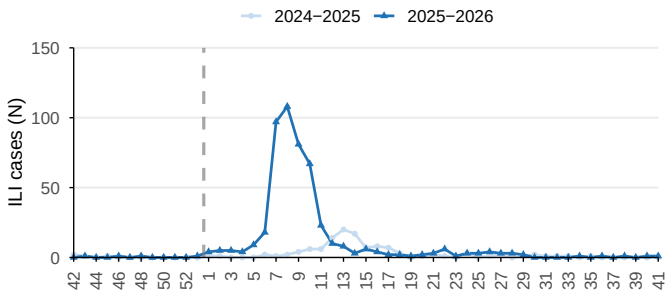
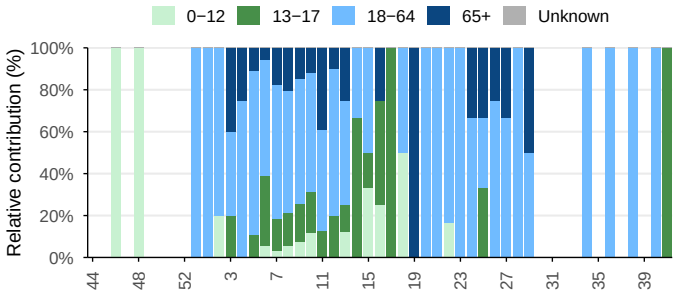


Figure 5.10.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Bolivia, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.11.A. Weekly SARI cases.

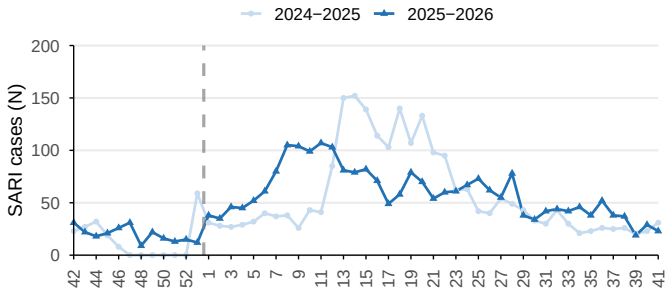
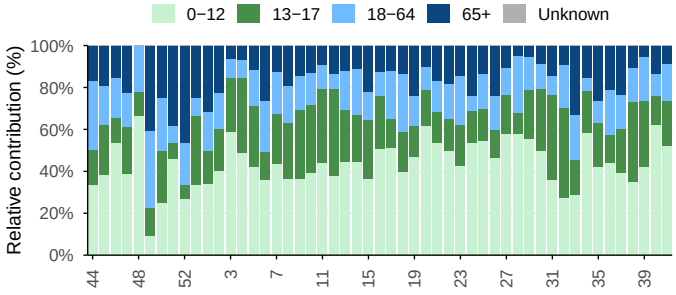


Figure 5.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Bolivia, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

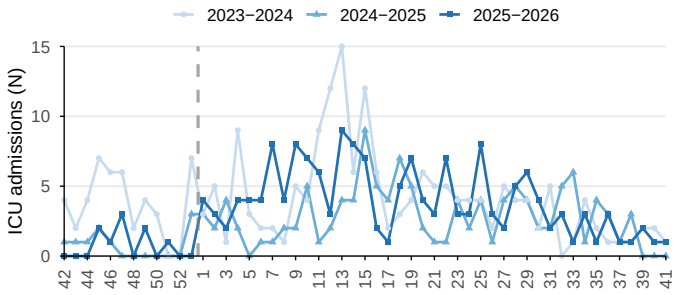
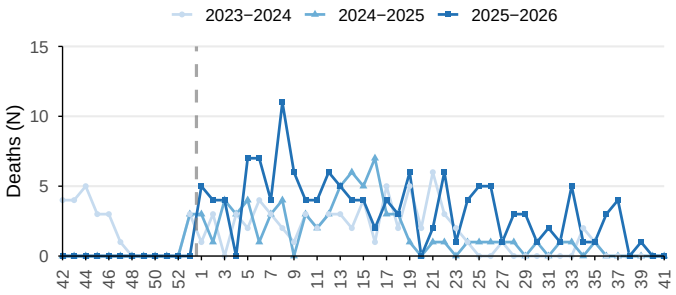


Figure 5.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Bolivia, EW 42/2025–41/2026. *Source: FluID, WHO–GISRS.*

5.1.2 Colombia

During EW 41, sentinel surveillance in Colombia showed influenza positivity of 8.6% (Figure 5.13). SARS-CoV-2 positivity was 0.7%, and RSV positivity 2.6% (Figure 5.14). Among influenza-positive samples during EW 38 and 41, influenza B predominated (52.0% of typed samples); of all influenza A samples, 93.1% were subtyped, and among these A(H3N2) predominated (70.1%) (Figure 5.13). Among samples tested for other respiratory viruses, positivity was 20.2%, with rhinovirus (37.7%) and adenovirus (35.0%) predominating (Figure 5.15).

Between EW 38 and 41, viral detections amounted to 6.2% of ILI cases; influenza predominated (100.0%) (Figure 5.16). In the same period, 59.4% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (15.6%) (Figure 5.16). Between EW 38 and 41, viral detections amounted to 12.8% of SARI cases, with RSV predominating (58.3%), followed by influenza (37.5%) and SARS-CoV-2 (4.2%) (Figure 5.17). In the same period, 70 ICU admissions of SARI cases were recorded (Figure 5.18).

Figure 5.13.A. Weekly overall influenza positivity.

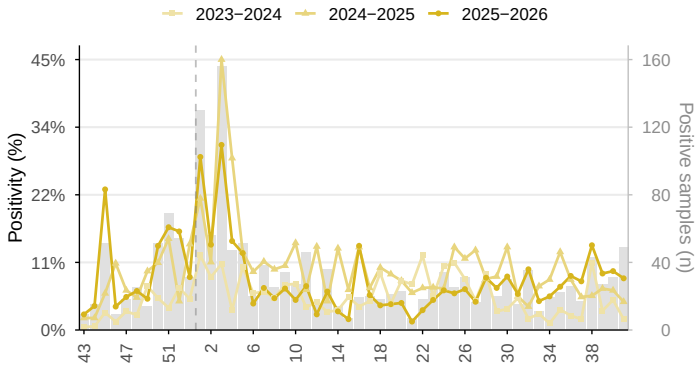
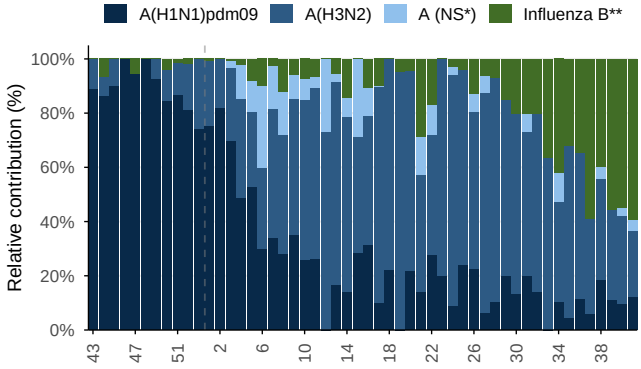


Figure 5.13.B. Weekly relative contribution by type and subtype.



Influenza in Colombia, EW 43/2025–41/2026. 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.

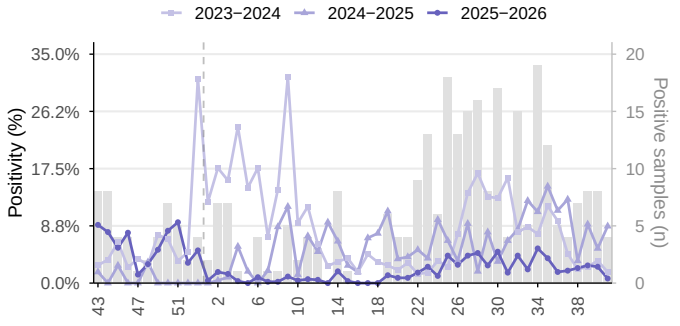
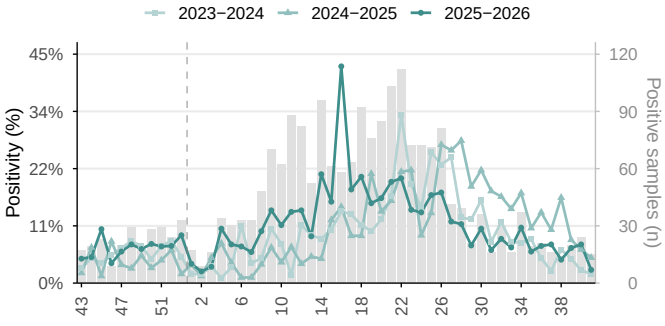


Figure 5.14.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Colombia, EW 43/2025–41/2026. 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.

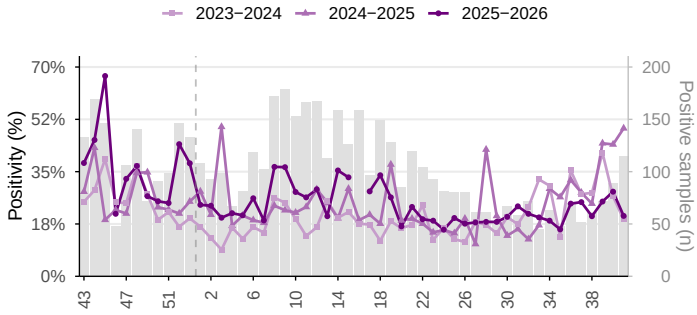
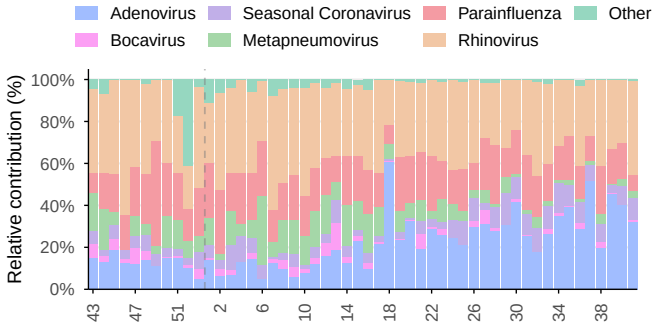


Figure 5.15.B. Weekly relative contribution by virus.



Other respiratory viruses in Colombia, EW 43/2025−41/2026. 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.

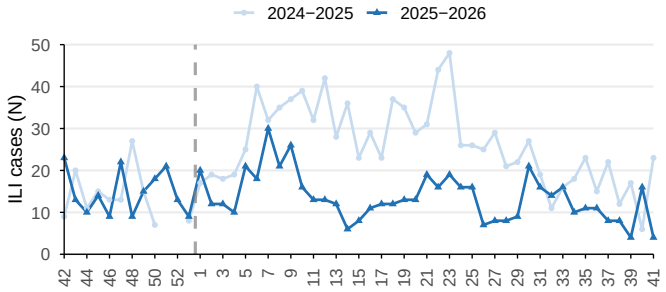
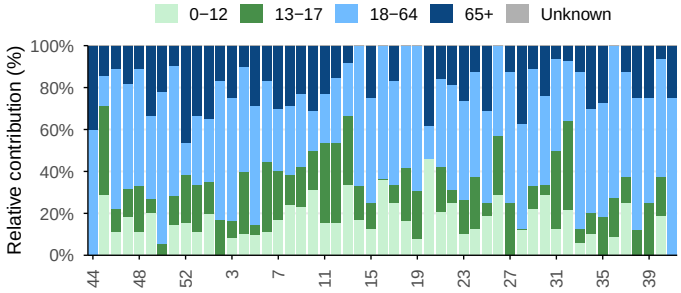


Figure 5.16.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Colombia, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.17.A. Weekly SARI cases.

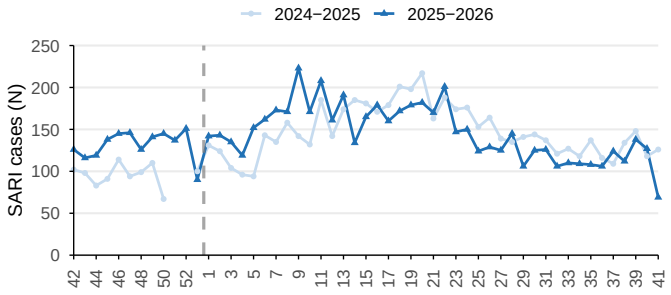
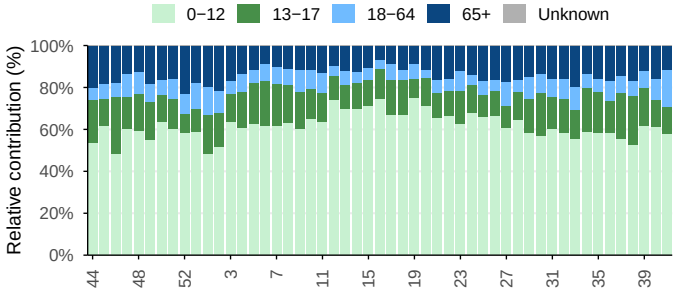


Figure 5.17.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Colombia, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

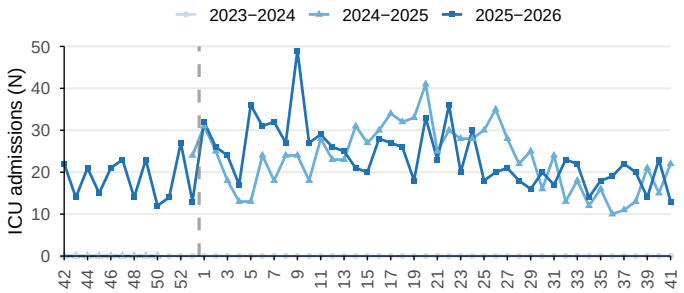
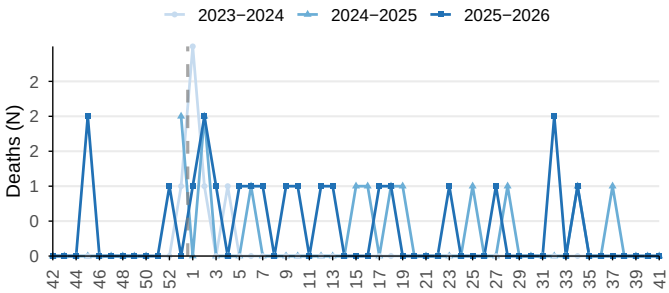


Figure 5.18.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Colombia, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

5.1.3 Ecuador

During EW 41, sentinel surveillance in Ecuador showed influenza positivity of 16.1% (Figure 5.19). RSV positivity was 6.5% (Figure 5.20). Among influenza-positive samples during EW 38 and 41, influenza B predominated (53.4% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (63.0%) (Figure 5.19). Among samples tested for other respiratory viruses, positivity was 4.8%, with adenovirus (53.3%), metapneumovirus (26.7%) and parainfluenza (20.0%) predominating (Figure 5.21).

Figure 5.19.A. Weekly overall influenza positivity.

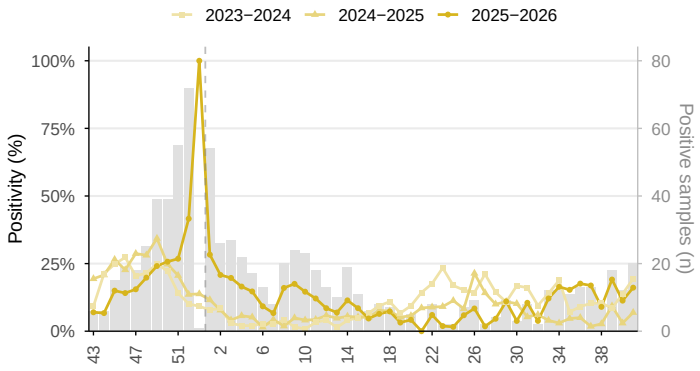
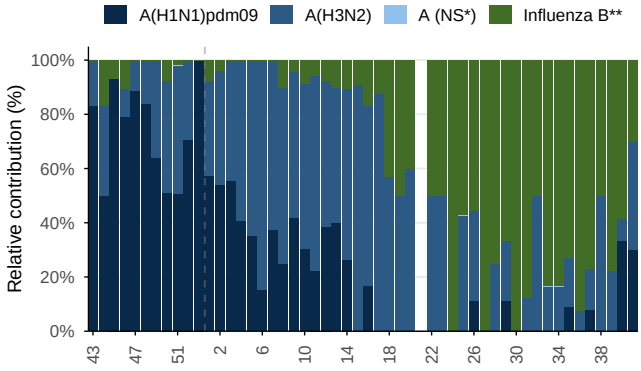


Figure 5.19.B. Weekly relative contribution by type and subtype.



Influenza in Ecuador, EW 43/2025–41/2026. 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.

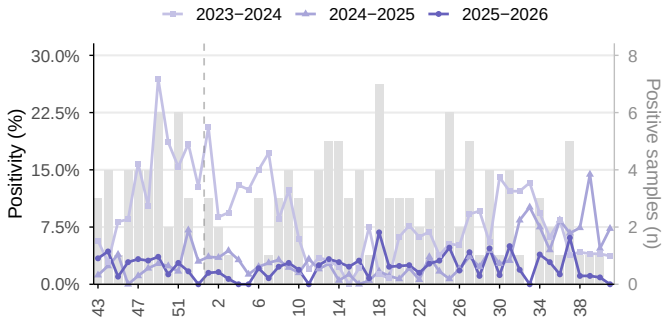
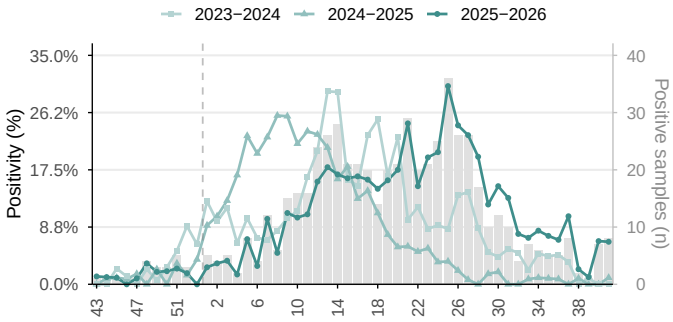


Figure 5.20.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Ecuador, EW 43/2025–41/2026. 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.

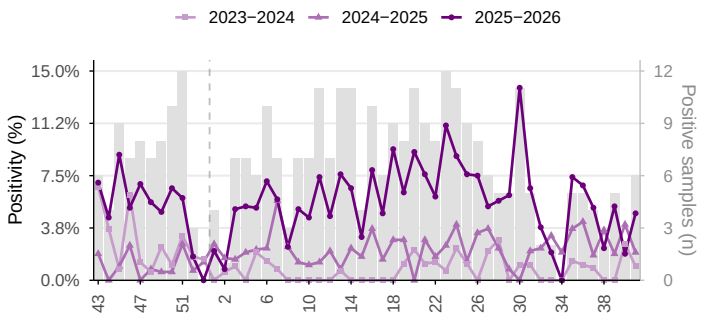
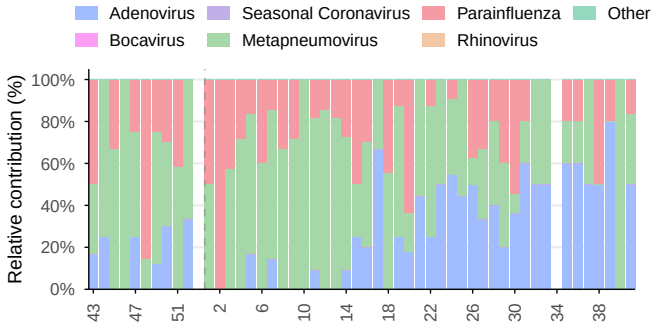


Figure 5.21.B. Weekly relative contribution by virus.



Other respiratory viruses in Ecuador, EW 43/2025−41/2026. 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.*

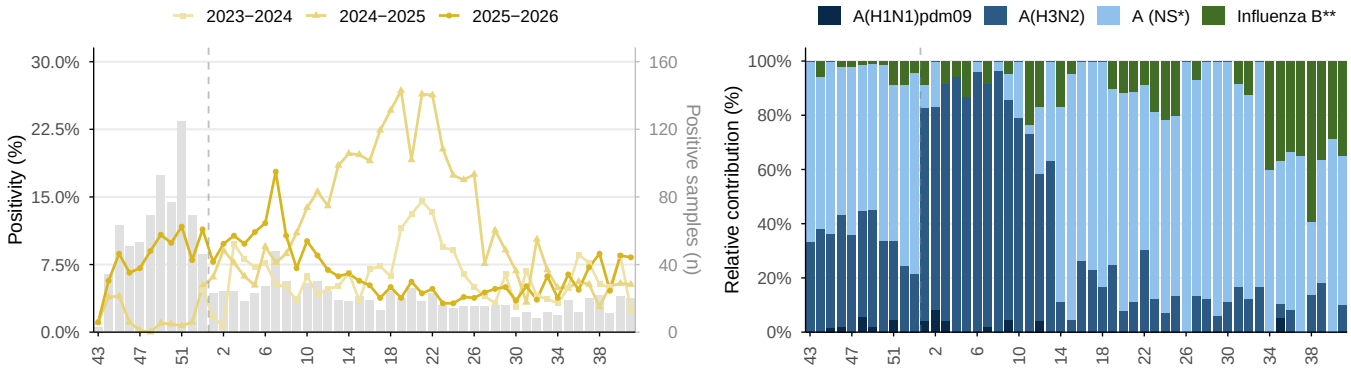
5.1.4 Peru

During EW 41, sentinel surveillance in Peru showed influenza positivity of 8.3% (Figure 5.22). SARS-CoV-2 positivity was 1.6%, and RSV positivity 1.4% (Figure 5.23). Among influenza-positive samples during EW 38 and 41, influenza A predominated (59.5% of typed samples); of all influenza A samples, 15.9% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 5.22). Among samples tested for other respiratory viruses, positivity was 15.8%, with rhinovirus predominating (85.7%) (Figure 5.24).

Between EW 38 and 41, viral detections amounted to 36.2% of ILI cases; influenza predominated (93.1%), followed by SARS-CoV-2 (3.4%) and RSV (3.4%) (Figure 5.25). In the same period, 47.9% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (31.2%) (Figure 5.25). Between EW 38 and 41, viral detections amounted to 13.8% of SARI cases, with influenza predominating (57.1%), followed by RSV (34.9%) and SARS-CoV-2 (7.9%) (Figure 5.26). In the same period, 35 ICU admissions of SARI cases and 3 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 43/2025–41/2026. 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.

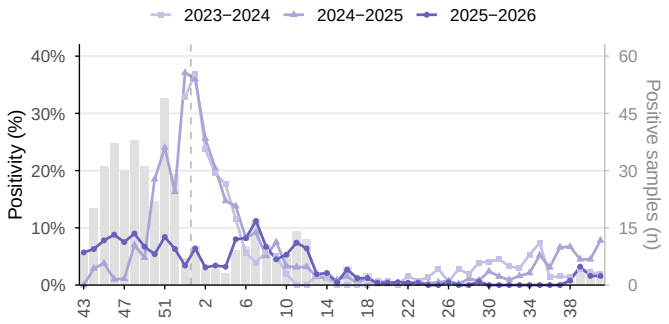
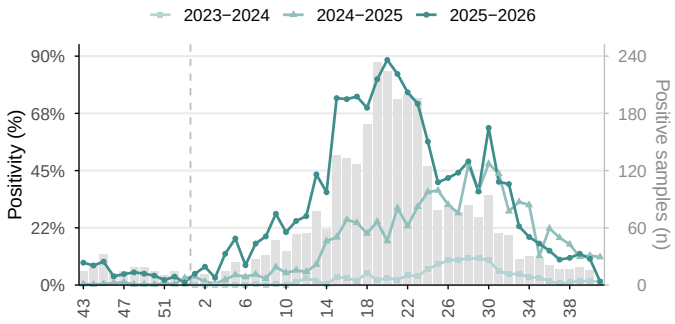


Figure 5.23.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Peru, EW 43/2025−41/2026. 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.

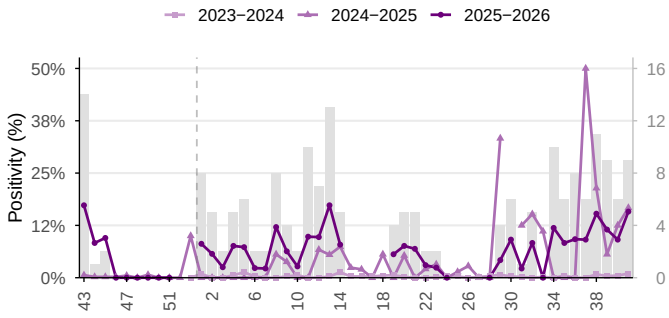
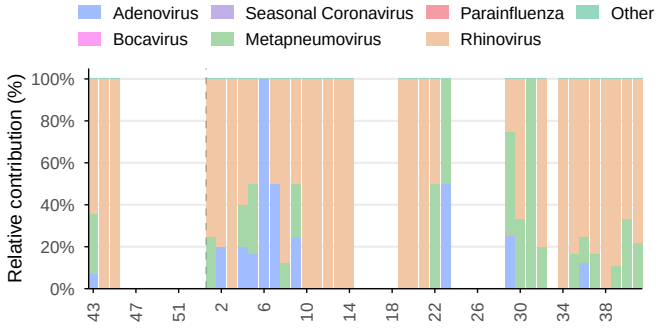


Figure 5.24.B. Weekly relative contribution by virus.



Other respiratory viruses in Peru, EW 43/2025−41/2026. 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.

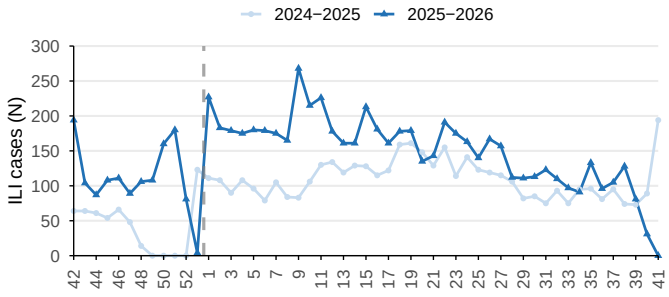
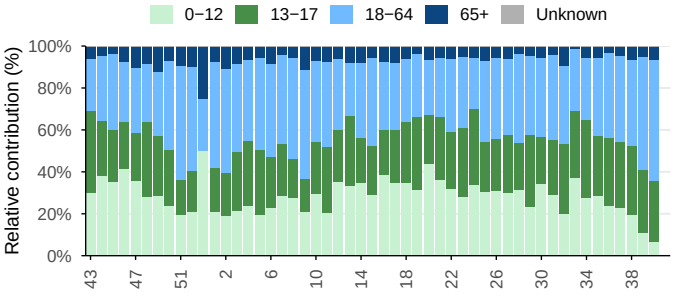


Figure 5.25.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Peru, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.26.A. Weekly SARI cases.

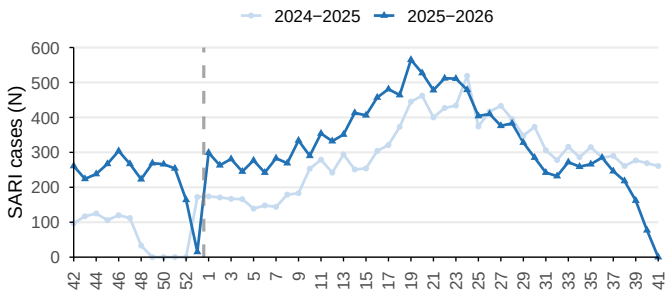
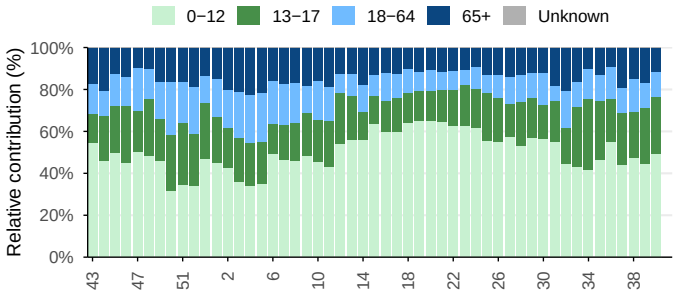


Figure 5.26.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Peru, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

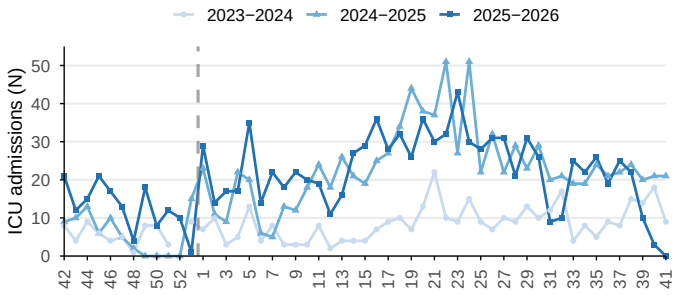
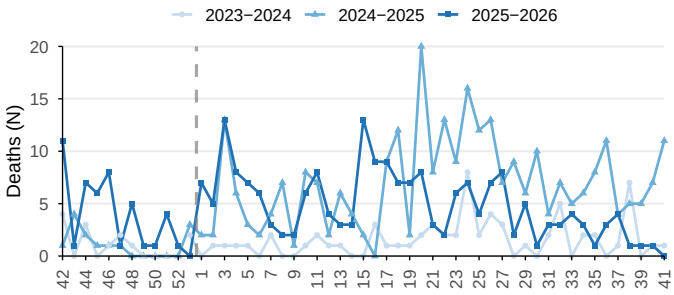


Figure 5.27.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Peru, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

5.1.5 Venezuela

No data were reported between EW 38 and 41.

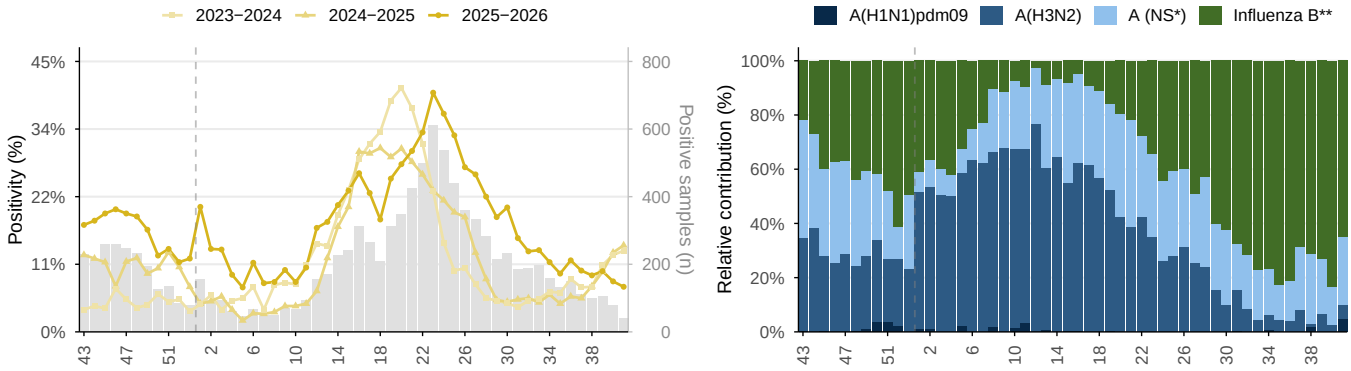
6. Brazil and Southern Cone

During EW 41, sentinel surveillance in Brazil and the Southern Cone showed influenza positivity of 7.5% (Figure 6.1). SARS-CoV-2 positivity was 1.8%, and RSV positivity 7.1% (Figure 6.2). Among influenza-positive samples during EW 38 and 41, influenza B predominated (73.9% of typed samples); of all influenza A samples, 19.0% were subtyped, and among these A(H3N2) predominated (75.0%) (Figure 6.1). Among samples tested for other respiratory viruses, positivity was 45.9%, with rhinovirus (60.0%) and metapneumovirus (23.5%) predominating (Figure 6.3).

Between EW 38 and 41, viral detections amounted to 14.9% of ILI cases; SARS-CoV-2 predominated (53.2%), followed by influenza (37.4%) and RSV (9.5%) (Figure 6.4). Between EW 38 and 41, viral detections amounted to 10.3% of SARI cases, with RSV predominating (58.1%), followed by influenza (27.2%) and SARS-CoV-2 (14.6%) (Figure 6.5). In the same period, 2,284 ICU admissions of SARI cases and 290 deaths were recorded (Figure 6.6).

Figure 6.1.A. Weekly overall influenza positivity.

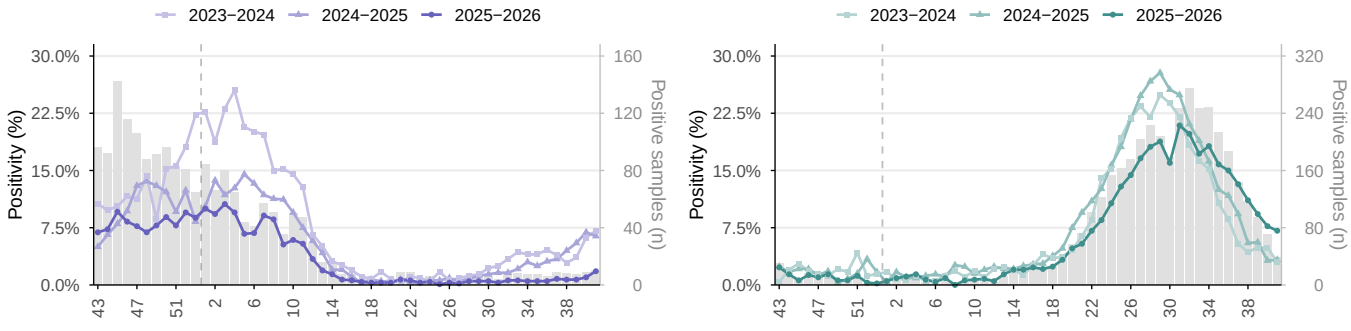
Figure 6.1.B. Weekly relative contribution by type and subtype.



Influenza in Brazil and the Southern Cone, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

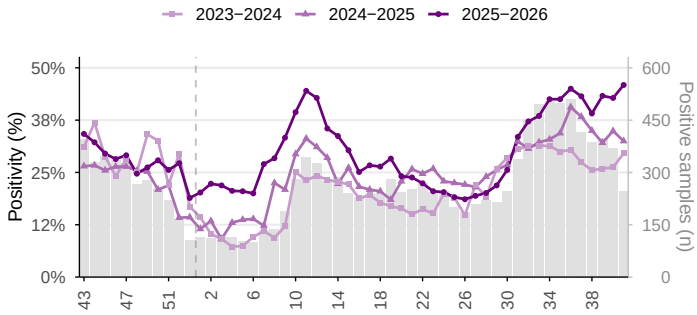
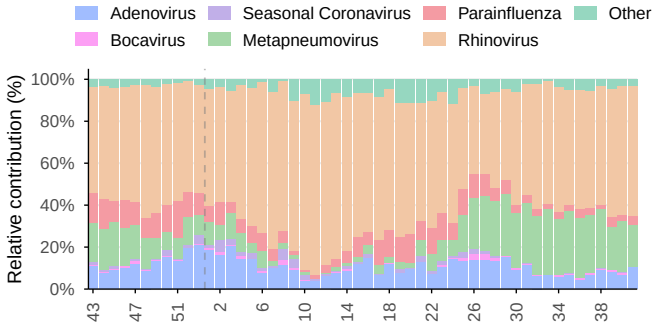


Figure 6.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil and the Southern Cone, EW 43/2025−41/2026. 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.

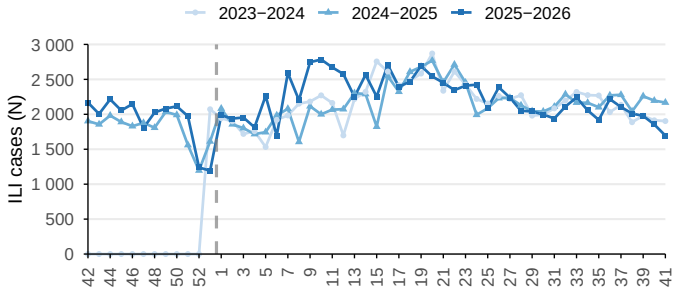
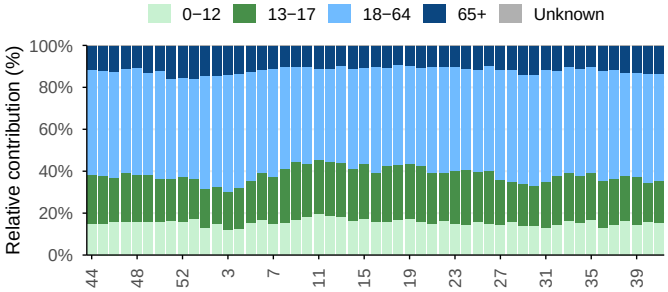


Figure 6.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil and the Southern Cone, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.5.A. Weekly SARI cases.

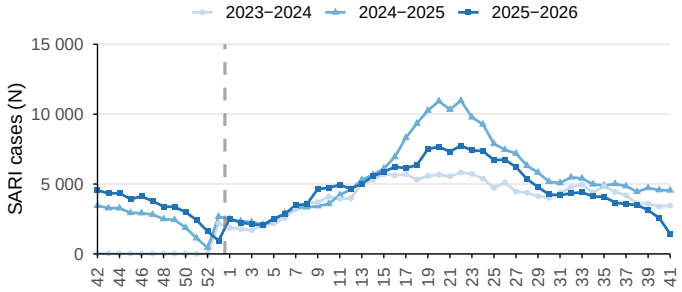
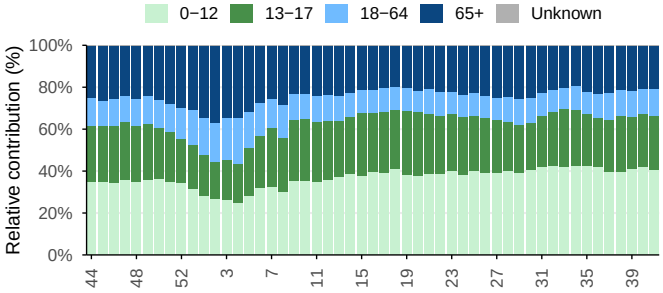


Figure 6.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil and the Southern Cone, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

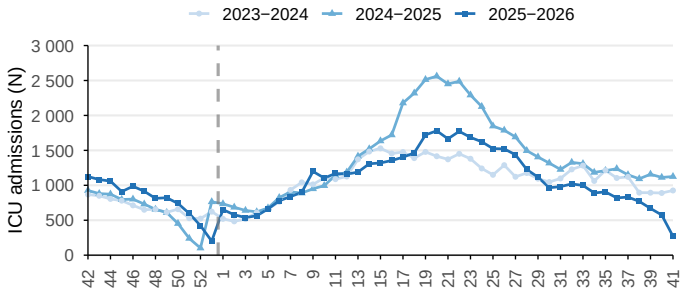
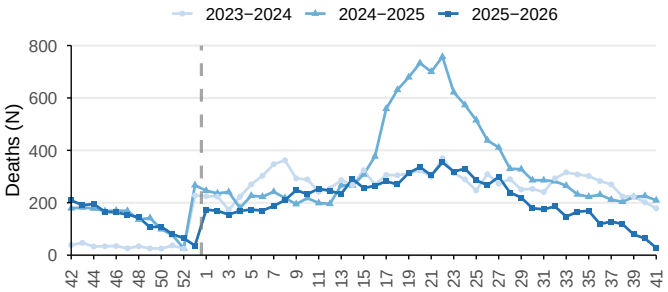


Figure 6.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil and the Southern Cone, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

6.1 Country

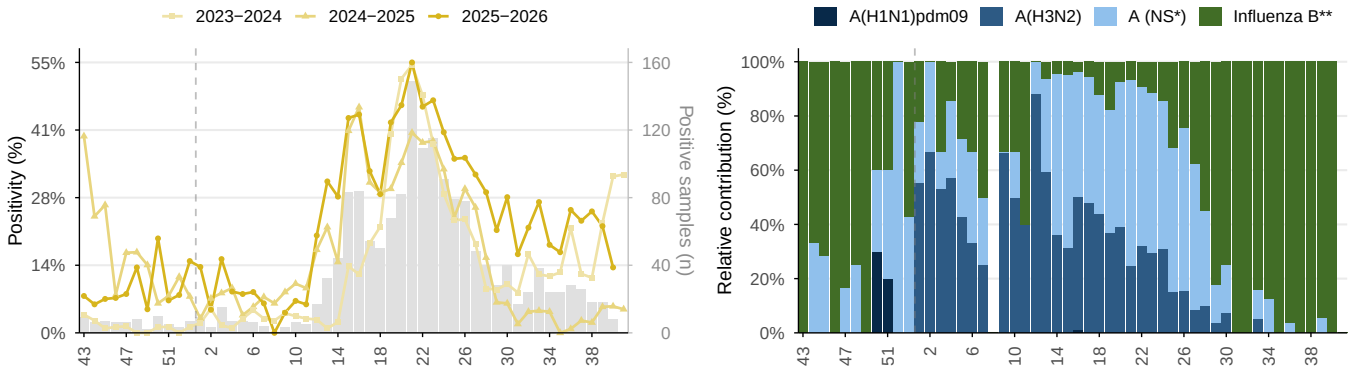
6.1.1 Argentina

No laboratory surveillance data were reported for EW 41; the summary describes EW 40, the last reported week, and the 3 weeks before it. During EW 40, sentinel surveillance in Argentina showed influenza positivity of 13.3% (Figure 6.7). SARS-CoV-2 positivity was 1.9% (Figure 6.8). Among influenza-positive samples during EW 37 and 40, influenza B predominated (98.6% of typed samples) (Figure 6.7).

Between EW 38 and 41, no virus detections were recorded in ILI cases. Between EW 38 and 41, viral detections amounted to 25.5% of SARI cases, with RSV predominating (73.8%), followed by influenza (19.8%) and SARS-CoV-2 (6.4%) (Figure 6.9). In the same period, 39 ICU admissions of SARI cases were recorded (Figure 6.10).

Figure 6.7.A. Weekly overall influenza positivity.

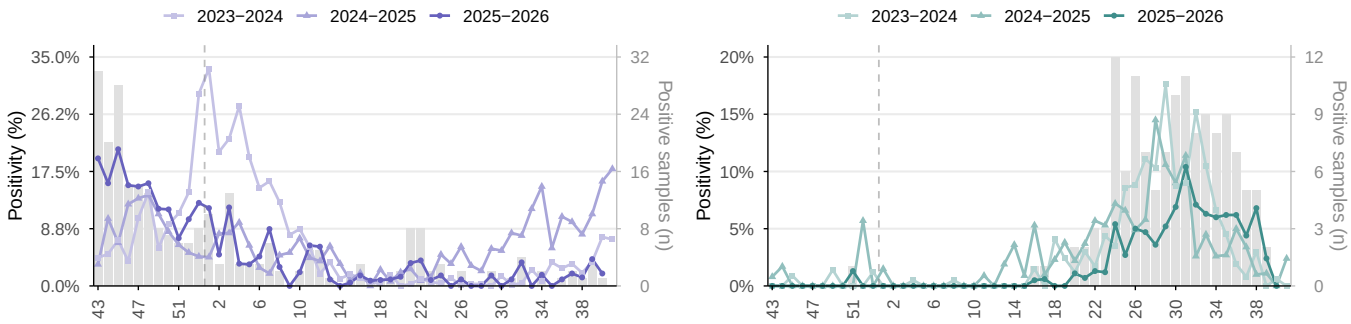
Figure 6.7.B. Weekly relative contribution by type and subtype.



Influenza in Argentina, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

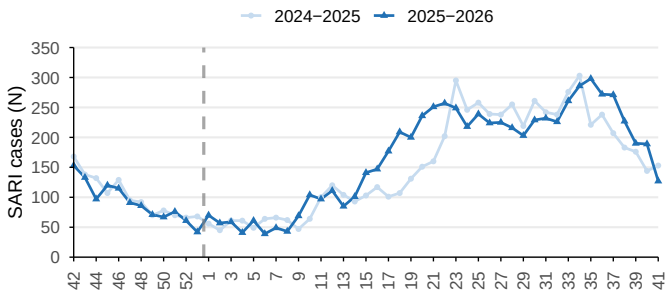
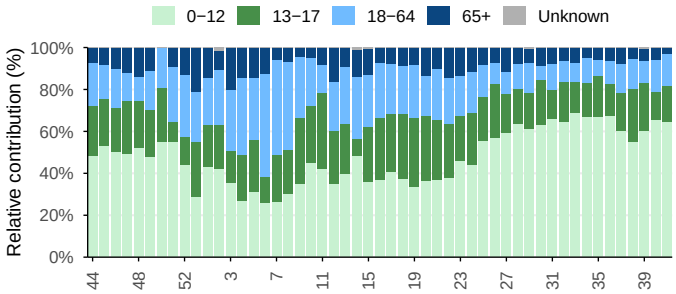


Figure 6.9.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Argentina, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

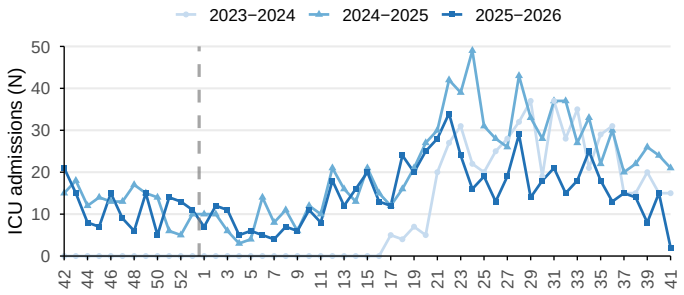
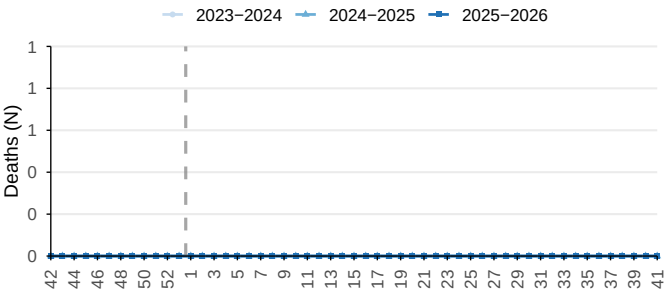


Figure 6.10.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Argentina, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

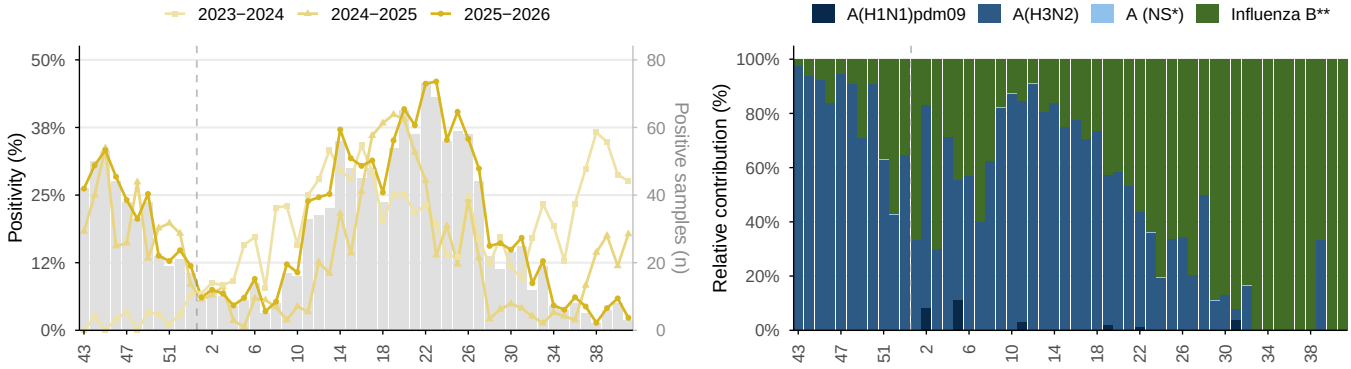
6.1.2 Brazil

During EW 41, sentinel surveillance in Brazil showed influenza positivity of 2.3% (Figure 6.11). SARS-CoV-2 positivity was 3.7%, and RSV positivity 1.5% (Figure 6.12). Among influenza-positive samples during EW 38 and 41, 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 37.4%, with rhinovirus (64.8%), metapneumovirus (19.4%) and adenovirus (15.9%) predominating (Figure 6.13).

Between EW 38 and 41, viral detections amounted to 14.8% of ILI cases; SARS-CoV-2 predominated (65.8%), followed by influenza (29.5%) and RSV (4.7%) (Figure 6.14). In the same period, 50.4% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (20.9%) (Figure 6.14). Between EW 38 and 41, viral detections amounted to 8.2% of SARI cases, with RSV predominating (45.1%), followed by influenza (32.6%) and SARS-CoV-2 (22.4%) (Figure 6.15). In the same period, 1,770 ICU admissions of SARI cases and 140 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 43/2025–41/2026. 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.

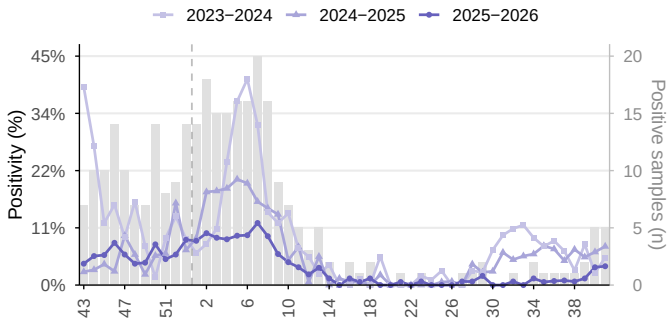
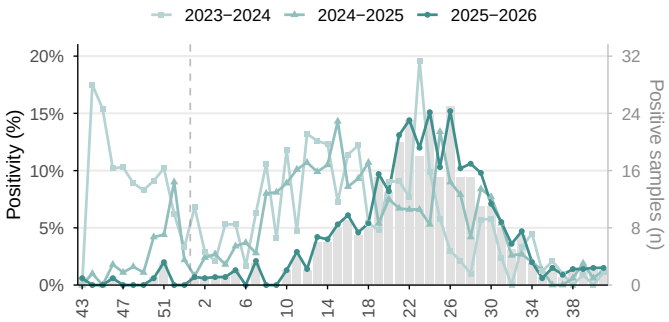


Figure 6.12.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Brazil, EW 43/2025−41/2026. 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.

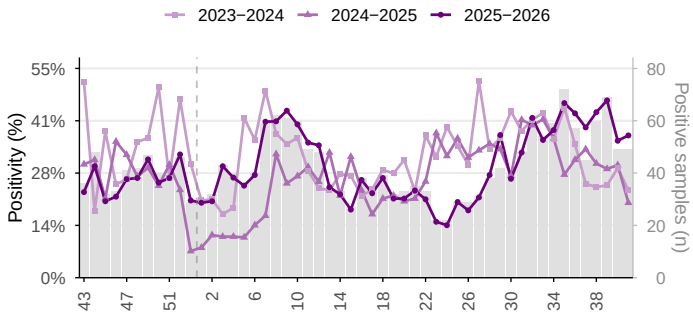
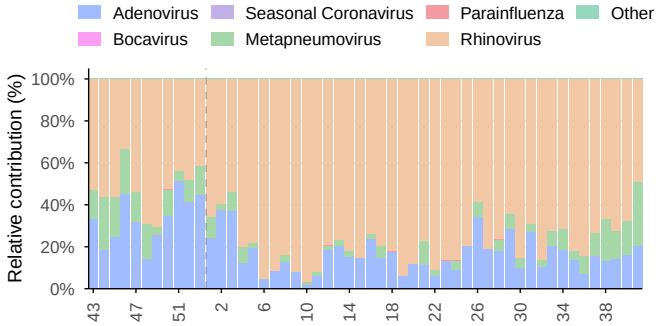


Figure 6.13.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil, EW 43/2025−41/2026. 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.

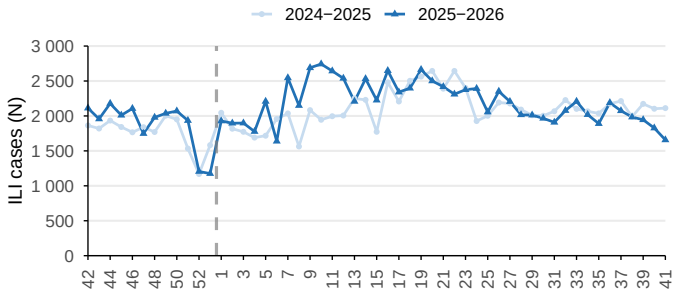
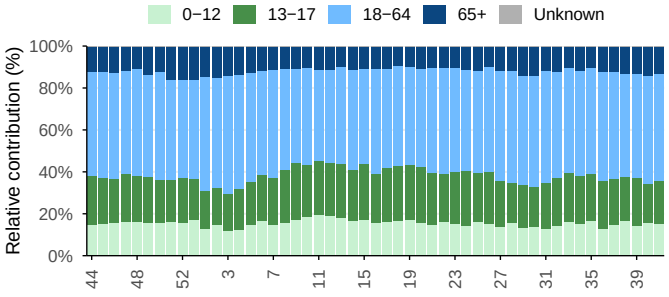


Figure 6.14.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.15.A. Weekly SARI cases.

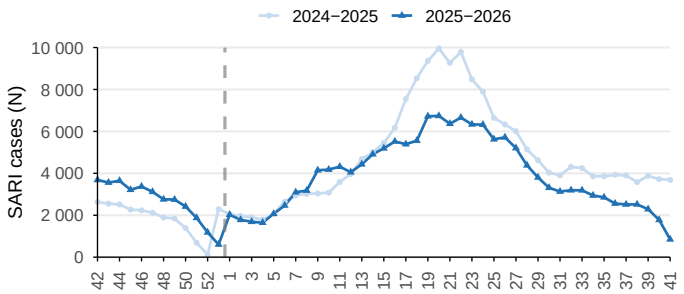
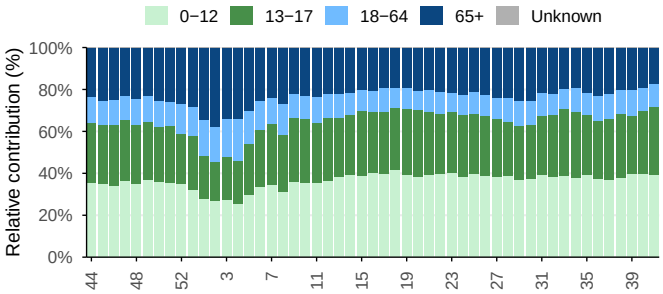


Figure 6.15.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

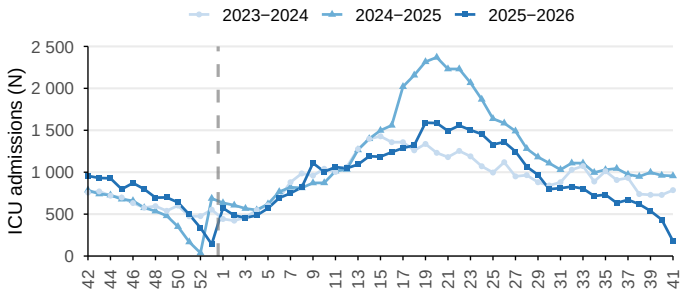
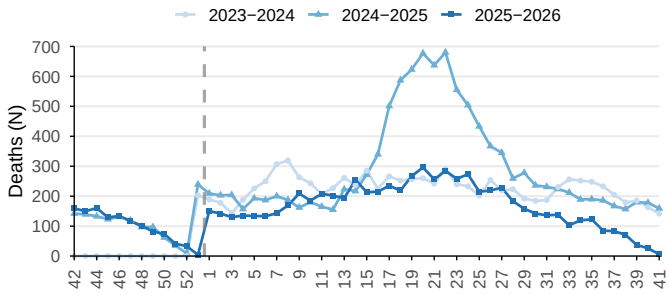


Figure 6.16.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil, EW 42/2025–41/2026. *Source: FluID, WHO–GISRS.*

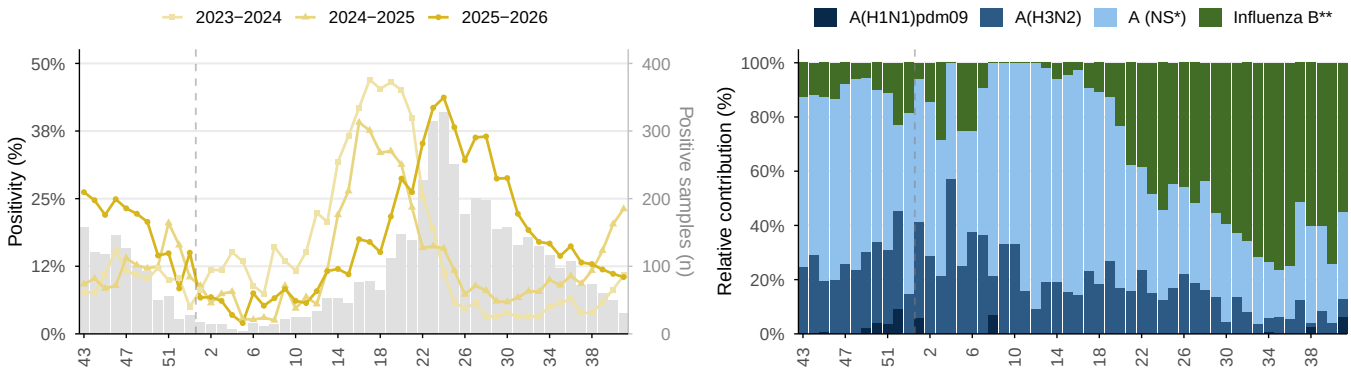
6.1.3 Chile

During EW 41, sentinel surveillance in Chile showed influenza positivity of 10.5% (Figure 6.17). SARS-CoV-2 positivity was 1.3%, and RSV positivity 10.8% (Figure 6.18). Among influenza-positive samples during EW 38 and 41, influenza B predominated (62.6% of typed samples); of all influenza A samples, 17.5% were subtyped, and among these A(H3N2) predominated (71.4%) (Figure 6.17). Among samples tested for other respiratory viruses, positivity was 50.2%, with rhinovirus (59.2%) and metapneumovirus (25.9%) predominating (Figure 6.19).

Between EW 38 and 41, viral detections amounted to 17.7% of SARI cases, with RSV predominating (74.7%), followed by influenza (21.9%) and SARS-CoV-2 (3.4%) (Figure 6.20). In the same period, 243 ICU admissions of SARI cases and 25 deaths were recorded (Figure 6.21).

Figure 6.17.A. Weekly overall influenza positivity.

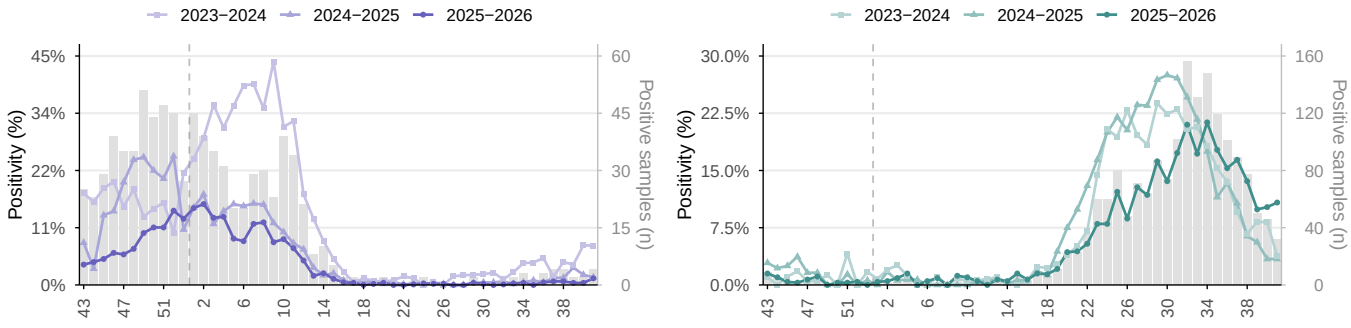
Figure 6.17.B. Weekly relative contribution by type and subtype.



Influenza in Chile, EW 43/2025–41/2026. 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 43/2025–41/2026. 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.

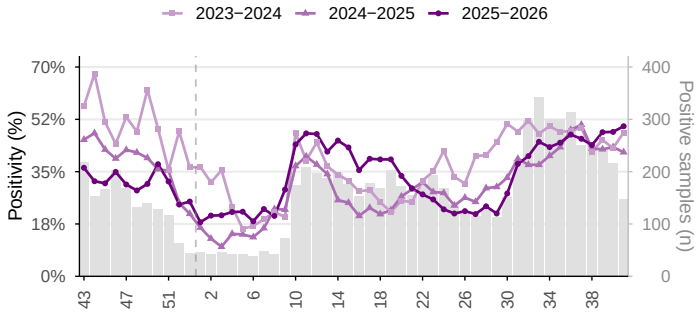
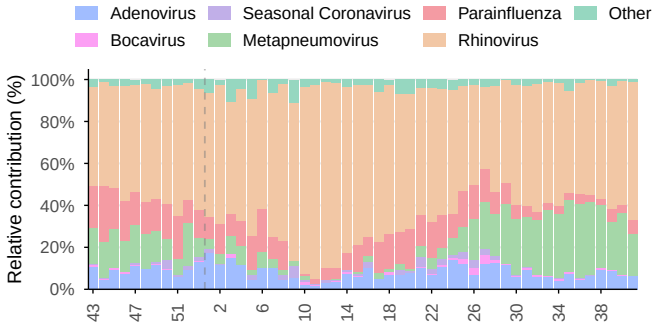


Figure 6.19.B. Weekly relative contribution by virus.



Other respiratory viruses in Chile, EW 43/2025−41/2026. 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.

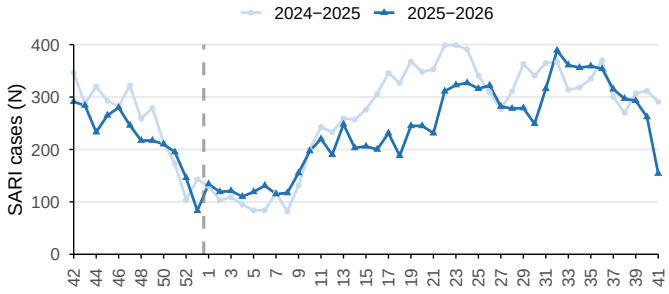
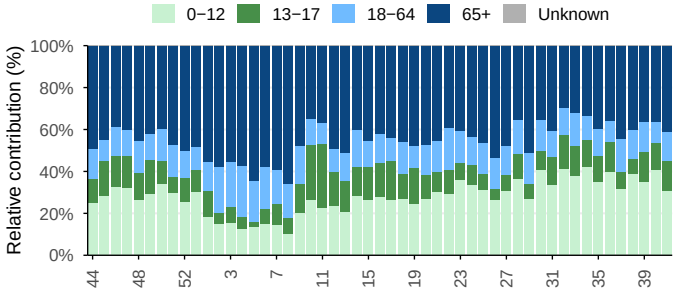


Figure 6.20.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Chile, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

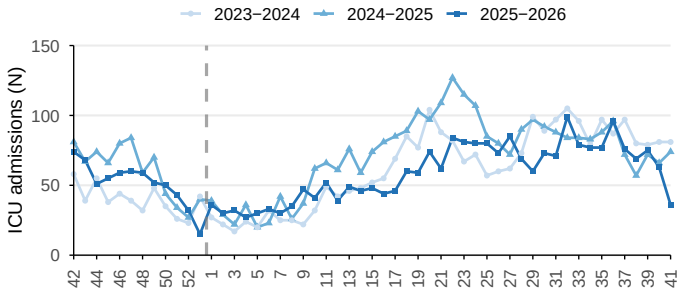
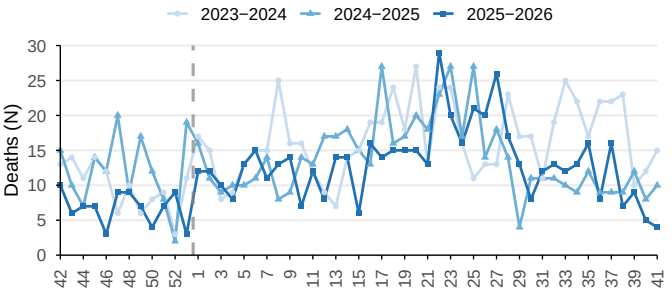


Figure 6.21.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Chile, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*

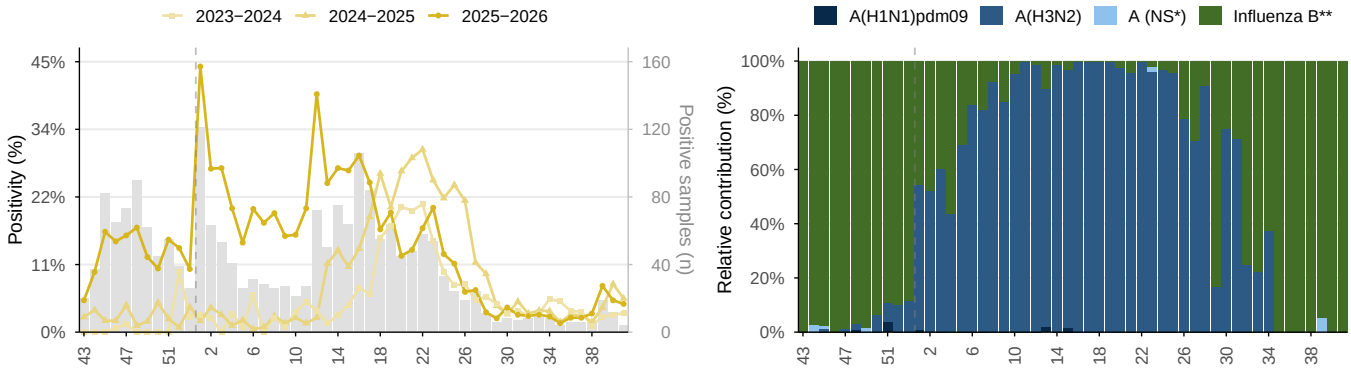
6.1.4 Paraguay

During EW 41, sentinel surveillance in Paraguay showed influenza positivity of 4.7% (Figure 6.22). SARS-CoV-2 positivity was 1.1%, and RSV positivity 2.3% (Figure 6.23). Among influenza-positive samples during EW 38 and 41, influenza B predominated (97.6% of typed samples) (Figure 6.22). Among samples tested for other respiratory viruses, positivity was 40.7%, with rhinovirus (77.5%) and metapneumovirus (16.2%) predominating (Figure 6.24).

Between EW 38 and 41, viral detections amounted to 18.4% of ILI cases; influenza predominated (65.2%), followed by RSV (26.1%) and SARS-CoV-2 (8.7%) (Figure 6.25). In the same period, 48.8% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (22.4%) (Figure 6.25). Between EW 38 and 41, viral detections amounted to 8.8% of SARI cases, with RSV predominating (68.0%), followed by influenza (24.7%) and SARS-CoV-2 (7.2%) (Figure 6.26). In the same period, 180 ICU admissions of SARI cases and 124 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 43/2025–41/2026. 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.

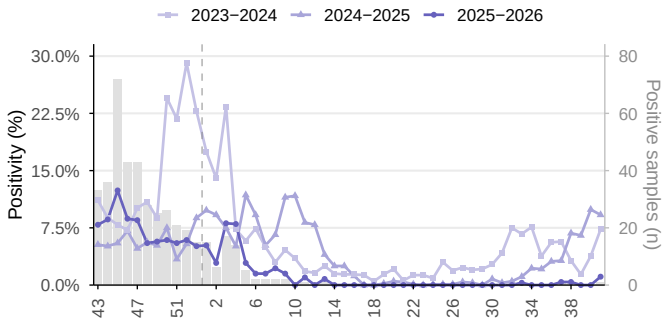
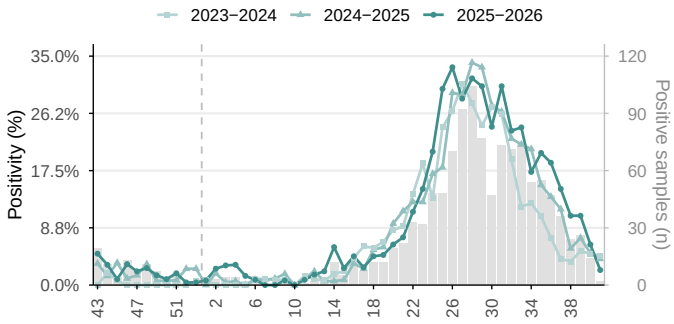


Figure 6.23.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Paraguay, EW 43/2025−41/2026. 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.

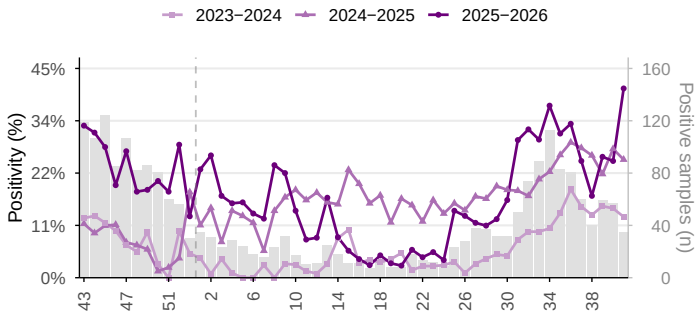
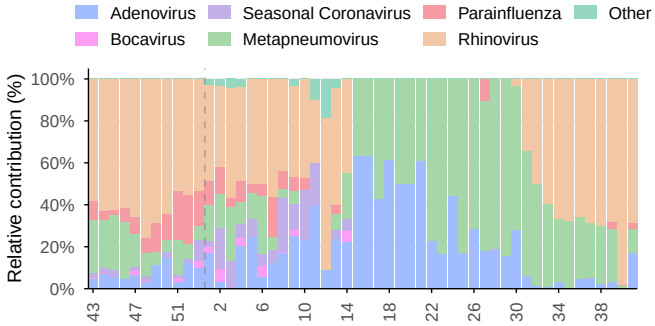


Figure 6.24.B. Weekly relative contribution by virus.



Other respiratory viruses in Paraguay, EW 43/2025−41/2026. 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.

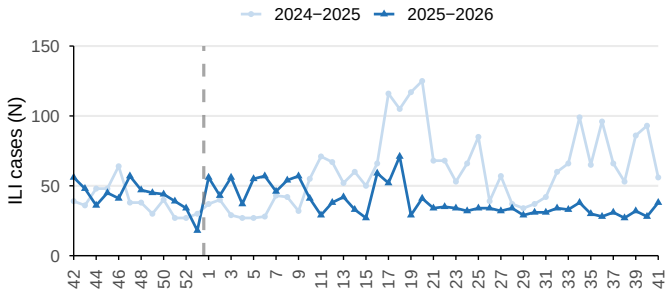
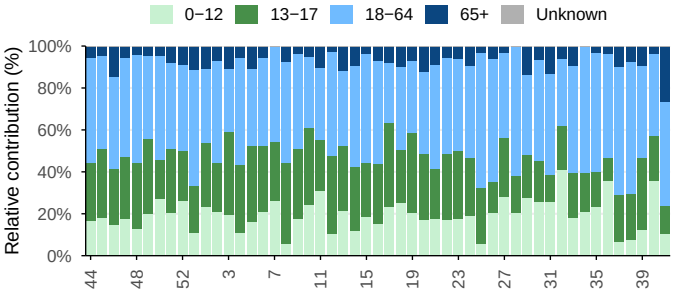


Figure 6.25.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Paraguay, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.26.A. Weekly SARI cases.

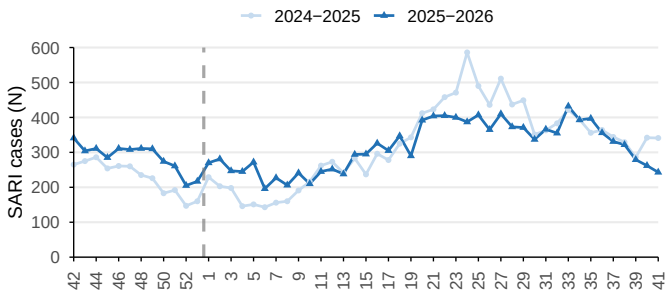
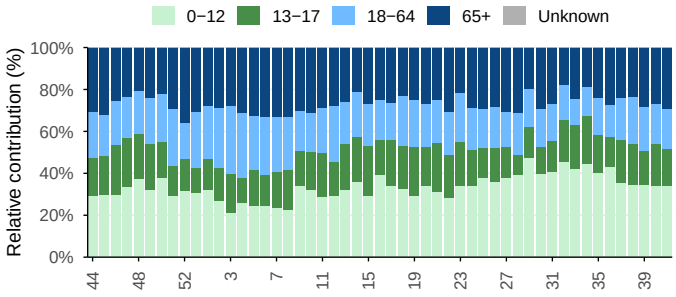


Figure 6.26.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Paraguay, EW 42/2025–41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

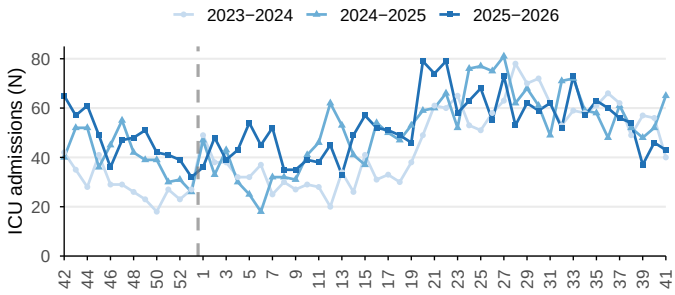
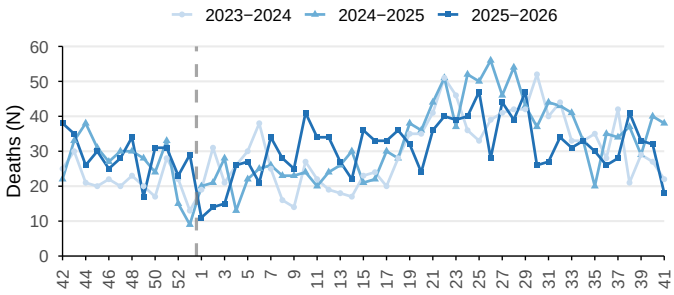


Figure 6.27.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Paraguay, EW 42/2025–41/2026. *Source: FluID, WHO–GISRS.*

6.1.5 Uruguay

During EW 41, sentinel surveillance in Uruguay showed influenza positivity of 8.3% (Figure 6.28). RSV positivity was 9.1% (Figure 6.29). Among influenza-positive samples during EW 38 and 41, influenza B predominated (100.0% of typed samples) (Figure 6.28). Among samples tested for other respiratory viruses, positivity was 59.1%, with rhinovirus (30.1%), other (29.3%) and metapneumovirus (26.0%) predominating (Figure 6.30).

Between EW 38 and 41, viral detections amounted to 7.7% of SARI cases, with RSV predominating (96.6%), followed by influenza (3.4%) (Figure 6.31). In the same period, 52 ICU admissions of SARI cases and one death were recorded (Figure 6.32).

Figure 6.28.A. Weekly overall influenza positivity.

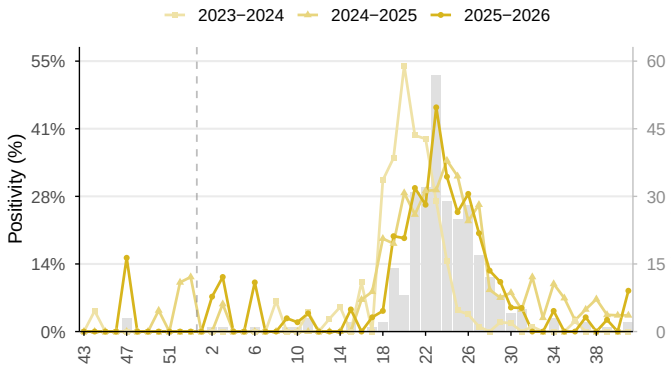
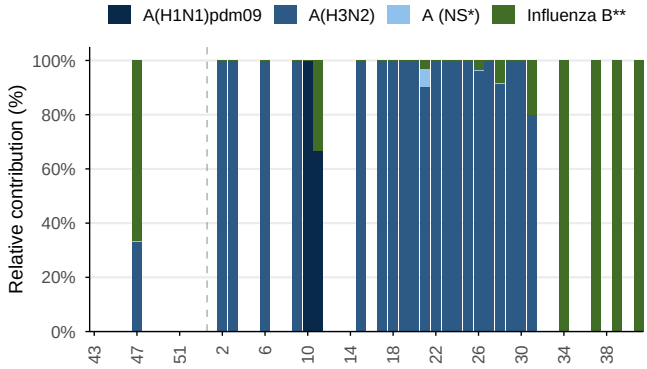


Figure 6.28.B. Weekly relative contribution by type and subtype.



Influenza in Uruguay, EW 43/2025–41/2026. 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.

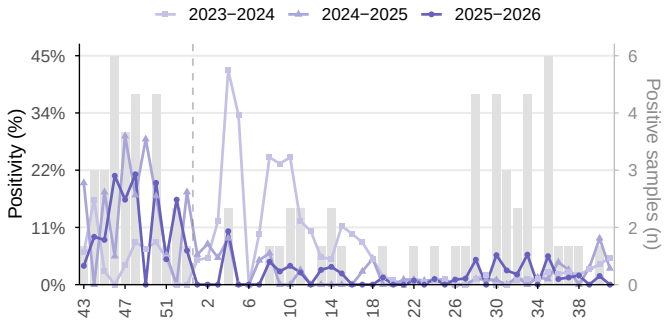
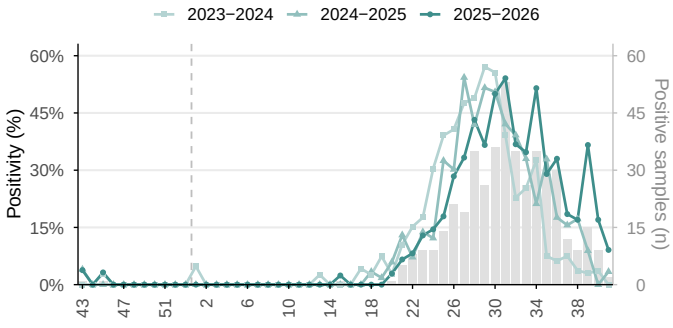


Figure 6.29.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Uruguay, EW 43/2025–41/2026. 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.

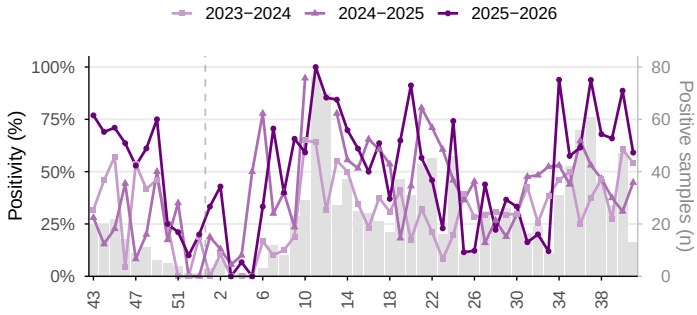
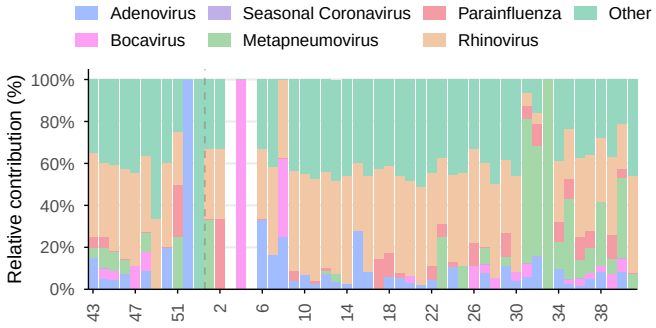


Figure 6.30.B. Weekly relative contribution by virus.



Other respiratory viruses in Uruguay, EW 43/2025−41/2026. 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.

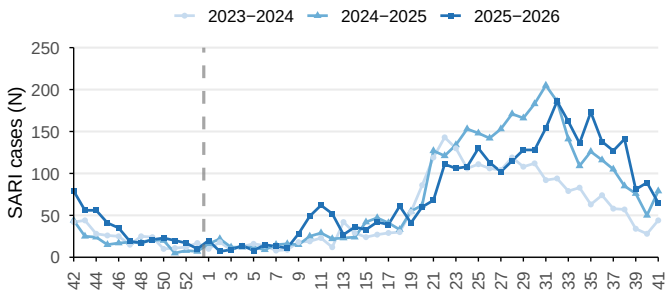
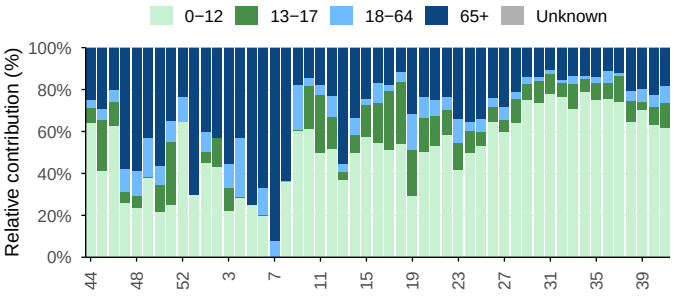


Figure 6.31.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Uruguay, EW 42/2025−41/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.32.A. Weekly SARI cases admitted to ICU.

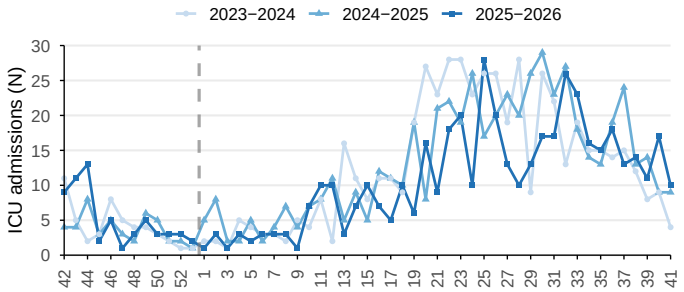
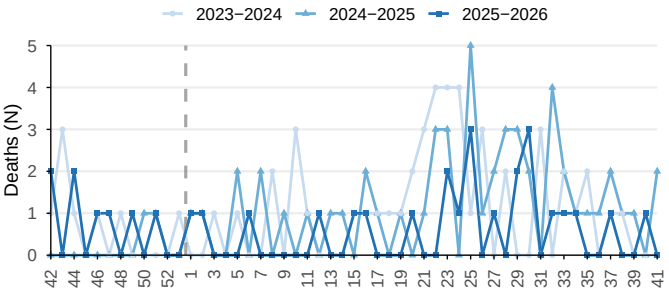


Figure 6.32.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Uruguay, EW 42/2025−41/2026. *Source: FluID, WHO−GISRS.*


PAHO
Pan American
Health
Organization
World Health
Organization
REGIONAL OFFICE FOR THE Americas