PAHO Pan American Health Organization

World Health Organization Americas

Respiratory Viruses Weekly Report

Epidemiological week
2026-42

Data as of
30 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 30 October 2026; and open data that Ministries of Health published on its website or shared with PAHO/ WHO.

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PAHO interactive data:

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

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

Severe acute respiratory infections network – SARInet plus

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 not included in the totals of their subregion and are presented in the country profile, where a note says so on each figure.

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

ILI and SARI cases from FluID data

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

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

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

Reference weeks in the text

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

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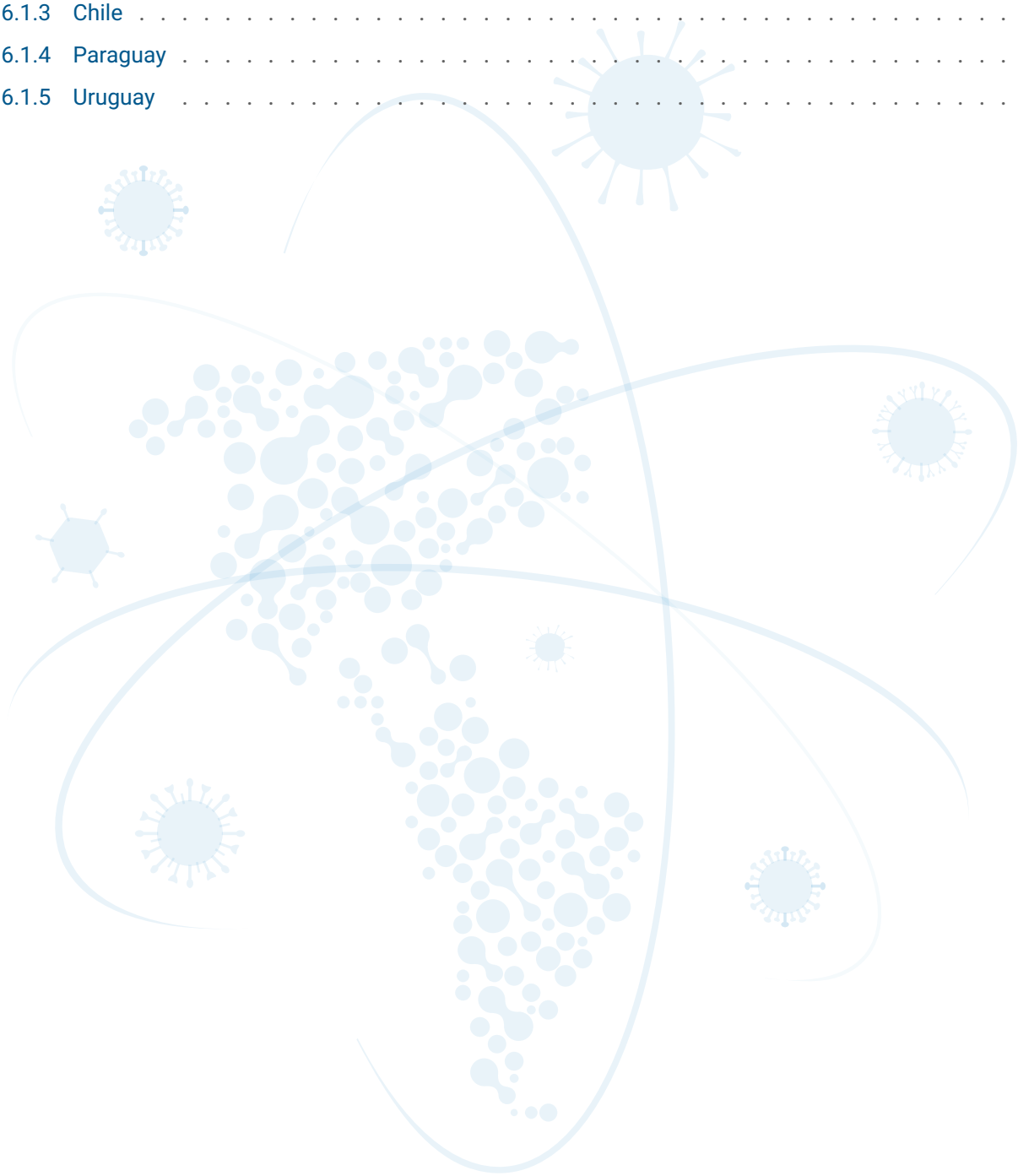


1. Summary

Regional Situation: Respiratory virus activity remained heterogeneous across the Americas. Influenza positivity was markedly higher in the Caribbean than in EW 39, with higher values also reported in Central America and the Andean subregion, while lower positivity was observed in Brazil and the Southern Cone. Influenza B predominated in North America, the Andean subregion, and Brazil and the Southern Cone. RSV positivity remained especially elevated in Central America, notably Panama, and was also higher in the Caribbean than in EW 39. SARS-CoV-2 positivity remained generally low across the Region.

North America: Influenza positivity was 8.9% in EW 41, the latest week with subregional laboratory data, with influenza B accounting for 87.8% of typed samples during EWs 38–41. RSV and SARS-CoV-2 positivity remained low at 0.9% and 3.4%, respectively. In Canada, influenza positivity reached 5.7% in EW 42, with A(H1N1)pdm09 predominating among subtyped influenza A samples. Subregional data exclude Canada, and no influenza samples were processed in the United States during EWs 38–41 (Figures 2.1–2.2).

Caribbean: Influenza positivity reached 27.0% in EW 42, substantially higher than in EW 39, with influenza A and B co-circulating and A(H1N1)pdm09 predominating among subtyped influenza A samples. Elevated positivity was reported in the Cayman Islands (38.8%), the Dominican Republic (18.8%), and Barbados (15.2%). RSV positivity was 6.0% and accounted for most respiratory virus detections among SARI cases (66.7%), while SARS-CoV-2 positivity was 3.3% (Figures 3.1–3.2, 3.5).

Central America: Influenza positivity reached 12.2% in EW 42, with co-circulation of influenza A and B and A(H3N2) predominating among subtyped influenza A samples. High influenza positivity was reported in El Salvador (43.9%) and Panama (16.7%). RSV positivity remained elevated at 17.2%, particularly in Panama (41.7%), and accounted for 64.8% of respiratory virus detections among SARI cases. SARS-CoV-2 circulation remained low, with positivity at 1.0% (Figures 4.1–4.2, 4.5).

Andean Subregion: Influenza positivity was 11.6% in EW 42, with influenza B accounting for 54.5% of typed samples. Higher positivity was reported in Ecuador (23.5% in EW 42) and Bolivia (30.0% in EW 41, the latest week with influenza testing data). RSV positivity was 4.9% and SARS-CoV-2 positivity 1.6%. Influenza and RSV contributed similarly to respiratory virus detections among SARI cases (46.2% and 45.0%, respectively) (Figures 5.1–5.2, 5.5).

Brazil and the Southern Cone: Influenza positivity was 9.9% in EW 42, with influenza B predominating (75.1% of typed samples during EWs 39–42). Positivity remained higher in Argentina (20.4% in EW 41) than in Brazil (2.3% in EW 41). RSV positivity was 7.4% and accounted for most respiratory virus detections among SARI cases (55.9%). SARS-CoV-2 circulation remained low, with positivity at 1.4% (Figures 6.1–6.2, 6.5).

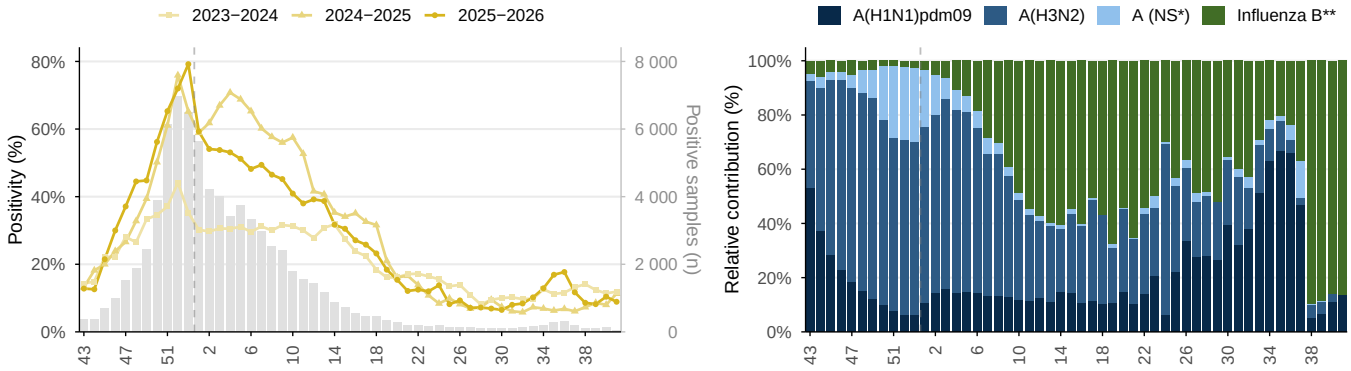
2. North America

In North America, influenza positivity was 8.9% in EW 41, the latest week with subregional laboratory data. Influenza B predominated during EWs 38–41 (87.8% of typed samples), with A(H1N1)pdm09 accounting for 68.8% of subtyped influenza A samples (Figure 2.1). RSV activity remained low, with positivity at 0.9%, while SARS-CoV-2 positivity was 3.4% (Figure 2.2). Other respiratory virus positivity was 7.5%, mainly driven by rhinovirus (76.0%) (Figure 2.3).

During EWs 38–41, respiratory virus detections represented 6.5% of reported ILI cases, predominantly influenza (63.2%), followed by SARS-CoV-2 (30.3%) and RSV (6.5%) (Figure 2.4). Among SARI cases, respiratory virus detections represented 12.8% of reported cases, with SARS-CoV-2 accounting for 38.2% of detections, influenza 35.7%, and RSV 26.2%. A total of 113 ICU admissions among SARI cases and 144 deaths were reported during this period (Figures 2.5–2.6). Subregional surveillance data exclude Canada, which is presented separately.

Figure 2.1.A. Weekly overall influenza positivity.

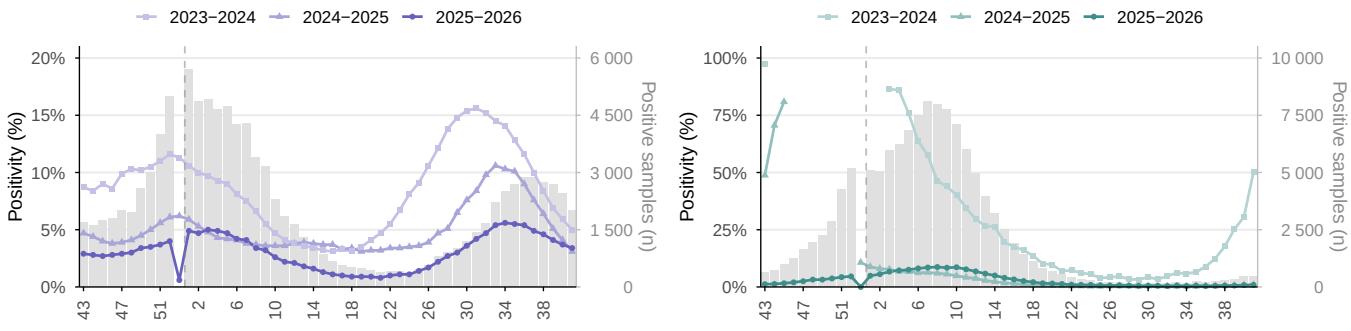
Figure 2.1.B. Weekly relative contribution by type and subtype.



Influenza in North 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 2.2.A. Weekly SARS-CoV-2 positivity.

Figure 2.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in North 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.*

2. North America

Figure 2.3.A. Overall weekly positivity.

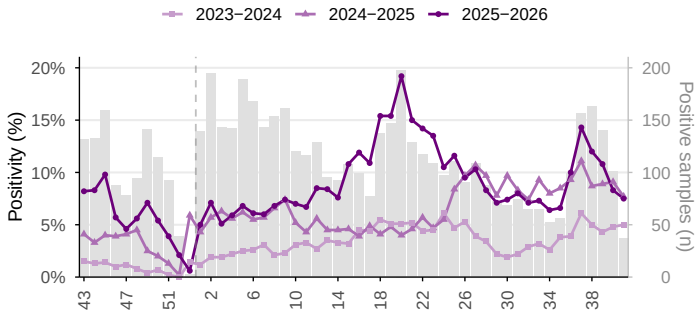
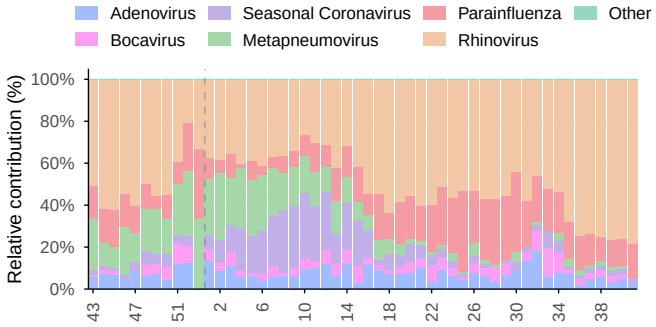


Figure 2.3.B. Weekly relative contribution by virus.



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

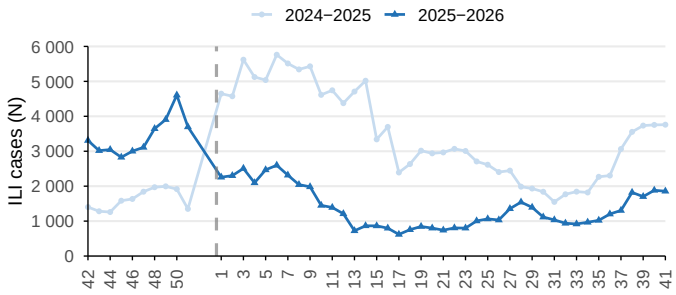
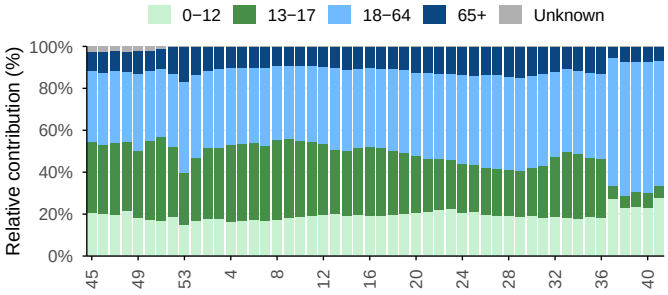


Figure 2.4.B. Weekly relative contribution by age group.



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

Figure 2.5.A. Weekly SARI cases.

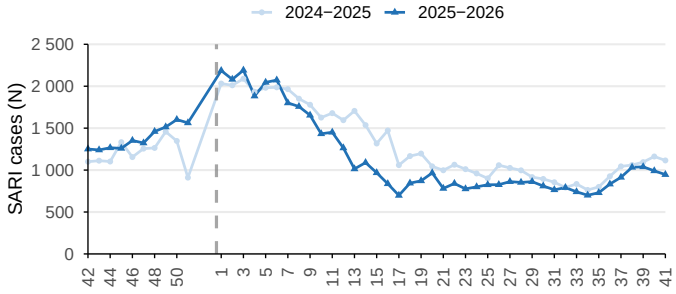
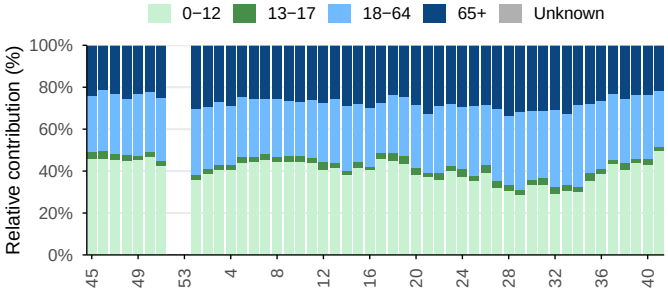


Figure 2.5.B. Weekly relative contribution by age group.



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

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

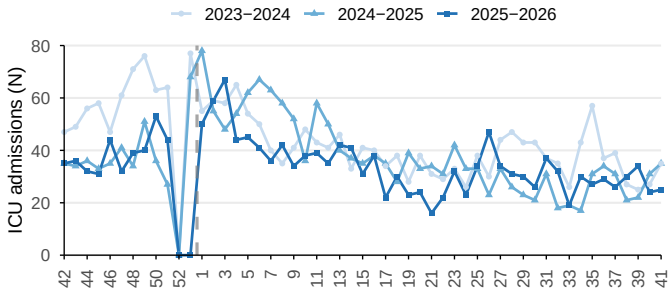
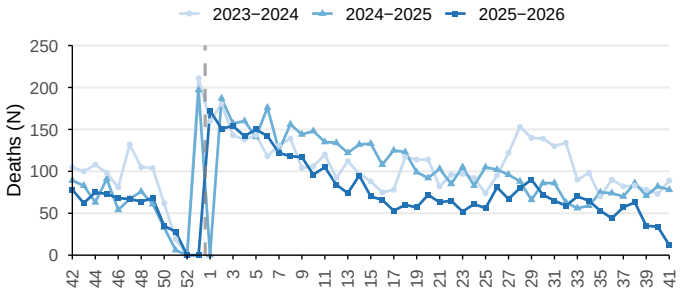


Figure 2.6.B. Weekly deaths among SARI cases.



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

2.1 Country

2.1.1 Canada

In Canada, influenza positivity reached 5.7% in EW 42. During EWs 39–42, influenza A predominated (98.1% of typed samples), with A(H1N1)pdm09 accounting for 98.5% of subtyped influenza A samples (Figure 2.7). RSV activity remained low, with positivity at 0.1%, while SARS-CoV-2 positivity was 2.5% (Figure 2.8). Other respiratory virus positivity was 7.1%, mainly driven by rhinovirus (85.2%) (Figure 2.9). These estimates are based on non-sentinel surveillance.

Figure 2.7.A. Weekly overall influenza positivity.

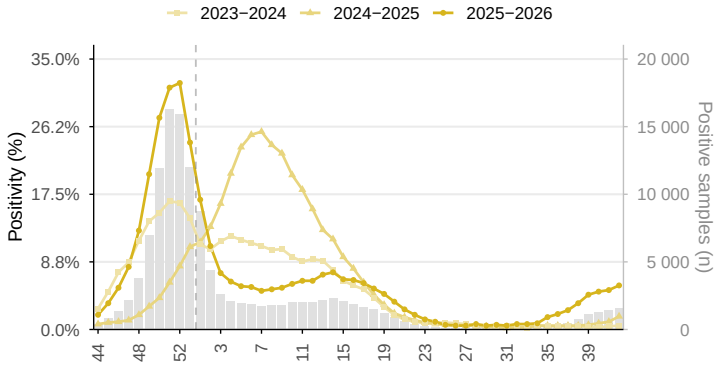
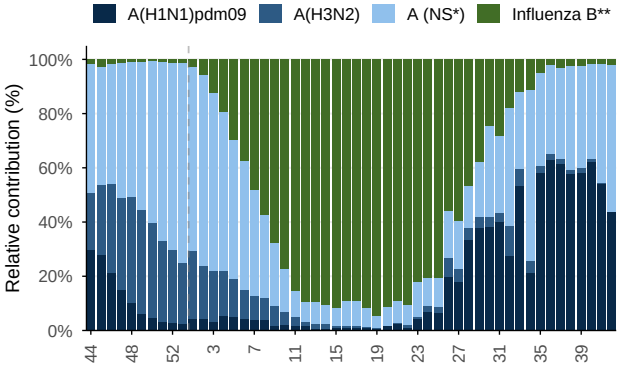


Figure 2.7.B. Weekly relative contribution by type and subtype.



Influenza in Canada, EW 44/2025–42/2026. 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.

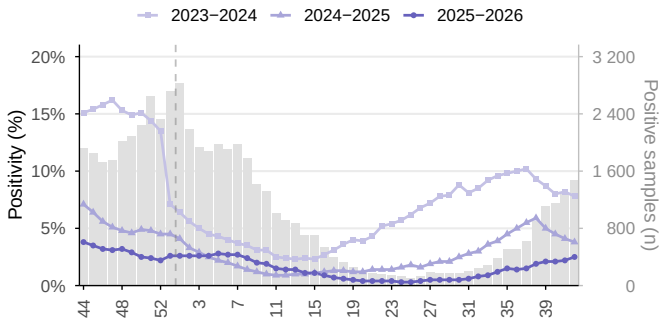
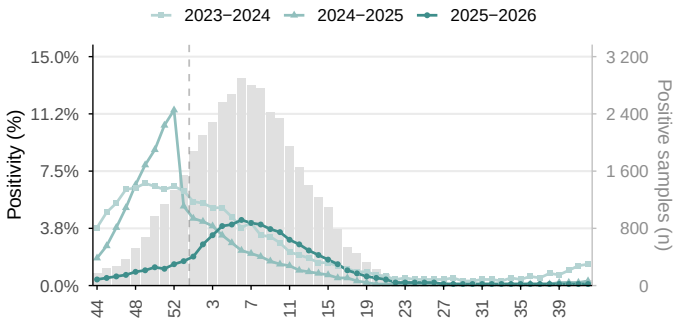


Figure 2.8.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Canada, EW 44/2025–42/2026. 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.

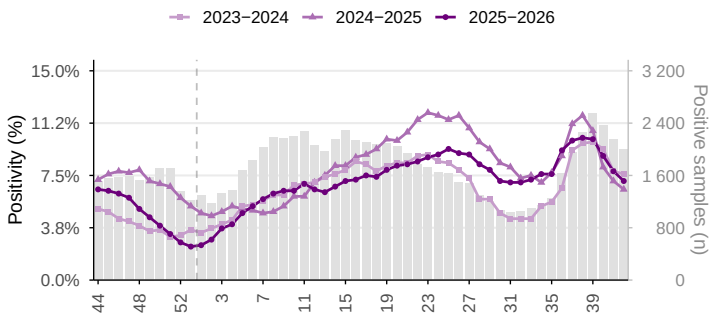
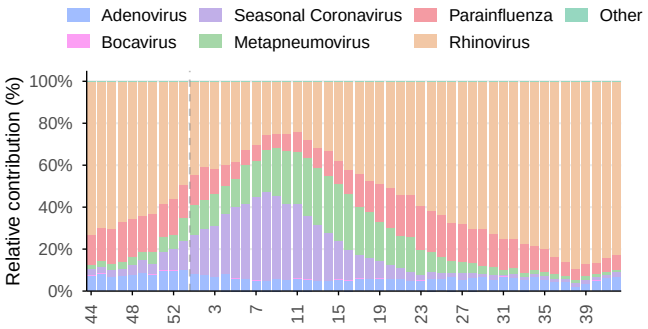


Figure 2.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Canada, EW 44/2025–42/2026. 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.*

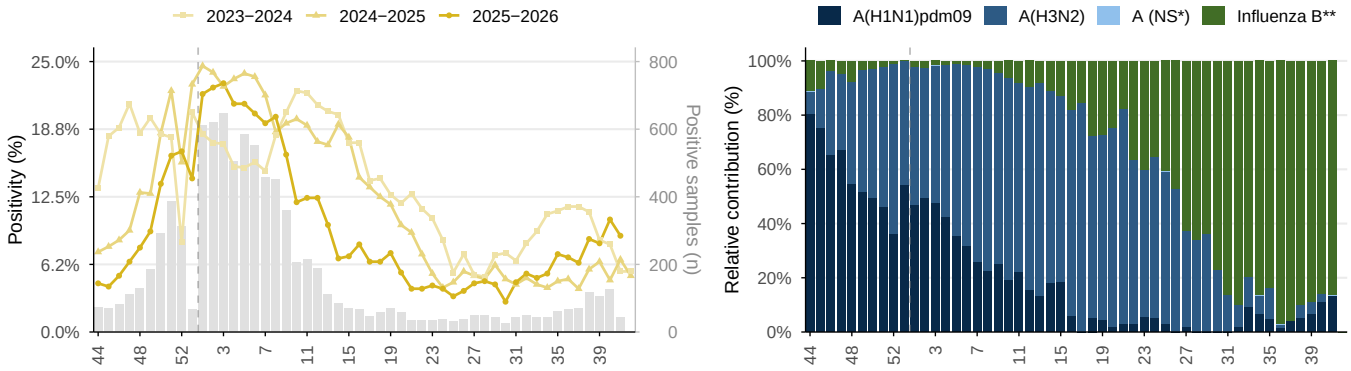
2.1.2 Mexico

In Mexico, influenza positivity was 8.9% in EW 41, the latest week with laboratory surveillance data. Influenza B predominated during EWs 38–41 (87.8% of typed samples), with A(H1N1)pdm09 accounting for 68.8% of subtyped influenza A samples (Figure 2.10). RSV positivity was 5.5% and SARS-CoV-2 positivity 2.6% (Figure 2.11). Other respiratory virus positivity was 7.5%, mainly driven by rhinovirus (76.0%) (Figure 2.12). No laboratory surveillance data were reported for EW 42.

During EWs 39–42, respiratory virus detections represented 5.9% of reported ILI cases, predominantly influenza (66.7%), followed by SARS-CoV-2 (26.3%) and RSV (7.1%). Most ILI cases with known age were among adults aged 18–64 years (61.6%) (Figure 2.13). Among SARI cases, respiratory virus detections represented 11.7% of cases, with RSV accounting for 43.7% of detections, influenza 32.6%, and SARS-CoV-2 23.7%. During this period, 89 ICU admissions and 81 deaths among SARI cases were reported (Figures 2.14–2.15).

Figure 2.10.A. Weekly overall influenza positivity.

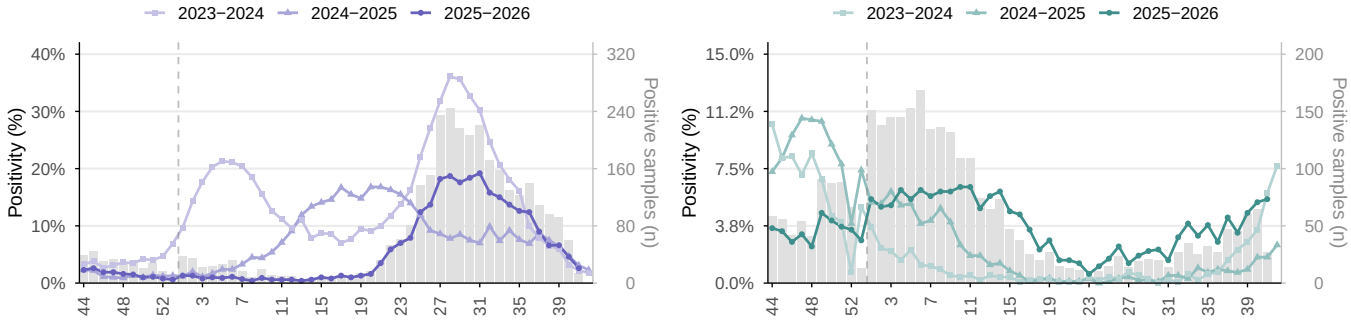
Figure 2.10.B. Weekly relative contribution by type and subtype.



Influenza in Mexico, EW 44/2025–42/2026. 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 44/2025–42/2026. 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.

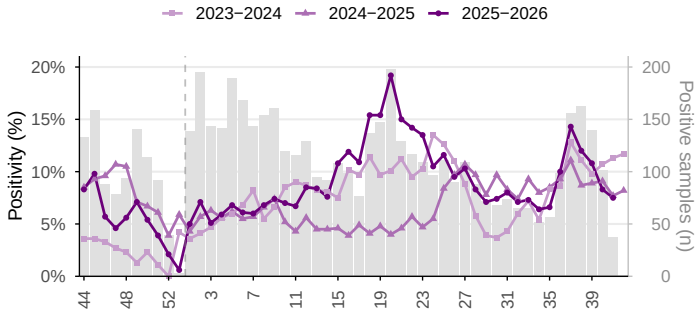
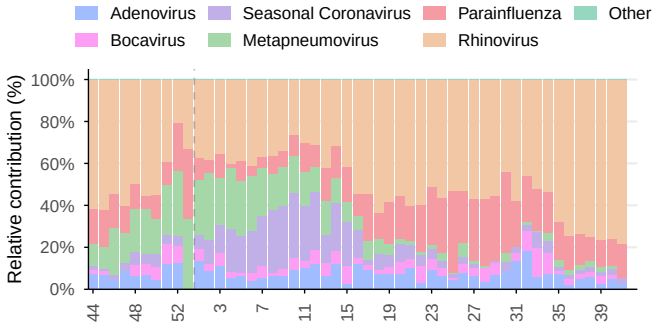


Figure 2.12.B. Weekly relative contribution by virus.



Other respiratory viruses in Mexico, EW 44/2025–42/2026. 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.

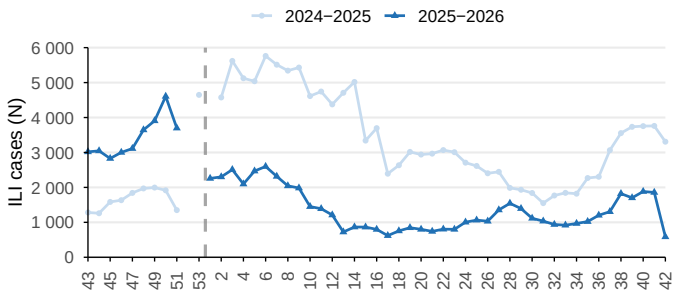
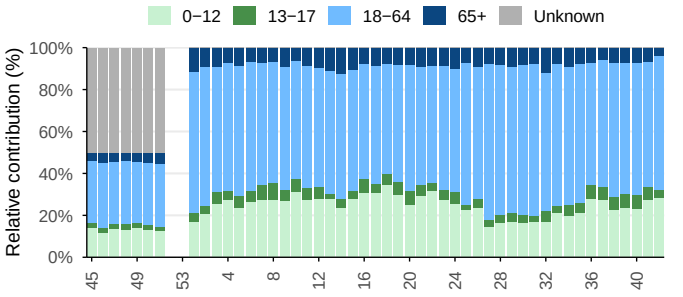


Figure 2.13.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Mexico, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 2.14.A. Weekly SARI cases.

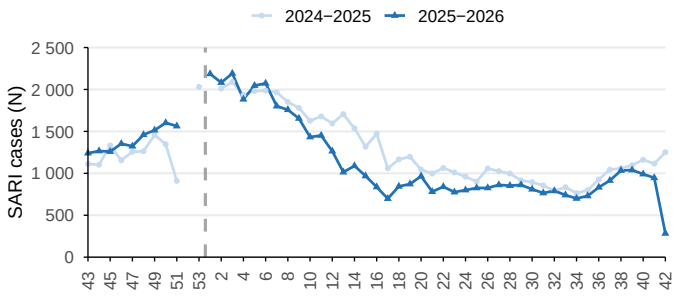
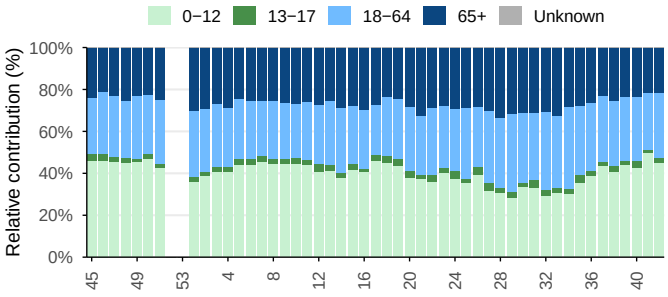


Figure 2.14.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Mexico, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

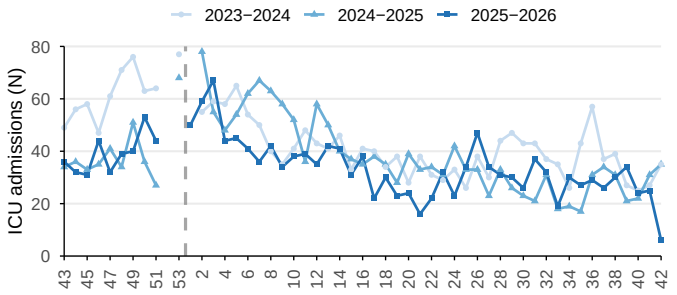
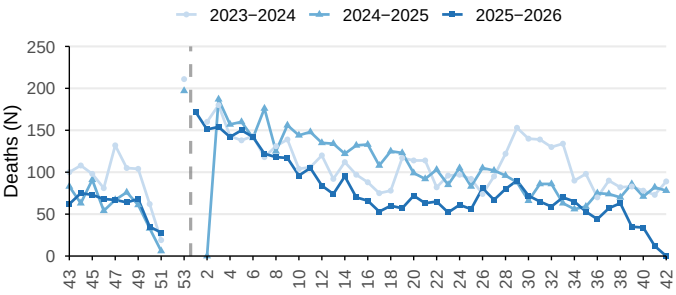


Figure 2.15.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Mexico, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

2.1.3 United States of America

In the United States, no influenza samples were processed in sentinel surveillance during EWs 38–41, limiting assessment of recent influenza circulation (Figure 2.16). In EW 41, RSV and SARS-CoV-2 positivity were low at 0.8% and 3.4%, respectively (Figure 2.17). No new laboratory surveillance data were reported for EW 42.

Figure 2.16.A. Weekly overall influenza positivity.

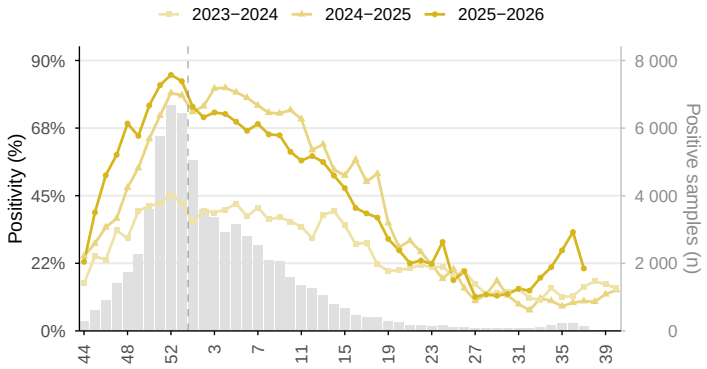
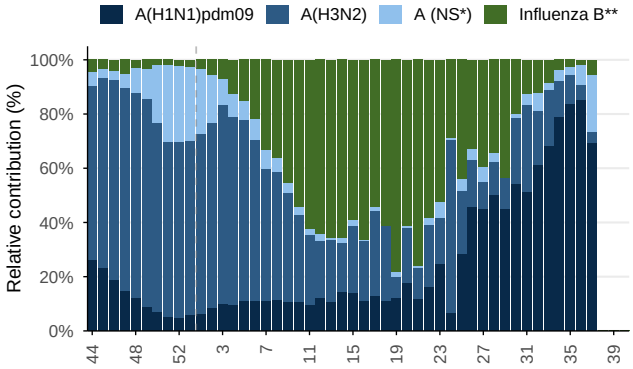


Figure 2.16.B. Weekly relative contribution by type and subtype.



Influenza in United States of America, EW 44/2025–42/2026. 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.

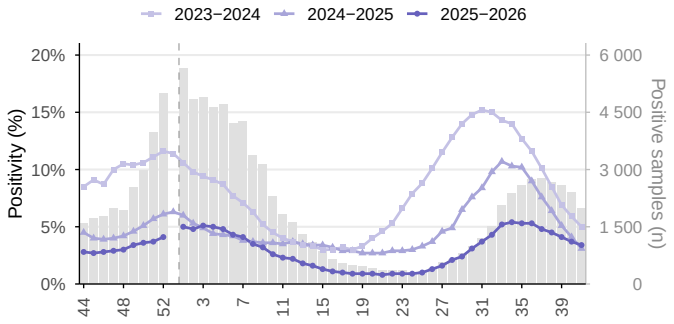
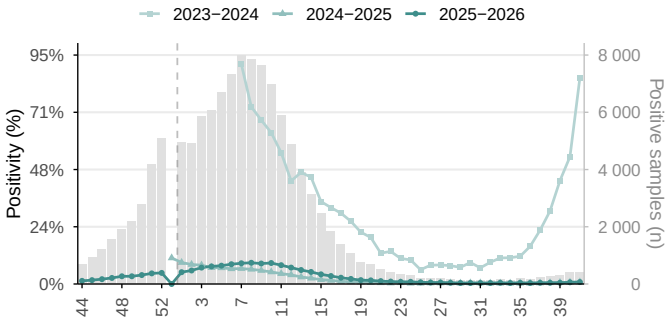


Figure 2.17.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in United States of America, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

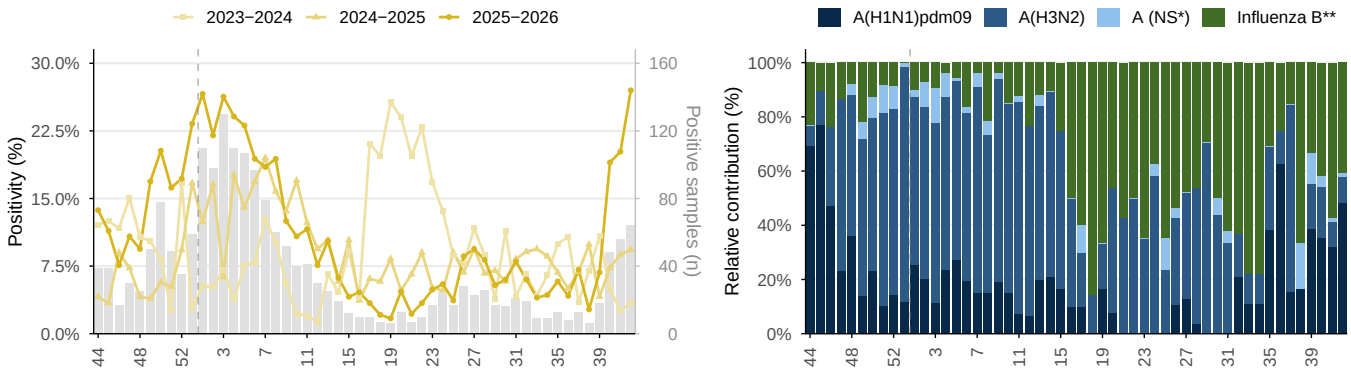
3. Caribbean

In the Caribbean, influenza positivity reached 27.0% in EW 42. Influenza A and B co-circulated during EWs 39–42, with influenza A accounting for 54.8% of typed samples and A(H1N1)pdm09 for 76.0% of subtyped influenza A samples (Figure 3.1). RSV positivity was 6.0%, while SARS-CoV-2 positivity remained relatively low at 3.3% (Figure 3.2). Other respiratory virus positivity was 17.2%, mainly driven by rhinovirus (72.1%) (Figure 3.3).

During EWs 39–42, respiratory virus detections represented 0.1% of reported ILI cases, predominantly influenza (66.7%), followed by SARS-CoV-2 (33.3%) (Figure 3.4). Among SARI cases, respiratory virus detections represented 0.6% of reported cases, with RSV accounting for most detections (66.7%), followed by influenza (25.0%) and SARS-CoV-2 (8.3%). A total of 220 ICU admissions among SARI cases and 268 deaths were reported during this period (Figures 3.5–3.6).

Figure 3.1.A. Weekly overall influenza positivity.

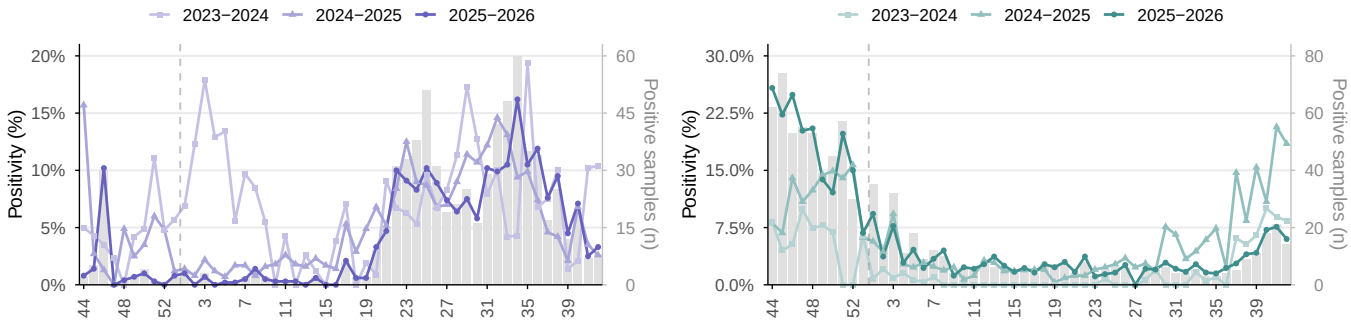
Figure 3.1.B. Weekly relative contribution by type and subtype.



Influenza in the Caribbean, EW 44/2025–42/2026. 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 44/2025–42/2026. 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.

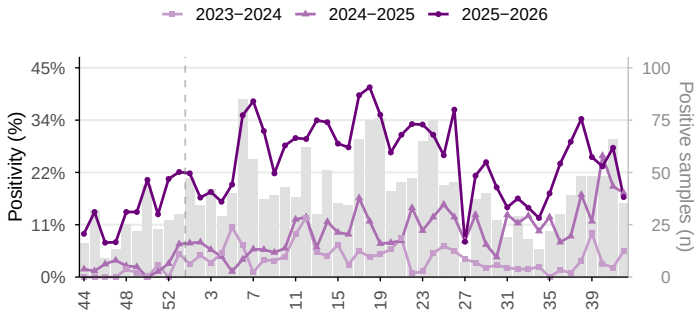
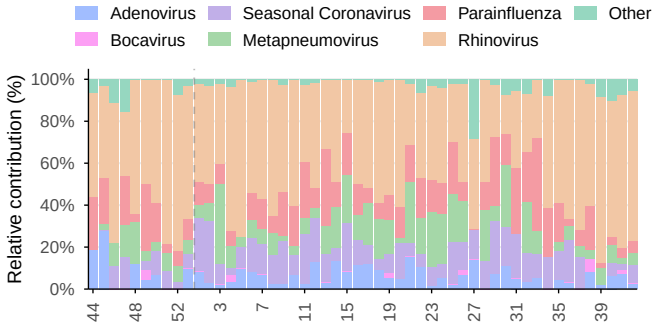


Figure 3.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Caribbean, EW 44/2025−42/2026. 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.

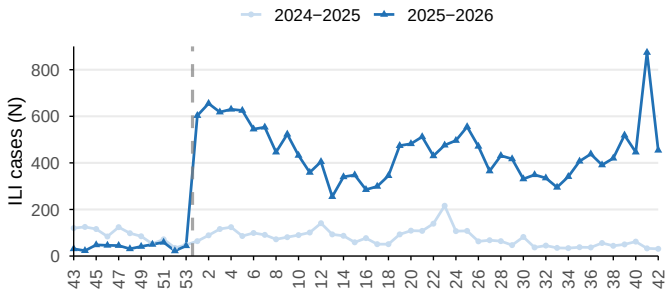
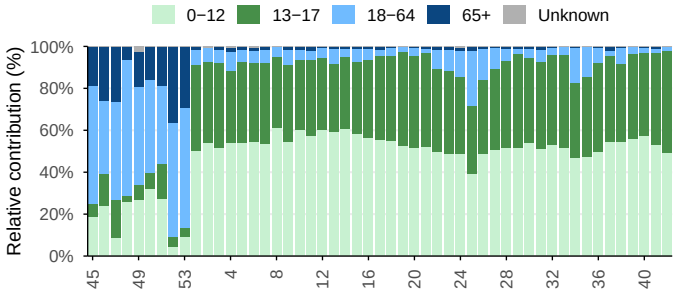


Figure 3.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in the Caribbean, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.5.A. Weekly SARI cases.

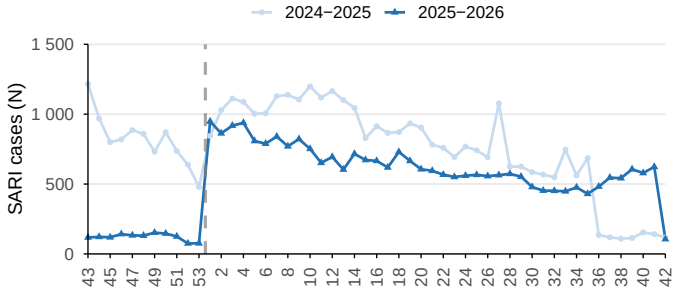
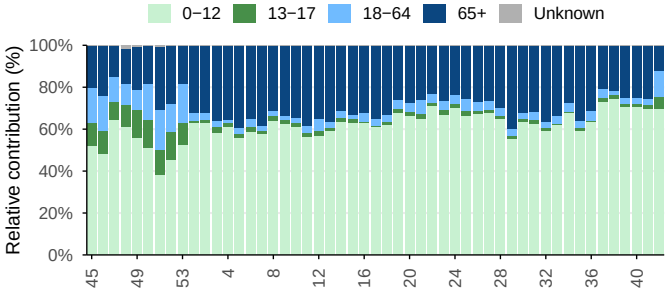


Figure 3.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Caribbean, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

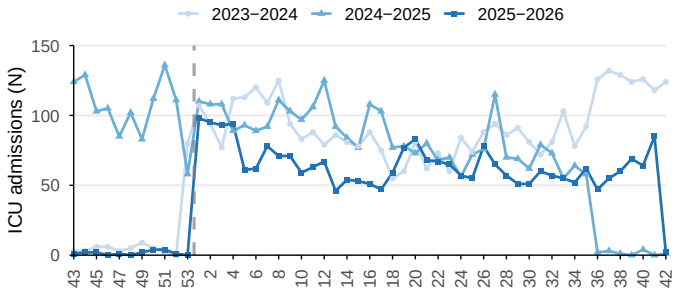
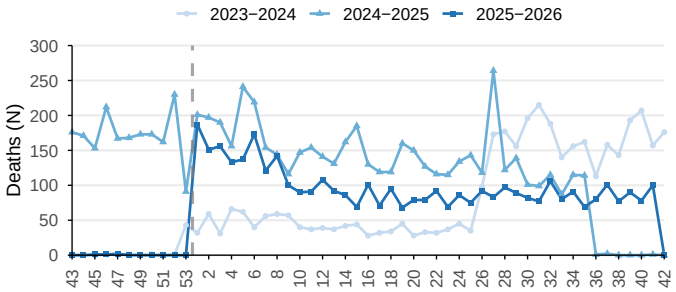


Figure 3.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Caribbean, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

3. Caribbean — Belize

3.1 Country

3.1.1 Belize

In Belize, no influenza-positive samples were detected in EW 42. Influenza B accounted for all typed influenza detections during EWs 39–42 (Figure 3.7). These results should be interpreted in light of the number of samples processed.

Figure 3.7.A. Weekly overall influenza positivity.

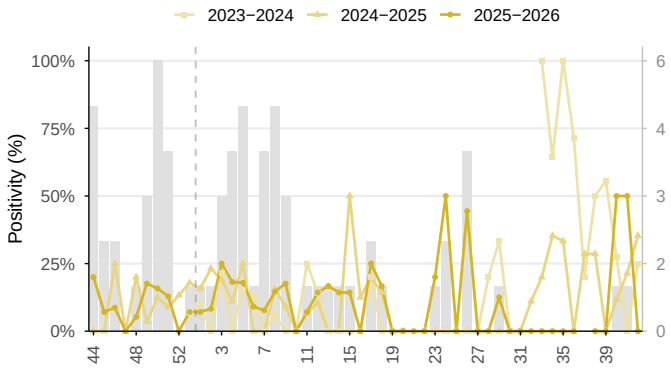
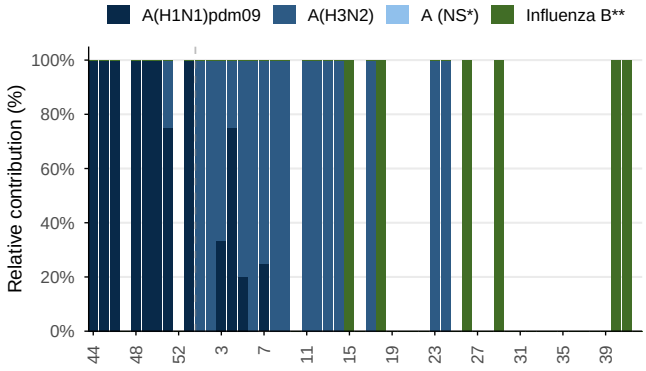


Figure 3.7.B. Weekly relative contribution by type and subtype.



Influenza in Belize, EW 44/2025–42/2026. 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.

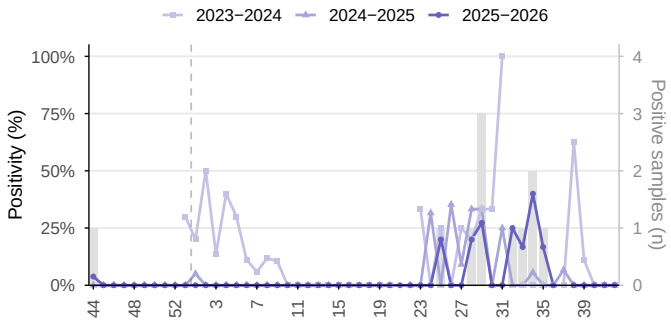
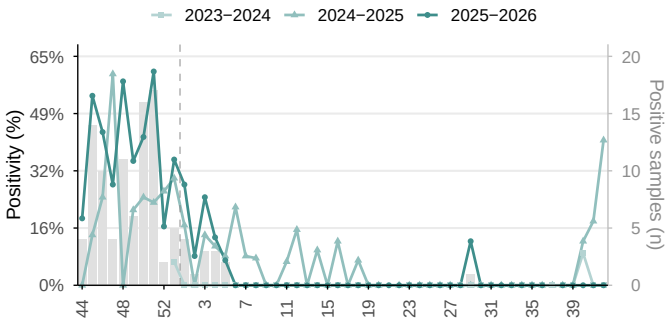


Figure 3.8.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Belize, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

3.1.2 Barbados

In Barbados, influenza positivity was 15.2% in EW 42. During EWs 39–42, influenza A predominated (86.2% of typed samples), with A(H1N1)pdm09 accounting for all subtyped influenza A samples (Figure 3.9). RSV positivity was 9.1% and SARS-CoV-2 positivity 2.9% (Figure 3.10). Other respiratory virus positivity was 40.0%, mainly driven by rhinovirus (72.7%) (Figure 3.11).

Figure 3.9.A. Weekly overall influenza positivity.

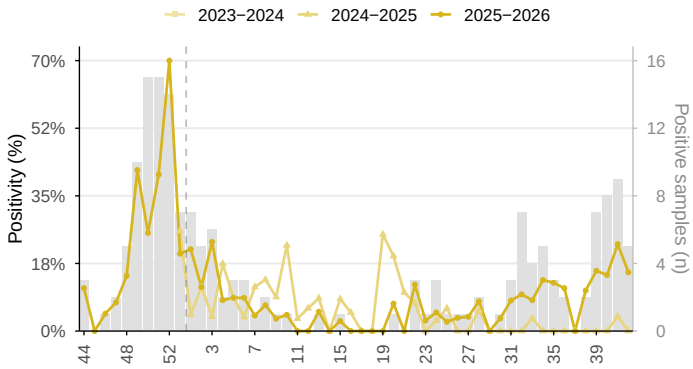
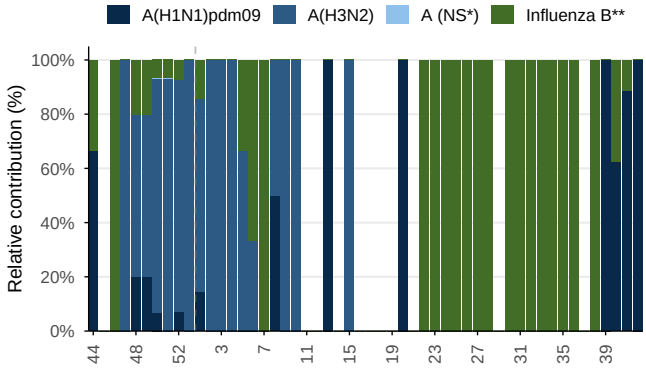


Figure 3.9.B. Weekly relative contribution by type and subtype.



Influenza in Barbados, EW 44/2025–42/2026. 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.

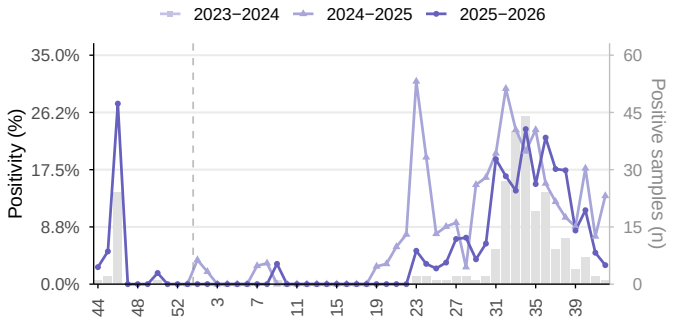
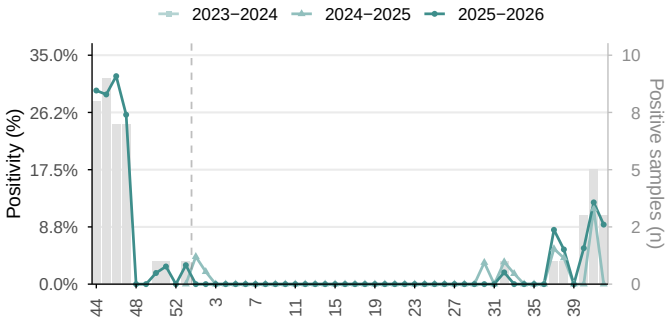


Figure 3.10.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Barbados, EW 44/2025–42/2026. 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.

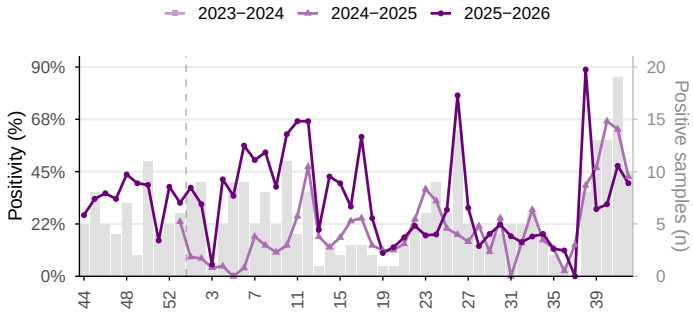
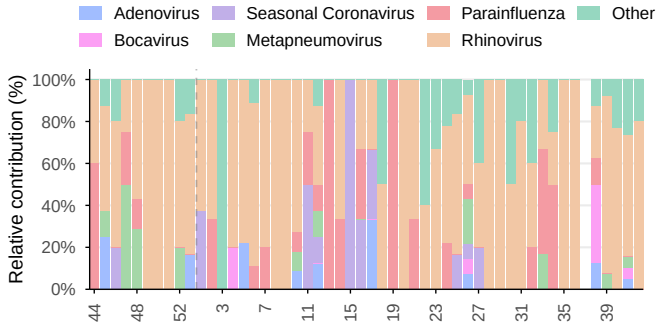


Figure 3.11.B. Weekly relative contribution by virus.



Other respiratory viruses in Barbados, EW 44/2025−42/2026. 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.*

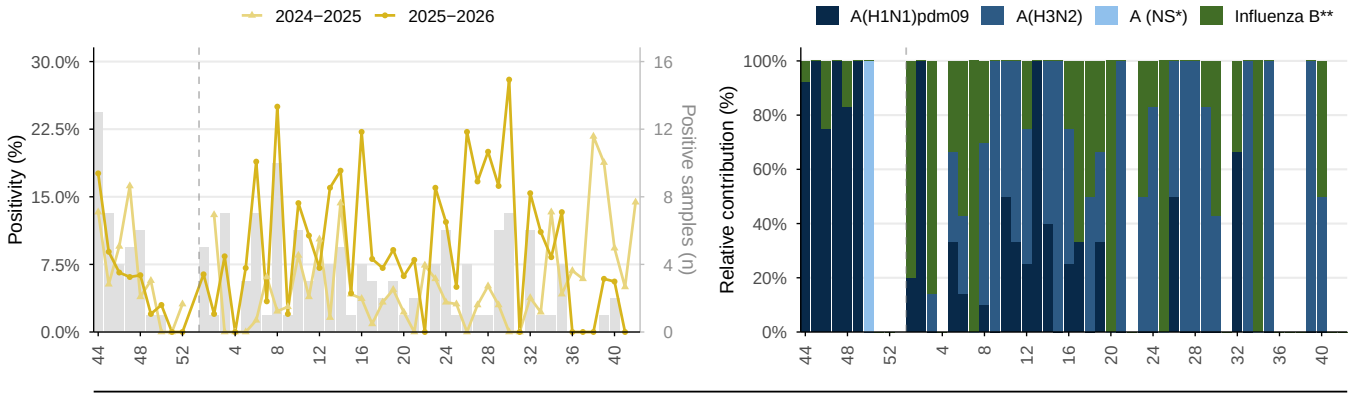
3.1.3 Cuba

In Cuba, no influenza-positive samples were detected in EW 41, the latest week with laboratory surveillance data. Influenza A accounted for 66.7% of typed samples during EWs 38–41, with A(H3N2) accounting for all subtyped influenza A samples (Figure 3.12). SARS-CoV-2 positivity was 16.7%, while parainfluenza accounted for 75.0% of other respiratory virus detections (Figures 3.13–3.14). No laboratory surveillance data were reported for EW 42.

During EWs 38–41, respiratory virus detections represented 0.3% of reported ILI cases, all attributable to SARS-CoV-2. All ILI cases with known age were among children aged 0–12 years (Figure 3.15). Among SARI cases, respiratory virus detections represented 0.5% of reported cases, predominantly RSV (75.0%), followed by influenza (16.7%) and SARS-CoV-2 (8.3%). A total of 275 ICU admissions among SARI cases and 345 deaths were reported during this period (Figures 3.16–3.17).

Figure 3.12.A. Weekly overall influenza positivity.

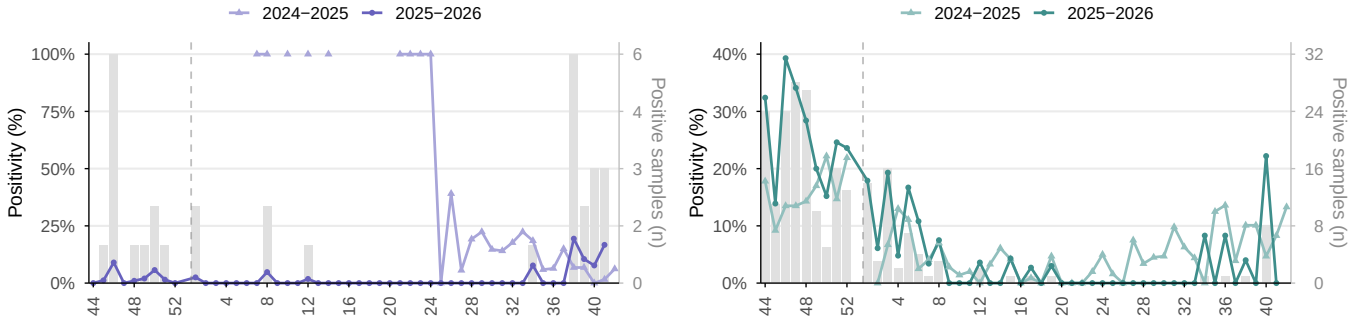
Figure 3.12.B. Weekly relative contribution by type and subtype.



Influenza in Cuba, EW 44/2025–42/2026. 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 44/2025–42/2026. 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.

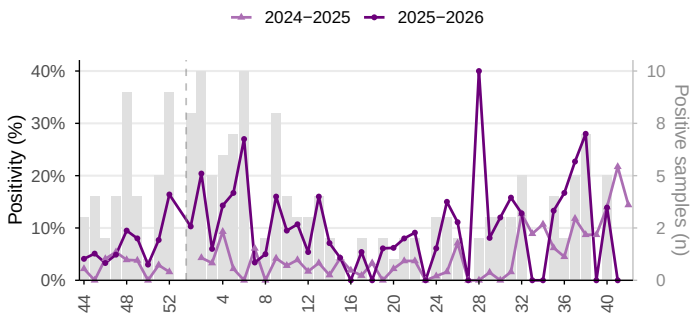
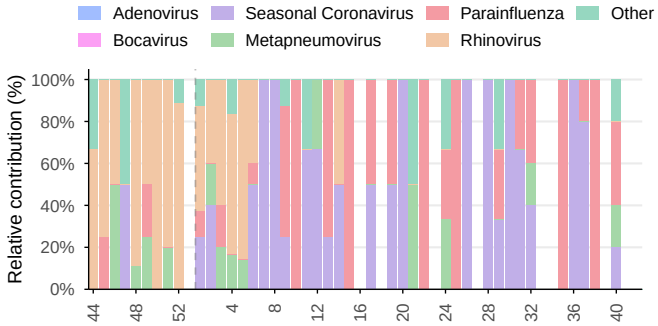


Figure 3.14.B. Weekly relative contribution by virus.



Other respiratory viruses in Cuba, EW 44/2025−42/2026. 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.

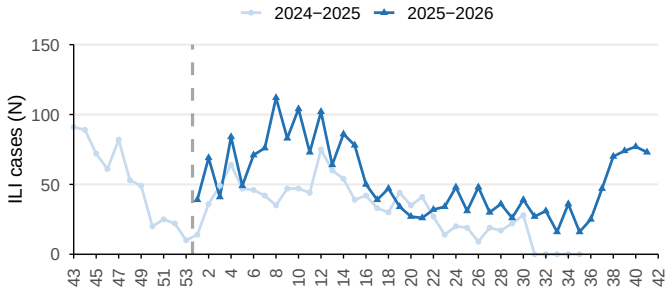
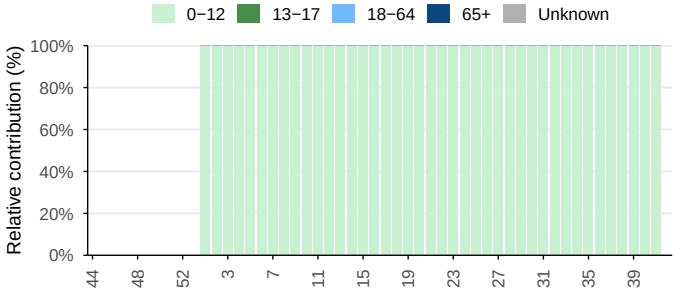


Figure 3.15.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Cuba, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.16.A. Weekly SARI cases.

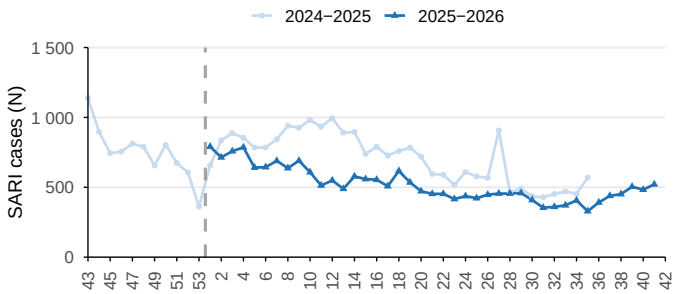
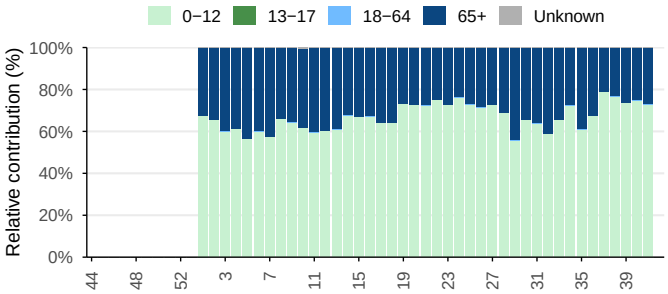


Figure 3.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Cuba, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

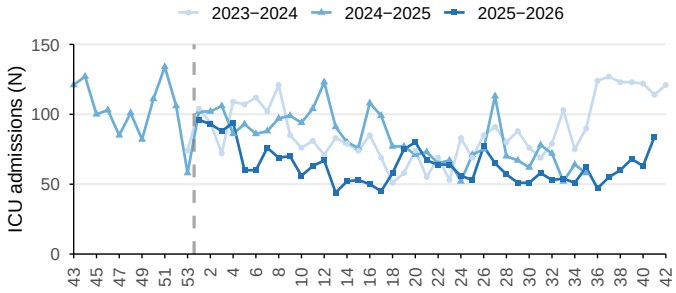
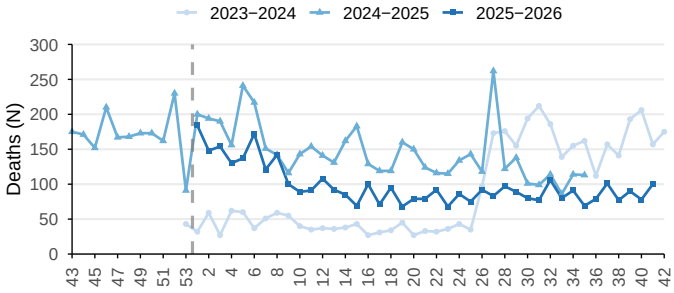


Figure 3.17.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Cuba, EW 43/2025–42/2026. *Source: FluID, WHO–GISRS.*

3.1.4 Cayman Islands

In the Cayman Islands, influenza positivity reached 38.8% in EW 42. Influenza A and B co-circulated during EWs 39–42, with influenza B accounting for 57.3% of typed samples and A(H1N1)pdm09 for 98.0% of subtyped influenza A samples (Figure 3.18). RSV positivity was 3.9% and SARS-CoV-2 positivity 4.4% (Figure 3.19). Other respiratory virus positivity was 17.8%, mainly driven by rhinovirus (77.3%) (Figure 3.20).

Figure 3.18.A. Weekly overall influenza positivity.

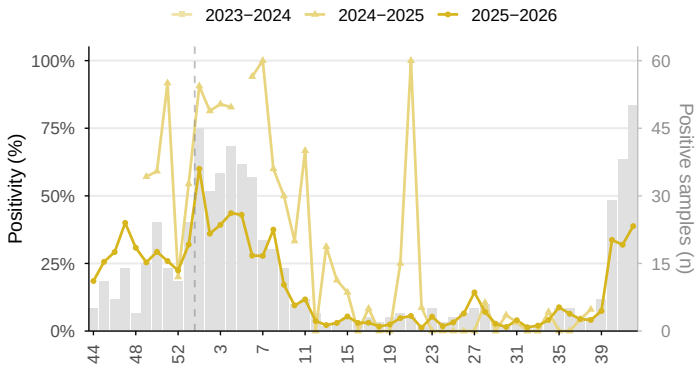
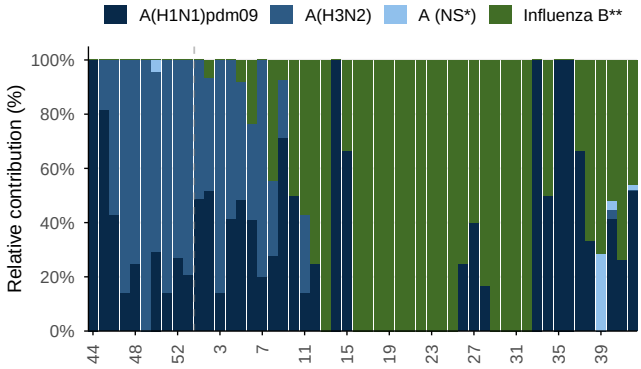


Figure 3.18.B. Weekly relative contribution by type and subtype.



Influenza in Cayman Islands, EW 44/2025–42/2026. 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.

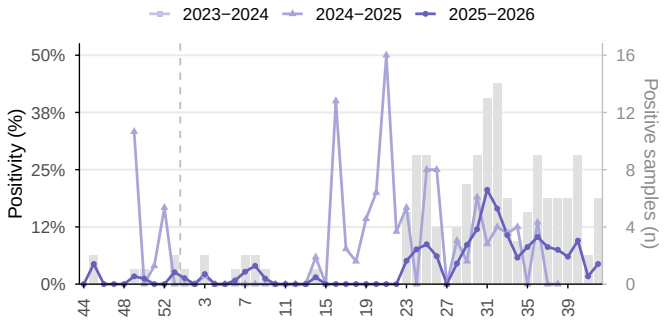
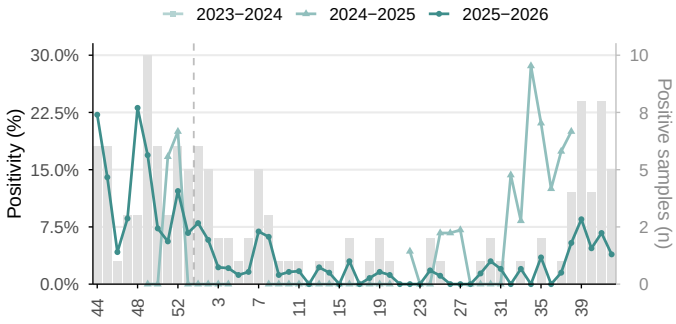


Figure 3.19.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Cayman Islands, EW 44/2025–42/2026. 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.

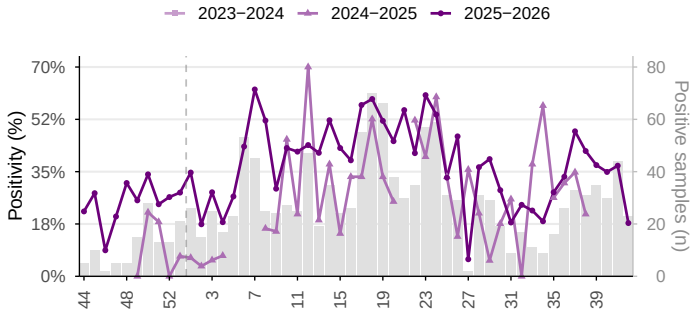
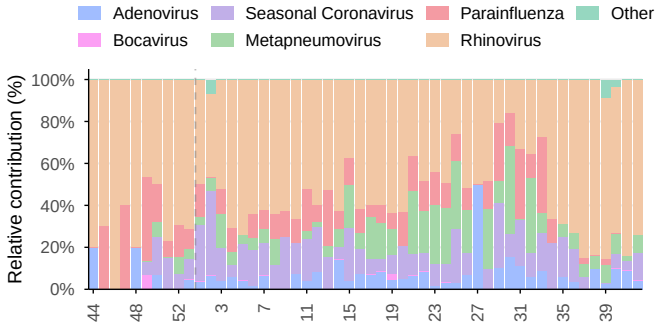


Figure 3.20.B. Weekly relative contribution by virus.



Other respiratory viruses in Cayman Islands, EW 44/2025−42/2026. 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 respiratory virus surveillance data were reported for Dominica during EWs 39–42.

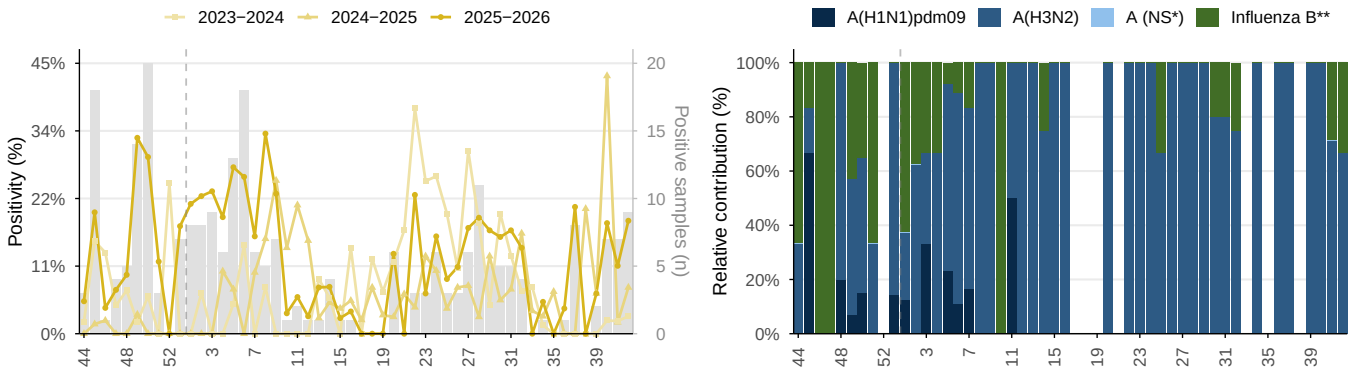
3.1.6 Dominican Republic

In the Dominican Republic, influenza positivity reached 18.8% in EW 42. Influenza A predominated during EWs 39–42 (80.0% of typed samples), with A(H3N2) accounting for all subtyped influenza A samples (Figure 3.21). RSV positivity was 4.2% and SARS-CoV-2 positivity 2.0% (Figure 3.22). Other respiratory virus positivity was 4.2%, with parainfluenza accounting for all identified detections (Figure 3.23).

During EWs 39–42, no influenza, RSV, or SARS-CoV-2 detections were reported among ILI or SARI cases. Among ILI cases with known age, children aged 0–12 years and adolescents aged 13–17 years each accounted for 50.0% (Figure 3.24). Four ICU admissions among SARI cases and no deaths were reported during this period (Figures 3.25–3.26).

Figure 3.21.A. Weekly overall influenza positivity.

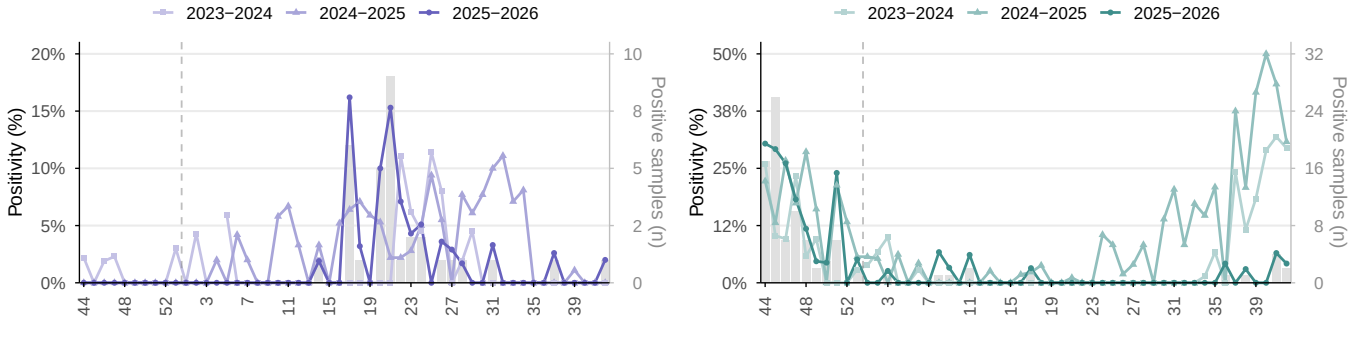
Figure 3.21.B. Weekly relative contribution by type and subtype.



Influenza in Dominican Republic, EW 44/2025–42/2026. 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 44/2025–42/2026. 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.

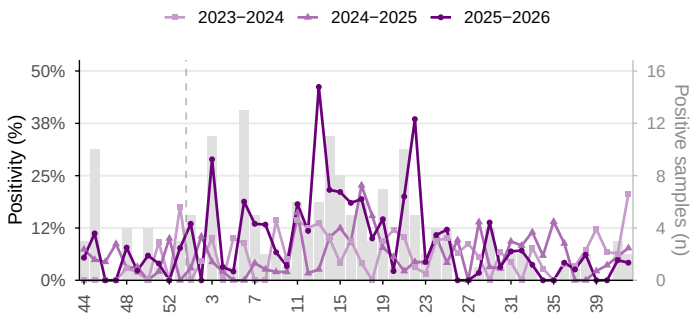
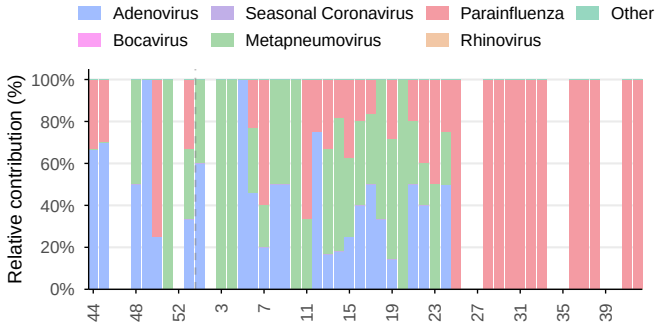


Figure 3.23.B. Weekly relative contribution by virus.



Other respiratory viruses in Dominican Republic, EW 44/2025−42/2026. 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.

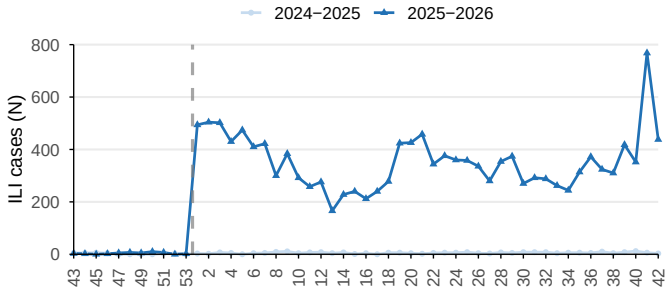
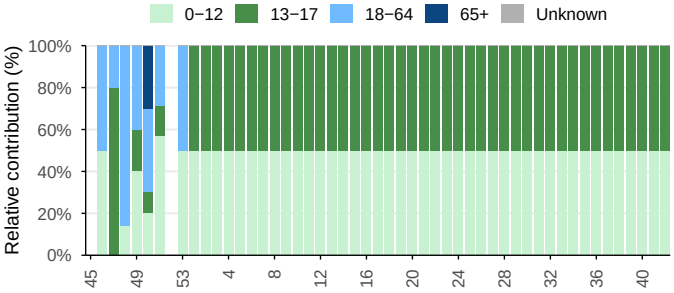


Figure 3.24.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Dominican Republic, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.25.A. Weekly SARI cases.

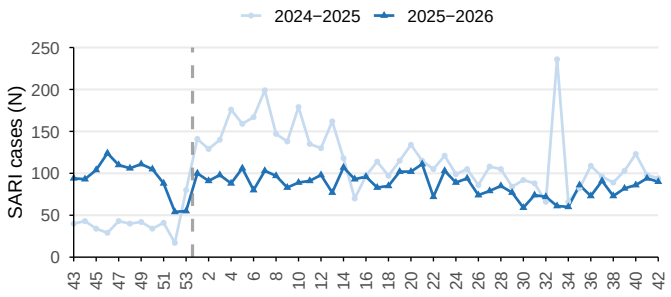
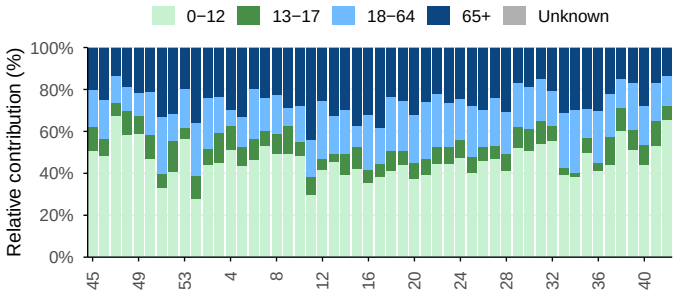


Figure 3.25.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Dominican Republic, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

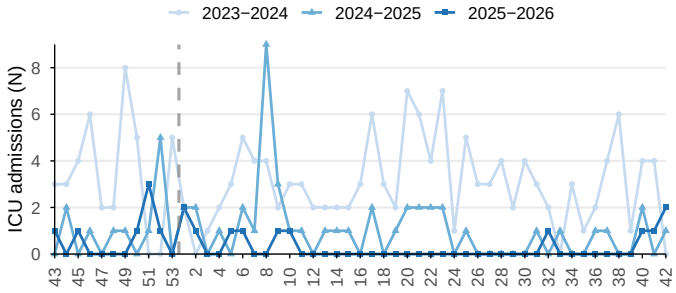
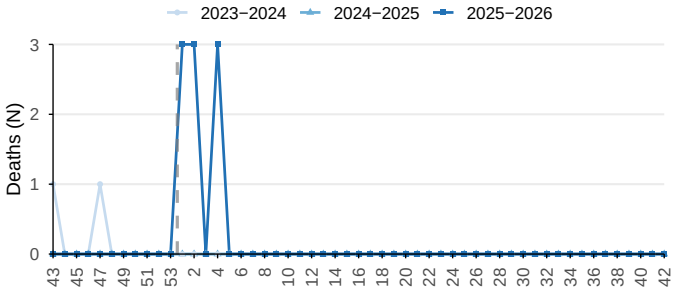


Figure 3.26.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Dominican Republic, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

3.1.7 Grenada

No respiratory virus surveillance data were reported for Grenada during EWs 39–42.

3.1.8 Guyana

In Guyana, no influenza-positive samples were detected in EW 42, while RSV positivity was 19.0%. Influenza A accounted for all typed influenza detections during EWs 39–42 (Figures 3.27–3.28).

During EWs 39–42, respiratory virus detections represented 2.2% of reported ILI cases, all attributable to influenza. Adults aged 18–64 years accounted for 61.1% of ILI cases with known age (Figure 3.29). No influenza, RSV, or SARS-CoV-2 detections were reported among SARI cases. One ICU admission among SARI cases and no deaths were reported (Figures 3.30–3.31).

Figure 3.27.A. Weekly overall influenza positivity.

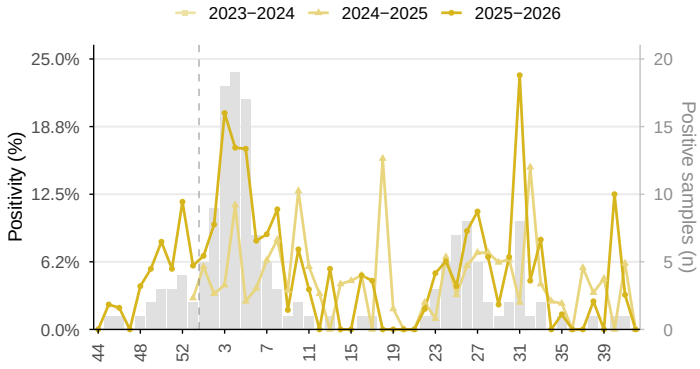
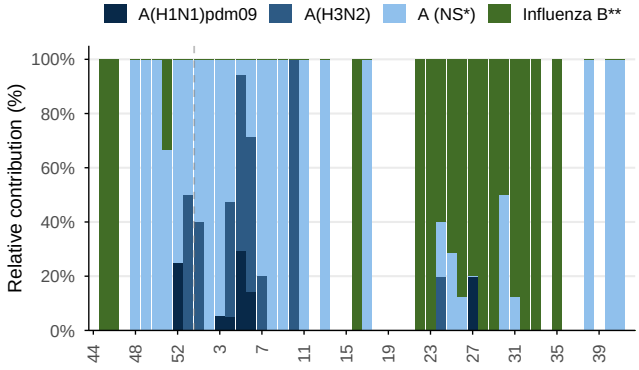


Figure 3.27.B. Weekly relative contribution by type and subtype.



Influenza in Guyana, EW 44/2025–42/2026. 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.

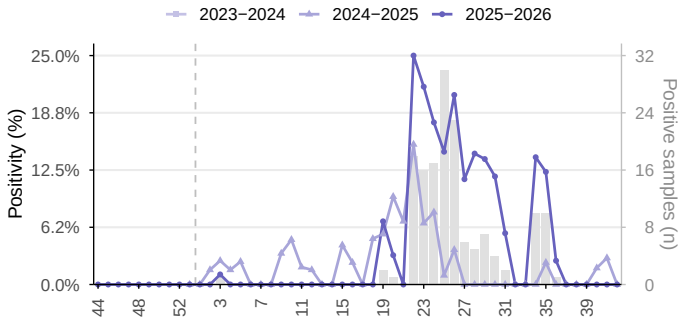
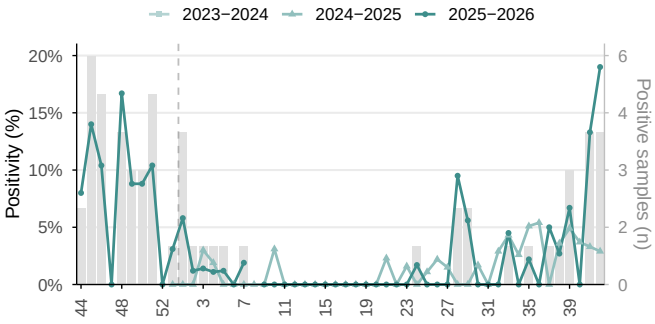


Figure 3.28.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Guyana, EW 44/2025–42/2026. 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.

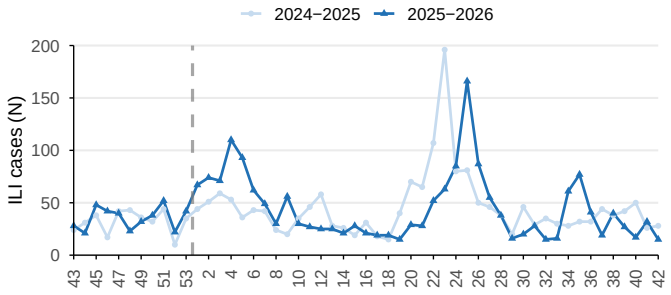
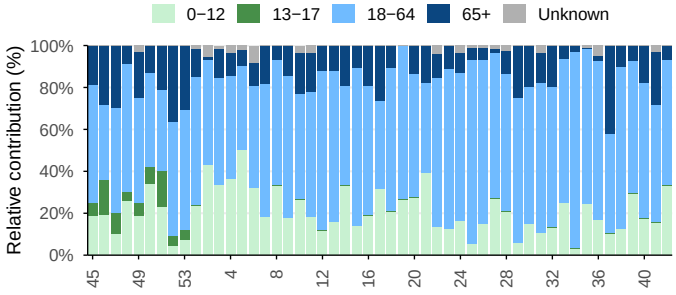


Figure 3.29.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Guyana, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.30.A. Weekly SARI cases.

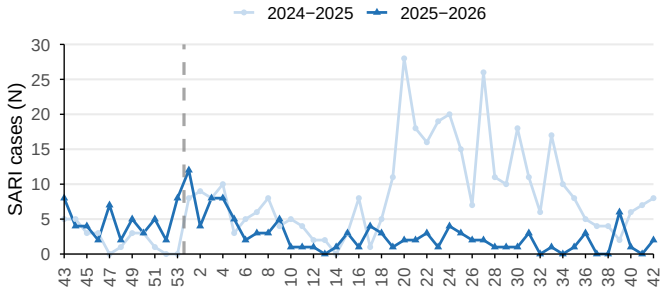
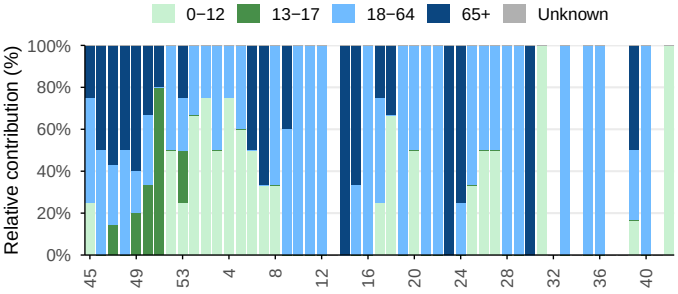


Figure 3.30.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guyana, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

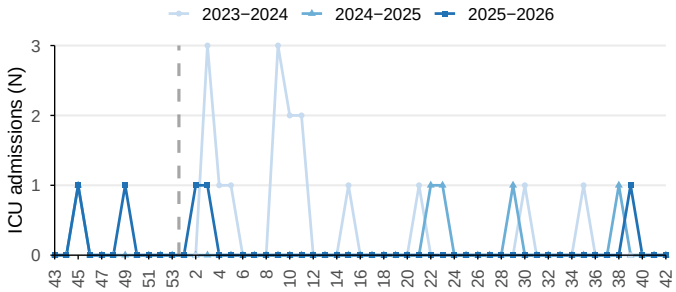
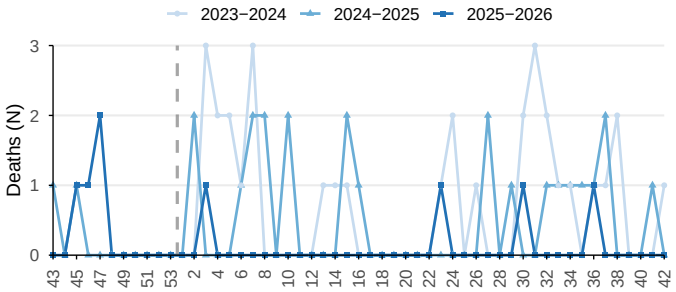


Figure 3.31.B. Weekly deaths among SARI cases.



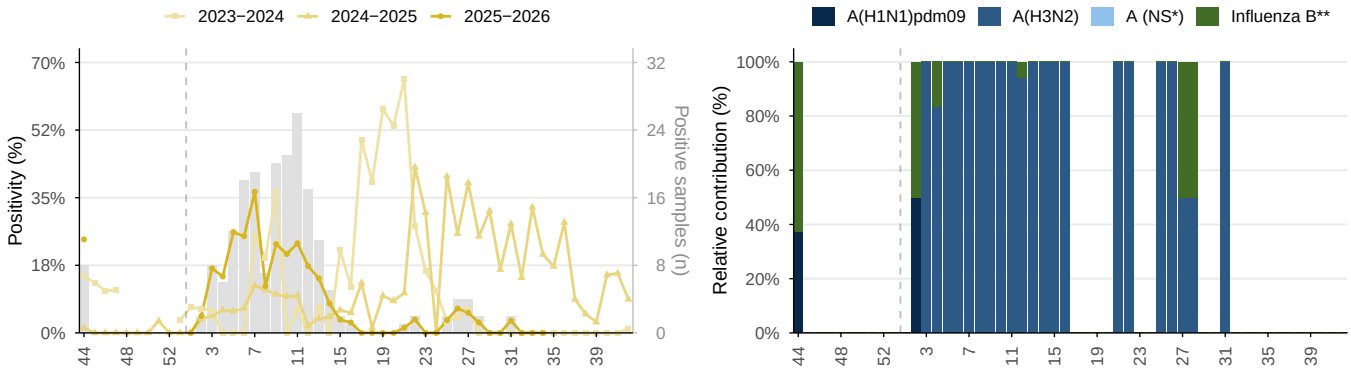
SARI ICU admissions and deaths in Guyana, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

3.1.9 Haiti

In Haiti, no influenza samples were processed through sentinel surveillance during EWs 39–42, limiting interpretation of recent influenza circulation (Figure 3.32). No influenza, RSV, or SARS-CoV-2 detections were reported among SARI cases during this period (Figure 3.34).

Figure 3.32.A. Weekly overall influenza positivity.

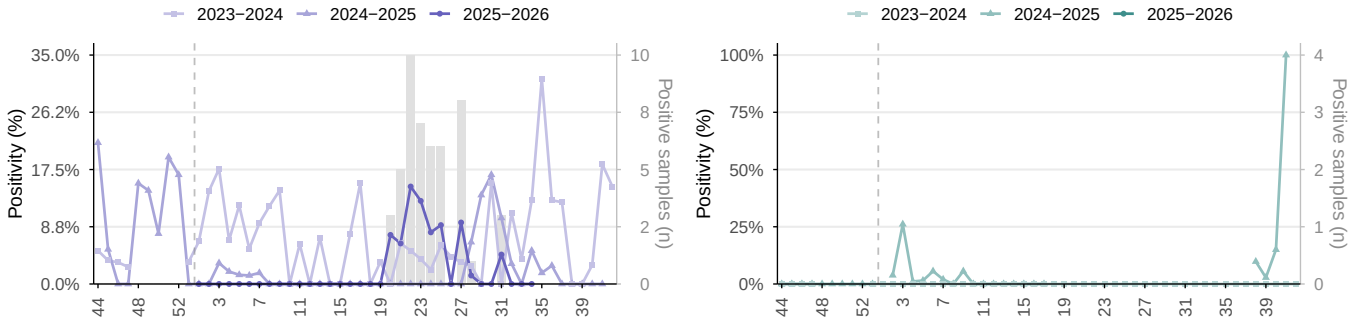
Figure 3.32.B. Weekly relative contribution by type and subtype.



Influenza in Haiti, EW 44/2025–42/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

Figure 3.33.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Haiti, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.34.A. Weekly SARI cases.

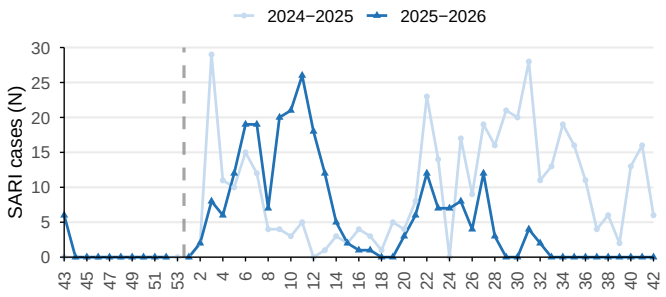
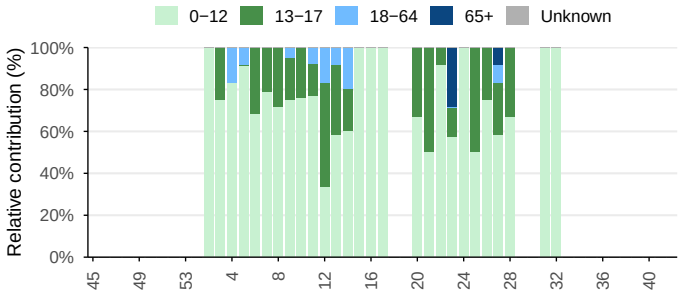


Figure 3.34.B. Weekly relative contribution by age group.



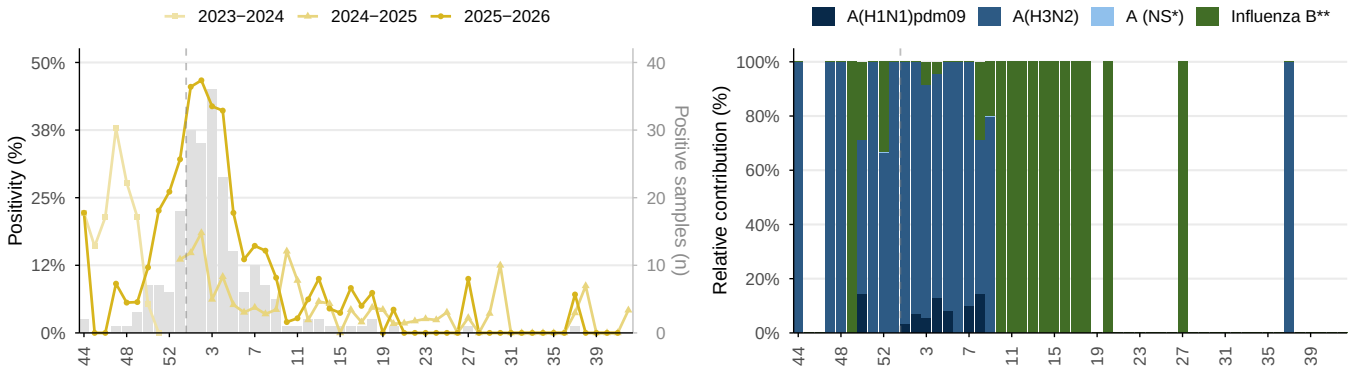
Severe acute respiratory infection (SARI) cases in Haiti, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.10 Jamaica

In Jamaica, no influenza-positive samples were detected in EW 41, the latest week with influenza testing data (Figure 3.35). No influenza, RSV, or SARS-CoV-2 detections were reported among SARI cases during EWs 39–42 (Figure 3.37).

Figure 3.35.A. Weekly overall influenza positivity.

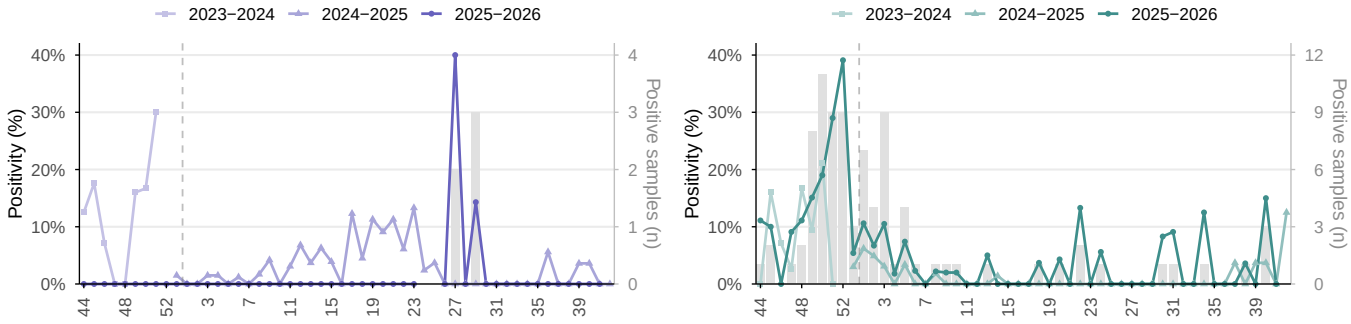
Figure 3.35.B. Weekly relative contribution by type and subtype.



Influenza in Jamaica, EW 44/2025–42/2026. 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 Jamaica, EW 44/2025–42/2026. 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.

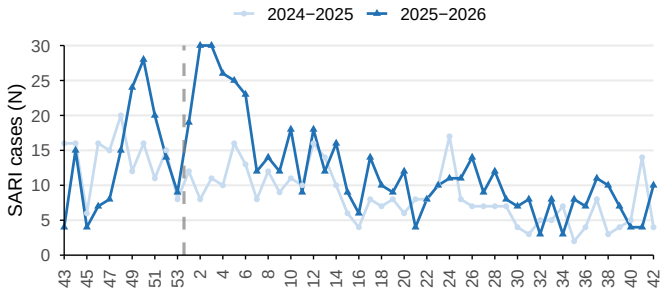
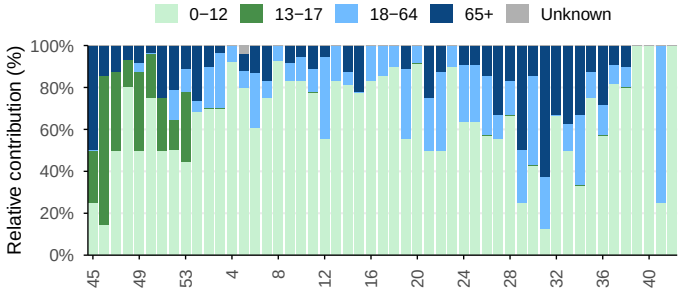


Figure 3.37.B. Weekly relative contribution by age group.



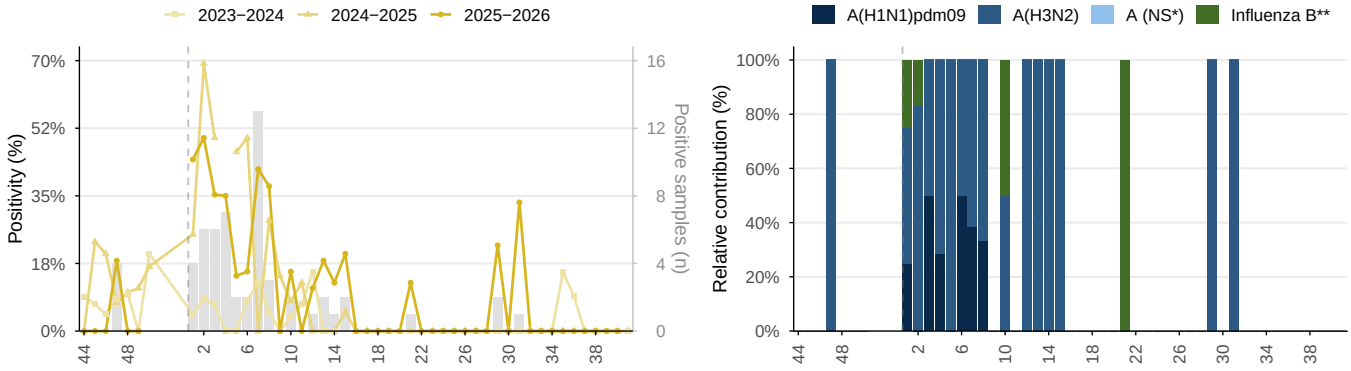
Severe acute respiratory infection (SARI) cases in Jamaica, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.11 Saint Lucia

In Saint Lucia, no influenza-positive samples were detected in EW 40, the latest week with laboratory surveillance data. No laboratory surveillance data were reported for EW 42 (Figure 3.38). During EWs 39–42, the reported ratio of respiratory virus detections to SARI cases was 0.0%, although SARS-CoV-2 accounted for all reported detections; this apparent inconsistency requires verification (Figure 3.40).

Figure 3.38.A. Weekly overall influenza positivity.

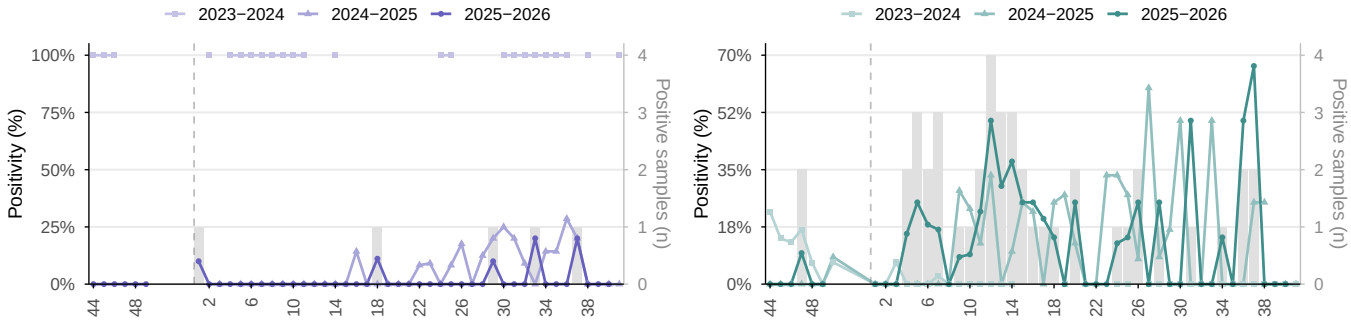
Figure 3.38.B. Weekly relative contribution by type and subtype.



Influenza in Saint Lucia, EW 44/2025–42/2026. 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 Saint Lucia, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.40.A. Weekly SARI cases.

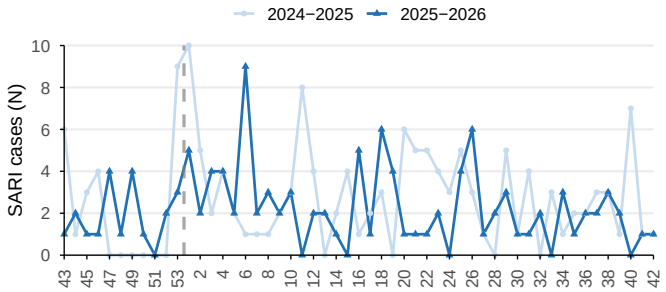
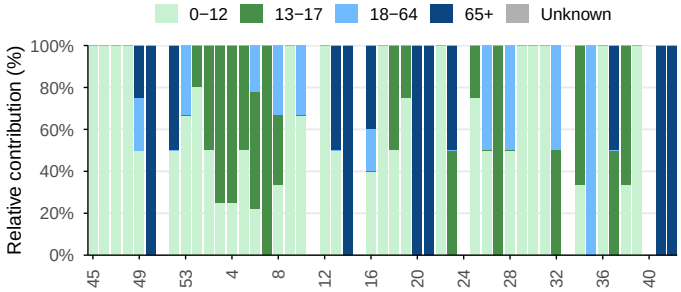


Figure 3.40.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Saint Lucia, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.12 Suriname

In Suriname, no influenza-positive samples were detected in EW 42, although influenza B accounted for all typed influenza detections during EWs 39–42 (Figure 3.41).

During EWs 39–42, no influenza, RSV, or SARS-CoV-2 detections were reported among ILI cases, all of which with known age occurred among children aged 0–12 years (Figure 3.44). Among SARI cases, influenza detections represented 6.7% of reported cases and all respiratory virus detections. No ICU admissions or deaths among SARI cases were reported (Figures 3.45–3.46). These percentages should be interpreted in light of the number of reported cases and samples.

Figure 3.41.A. Weekly overall influenza positivity.

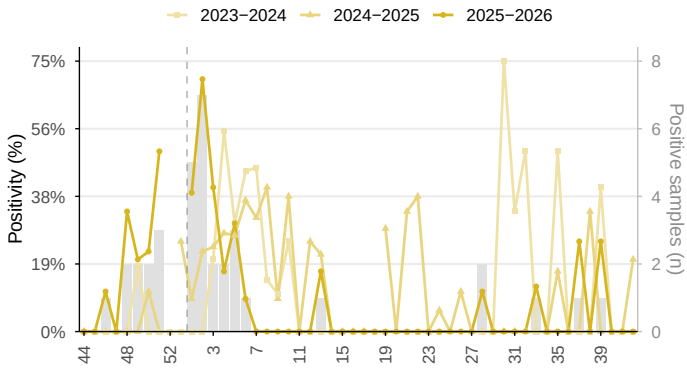
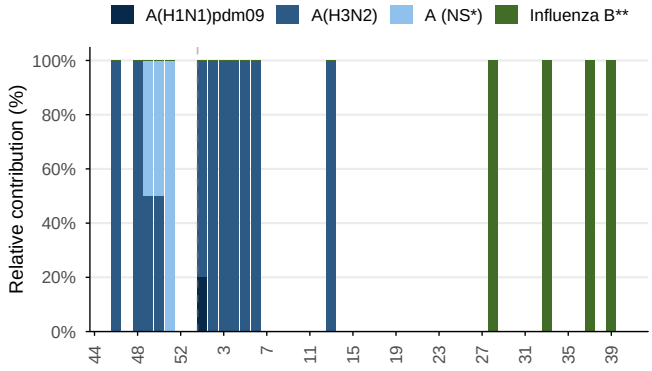


Figure 3.41.B. Weekly relative contribution by type and subtype.



Influenza in Suriname, EW 44/2025–42/2026. 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 3.42.A. Weekly SARS-CoV-2 positivity.

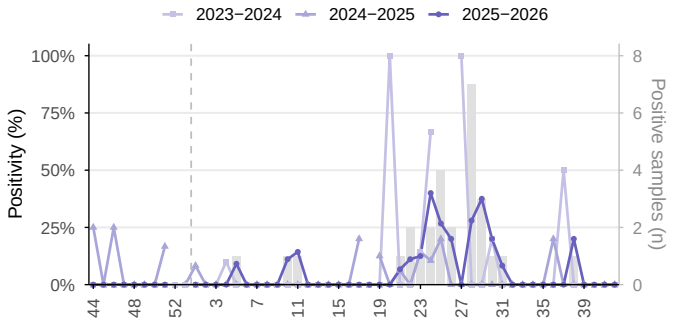
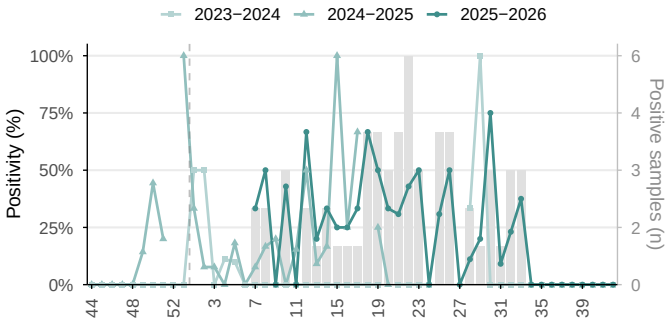


Figure 3.42.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Suriname, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.43.A. Overall weekly positivity.

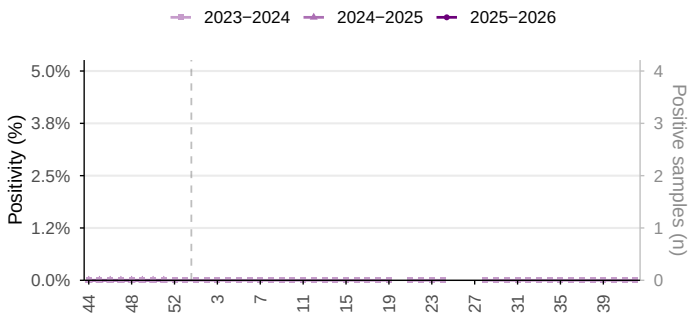
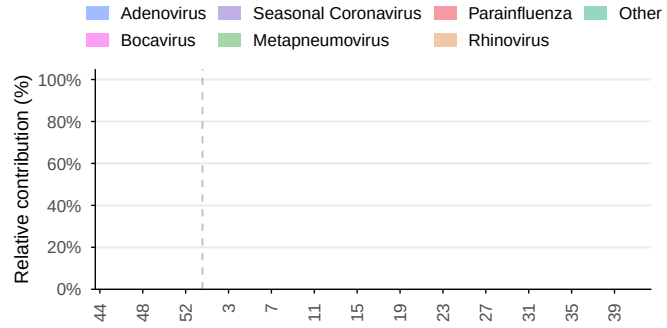


Figure 3.43.B. Weekly relative contribution by virus.



Other respiratory viruses in Suriname, EW 44/2025−42/2026. 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 3.44.A. Weekly ILI cases.

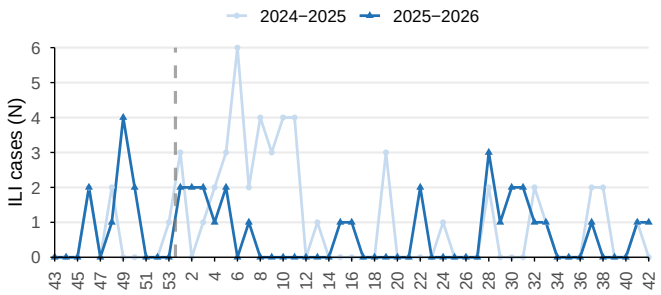
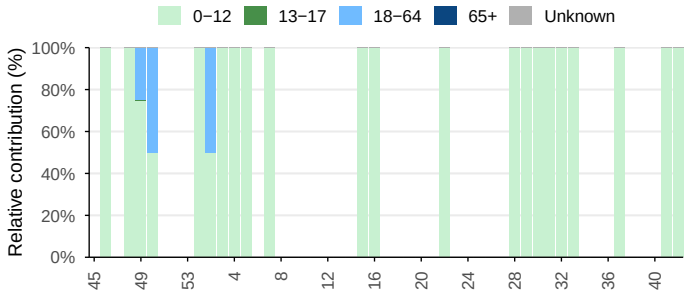


Figure 3.44.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Suriname, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.45.A. Weekly SARI cases.

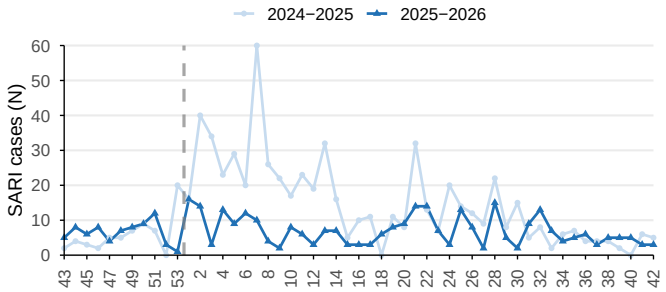
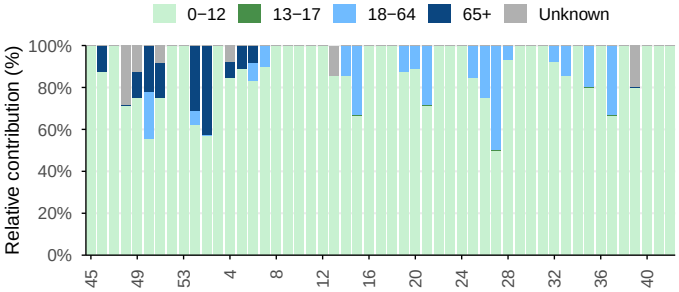


Figure 3.45.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Suriname, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.46.A. Weekly SARI cases admitted to ICU.

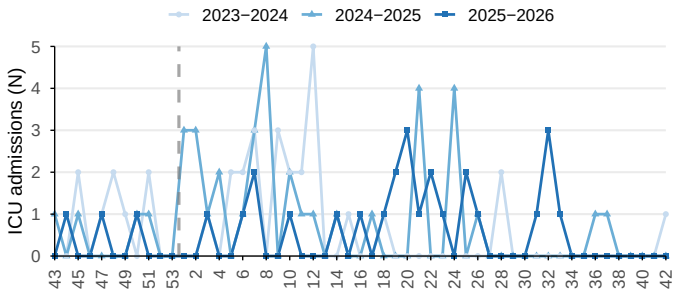
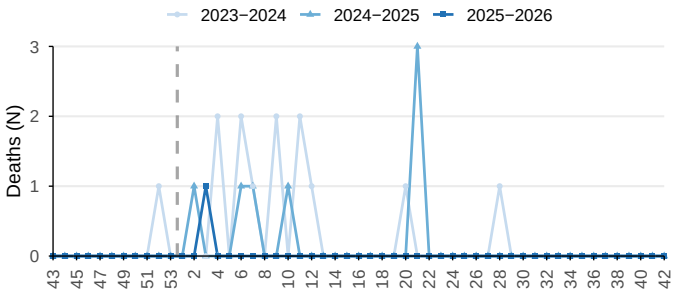


Figure 3.46.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Suriname, EW 43/2025–42/2026. *Source: FluID, WHO–GISRS.*

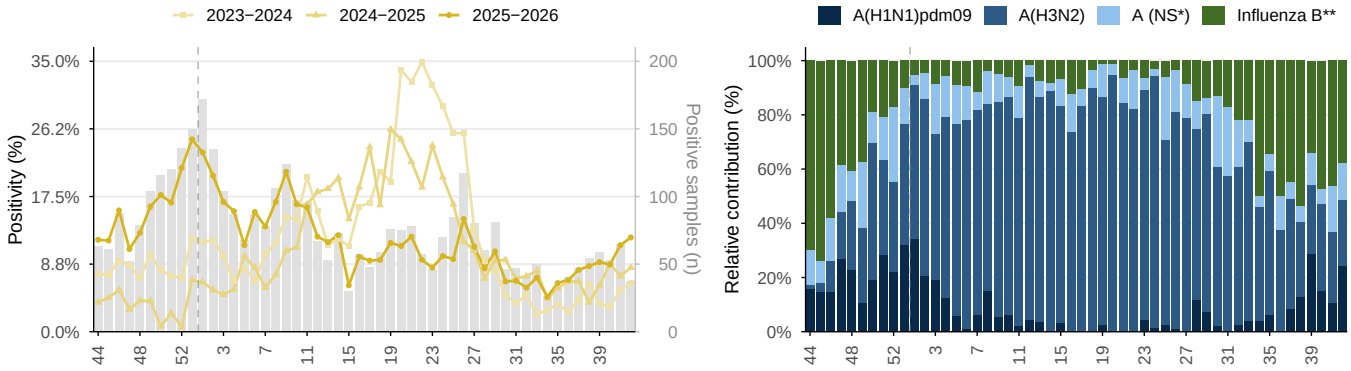
4. Central America

In Central America, influenza positivity reached 12.2% in EW 42. Influenza A and B co-circulated during EWs 39–42, with influenza A accounting for 58.4% of typed samples and A(H3N2) for 58.6% of subtyped influenza A samples (Figure 4.1). RSV activity remained elevated, with positivity at 17.2%, while SARS-CoV-2 circulation remained low at 1.0% positivity (Figure 4.2). Other respiratory virus positivity was 19.2%, mainly driven by rhinovirus (57.3%) (Figure 4.3).

During EWs 39–42, respiratory virus detections represented 2.1% of reported ILI cases, predominantly influenza (61.5%), followed by RSV (34.6%) and SARS-CoV-2 (3.8%) (Figure 4.4). Among SARI cases, respiratory virus detections represented 7.1% of reported cases, with RSV accounting for most detections (64.8%), followed by influenza (29.7%) and SARS-CoV-2 (5.5%). A total of 92 ICU admissions among SARI cases and 23 deaths were reported during this period (Figures 4.5–4.6).

Figure 4.1.A. Weekly overall influenza positivity.

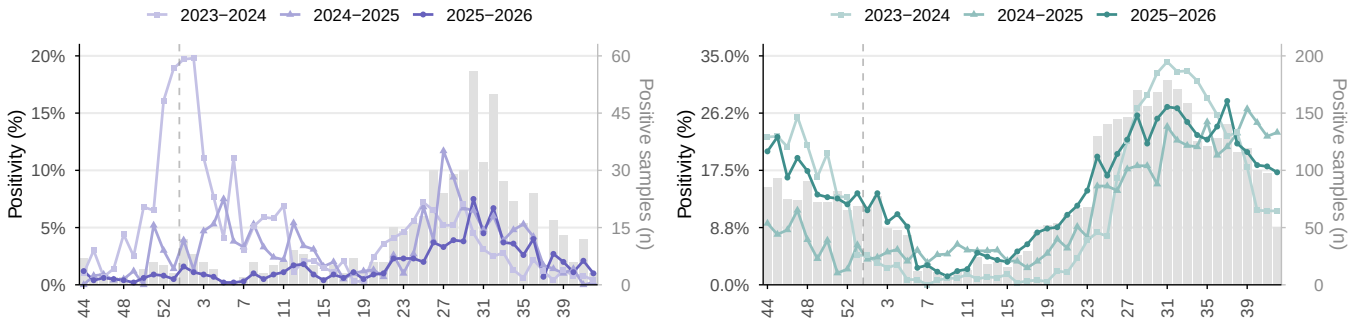
Figure 4.1.B. Weekly relative contribution by type and subtype.



Influenza in Central America, EW 44/2025–42/2026. 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 44/2025–42/2026. 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.

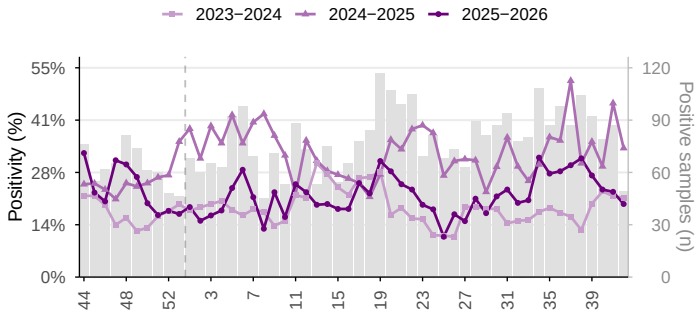
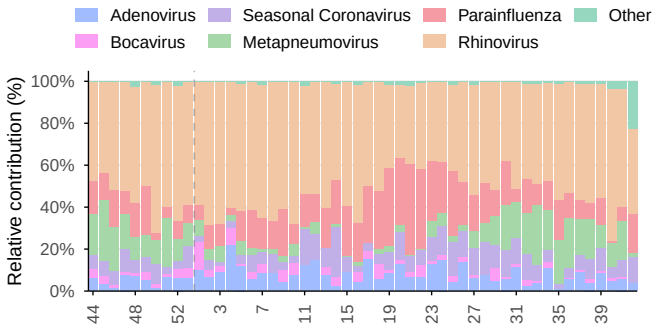


Figure 4.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Central America, EW 44/2025–42/2026. 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.

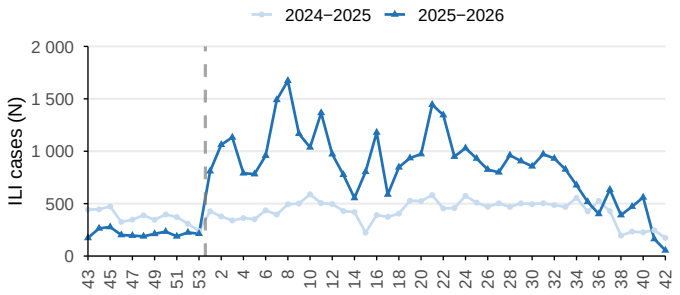
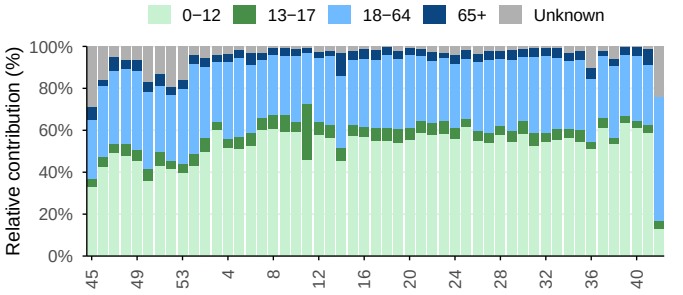


Figure 4.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Central America, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.5.A. Weekly SARI cases.

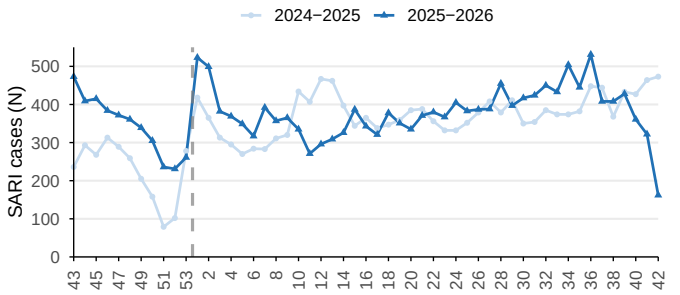
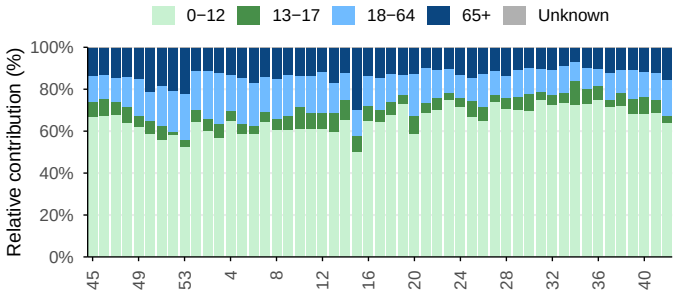


Figure 4.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Central America, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

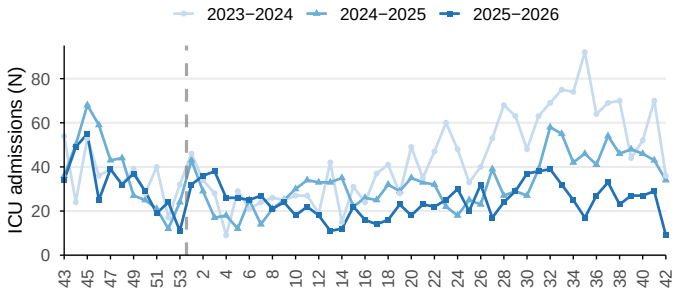
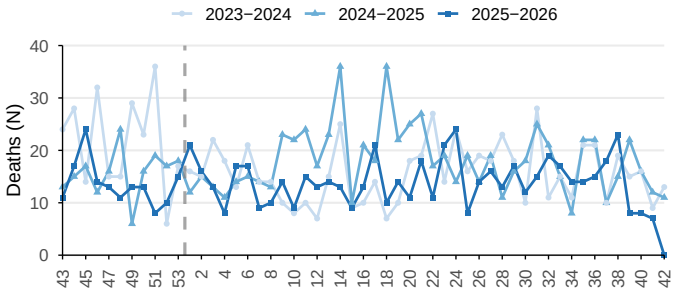


Figure 4.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Central America, EW 43/2025–42/2026. *Source: FluID, WHO–GISRS.*

4. Central America — Costa Rica

4.1 Country

4.1.1 Costa Rica

No respiratory virus surveillance data were reported for Costa Rica during EWs 39–42.

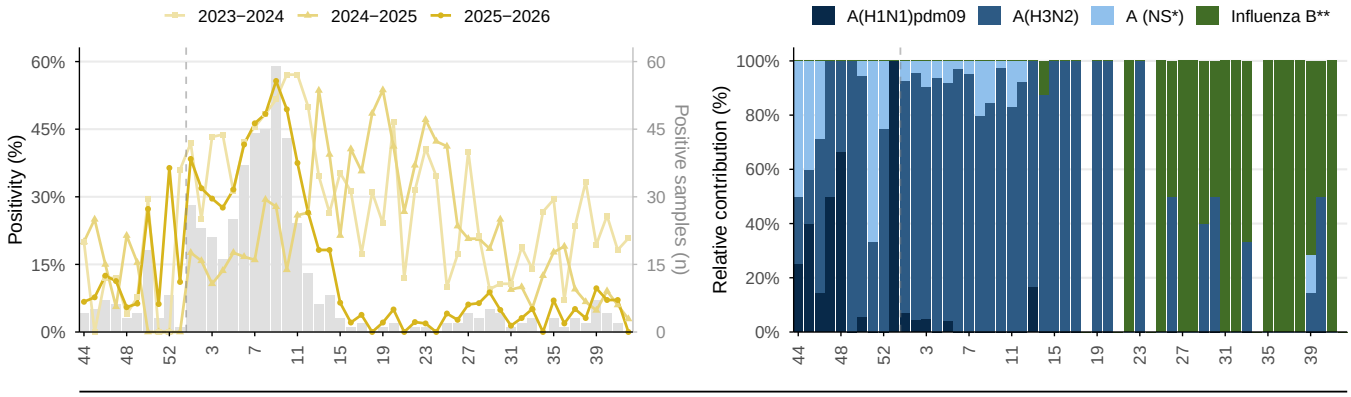
4.1.2 Guatemala

In Guatemala, no influenza-positive samples were detected in EW 42, although influenza B accounted for 69.2% of typed influenza detections during EWs 39–42. A(H3N2) accounted for all subtyped influenza A samples (Figure 4.7). Other respiratory virus positivity was 100.0% in EW 41, the latest week with available data, with rhinovirus (60.9%) and metapneumovirus (27.5%) predominating during EWs 38–41; the estimate should be interpreted in light of the number of samples tested (Figure 4.9).

During EWs 39–42, respiratory virus detections represented 1.6% of reported ILI cases, predominantly influenza (57.9%) and RSV (42.1%). Children aged 0–12 years accounted for 62.5% of ILI cases with known age (Figure 4.10). Among SARI cases, respiratory virus detections represented 12.1% of reported cases, predominantly RSV (95.1%), followed by influenza (4.9%). A total of 39 ICU admissions among SARI cases and no deaths were reported (Figures 4.11–4.12).

Figure 4.7.A. Weekly overall influenza positivity.

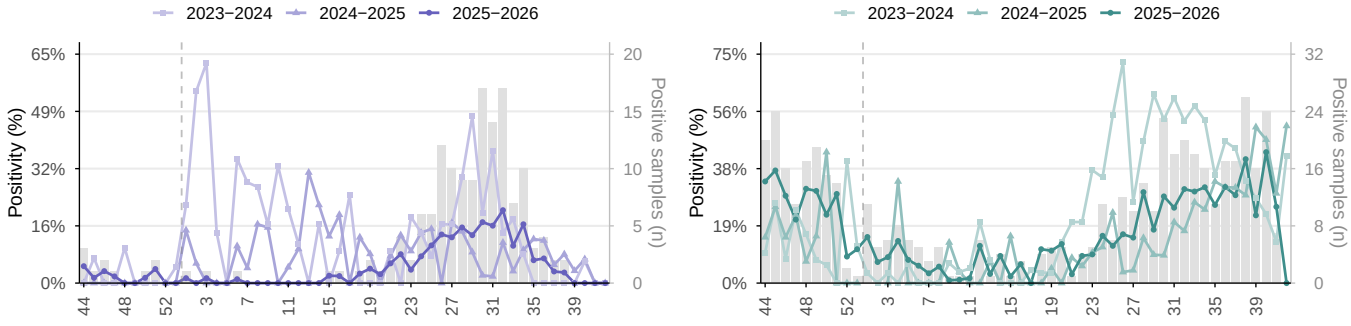
Figure 4.7.B. Weekly relative contribution by type and subtype.



Influenza in Guatemala, EW 44/2025–42/2026. 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 Guatemala, EW 44/2025–42/2026. 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.

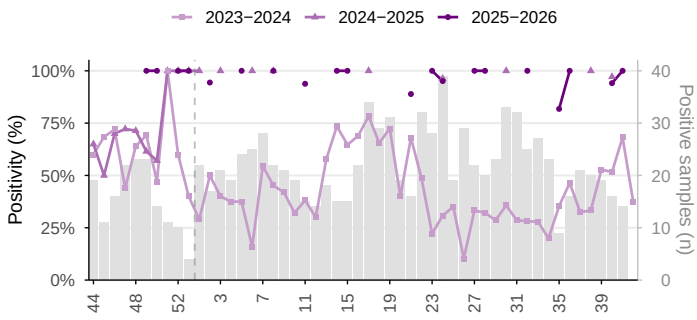
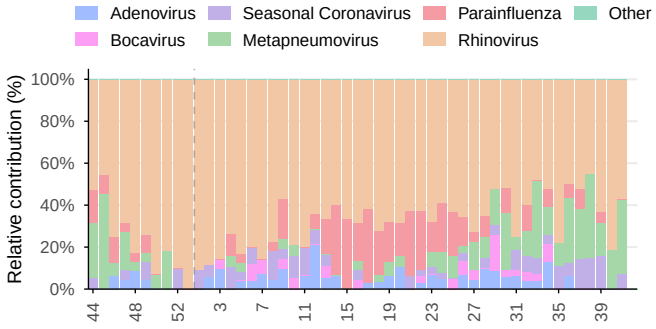


Figure 4.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Guatemala, EW 44/2025–42/2026. 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.

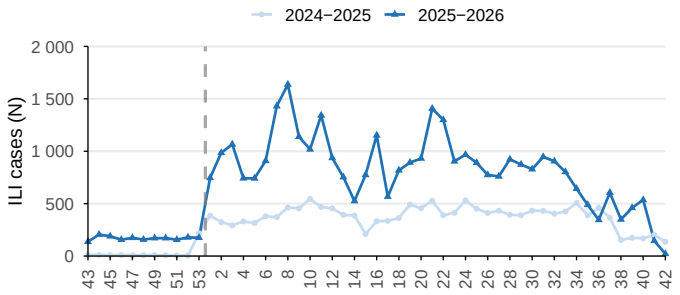
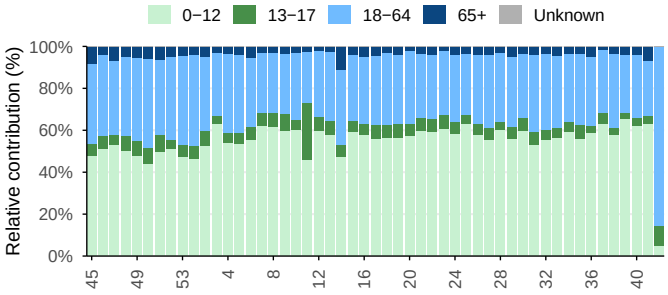


Figure 4.10.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Guatemala, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.11.A. Weekly SARI cases.

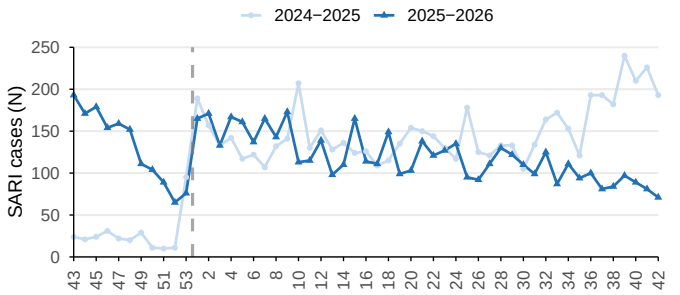
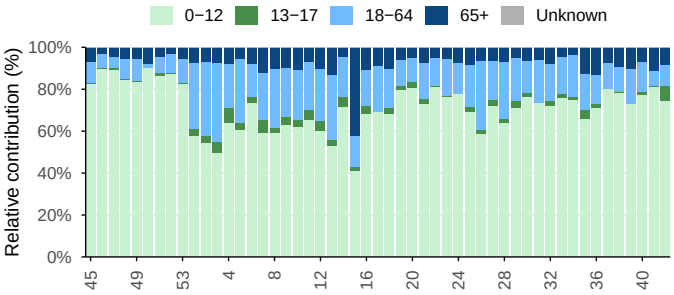


Figure 4.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guatemala, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.12.A. Weekly SARI cases admitted to ICU.

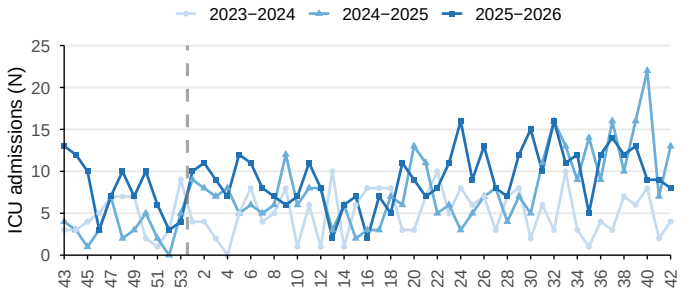
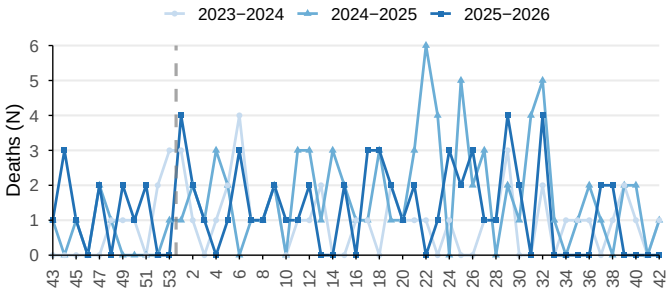


Figure 4.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guatemala, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

4.1.3 Honduras

n Honduras, influenza positivity was 7.7% in EW 42. Influenza A predominated during EWs 39–42 (94.4% of typed samples), with A(H3N2) accounting for 88.2% of subtyped influenza A samples (Figure 4.13). RSV positivity was 10.0% in EW 41, the latest week with available RSV data (Figure 4.14).

During EWs 39–42, respiratory virus detections represented 8.6% of reported ILI cases, predominantly influenza (83.3%), followed by SARS-CoV-2 (16.7%). Adults aged 18–64 years accounted for 68.6% of ILI cases with known age (Figure 4.15). Among SARI cases, respiratory virus detections represented 12.6% of reported cases, predominantly influenza (69.4%), followed by RSV (16.7%) and SARS-CoV-2 (13.9%). Six ICU admissions among SARI cases and no deaths were reported (Figures 4.16–4.17).

Figure 4.13.A. Weekly overall influenza positivity.

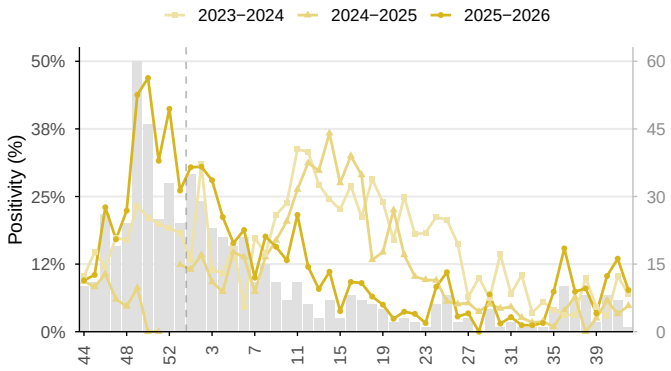
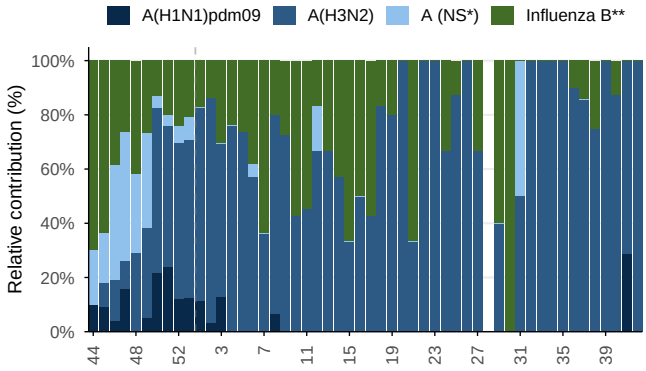


Figure 4.13.B. Weekly relative contribution by type and subtype.



Influenza in Honduras, EW 44/2025–42/2026. 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 4.14.A. Weekly SARS-CoV-2 positivity.

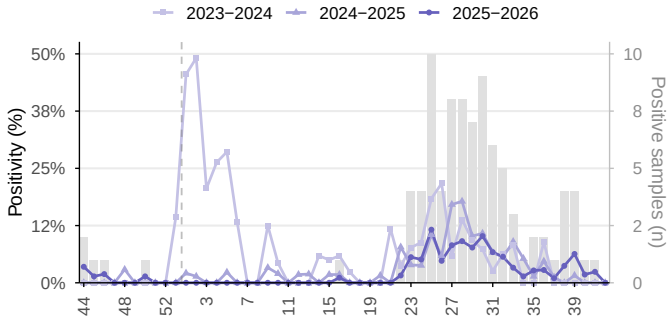
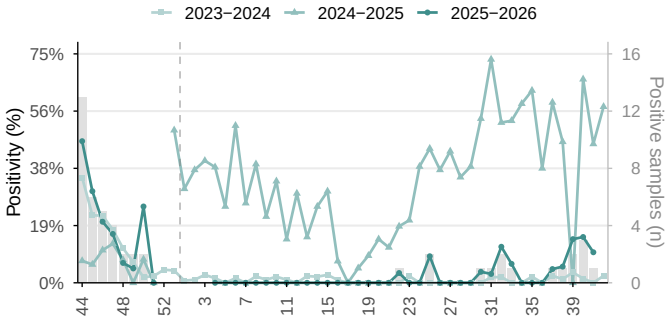


Figure 4.14.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Honduras, EW 44/2025−42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 4.15.A. Weekly ILI cases.

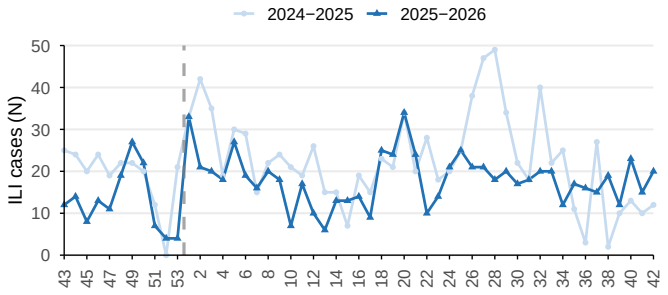
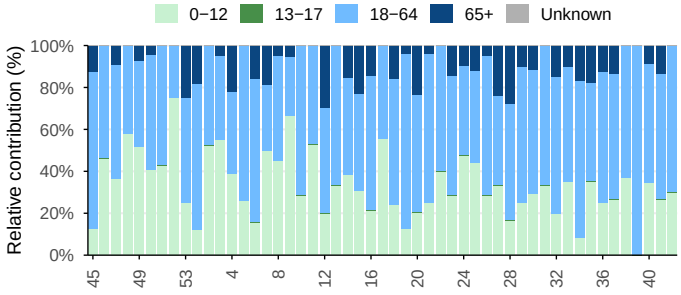


Figure 4.15.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Honduras, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.16.A. Weekly SARI cases.

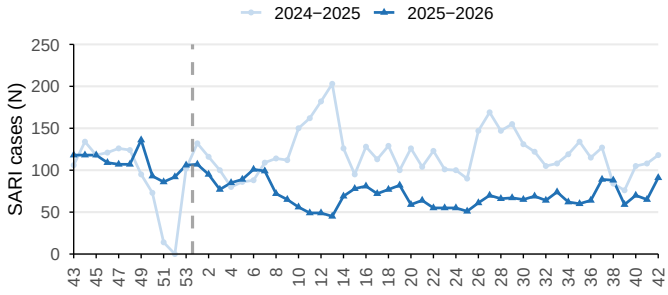
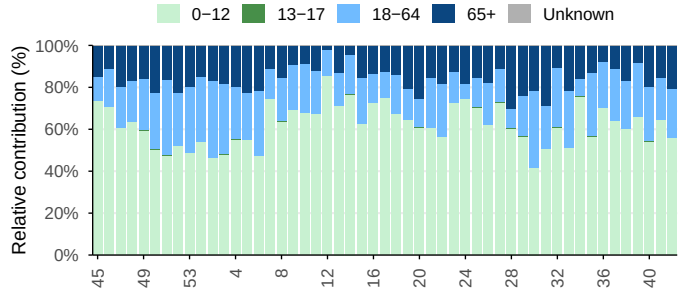


Figure 4.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Honduras, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

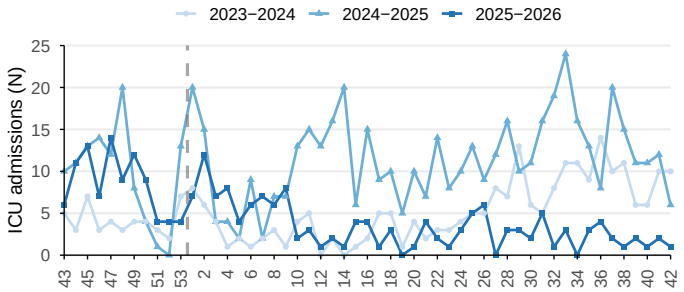
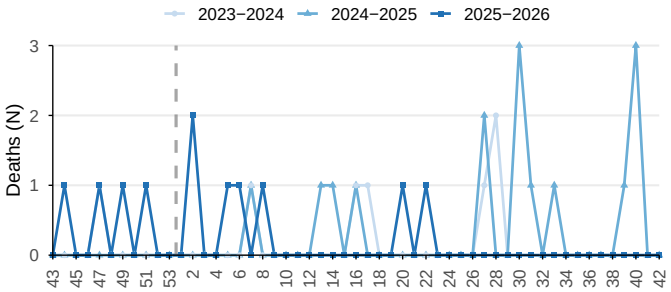


Figure 4.17.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Honduras, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

4.1.4 Nicaragua

In Nicaragua, influenza positivity was 5.0% in EW 42. Influenza A predominated during EWs 39–42 (97.8% of typed samples), with A(H3N2) accounting for all subtyped influenza A samples (Figure 4.18). RSV positivity was 13.5% (Figure 4.19). Other respiratory virus positivity was 15.0%, with seasonal coronavirus (29.1%), parainfluenza (22.8%), and rhinovirus (20.3%) among the main detections (Figure 4.20).

Figure 4.18.A. Weekly overall influenza positivity.

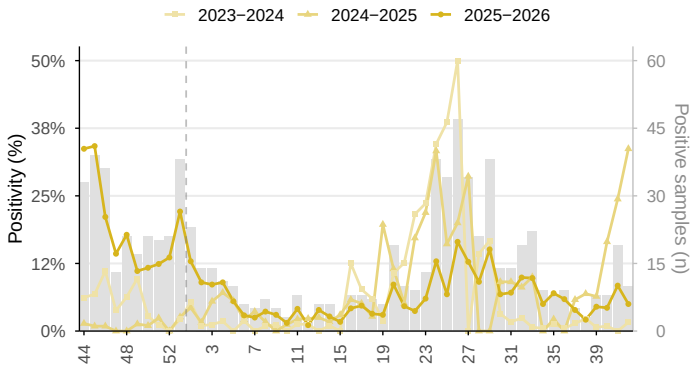
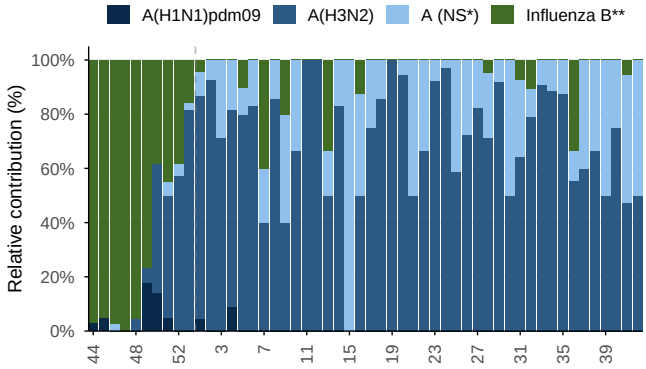


Figure 4.18.B. Weekly relative contribution by type and subtype.



Influenza in Nicaragua, EW 44/2025–42/2026. 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.

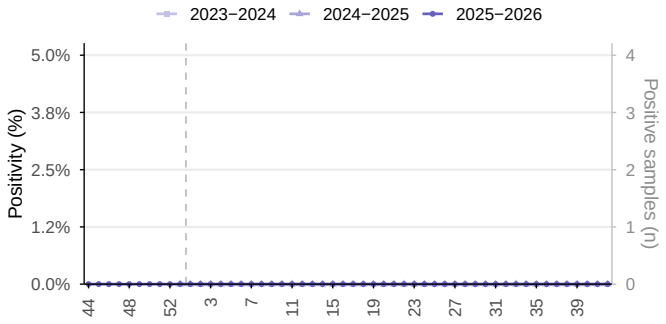
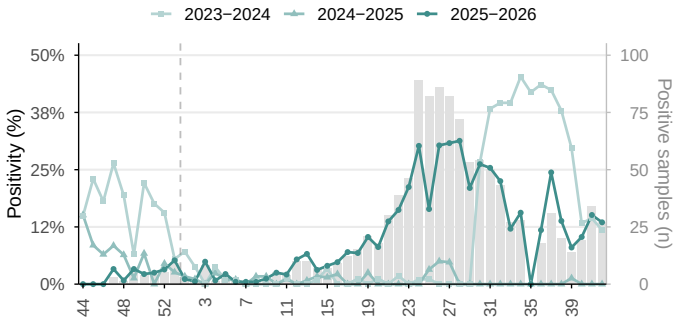


Figure 4.19.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Nicaragua, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.20.A. Overall weekly positivity.

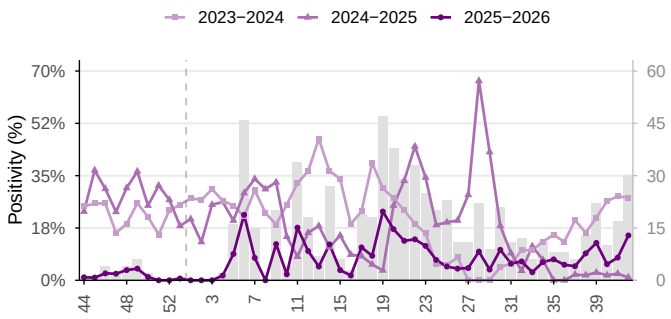
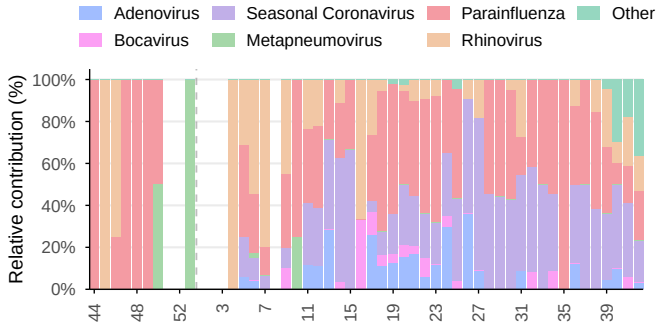


Figure 4.20.B. Weekly relative contribution by virus.



Other respiratory viruses in Nicaragua, EW 44/2025−42/2026. 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.*

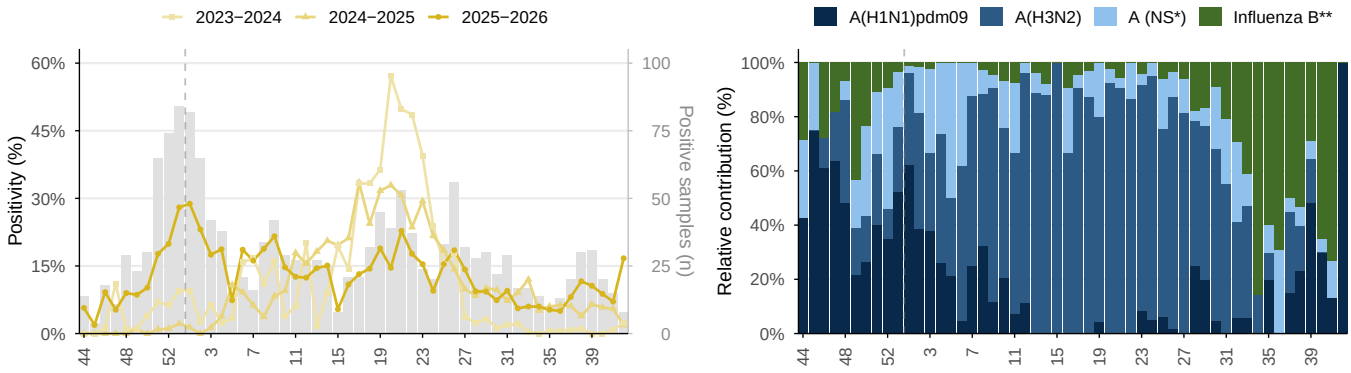
4.1.5 Panama

In Panama, influenza positivity was 16.7% in EW 42. Influenza A and B co-circulated during EWs 39–42, with influenza A accounting for 55.4% of typed samples and A(H1N1)pdm09 for 86.1% of subtyped influenza A samples (Figure 4.21). RSV positivity remained elevated at 41.7%, while SARS-CoV-2 positivity was 4.0% (Figure 4.22). Other respiratory virus positivity was 50.0%, mainly driven by rhinovirus (72.7%) (Figure 4.23).

During EWs 39–42, respiratory virus detections represented 6.2% of reported ILI cases and 2.2% of reported SARI cases, with all detections attributable to RSV in both surveillance streams (Figures 4.24–4.25). A total of 47 ICU admissions among SARI cases and 23 deaths were reported during this period (Figure 4.26).

Figure 4.21.A. Weekly overall influenza positivity.

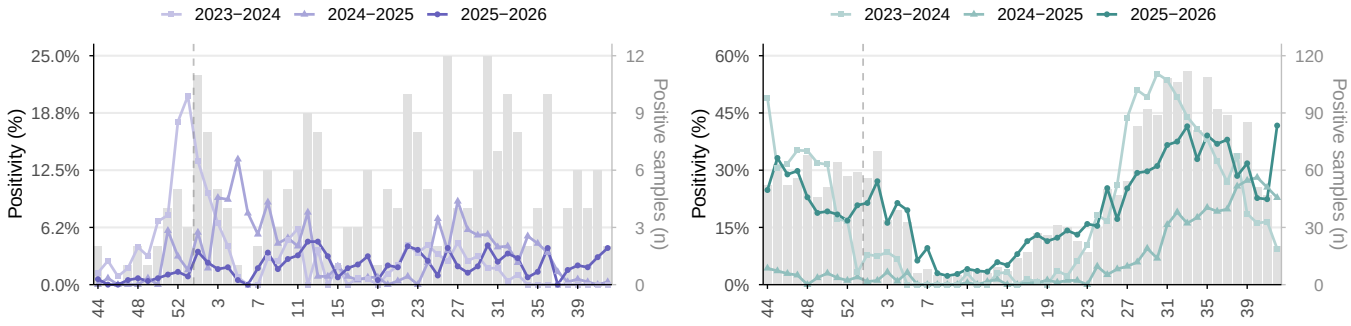
Figure 4.21.B. Weekly relative contribution by type and subtype.



Influenza in Panama, EW 44/2025–42/2026. 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 4.22.A. Weekly SARS-CoV-2 positivity.

Figure 4.22.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Panama, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.23.A. Overall weekly positivity.

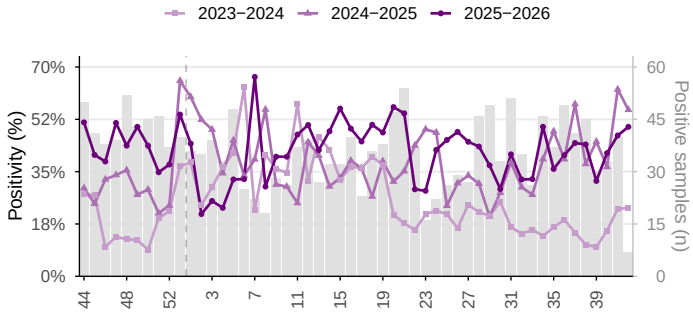
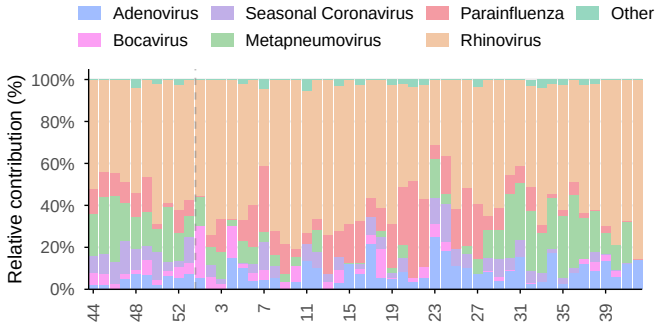


Figure 4.23.B. Weekly relative contribution by virus.



Other respiratory viruses in Panama, EW 44/2025−42/2026. 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 4.24.A. Weekly ILI cases.

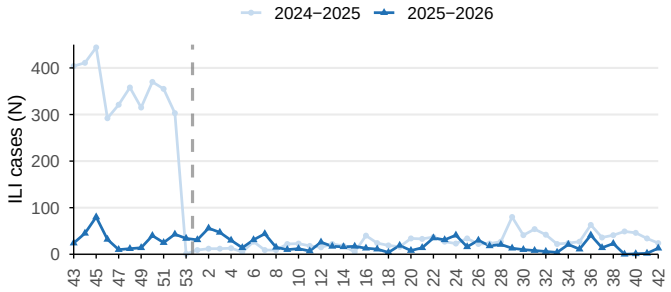
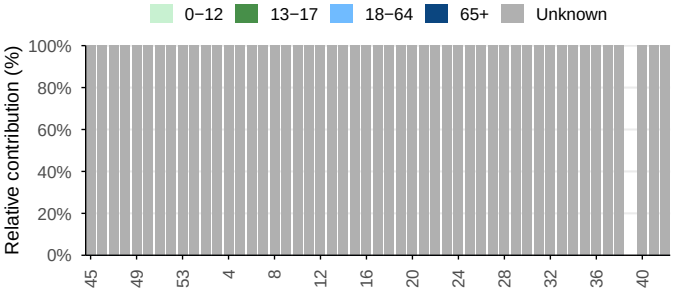


Figure 4.24.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Panama, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.25.A. Weekly SARI cases.

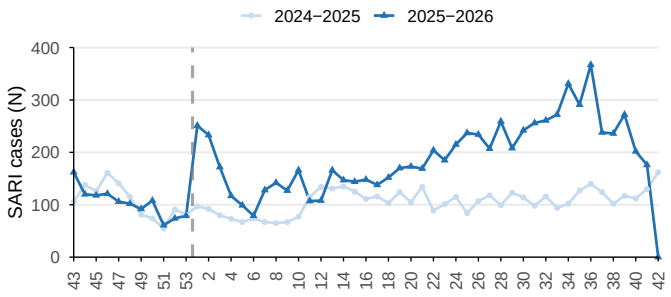
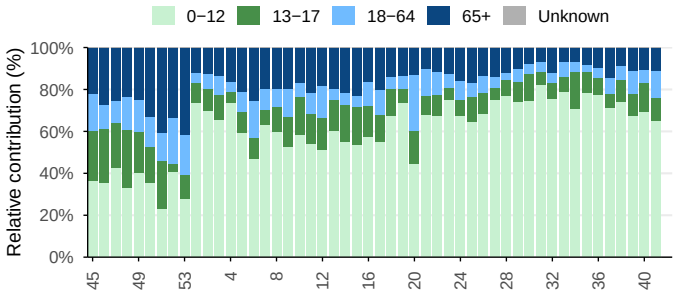


Figure 4.25.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Panama, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.26.A. Weekly SARI cases admitted to ICU.

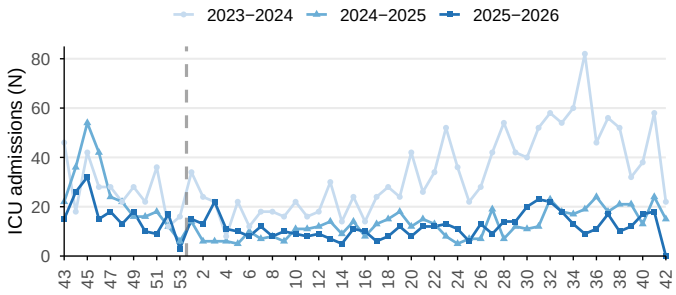
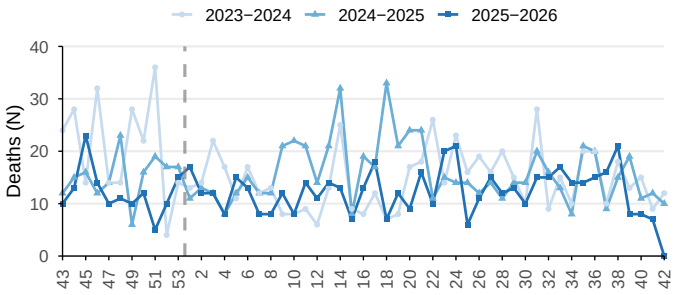


Figure 4.26.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Panama, EW 43/2025–42/2026. *Source: FluID, WHO–GISRS.*

4.1.6 El Salvador

In El Salvador, influenza positivity reached 43.9% in EW 42. Influenza B predominated during EWs 39–42 (70.3% of typed samples), with A(H3N2) accounting for 57.9% of subtyped influenza A samples (Figure 4.27). RSV positivity was 7.3% and SARS-CoV-2 positivity 2.4% (Figure 4.28). Other respiratory virus positivity was 29.3%, mainly driven by rhinovirus (68.1%) (Figure 4.29).

Figure 4.27.A. Weekly overall influenza positivity.

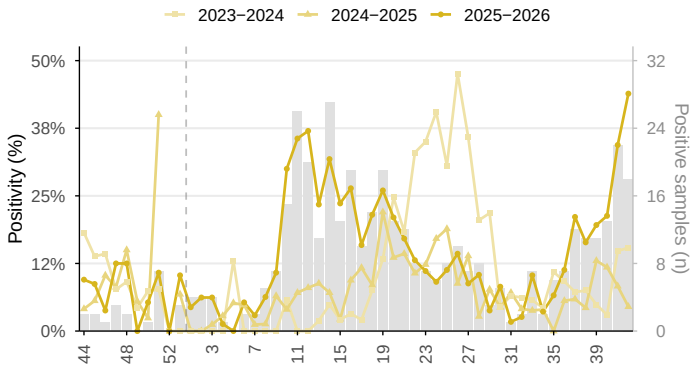
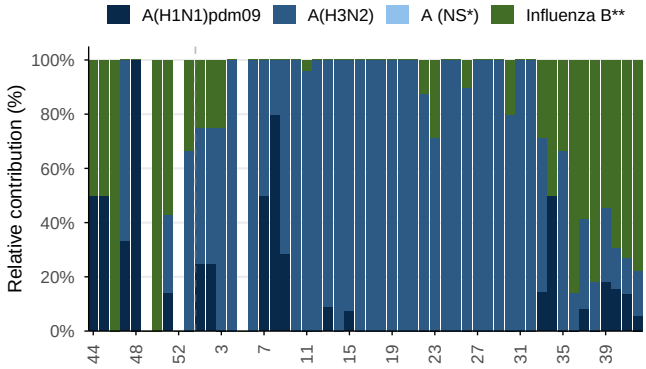


Figure 4.27.B. Weekly relative contribution by type and subtype.



Influenza in El Salvador, EW 44/2025–42/2026. 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 4.28.A. Weekly SARS-CoV-2 positivity.

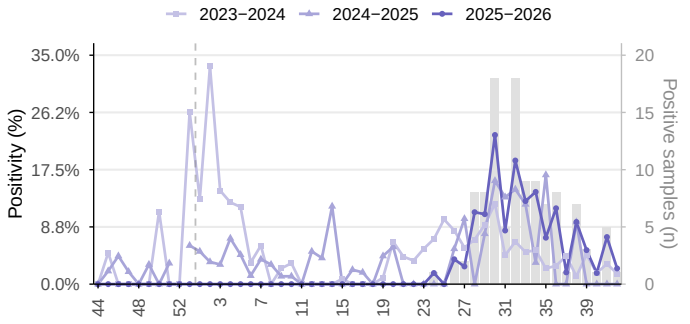
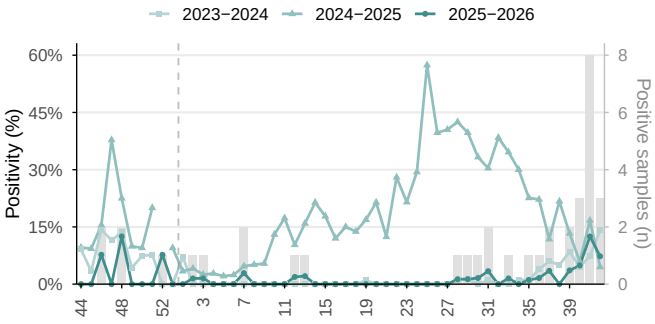


Figure 4.28.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in El Salvador, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.29.A. Overall weekly positivity.

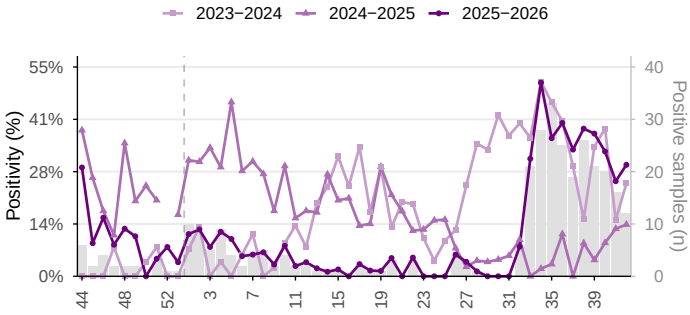
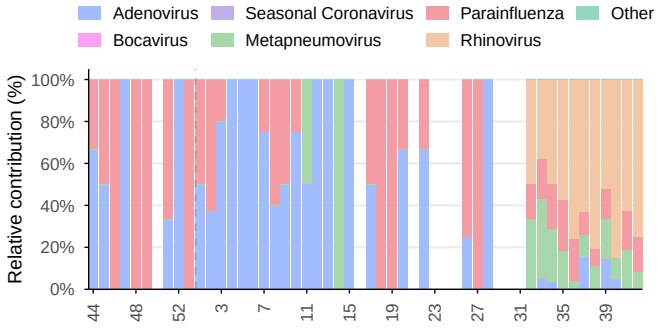


Figure 4.29.B. Weekly relative contribution by virus.



Other respiratory viruses in El Salvador, EW 44/2025–42/2026. 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

In the Andean subregion, influenza positivity was 11.6% in EW 42. Influenza B predominated during EWs 39– 42 (54.5% of typed samples), with A(H3N2) accounting for 63.6% of subtyped influenza A samples (Figure 5.1). RSV positivity was 4.9% and SARS-CoV-2 positivity 1.6% (Figure 5.2). Other respiratory virus positivity was 15.6%, mainly driven by rhinovirus (38.8%) and adenovirus (34.0%) (Figure 5.3).

During EWs 39–42, respiratory virus detections represented 26.8% of reported ILI cases, predominantly influenza (97.3%), followed by SARS-CoV-2 (2.7%) (Figure 5.4). Among SARI cases, respiratory virus detections represented 13.3% of reported cases, with influenza (46.2%) and RSV (45.0%) contributing similarly, followed by SARS-CoV-2 (8.8%). A total of 67 ICU admissions among SARI cases and three deaths were reported during this period (Figures 5.5–5.6).

Figure 5.1.A. Weekly overall influenza positivity.

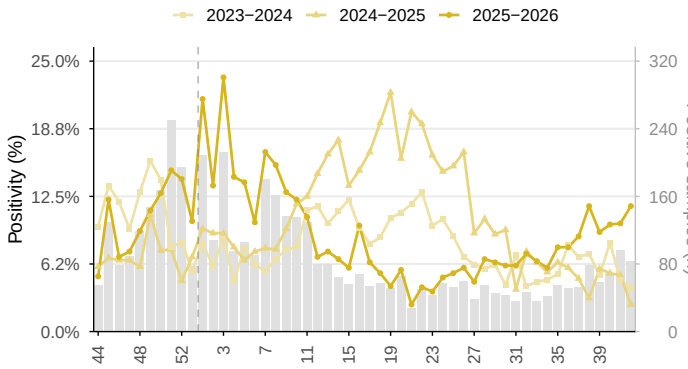
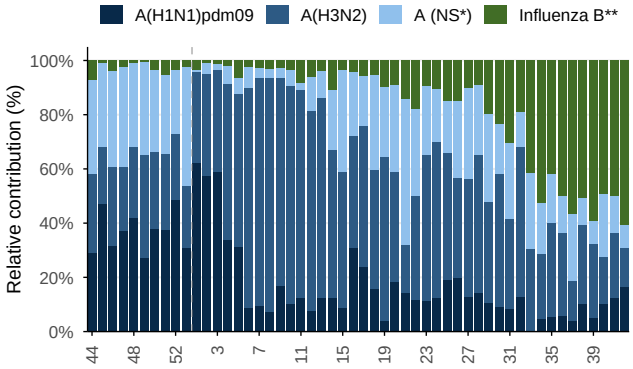


Figure 5.1.B. Weekly relative contribution by type and subtype.



Influenza in the Andean Subregion, EW 44/2025–42/2026. 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.

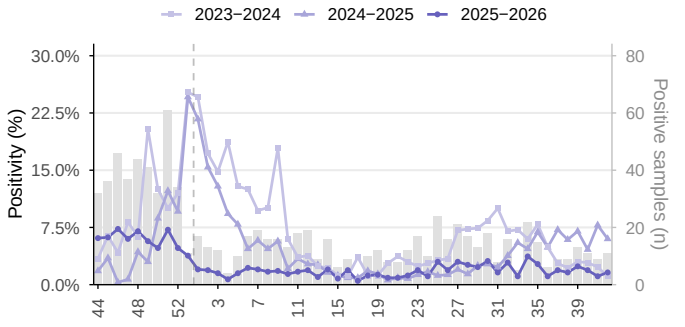
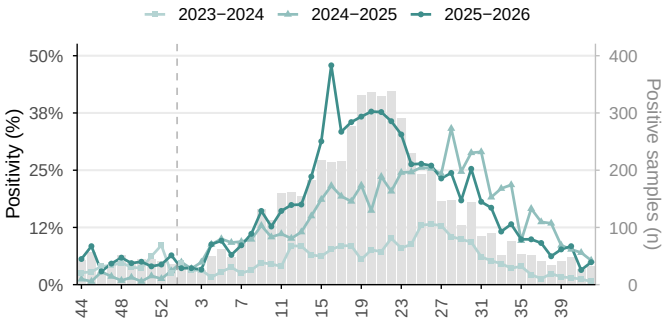


Figure 5.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in the Andean Subregion, EW 44/2025–42/2026. 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.

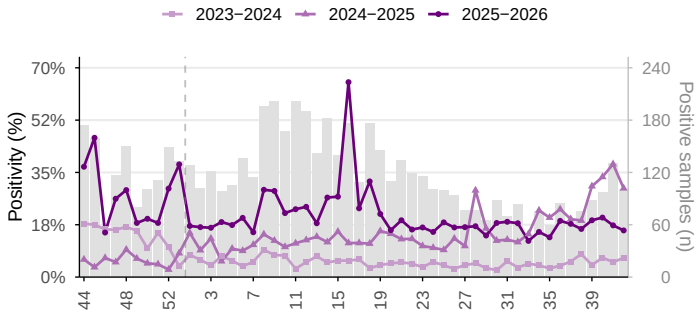
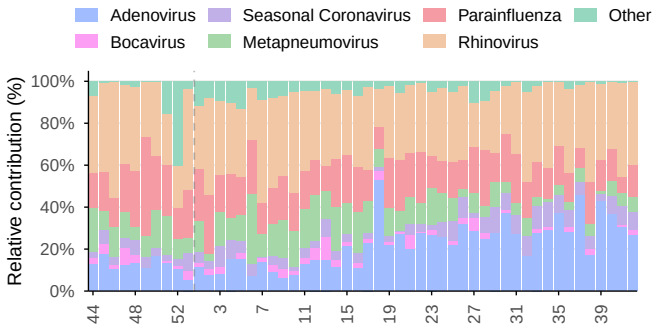


Figure 5.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Andean Subregion, EW 44/2025–42/2026. 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.

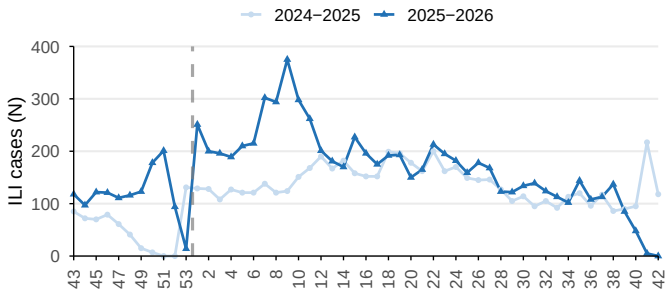
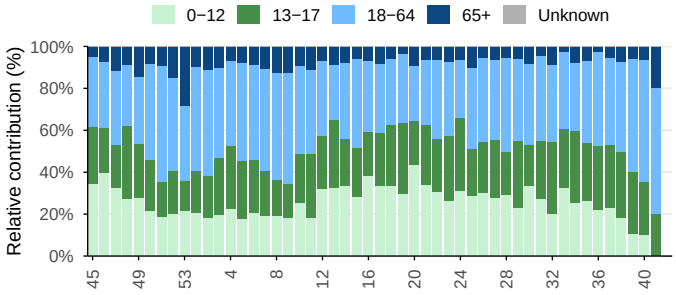


Figure 5.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in the Andean Subregion, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 5.5.A. Weekly SARI cases.

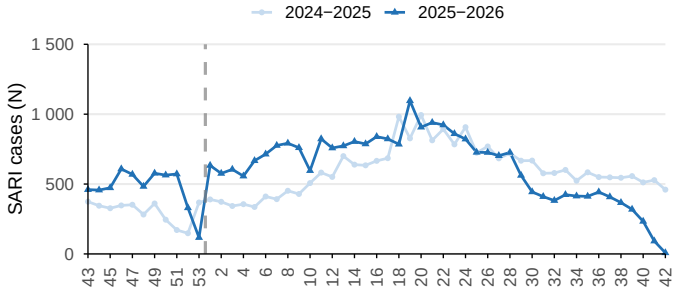
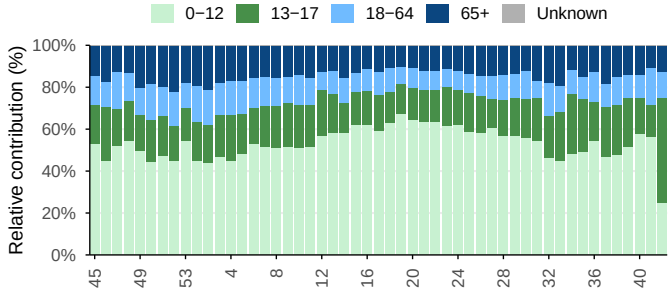


Figure 5.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Andean Subregion, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

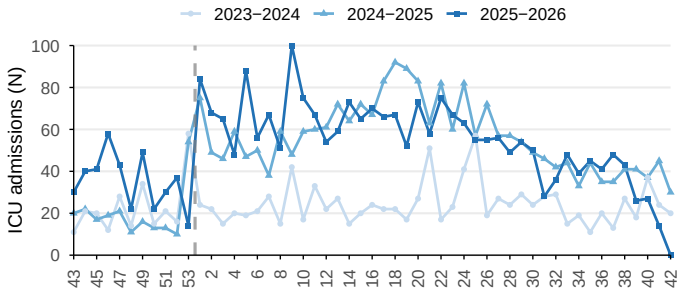
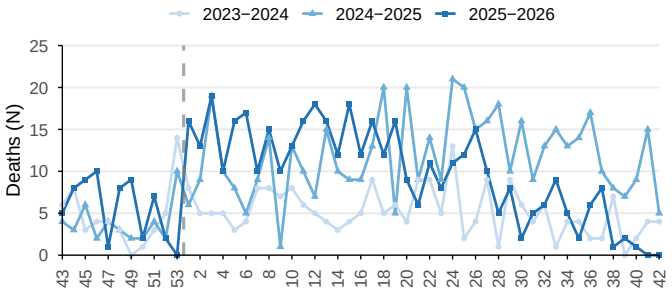


Figure 5.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Andean Subregion, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

5.1 Country

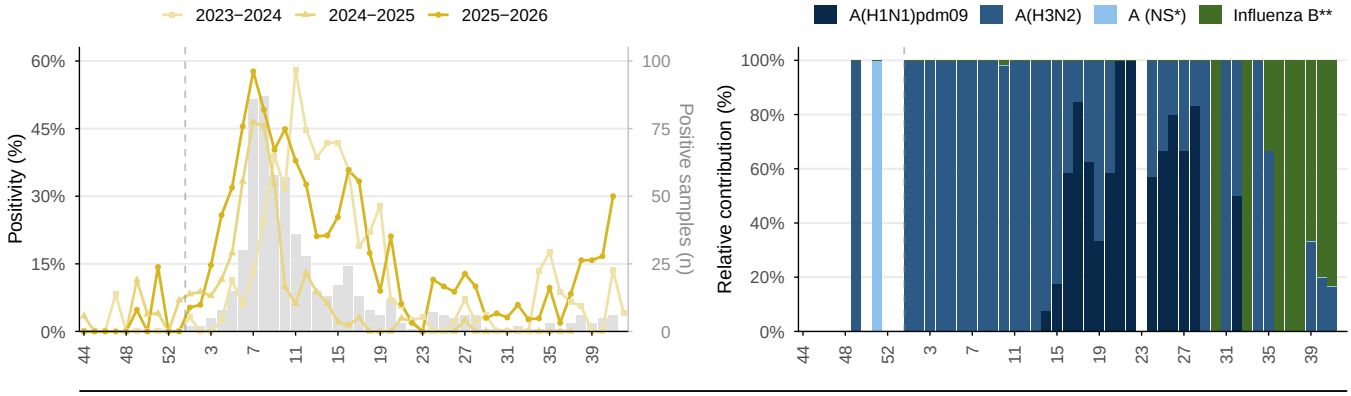
5.1.1 Bolivia

In Bolivia, influenza positivity reached 30.0% in EW 41, the latest week with influenza testing data. Influenza B predominated during EWs 38–41 (85.0% of typed samples), with A(H3N2) accounting for all subtyped influenza A samples (Figure 5.7). RSV positivity was 100.0% and SARS-CoV-2 positivity 11.8% in EW 41 (Figure 5.8). Other respiratory virus positivity was also 100.0% in EW 39, the latest week with data. These percentages require cautious interpretation given the number of samples tested (Figure 5.9).

During EWs 39–42, influenza detections represented 100.0% of reported ILI cases, with the distribution of cases with known age split equally between adolescents aged 13–17 years and adults aged 18–64 years (Figure 5.10). Among SARI cases, respiratory virus detections represented 25.3% of reported cases, predominantly influenza (60.0%), followed by RSV (30.0%) and SARS-CoV-2 (10.0%). Four ICU admissions among SARI cases and one death were reported (Figures 5.11–5.12). These estimates should be interpreted in light of the number of reported cases.

Figure 5.7.A. Weekly overall influenza positivity.

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



Influenza in Bolivia, EW 44/2025–42/2026. 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.

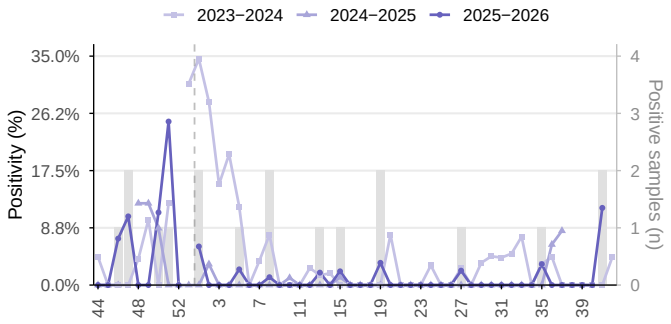
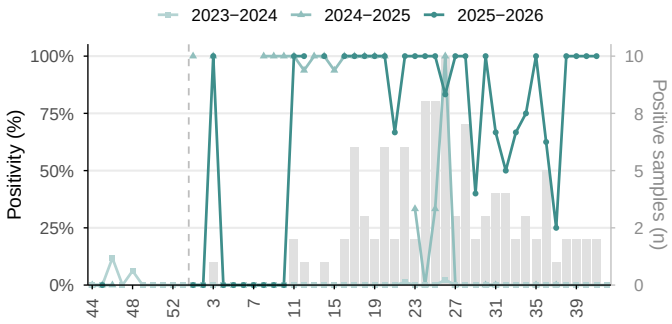


Figure 5.8.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Bolivia, EW 44/2025−42/2026. 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.

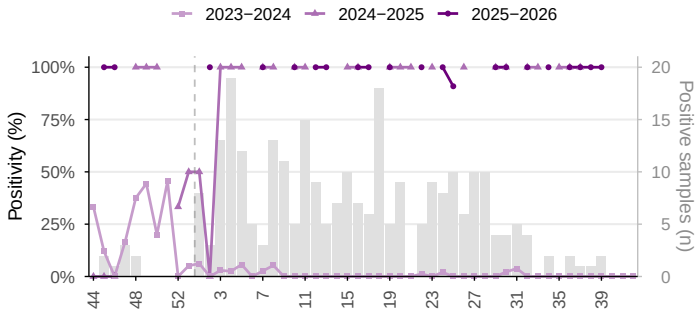
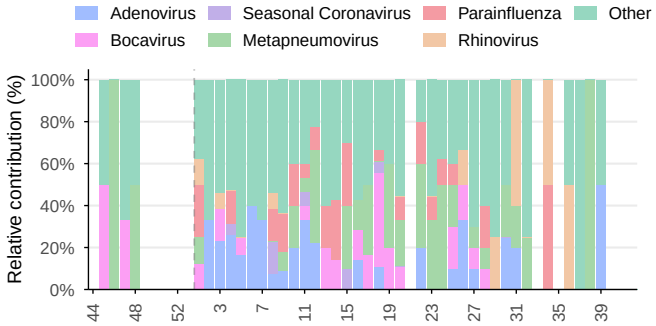


Figure 5.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Bolivia, EW 44/2025−42/2026. 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.

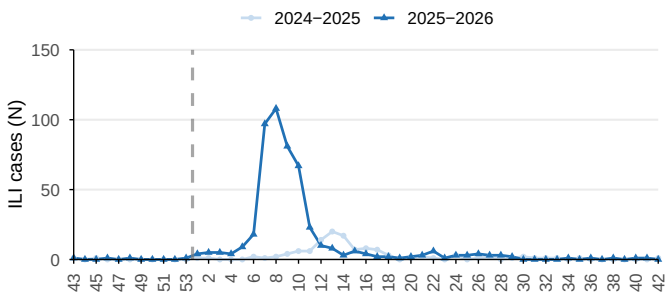
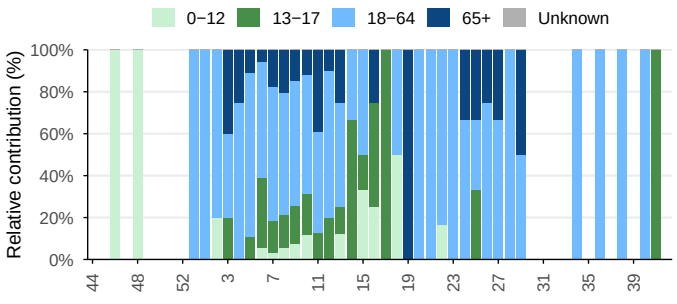


Figure 5.10.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Bolivia, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.11.A. Weekly SARI cases.

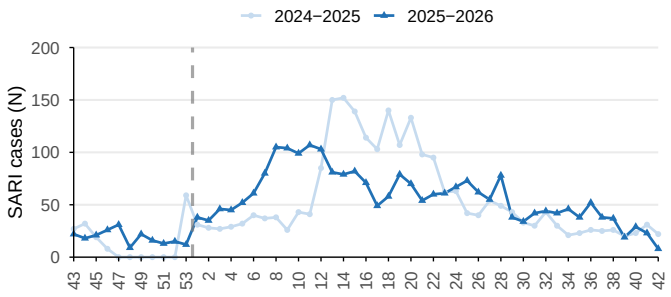
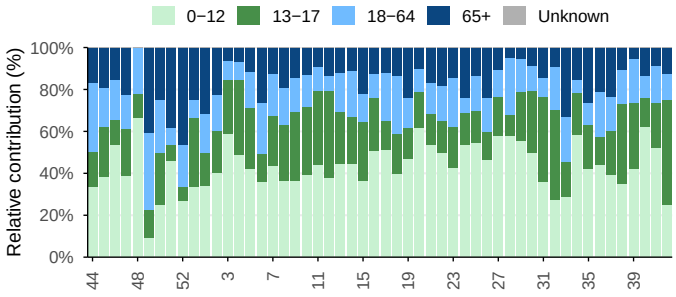


Figure 5.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Bolivia, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

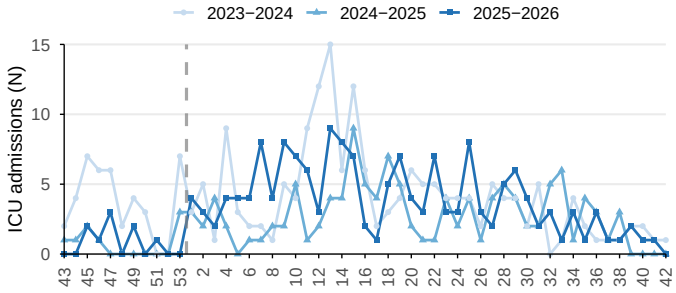
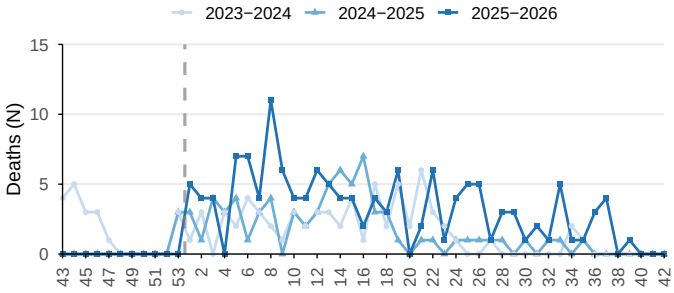


Figure 5.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Bolivia, EW 43/2025–42/2026. *Source: FluID, WHO–GISRS.*

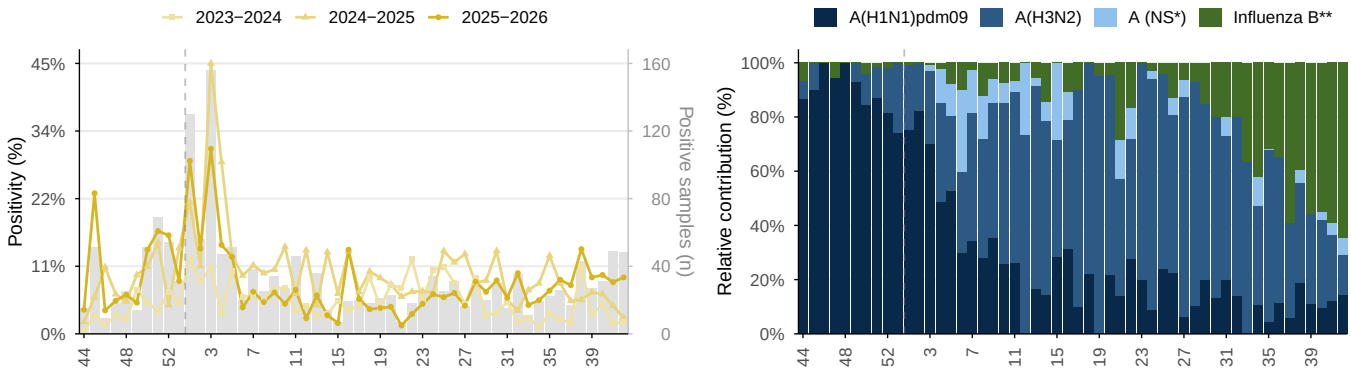
5.1.2 Colombia

In Colombia, influenza positivity was 9.4% in EW 42. Influenza B predominated during EWs 39–42 (59.4% of typed samples), with A(H3N2) accounting for 66.7% of subtyped influenza A samples (Figure 5.13). RSV positivity was 4.3% and SARS-CoV-2 positivity 1.6% (Figure 5.14). Other respiratory virus positivity was 19.1%, mainly driven by rhinovirus (37.8%) and adenovirus (35.1%) (Figure 5.15).

During EWs 38–41, respiratory virus detections represented 6.2% of reported ILI cases, all attributable to influenza. Adults aged 18–64 years accounted for 59.4% of ILI cases with known age (Figure 5.16). Among SARI cases, respiratory virus detections represented 12.8% of reported cases, predominantly RSV (58.3%), followed by influenza (37.5%) and SARS-CoV-2 (4.2%). A total of 70 ICU admissions among SARI cases and no deaths were reported (Figures 5.17–5.18).

Figure 5.13.A. Weekly overall influenza positivity.

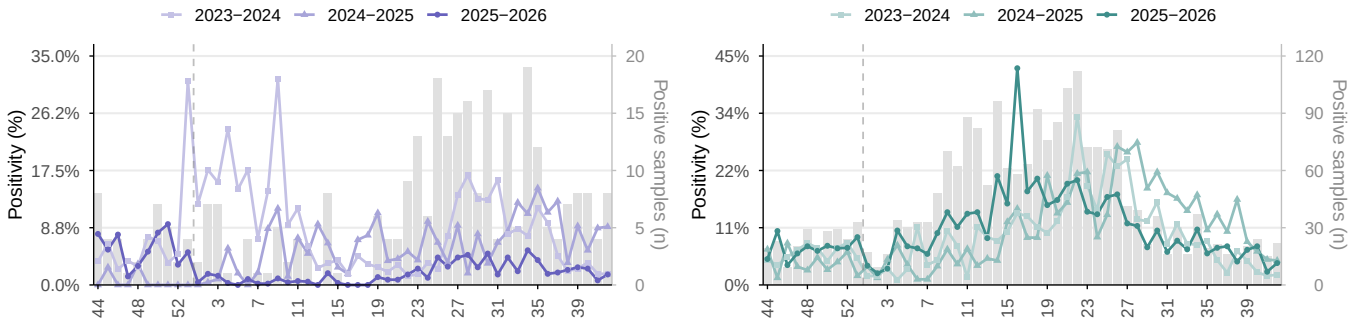
Figure 5.13.B. Weekly relative contribution by type and subtype.



Influenza in Colombia, EW 44/2025–42/2026. 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 44/2025–42/2026. 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.

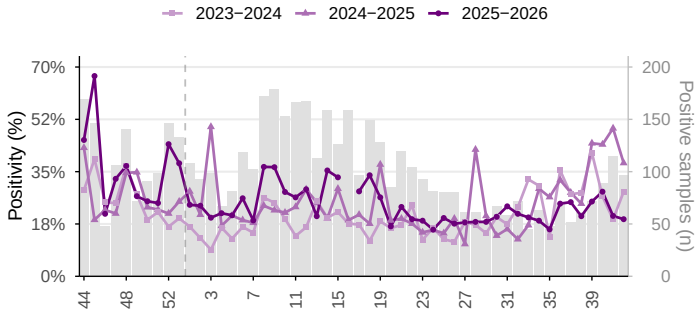
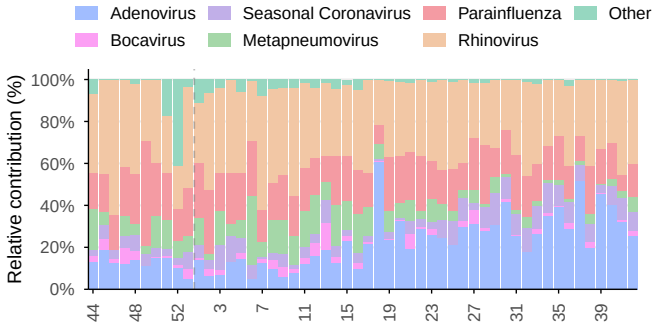


Figure 5.15.B. Weekly relative contribution by virus.



Other respiratory viruses in Colombia, EW 44/2025–42/2026. 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.

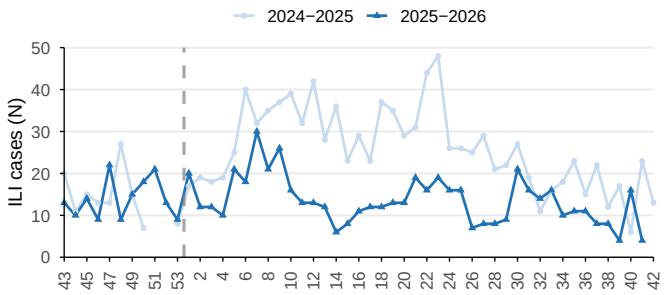
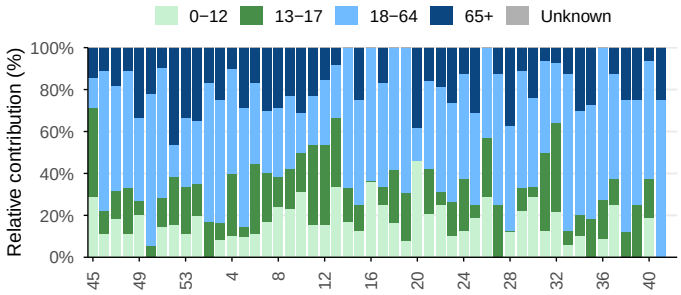


Figure 5.16.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Colombia, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 5.17.A. Weekly SARI cases.

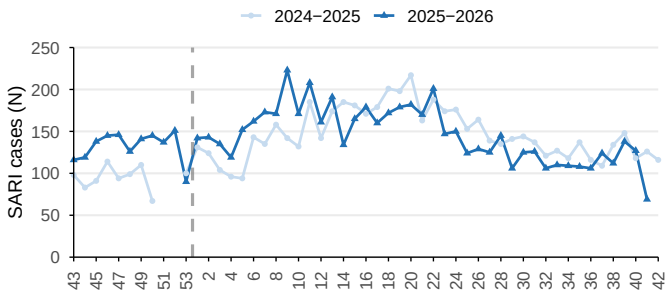
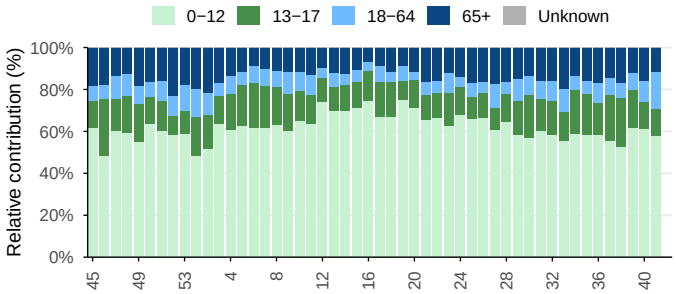


Figure 5.17.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Colombia, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

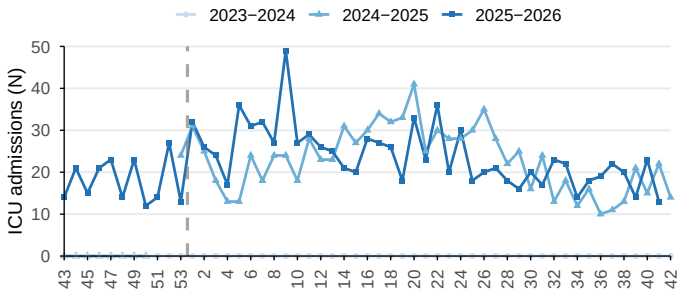
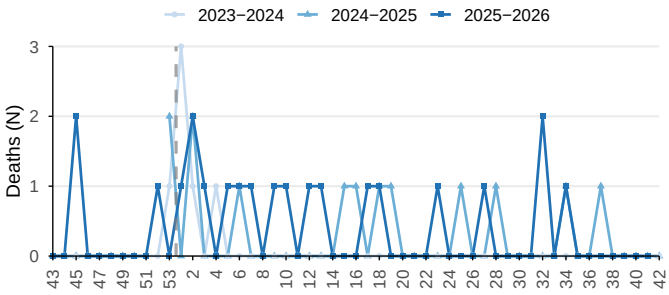


Figure 5.18.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Colombia, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

5.1.3 Ecuador

In Ecuador, influenza positivity reached 23.5% in EW 42. Influenza B predominated during EWs 39–42 (55.7% of typed samples), with A(H3N2) accounting for 51.4% of subtyped influenza A samples (Figure 5.19). RSV positivity was 1.7% and SARS-CoV-2 positivity 2.5% (Figure 5.20). Other respiratory virus positivity was 1.7%, mainly driven by adenovirus (60.0%) and metapneumovirus (26.7%) (Figure 5.21).

Figure 5.19.A. Weekly overall influenza positivity.

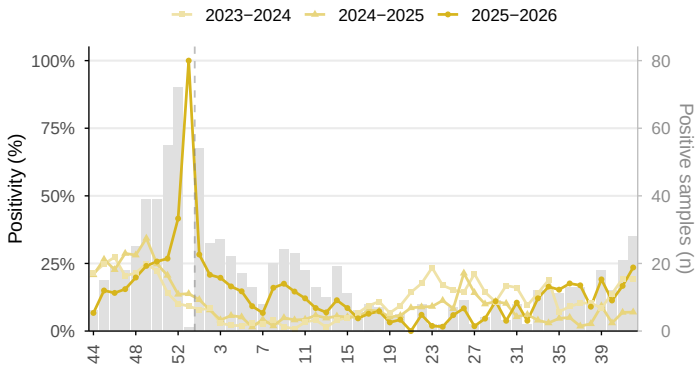
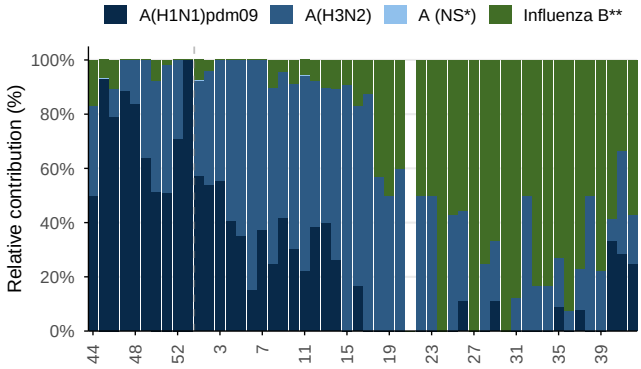


Figure 5.19.B. Weekly relative contribution by type and subtype.



Influenza in Ecuador, EW 44/2025–42/2026. 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.

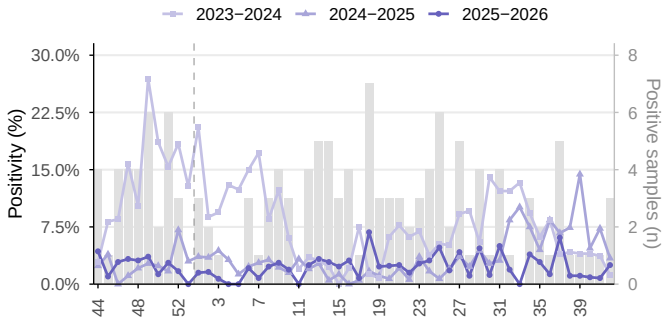
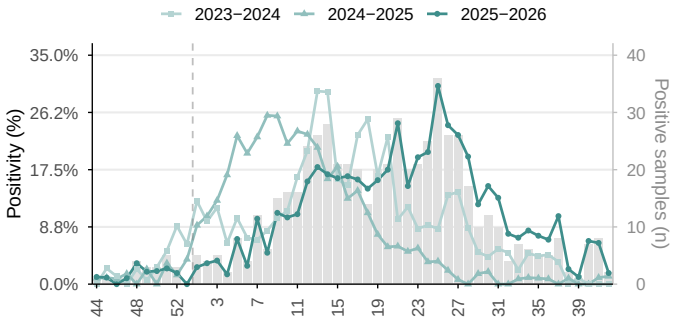


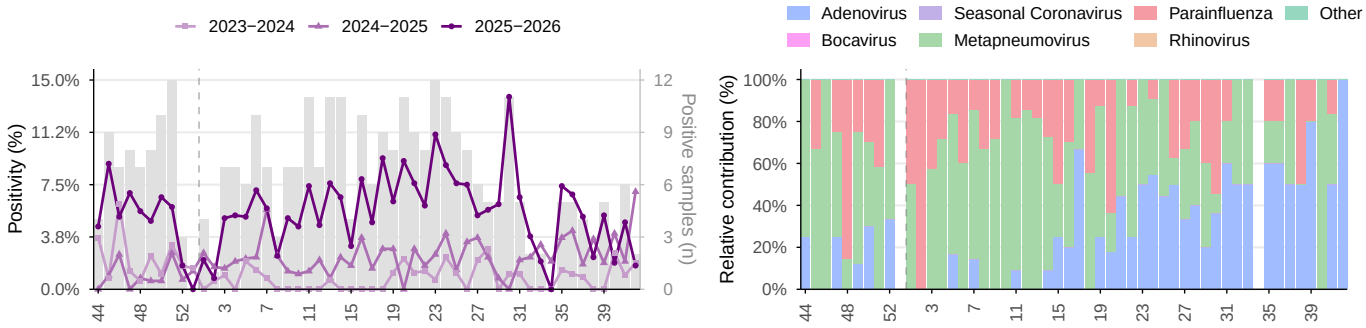
Figure 5.20.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Ecuador, EW 44/2025–42/2026. 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 44/2025−42/2026. 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

In Peru, influenza positivity was 8.2% in EW 42. Influenza A predominated during EWs 39–42 (65.0% of typed samples), with A(H3N2) accounting for all subtyped influenza A samples (Figure 5.22). RSV positivity was 17.0% (Figure 5.23). Other respiratory virus positivity was 8.3%, mainly driven by rhinovirus (80.0%) and metapneumovirus (20.0%) (Figure 5.24).

During EWs 38–41, respiratory virus detections represented 36.2% of reported ILI cases, predominantly influenza (93.1%), followed by SARS-CoV-2 and RSV (3.4% each). Adults aged 18–64 years accounted for 47.9% of ILI cases with known age (Figure 5.25). Among SARI cases, respiratory virus detections represented 13.8% of reported cases, predominantly influenza (57.1%), followed by RSV (34.9%) and SARS-CoV-2 (7.9%). A total of 35 ICU admissions among SARI cases and three deaths were reported (Figures 5.26–5.27).

Figure 5.22.A. Weekly overall influenza positivity.

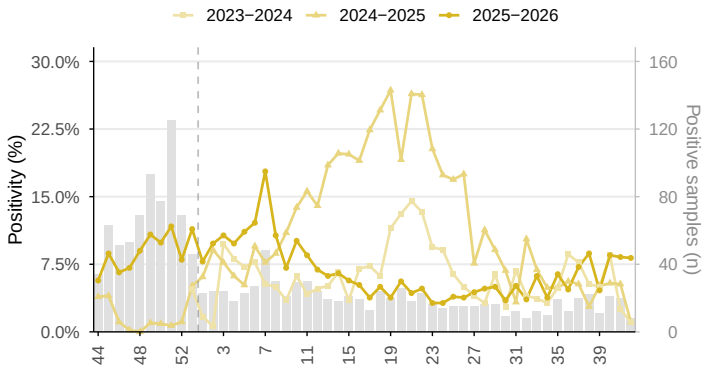
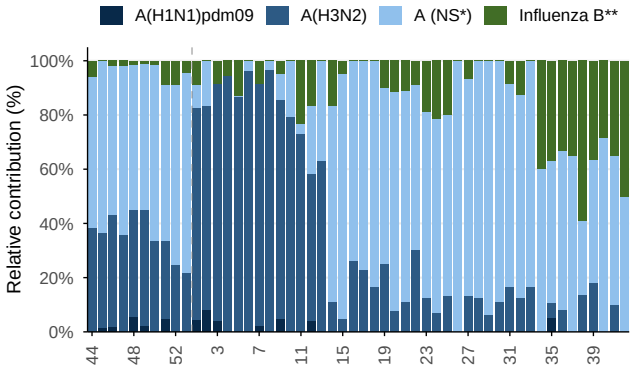


Figure 5.22.B. Weekly relative contribution by type and subtype.



Influenza in Peru, EW 44/2025–42/2026. 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.

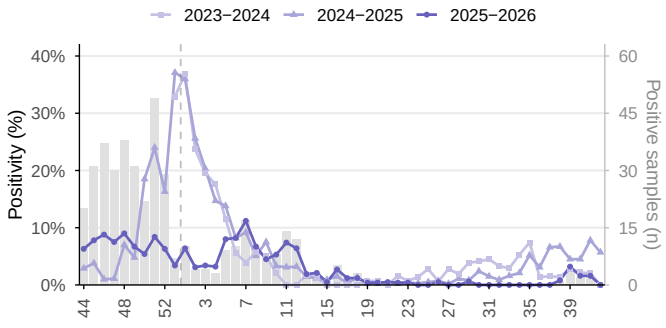
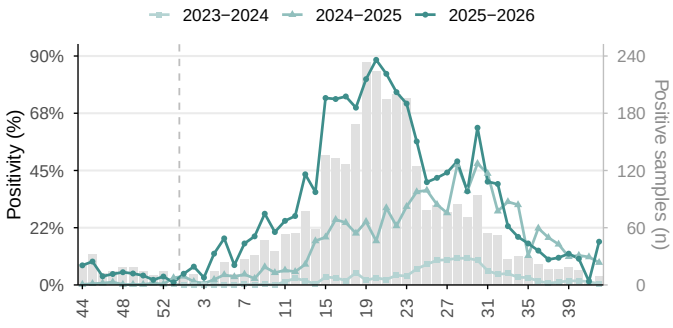


Figure 5.23.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Peru, EW 44/2025–42/2026. 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.

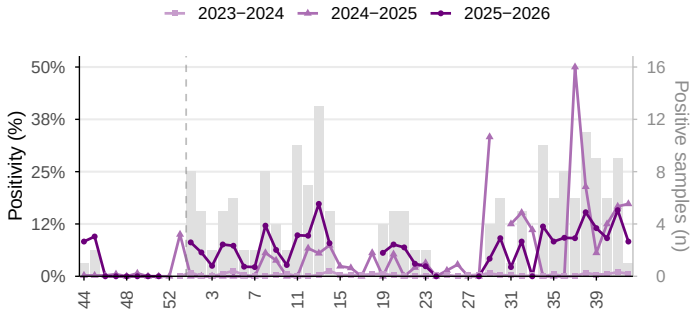
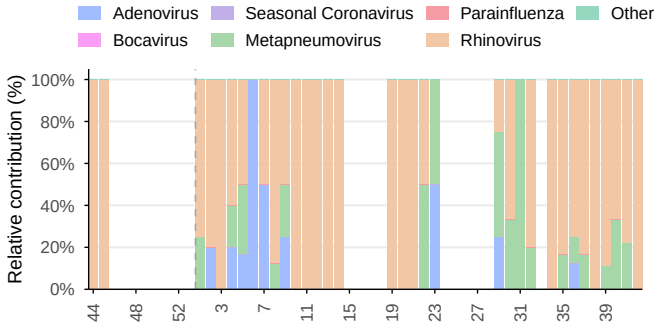


Figure 5.24.B. Weekly relative contribution by virus.



Other respiratory viruses in Peru, EW 44/2025−42/2026. 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.

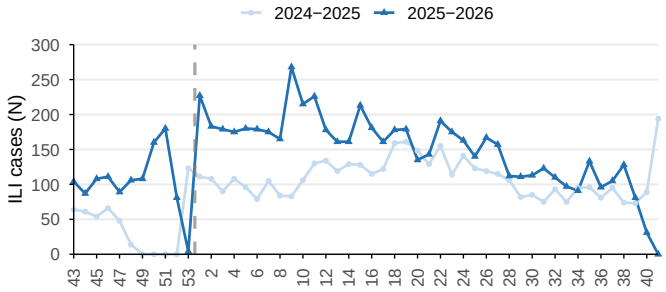
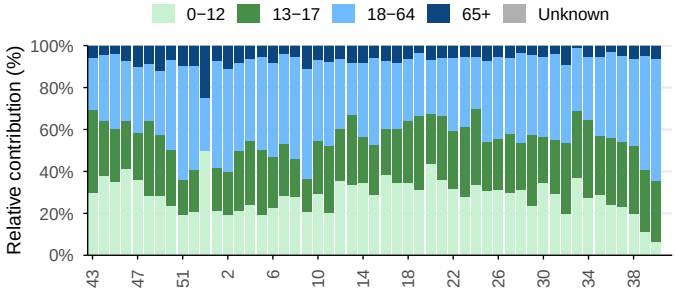


Figure 5.25.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Peru, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.26.A. Weekly SARI cases.

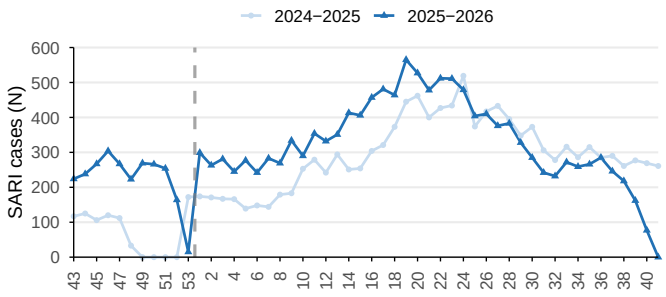
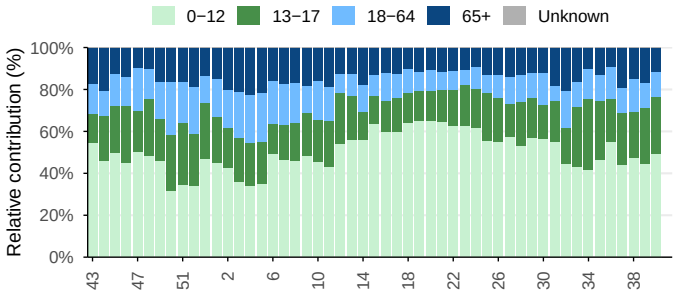


Figure 5.26.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Peru, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

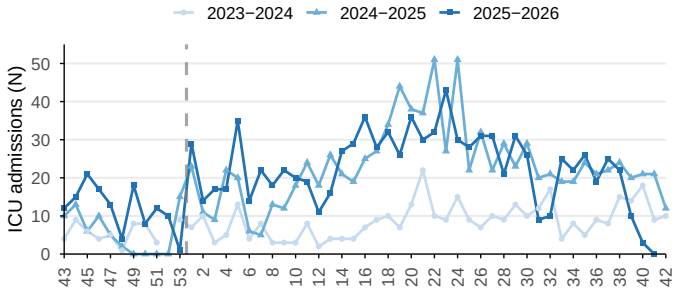
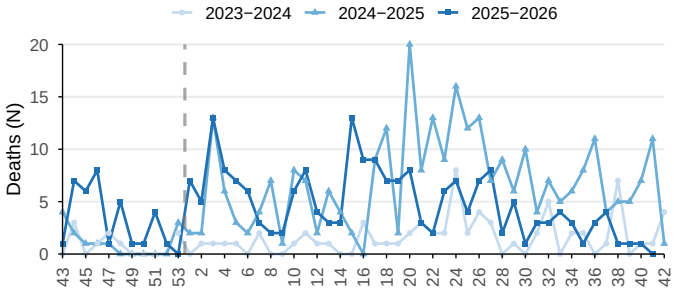


Figure 5.27.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Peru, EW 43/2025–42/2026. *Source: FluID, WHO–GISRS.*

5.1.5 Venezuela

No respiratory virus surveillance data were reported for Venezuela during EWs 39–42.

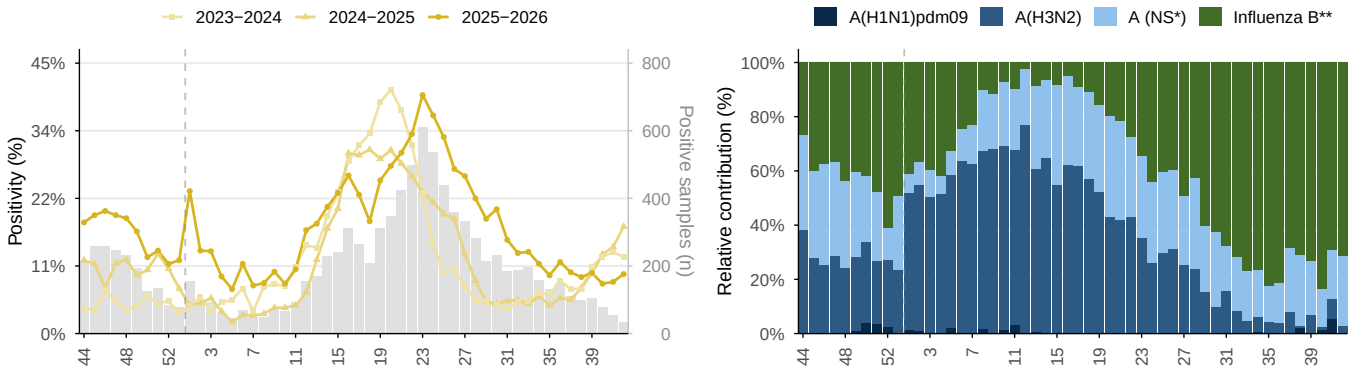
6. Brazil and Southern Cone

In Brazil and the Southern Cone, influenza positivity was 9.9% in EW 42. Influenza B predominated during EWs 39–42 (75.1% of typed samples), with A(H3N2) accounting for 76.5% of subtyped influenza A samples (Figure 6.1). RSV positivity was 7.4% and SARS-CoV-2 positivity 1.4% (Figure 6.2). Other respiratory virus positivity was 55.8%, mainly driven by rhinovirus (61.3%) and metapneumovirus (20.8%) (Figure 6.3).

During EWs 39–42, respiratory virus detections represented 11.7% of reported ILI cases, predominantly SARS-CoV-2 (46.7%), followed by influenza (43.2%) and RSV (10.1%) (Figure 6.4). Among SARI cases, respiratory virus detections represented 9.9% of reported cases, with RSV accounting for most detections (55.9%), followed by influenza (29.0%) and SARS-CoV-2 (15.1%). A total of 1,646 ICU admissions among SARI cases and 204 deaths were reported during this period (Figures 6.5–6.6).

Figure 6.1.A. Weekly overall influenza positivity.

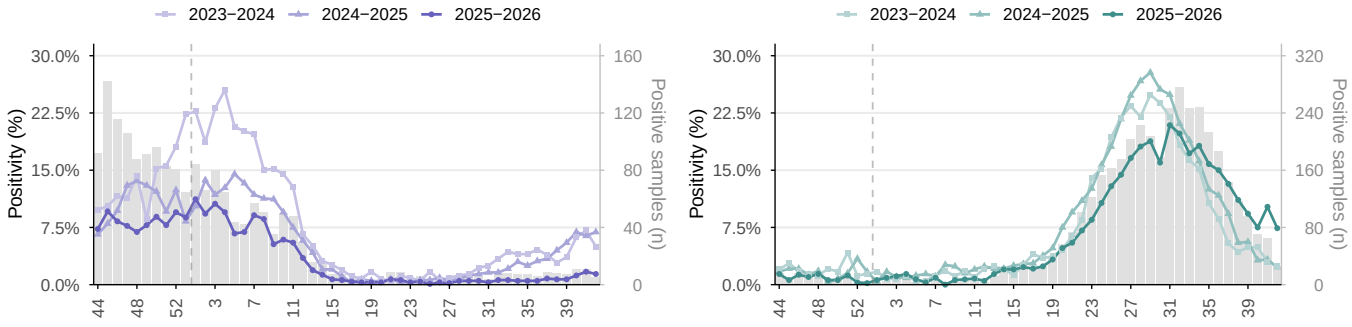
Figure 6.1.B. Weekly relative contribution by type and subtype.



Influenza in Brazil and the Southern Cone, EW 44/2025–42/2026. 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 44/2025–42/2026. 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.

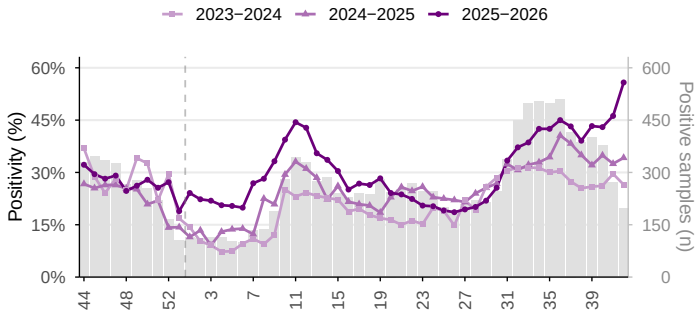
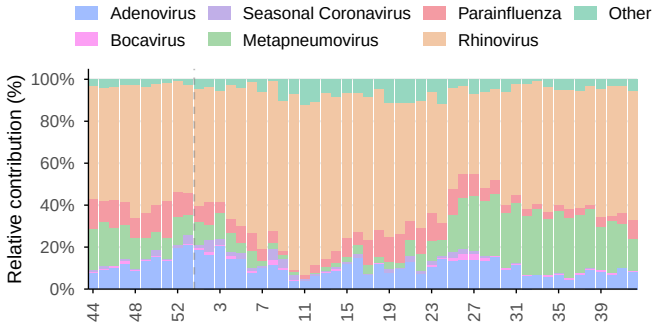


Figure 6.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil and the Southern Cone, EW 44/2025−42/2026. 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.

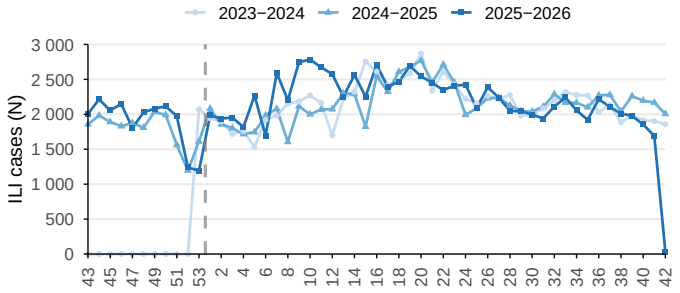
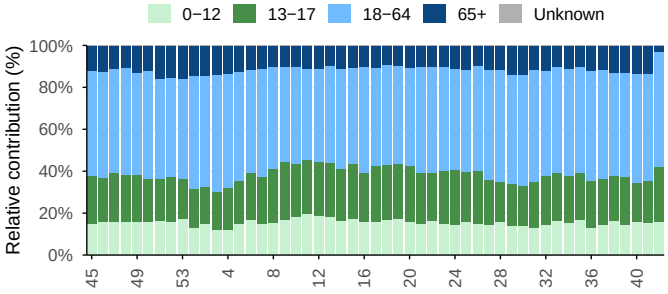


Figure 6.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil and the Southern Cone, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.5.A. Weekly SARI cases.

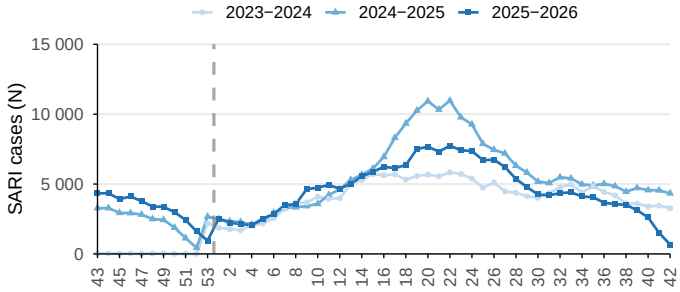
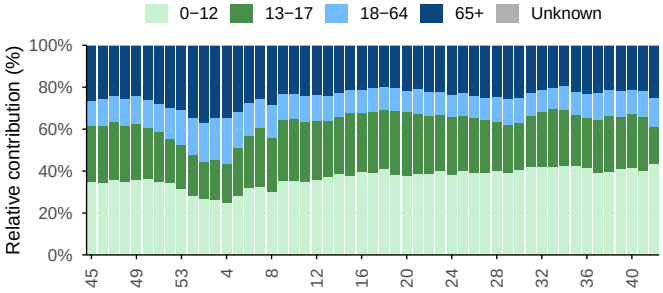


Figure 6.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil and the Southern Cone, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

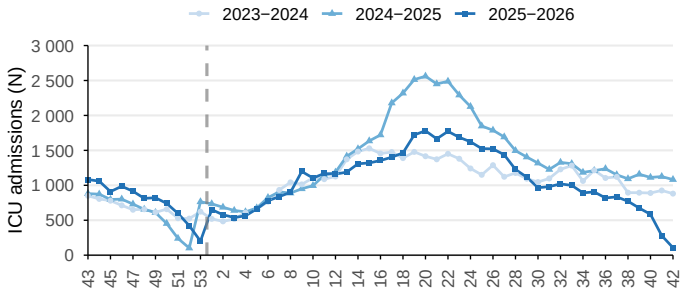
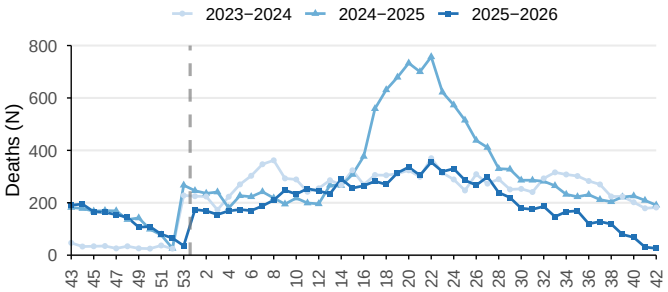


Figure 6.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil and the Southern Cone, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

6.1 Country

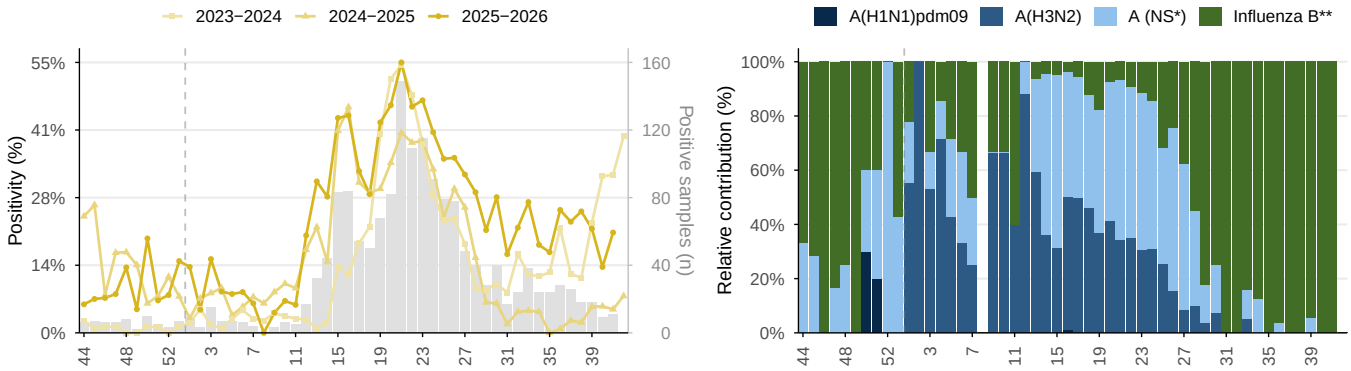
6.1.1 Argentina

In Argentina, influenza positivity was 20.4% in EW 41, the latest week with laboratory surveillance data, with influenza B accounting for 98.2% of typed detections during EWs 38–41 (Figure 6.7). RSV positivity was 3.7% (Figure 6.8). No new laboratory surveillance data were reported for EW 42.

During EWs 39–42, no influenza, RSV, or SARS-CoV-2 detections were reported among ILI cases (Figure 6.10). Among SARI cases, respiratory virus detections represented 24.7% of reported cases, predominantly RSV (70.2%), followed by influenza (21.6%) and SARS-CoV-2 (8.2%). A total of 33 ICU admissions among SARI cases and no deaths were reported (Figures 6.11–6.12).

Figure 6.7.A. Weekly overall influenza positivity.

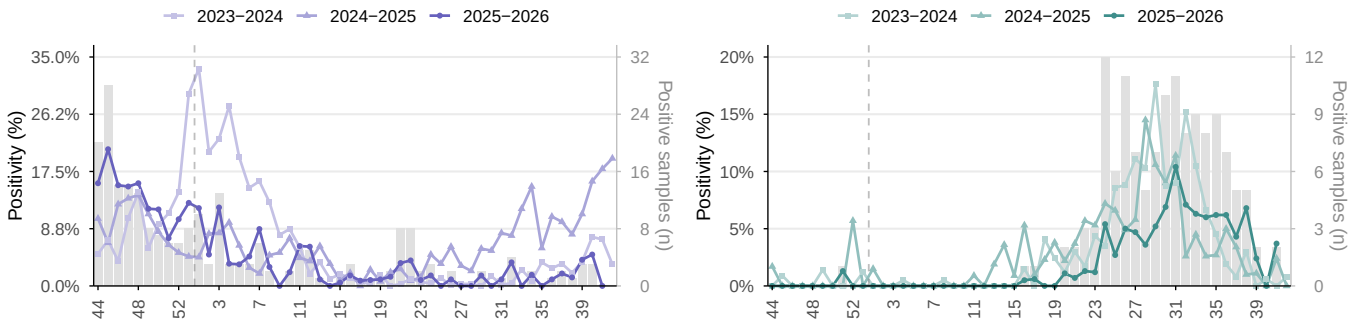
Figure 6.7.B. Weekly relative contribution by type and subtype.



Influenza in Argentina, EW 44/2025–42/2026. 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 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.9.A. Overall weekly positivity.

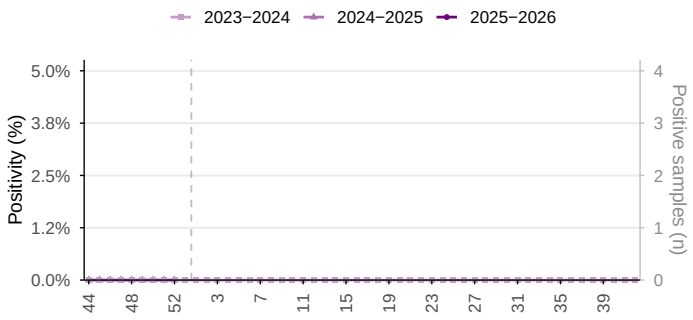
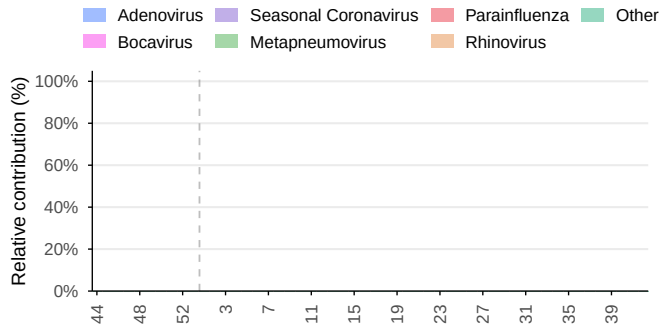


Figure 6.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Argentina, EW 44/2025–42/2026. 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 6.10.A. Weekly ILI cases.

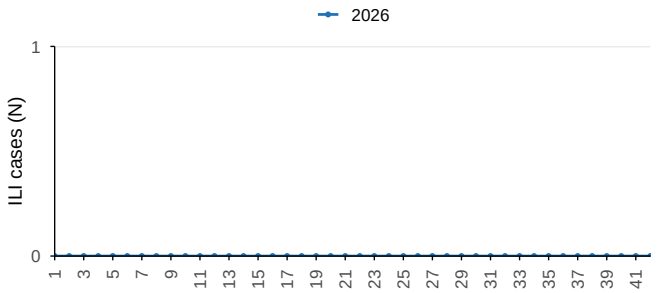
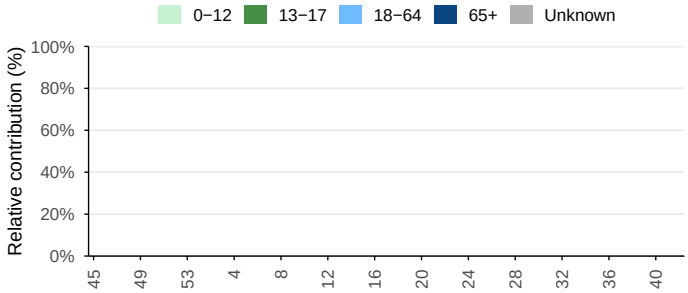


Figure 6.10.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Argentina, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.11.A. Weekly SARI cases.

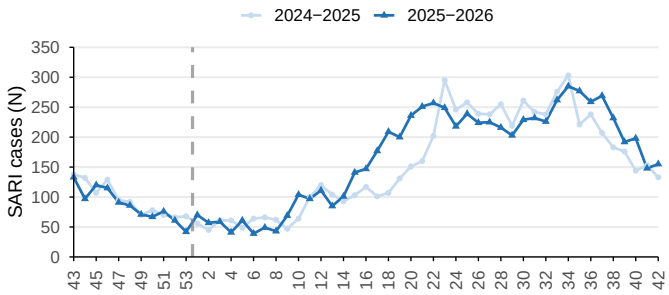
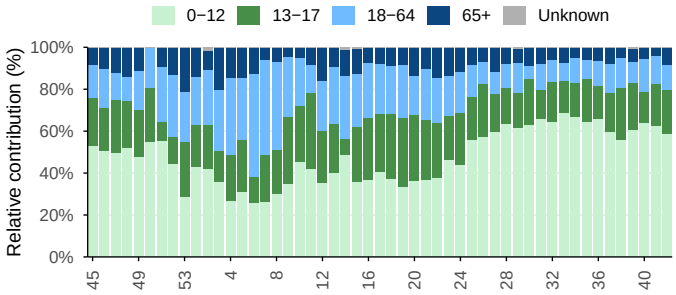


Figure 6.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Argentina, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.12.A. Weekly SARI cases admitted to ICU.

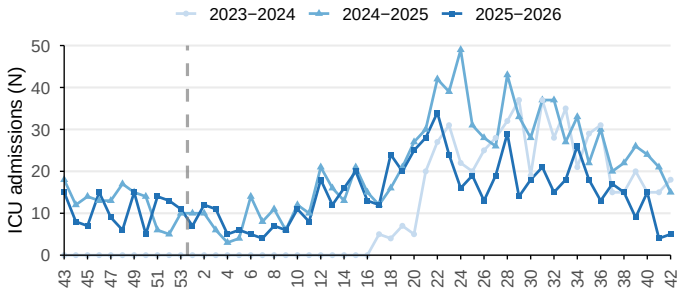
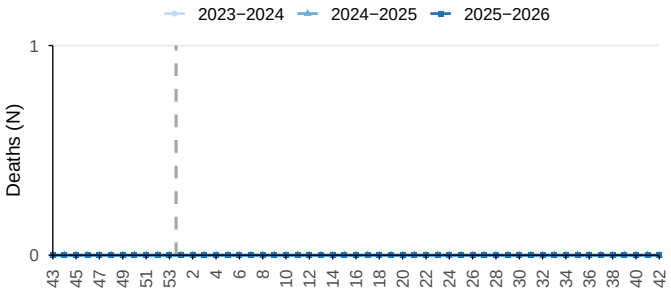


Figure 6.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Argentina, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

6.1.2 Brazil

In Brazil, influenza positivity was 2.3% in EW 41, the latest week with laboratory surveillance data. Influenza B predominated during EWs 38–41 (89.5% of typed samples), with A(H3N2) accounting for all subtyped influenza A samples (Figure 6.13). RSV positivity was 1.5% and SARS-CoV-2 positivity 3.7% (Figure 6.14). Other respiratory virus positivity was 37.4%, mainly driven by rhinovirus (64.8%), metapneumovirus (19.4%), and adenovirus (15.9%) (Figure 6.15). No laboratory surveillance data were reported for EW 42.

During EWs 38–41, respiratory virus detections represented 14.8% of reported ILI cases, predominantly SARS-CoV-2 (65.8%), followed by influenza (29.5%) and RSV (4.7%). Adults aged 18–64 years accounted for 50.4% of ILI cases with known age (Figure 6.16). Among SARI cases, respiratory virus detections represented 8.2% of reported cases, predominantly RSV (45.1%), followed by influenza (32.6%) and SARS-CoV-2 (22.4%). A total of 1,770 ICU admissions among SARI cases and 140 deaths were reported (Figures 6.17–6.18).

Figure 6.13.A. Weekly overall influenza positivity.

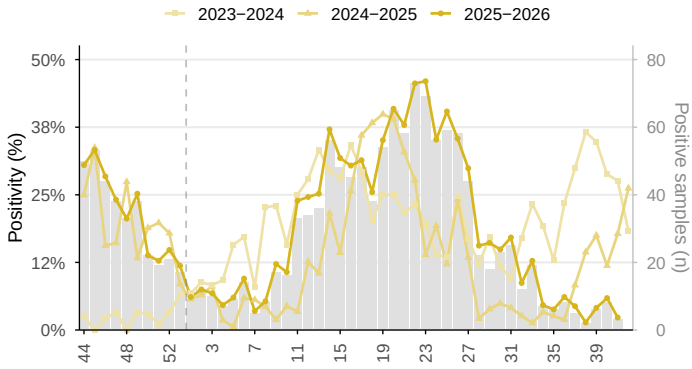
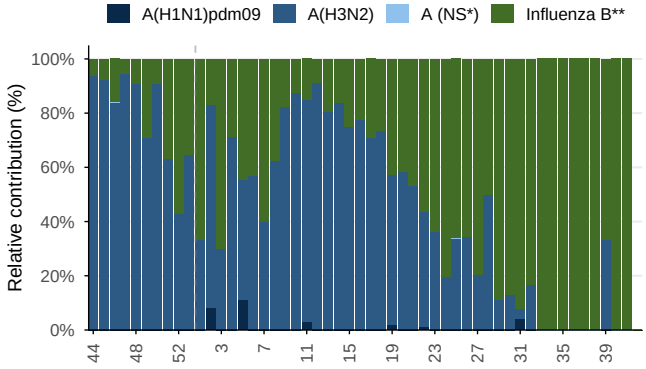


Figure 6.13.B. Weekly relative contribution by type and subtype.



Influenza in Brazil, EW 44/2025–42/2026. 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 6.14.A. Weekly SARS-CoV-2 positivity.

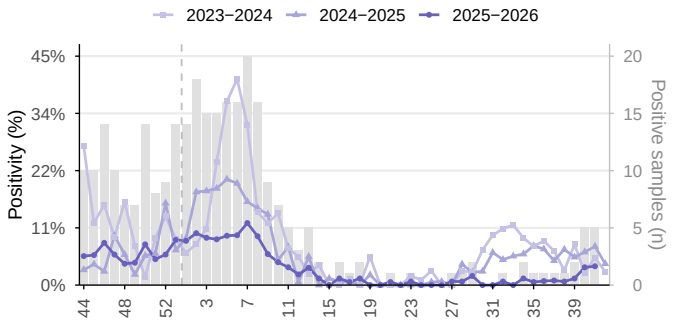
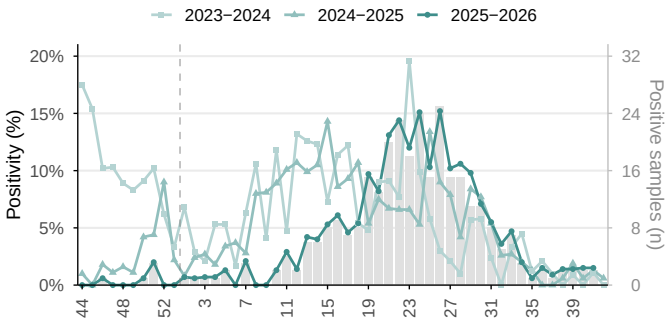


Figure 6.14.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Brazil, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.15.A. Overall weekly positivity.

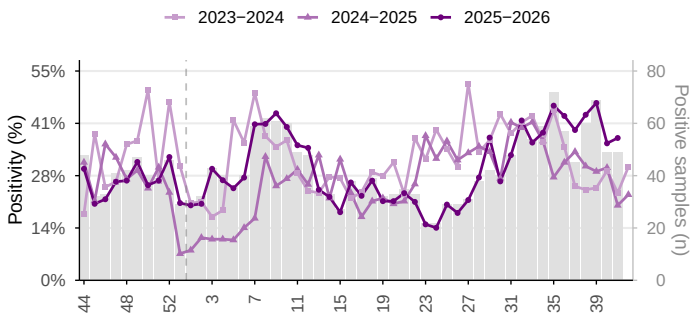
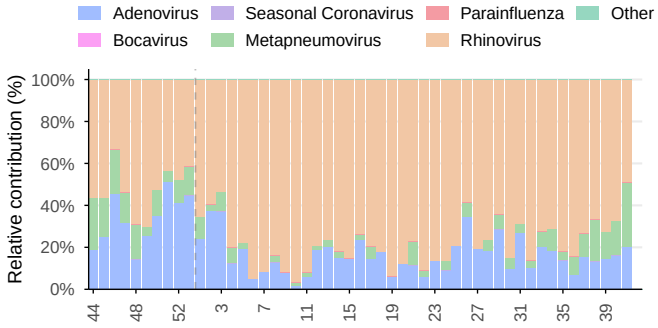


Figure 6.15.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil, EW 44/2025−42/2026. 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 6.16.A. Weekly ILI cases.

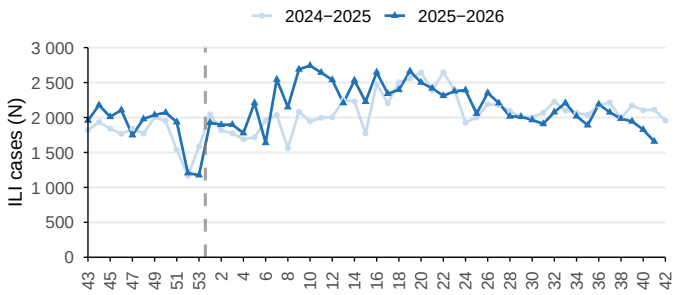
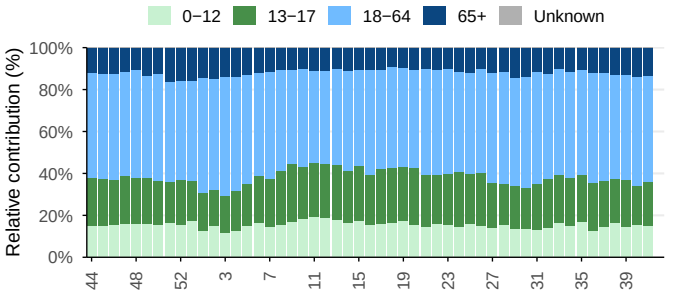


Figure 6.16.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.17.A. Weekly SARI cases.

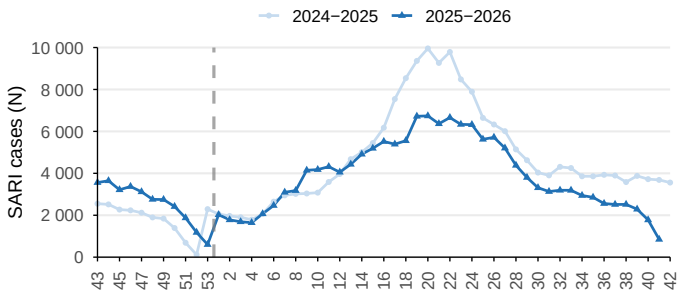
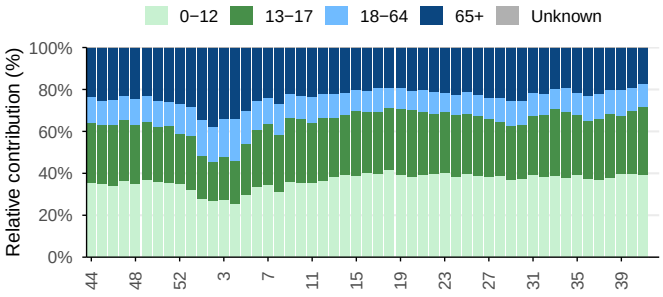


Figure 6.17.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.18.A. Weekly SARI cases admitted to ICU.

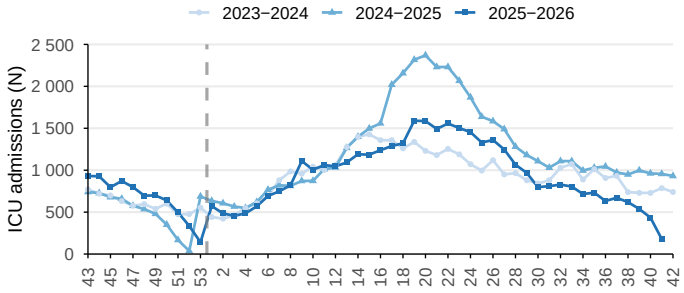
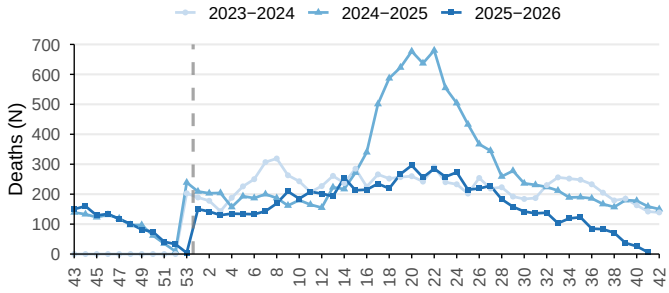


Figure 6.18.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil, EW 43/2025–42/2026. *Source: FluID, WHO–GISRS.*

6.1.3 Chile

In Chile, influenza positivity was 11.0% in EW 42. Influenza B predominated during EWs 39–42 (64.4% of typed samples), with A(H3N2) accounting for 73.3% of subtyped influenza A samples (Figure 6.19). RSV positivity was 7.6% and SARS-CoV-2 positivity 1.2% (Figure 6.20). Other respiratory virus positivity was 55.8%, mainly driven by rhinovirus (61.2%) and metapneumovirus (22.3%) (Figure 6.21).

During EWs 39–42, respiratory virus detections represented 16.3% of reported SARI cases, predominantly RSV (70.5%), followed by influenza (24.2%) and SARS-CoV-2 (5.4%). A total of 236 ICU admissions among SARI cases and 27 deaths were reported (Figures 6.22–6.23).

Figure 6.19.A. Weekly overall influenza positivity.

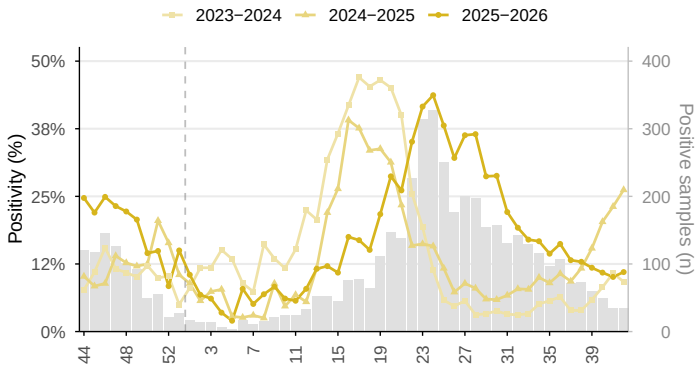
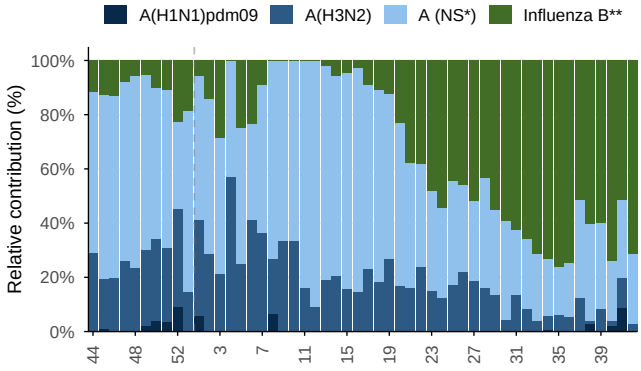


Figure 6.19.B. Weekly relative contribution by type and subtype.



Influenza in Chile, EW 44/2025–42/2026. 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 6.20.A. Weekly SARS-CoV-2 positivity.

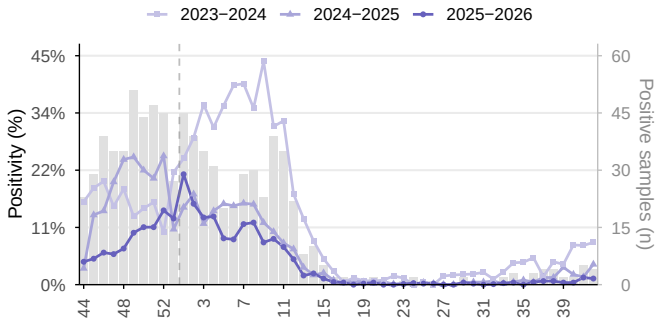
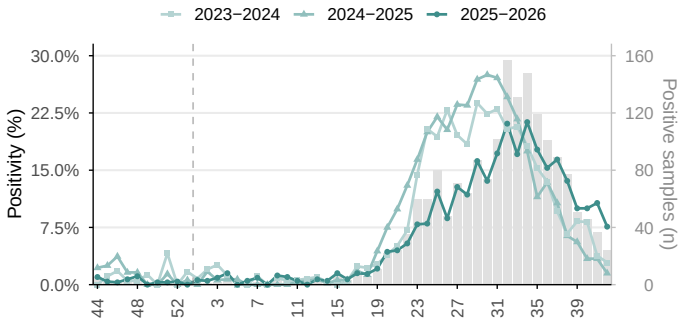


Figure 6.20.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Chile, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.21.A. Overall weekly positivity.

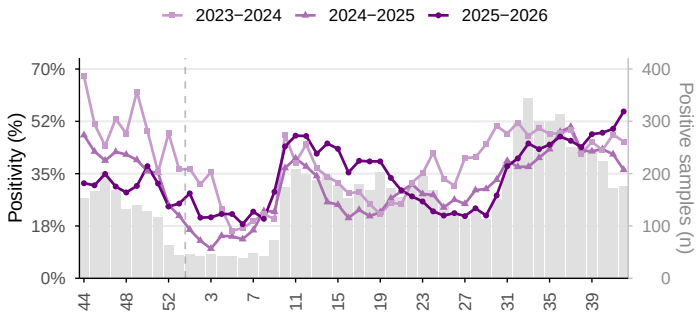
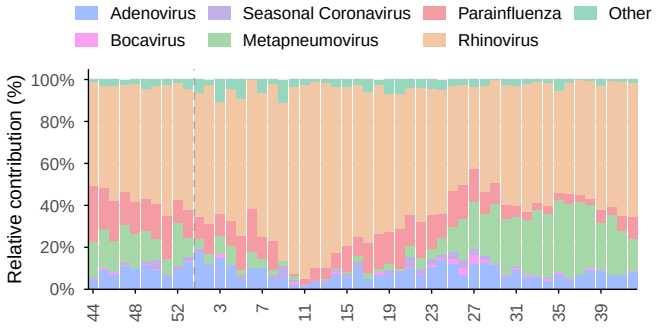


Figure 6.21.B. Weekly relative contribution by virus.



Other respiratory viruses in Chile, EW 44/2025–42/2026. 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 6.22.A. Weekly SARI cases.

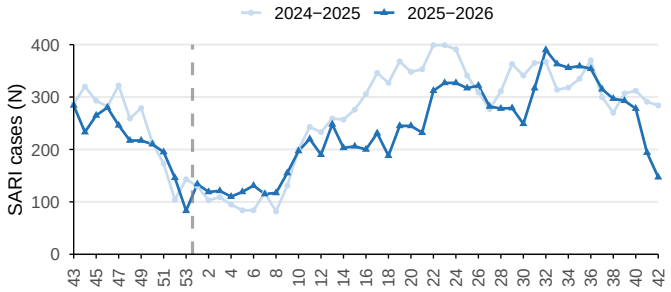
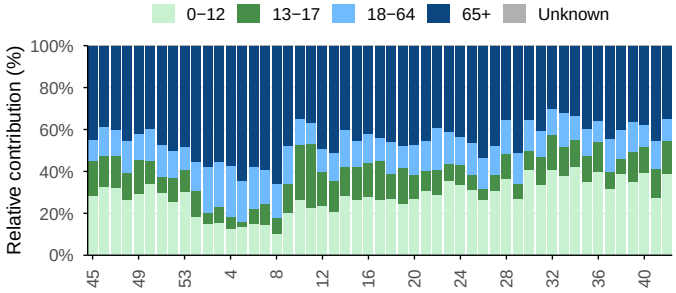
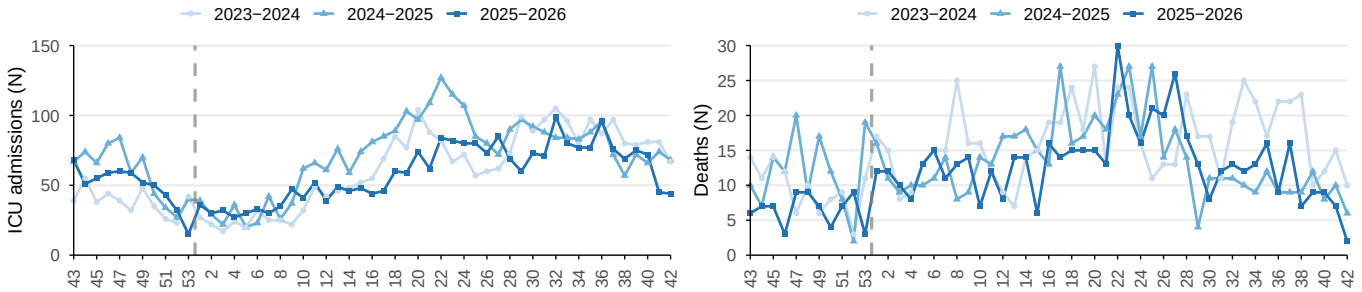


Figure 6.22.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Chile, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.23.A. Weekly SARI cases admitted to ICU. **Figure 6.23.B. Weekly deaths among SARI cases.**



SARI ICU admissions and deaths in Chile, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

6.1.4 Paraguay

In Paraguay, no influenza-positive samples were detected in EW 42. Influenza B accounted for 97.1% of typed influenza detections during EWs 39–42 (Figure 6.24). Rhinovirus predominated among other respiratory viruses (79.5%) (Figure 6.26).

During EWs 39–42, respiratory virus detections represented 14.5% of reported ILI cases, predominantly influenza (66.7%), followed by SARS-CoV-2 and RSV (16.7% each). Adults aged 18–64 years accounted for 46.8% of ILI cases with known age (Figure 6.27). Among SARI cases, respiratory virus detections represented 7.0% of reported cases, predominantly RSV (56.6%), followed by influenza (28.9%) and SARS-CoV-2 (14.5%). A total of 170 ICU admissions among SARI cases and 107 deaths were reported (Figures 6.28–6.29).

Figure 6.24.A. Weekly overall influenza positivity.

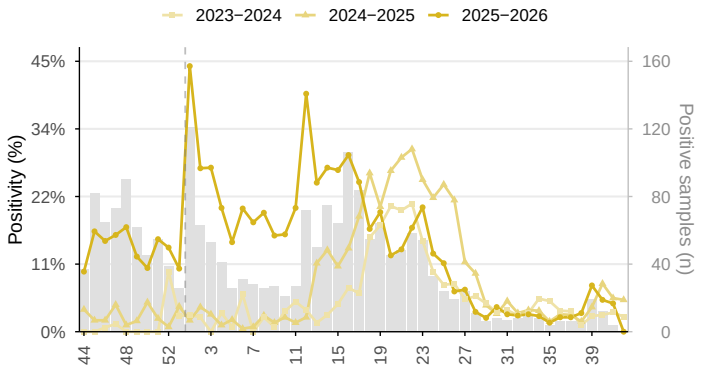
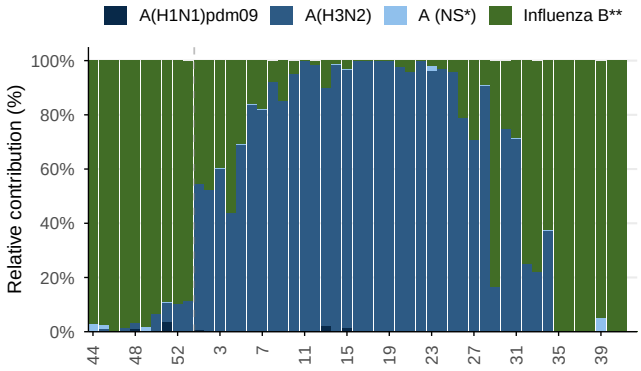


Figure 6.24.B. Weekly relative contribution by type and subtype.



Influenza in Paraguay, EW 44/2025–42/2026. 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 6.25.A. Weekly SARS-CoV-2 positivity.

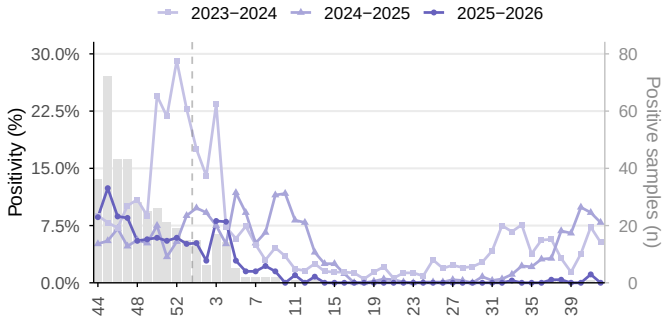
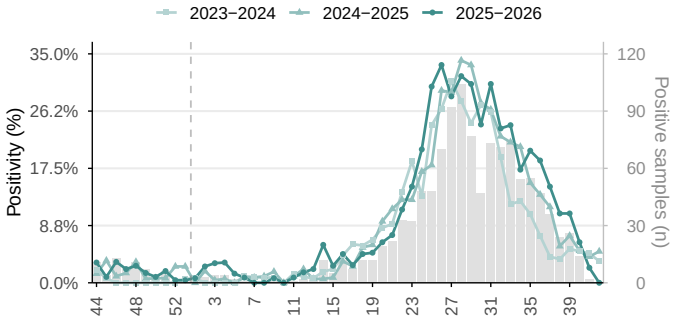


Figure 6.25.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Paraguay, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.26.A. Overall weekly positivity.

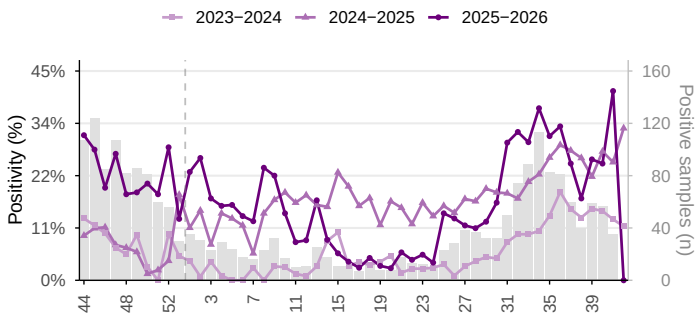
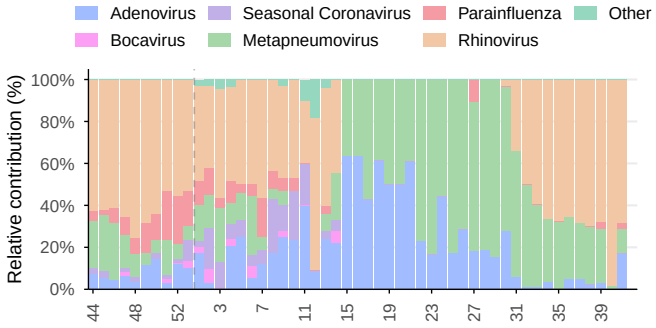


Figure 6.26.B. Weekly relative contribution by virus.



Other respiratory viruses in Paraguay, EW 44/2025−42/2026. 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 6.27.A. Weekly ILI cases.

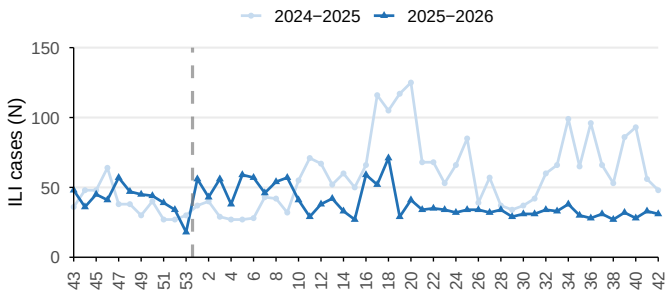
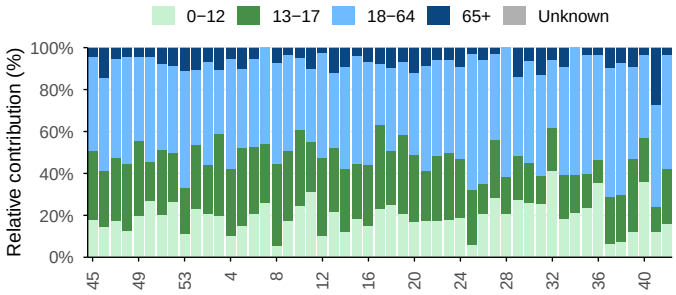


Figure 6.27.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Paraguay, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.28.A. Weekly SARI cases.

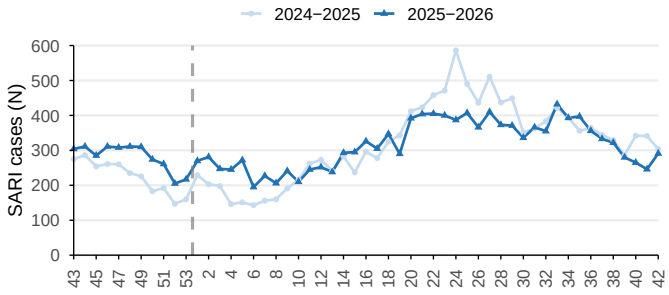
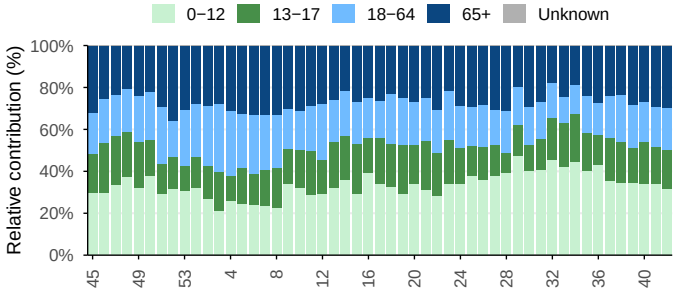


Figure 6.28.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Paraguay, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.29.A. Weekly SARI cases admitted to ICU.

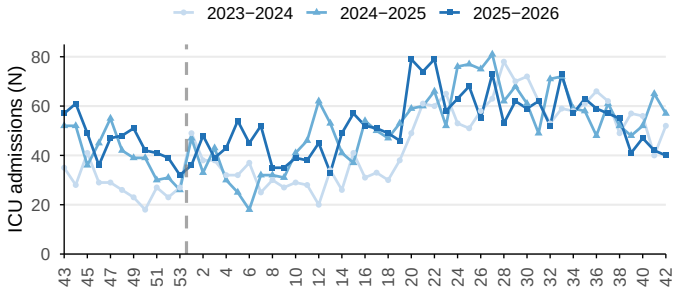
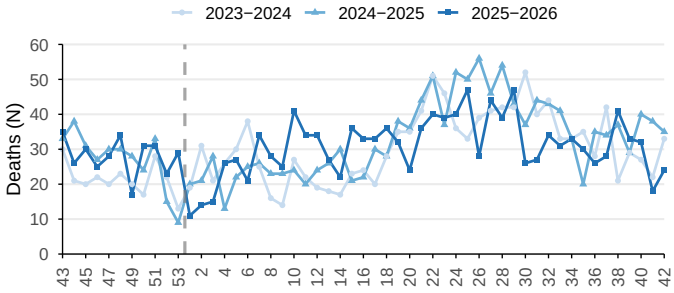


Figure 6.29.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Paraguay, EW 43/2025−42/2026. *Source: FluID, WHO−GISRS.*

6.1.5 Uruguay

In Uruguay, no influenza-positive samples were detected in EW 42, although influenza B accounted for all typed influenza detections during EWs 39–42 (Figure 6.30). RSV positivity was 6.7% and SARS-CoV-2 positivity 3.2% (Figure 6.31). Other respiratory virus positivity was 66.7%, with rhinovirus (31.8%), other respiratory viruses (31.8%), and metapneumovirus (22.4%) accounting for most detections (Figure 6.32).

During EWs 39–42, no influenza, RSV, or SARS-CoV-2 detections were reported among ILI cases (Figure 6.33). Among SARI cases, respiratory virus detections represented 6.3% of reported cases, predominantly RSV (90.0%), followed by influenza and SARS-CoV-2 (5.0% each). A total of 56 ICU admissions among SARI cases and one death were reported (Figures 6.34–6.35).

Figure 6.30.A. Weekly overall influenza positivity.

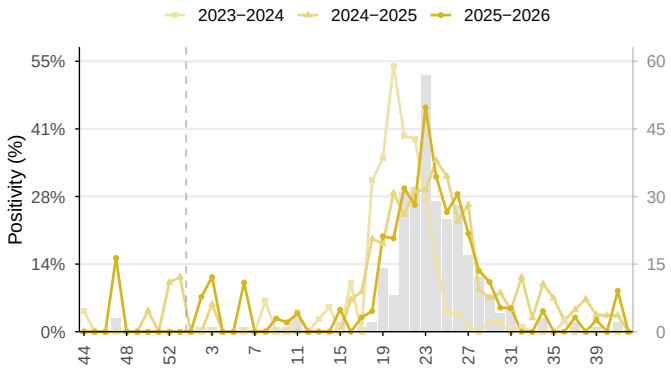
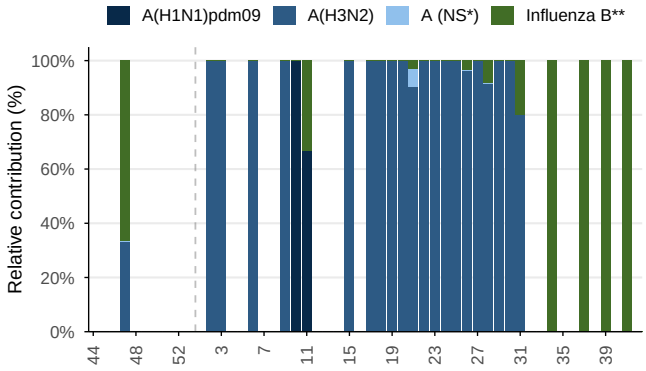


Figure 6.30.B. Weekly relative contribution by type and subtype.



Influenza in Uruguay, EW 44/2025–42/2026. 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 6.31.A. Weekly SARS-CoV-2 positivity.

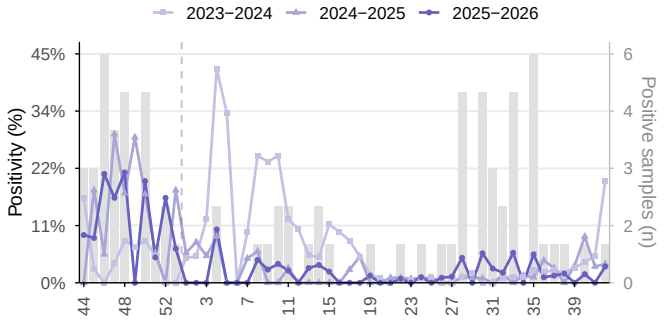
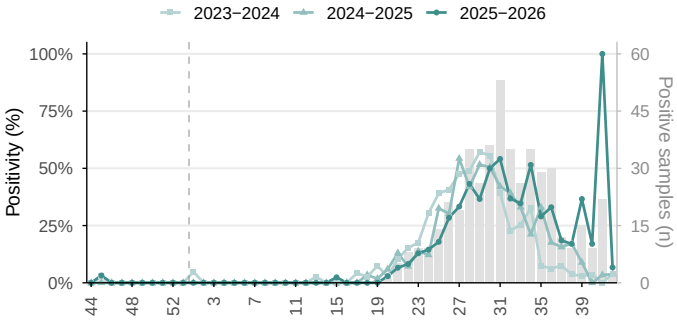


Figure 6.31.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Uruguay, EW 44/2025–42/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.32.A. Overall weekly positivity.

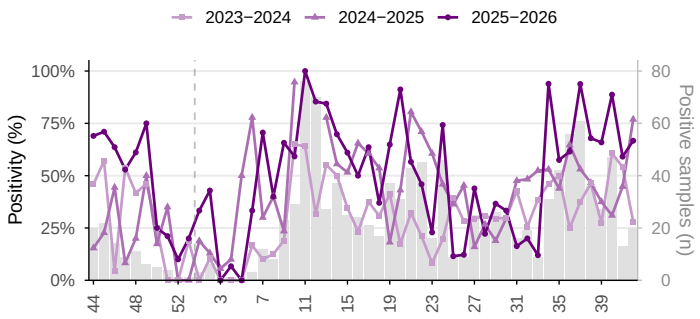
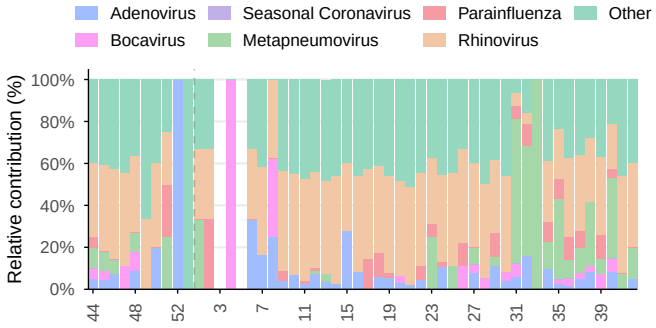


Figure 6.32.B. Weekly relative contribution by virus.



Other respiratory viruses in Uruguay, EW 44/2025−42/2026. 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 6.33.A. Weekly ILI cases.

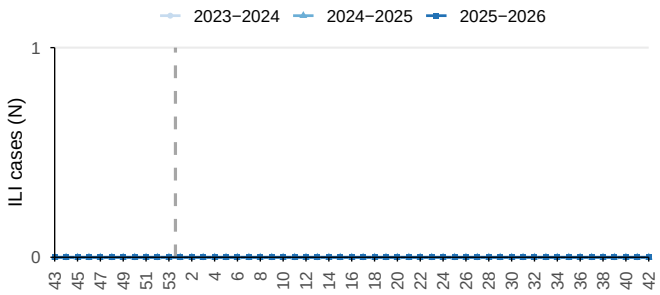
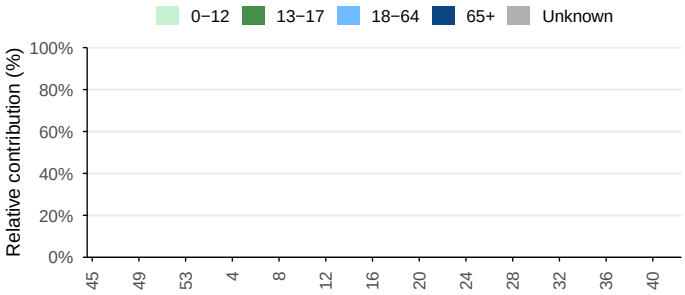


Figure 6.33.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Uruguay, EW 43/2025−42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.34.A. Weekly SARI cases.

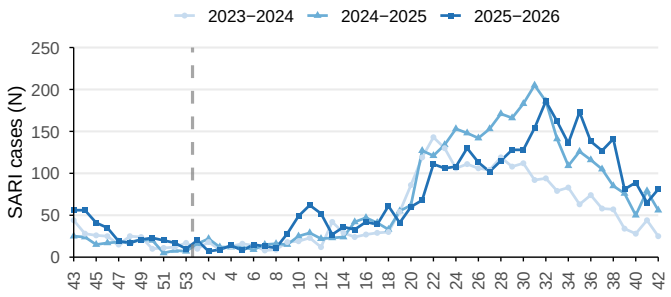
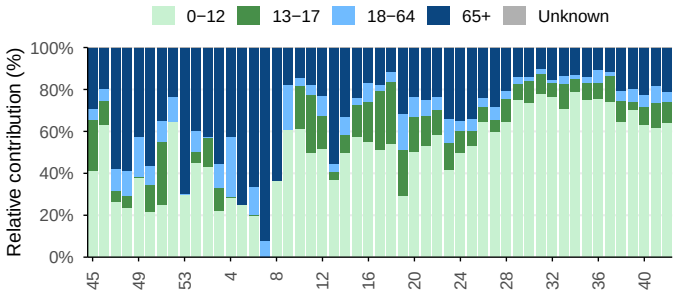


Figure 6.34.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Uruguay, EW 43/2025–42/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.35.A. Weekly SARI cases admitted to ICU.

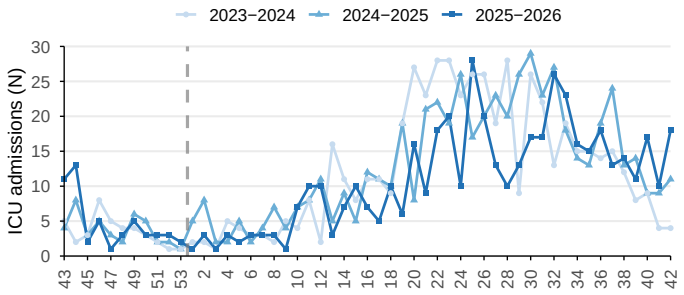
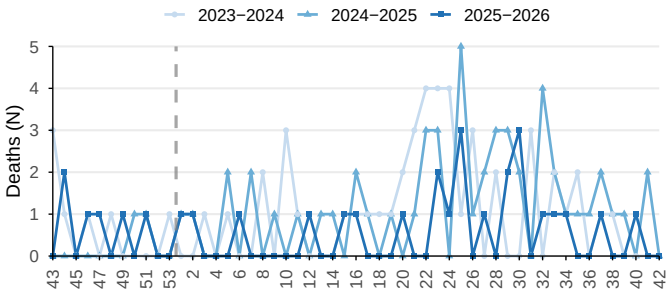


Figure 6.35.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Uruguay, EW 43/2025–42/2026. *Source: FluID, WHO–GISRS.*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