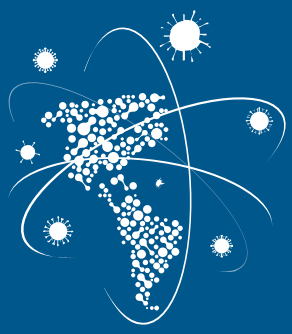
PAHO Pan American Health Organization

World Health Organization Americas
REGIONAL OFFICE FOR THE

Respiratory Viruses Weekly Report

Epidemiological week
2026-43

Data as of
06 November 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 06 November 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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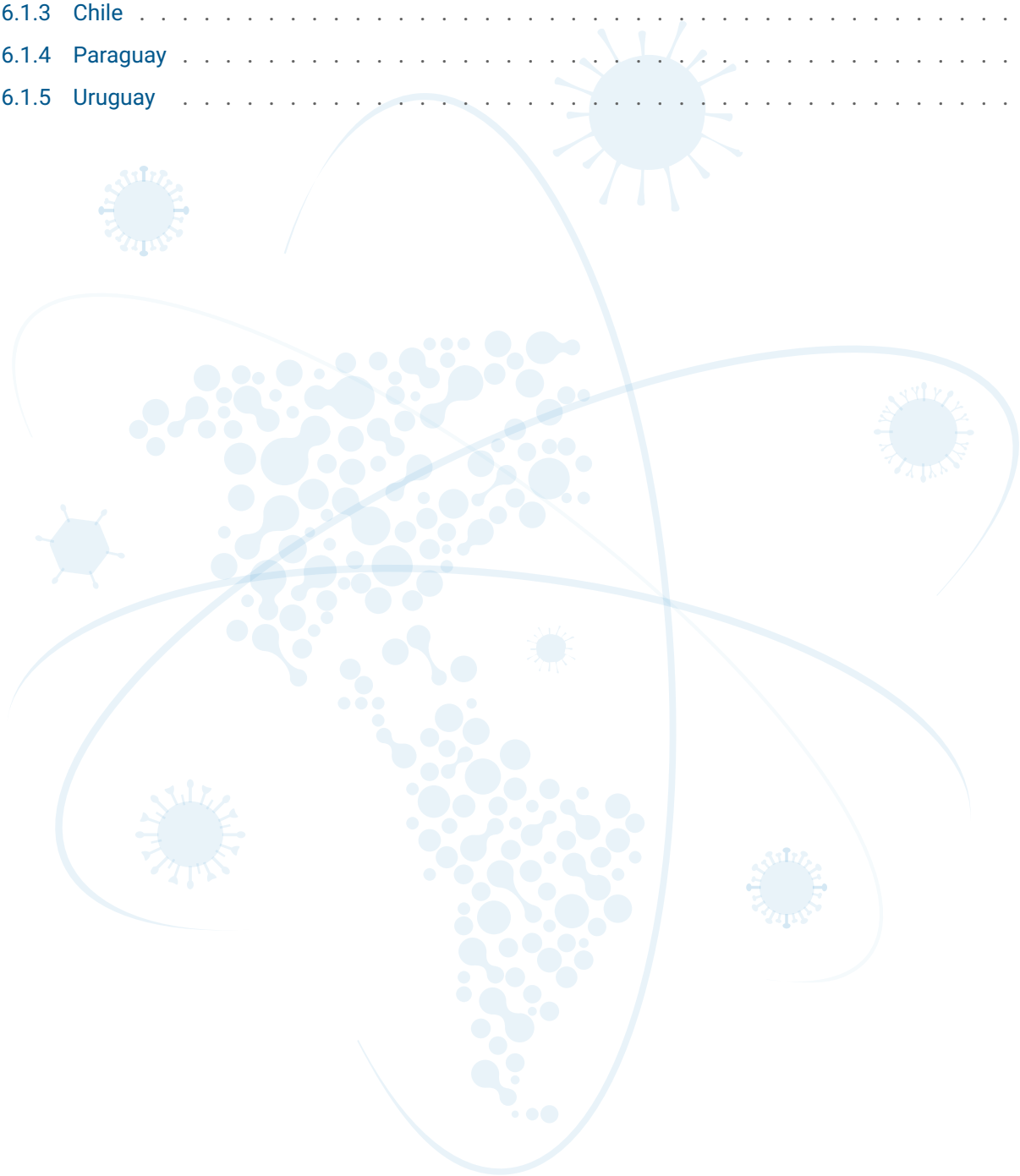
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1. Summary

Regional situation

In EW 43, influenza activity is increasing in North America, with A(H1N1)pdm09 predominating, and remains elevated in the Caribbean. In Central America and the Andean Subregion it stands at around 11–12%, with recent increases in El Salvador, Panama, Ecuador and Peru. In Brazil and the Southern Cone it remains below 10%, with an increase in Argentina. Influenza B predominates in the Andean Subregion, in Brazil and the Southern Cone, in Mexico and in El Salvador. In Central America influenza A(H3N2) predominates, with a growing proportion of influenza B. RSV is increasing in Mexico, the Caribbean and Panama, and continues to decline in the Andean Subregion and in Brazil and the Southern Cone. Even so, it remains the main virus identified in SARI cases in North America, the Caribbean and Brazil and the Southern Cone. SARS-CoV-2 circulation is low across all subregions, although it predominates among ILI detections in Brazil and the Southern Cone. Positivity for other respiratory viruses remains elevated in Brazil and the Southern Cone, above previous seasons, with rhinovirus and metapneumovirus predominating. SARI cases show a downward trend in Brazil and the Southern Cone and in the Andean Subregion, and a slight increase in the Caribbean and Mexico. Data for the last two weeks are preliminary and may change due to late reporting.

North America

At subregional level, influenza positivity is increasing (31.7% in EW 42), mainly due to the limited number of countries included in the report. Among typed samples influenza A predominates, and within these A(H1N1)pdm09. SARS-CoV-2 (2.4%) and RSV (14.4%) positivity for EW 42 reflects data from Mexico only. SARI cases show a slight increase since EW 34, with RSV predominating among detections (50.2%).

Highlights:

- Canada: influenza increasing (8.9%), with A(H1N1)pdm09 predominating. RSV at low levels (0.2%).
- Mexico: influenza at low levels (7.1%), with influenza B predominating. RSV rising sharply (17.2%), above previous seasons, and the main virus in SARI cases (56.7%). SARS-CoV-2 declining (0.8%).
- USA: influenza elevated (45.6% in EW 42), with A(H1N1)pdm09 predominating. SARS-CoV-2 declining (3.4% in EW 41).

Caribbean

At subregional level, influenza positivity remains elevated (17.5%). Influenza A, mainly A(H1N1)pdm09, and influenza B are co-circulating. RSV continues to increase (10.3%). SARS-CoV-2 remains low (5.4%). Positivity for other respiratory viruses is moderate (17.9%), with rhinovirus predominating. SARI cases show a slight increase since EW 35, with RSV (58.1%) followed by SARS-CoV-2 (37.2%) predominating among detections.

Highlights:

- Cayman Islands: influenza elevated (33.9%), with co-circulation of influenza A(H1N1)pdm09 and influenza B.
- Belize: influenza elevated (28.6%), with co-circulation of influenza A(H1N1)pdm09 and influenza B.
- Dominican Republic: influenza increasing (19.2%), with A(H3N2) predominating.
- Barbados: influenza declining (12.5%), with A(H1N1)pdm09 predominating. SARS-CoV-2 increasing (7.0%).

- Cuba: RSV increasing (23.9%) and the main virus identified in SARI cases (64.1%).

Central America

At subregional level, influenza positivity is increasing slightly (11.4%), with A(H3N2) predominating and a growing proportion of influenza B. RSV positivity is declining (5.2%), although this figure does not include data from Panama or Guatemala for EW 43. Positivity for other respiratory viruses is moderate (14.1%), with rhinovirus predominating. Influenza becomes the main virus identified in SARI cases (51.8%), followed by RSV (47.1%).

Highlights:

- El Salvador: influenza increasing steadily since EW 34 (48.3%), with influenza B predominating.
- Panama: influenza (16.7%) and RSV (41.7%) increasing in EW 42. SARI cases are declining after the peak in EW 36, although they remain above previous seasons, with RSV predominating (77.3%).
- Honduras: influenza (9.5%), with A(H3N2) predominating, and the main virus in ILI (93.3%) and SARI (88.6%) cases.
- Guatemala: RSV is the only virus identified in SARI cases.
- Nicaragua: RSV declining (4.9%). Influenza at low levels (6.0%), with A(H3N2) predominating.

Andean Subregion

At subregional level, influenza positivity is increasing slightly (12.0%), with influenza B predominating; among influenza A, A(H3N2) predominates. RSV continues to decline (3.0%). SARS-CoV-2 remains low (3.6%). Positivity for other respiratory viruses is moderate (15.8%), with rhinovirus and adenovirus predominating. Influenza predominates among ILI (97.3%) and SARI (69.1%) detections, followed by RSV. SARI cases have continued to decline since EW 25.

Highlights:

- Ecuador: influenza increasing (25.0%), with influenza B predominating; among influenza A, A(H1N1)pdm09 predominates.
- Peru: influenza increasing (12.7%), with influenza B predominating, and the main virus in ILI and SARI detections. RSV at low levels (2.9%).
- Bolivia: influenza elevated (30.0% in EW 41), with influenza B predominating. No laboratory data for EW 43.
- Colombia: influenza declining (5.3%), with co-circulation of influenza B and A(H3N2). RSV at low levels (2.6%), although it remains the main virus in SARI cases (56.4%).

Brazil and Southern Cone

At subregional level, influenza positivity remains low (7.1%), with influenza B predominating. RSV continues to decline (6.4%), although it remains the main virus identified in SARI cases (56.7%). SARS-CoV-2 remains low (1.9%) but predominates among ILI detections (53.1%). Positivity for other respiratory viruses remains elevated (47.5%), above previous seasons, with rhinovirus and metapneumovirus predominating. SARI cases have continued to decline since EW 22. The decrease in EW 42 and 43 reflects that Brazil reported only up to EW 41.

Highlights:

- Argentina: influenza increasing (19.7% in EW 42), with almost exclusive predominance of

1. Summary

influenza B. RSV is the main virus in SARI cases (74.0%).

- Brazil: influenza at low levels (6.2%), exclusively influenza B. SARS-CoV-2 at low levels (4.0%), although it predominates among ILI detections (65.8%). SARI cases declining.
- Chile: influenza declining (7.5%), with influenza B predominating. RSV declining (6.9%). Positivity for other respiratory viruses elevated (49.9%).
- Paraguay and Uruguay: RSV is the main virus in SARI cases (44.8% and 90.0%, respectively).

2. North America

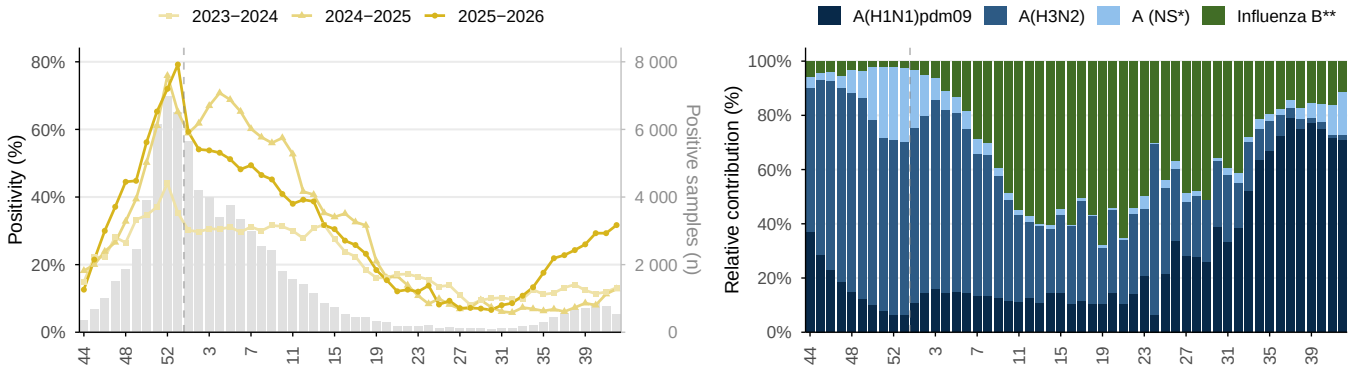
During EW 42, sentinel surveillance in North America showed influenza positivity of 31.7% (Figure 2.1). SARS-CoV-2 positivity was 2.4%, and RSV positivity 14.4%; both values are from Mexico (Figure 2.2). Among influenza-positive samples during EW 39 and 42 in Mexico, influenza A predominated (85.3% of typed samples); of all influenza A samples, 88.9% were subtyped, and among these A(H1N1)pdm09 predominated (97.6%) (Figure 2.1). Among samples tested for other respiratory viruses, positivity was 11.4%, with rhinovirus predominating (73.6%) (Figure 2.3).

Between EW 39 and 42, viral detections amounted to 6.5% of ILI cases; influenza predominated (67.0%), followed by SARS-CoV-2 (22.6%) and RSV (10.5%) (Figure 2.4). Between EW 39 and 42, viral detections amounted to 13.9% of SARI cases, with RSV predominating (50.2%), followed by influenza (31.3%) and SARS-CoV-2 (18.5%) (Figure 2.5). In the same period, 108 ICU admissions of SARI cases and 118 deaths were recorded (Figure 2.6). Null values in EW 51 to 53 in Figure 2.6 correspond to weeks without notification records.

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

Figure 2.1.A. Weekly overall influenza positivity.

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



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

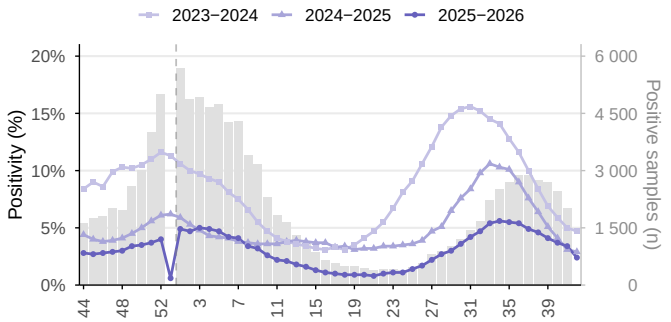
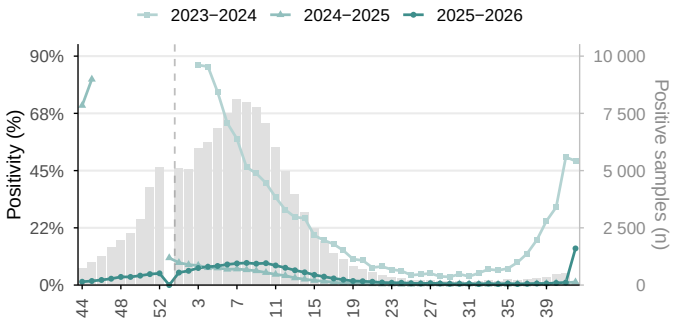


Figure 2.2.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in North 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 2.3.A. Overall weekly positivity.

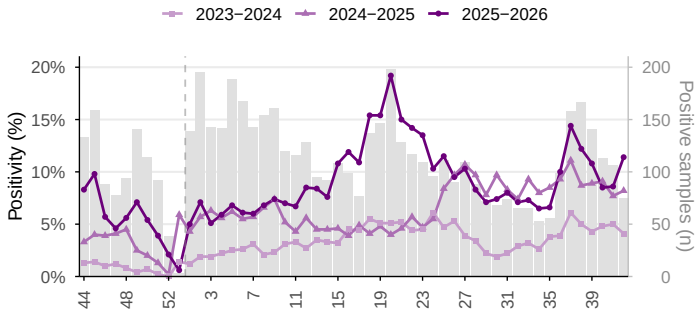
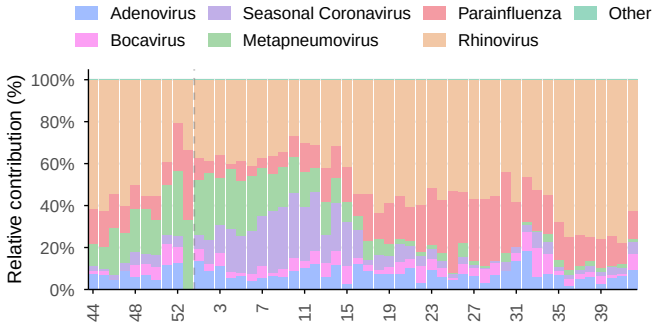


Figure 2.3.B. Weekly relative contribution by virus.



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

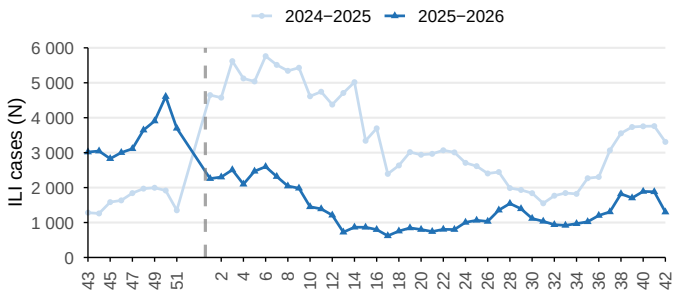
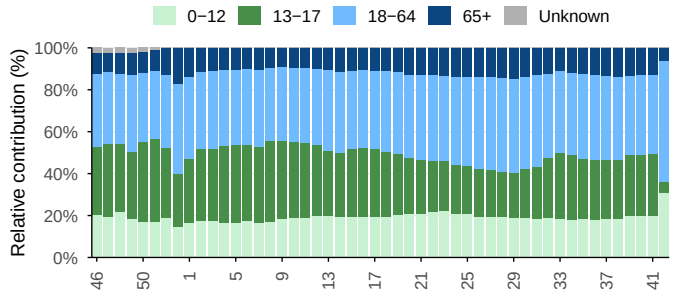


Figure 2.4.B. Weekly relative contribution by age group.



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

Figure 2.5.A. Weekly SARI cases.

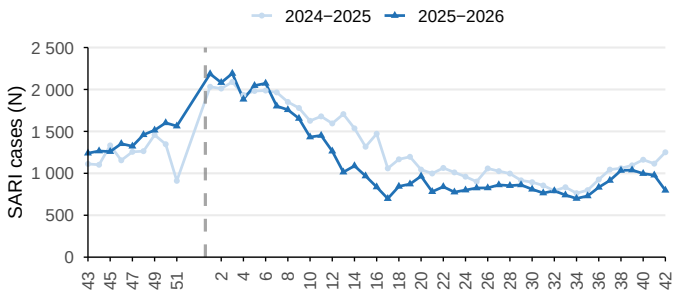
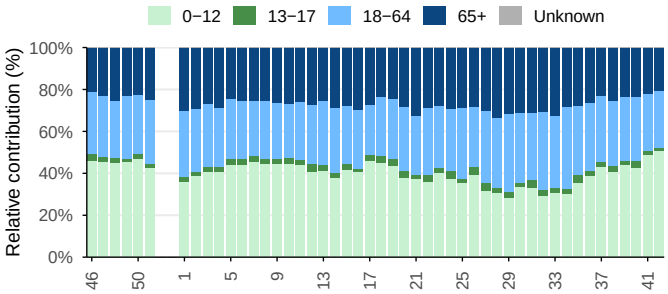


Figure 2.5.B. Weekly relative contribution by age group.



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

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

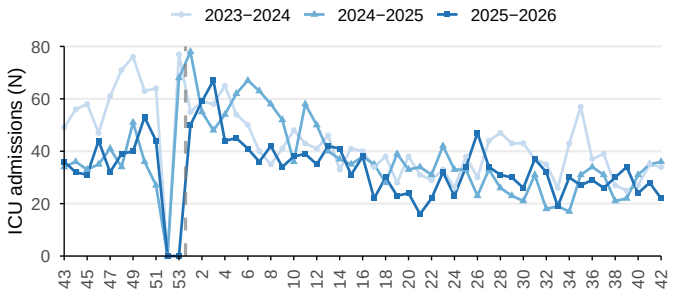
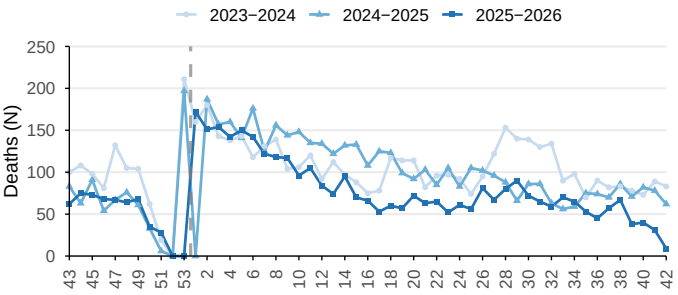


Figure 2.6.B. Weekly deaths among SARI cases.



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

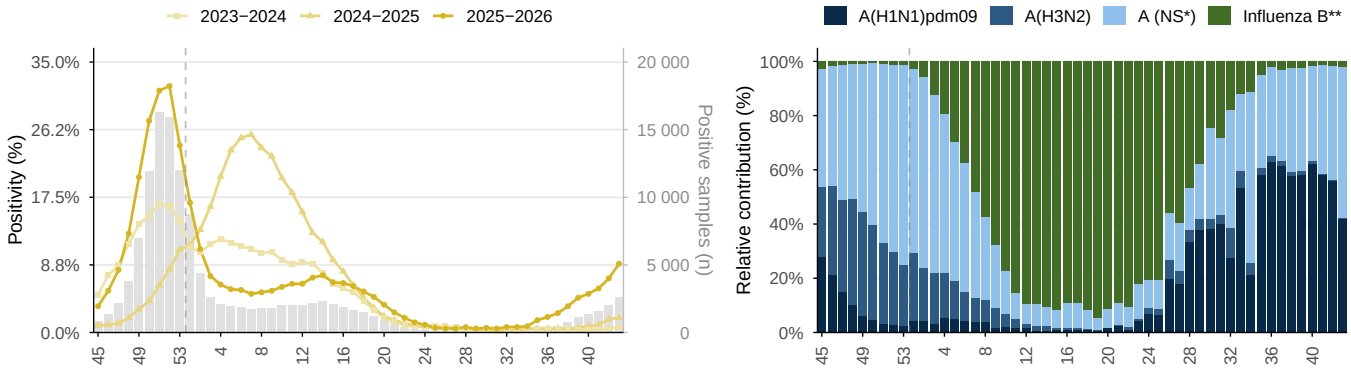
2.1 Country

2.1.1 Canada

During EW 43, non-sentinel surveillance in Canada showed influenza positivity of 8.9% (Figure 2.7). SARS-CoV-2 positivity was 2.8%, and RSV positivity 0.2% (Figure 2.8). Among influenza-positive samples during EW 40 and 43, influenza A predominated (98.3% of typed samples); of all influenza A samples, 54.0% were subtyped, and among these A(H1N1)pdm09 predominated (99.1%) (Figure 2.7). Among samples tested for other respiratory viruses, positivity was 6.1%, with rhinovirus predominating (83.2%) (Figure 2.9).

Figure 2.7.A. Weekly overall influenza positivity.

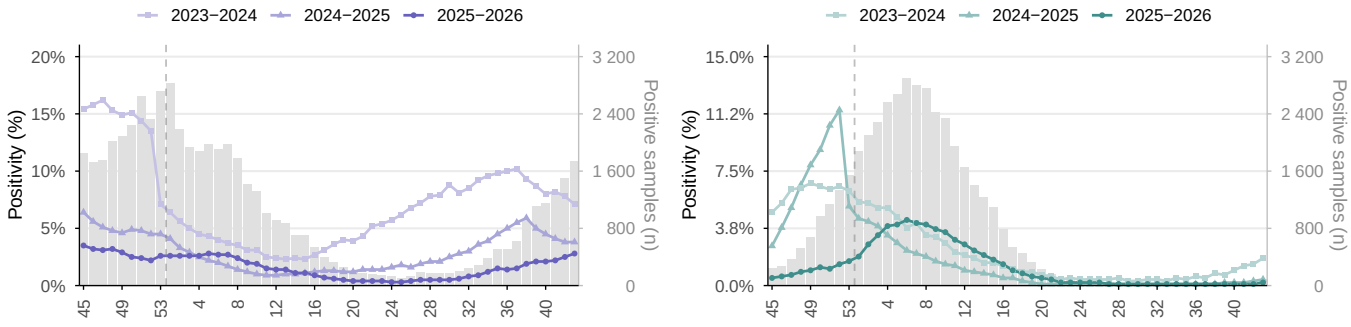
Figure 2.7.B. Weekly relative contribution by type and subtype.



Influenza in Canada, EW 45/2025–43/2026. 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 45/2025–43/2026. 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.

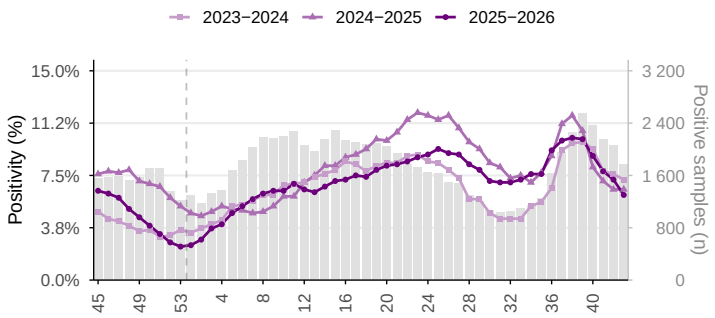
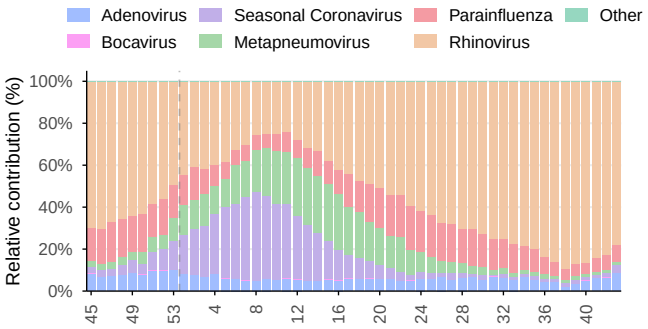


Figure 2.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Canada, EW 45/2025–43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). Note: data obtained from non–sentinel surveillance. *Source: FluNet, WHO–GISRS.*

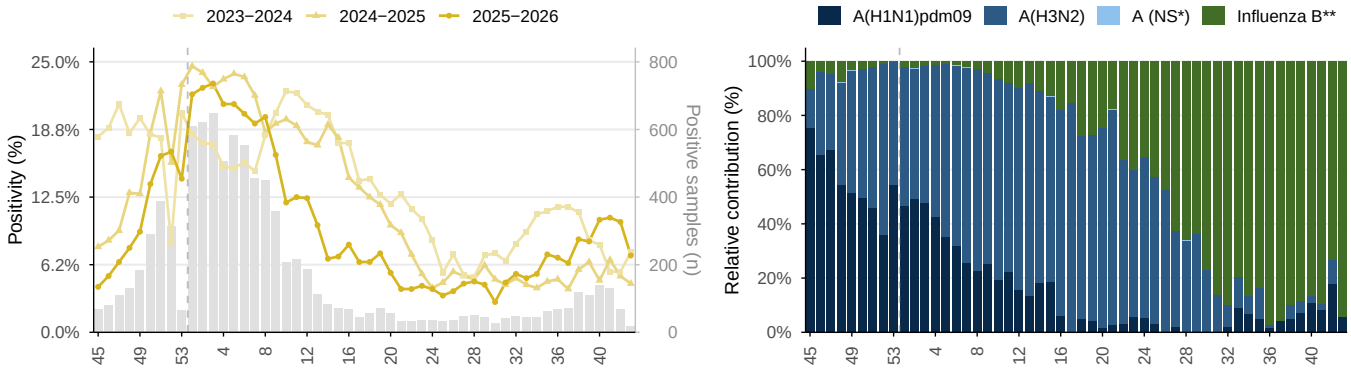
2.1.2 Mexico

During EW 43, sentinel surveillance in Mexico showed influenza positivity of 7.1% (Figure 2.10). SARS-CoV-2 positivity was 0.8%, and RSV positivity 17.2% (Figure 2.11). Among influenza-positive samples during EW 40 and 43, influenza B predominated (85.3% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H1N1)pdm09 predominated (75.0%) (Figure 2.10). Among samples tested for other respiratory viruses, positivity was 13.4%, with rhinovirus predominating (69.4%) (Figure 2.12).

Between EW 40 and 43, viral detections amounted to 5.9% of ILI cases; influenza predominated (67.5%), followed by SARS-CoV-2 (18.3%) and RSV (14.2%) (Figure 2.13). In the same period, 59.7% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (27.3%) (Figure 2.13). Between EW 40 and 43, viral detections amounted to 13.1% of SARI cases, with RSV predominating (56.7%), followed by influenza (30.2%) and SARS-CoV-2 (13.0%) (Figure 2.14). In the same period, 84 ICU admissions of SARI cases and 82 deaths were recorded (Figure 2.15).

Figure 2.10.A. Weekly overall influenza positivity.

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



Influenza in Mexico, EW 45/2025–43/2026. 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.

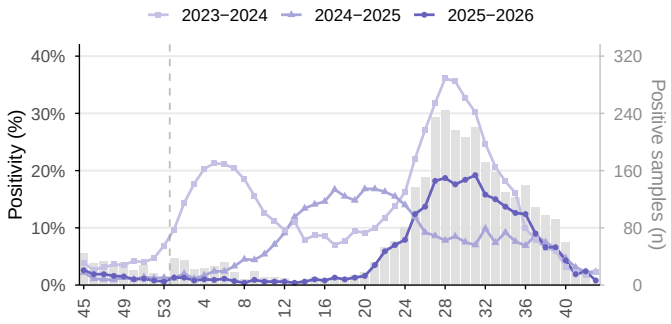
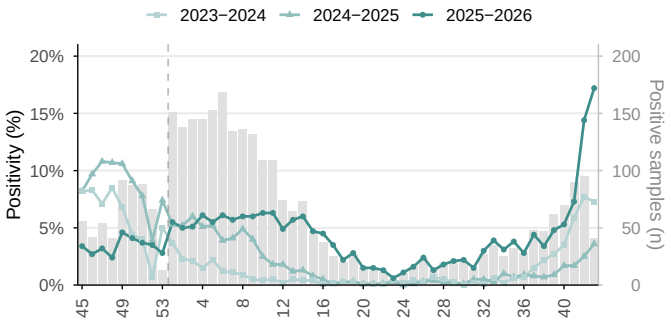


Figure 2.11.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Mexico, EW 45/2025−43/2026. 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.

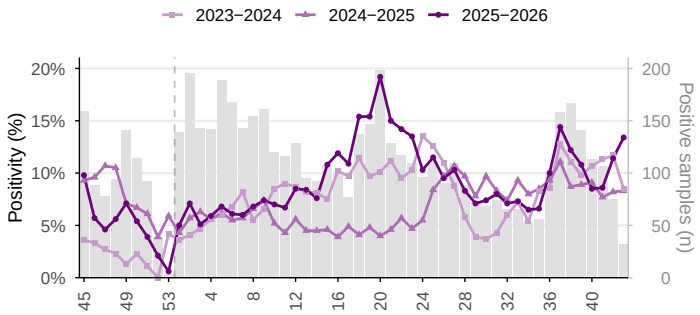
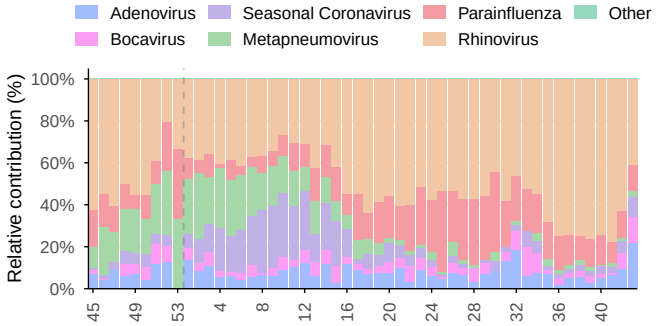


Figure 2.12.B. Weekly relative contribution by virus.



Other respiratory viruses in Mexico, EW 45/2025−43/2026. 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.

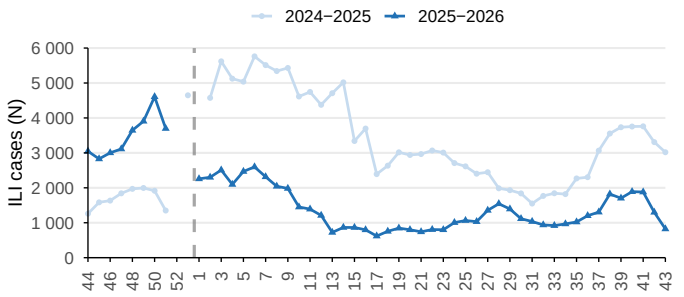
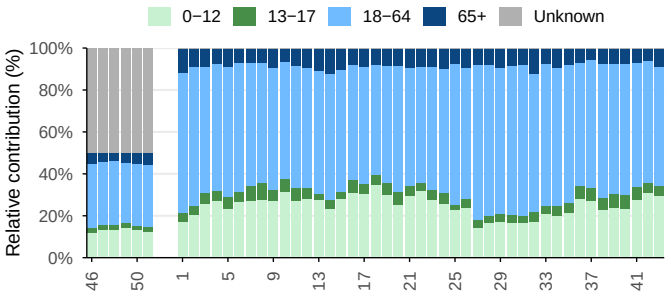


Figure 2.13.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Mexico, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 2.14.A. Weekly SARI cases.

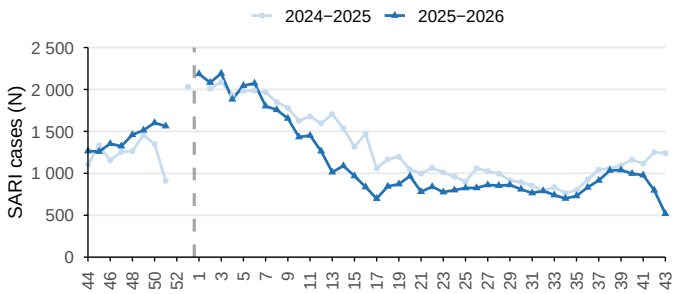
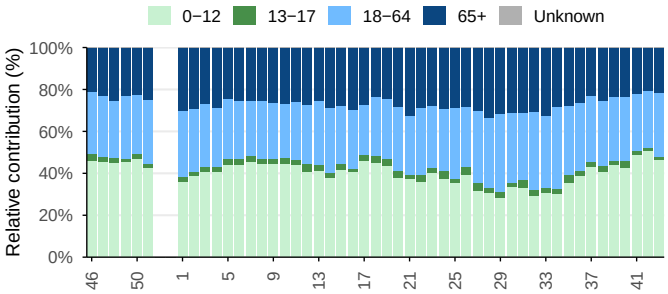


Figure 2.14.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Mexico, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

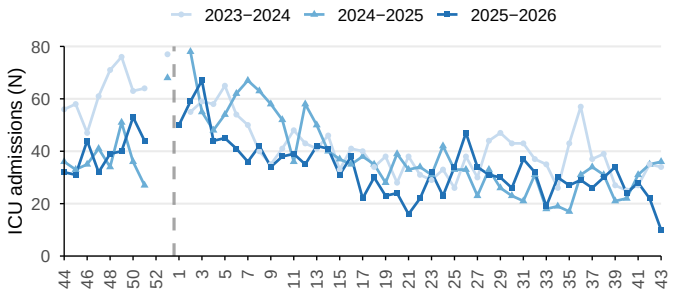
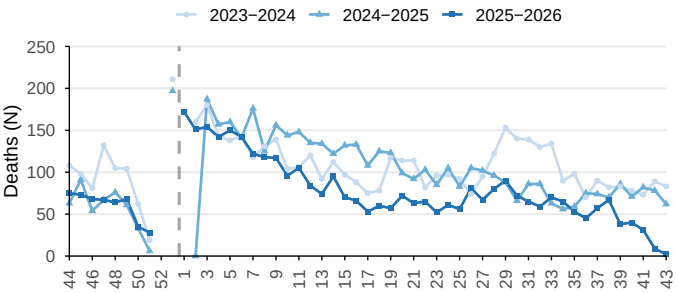


Figure 2.15.B. Weekly deaths among SARI cases.



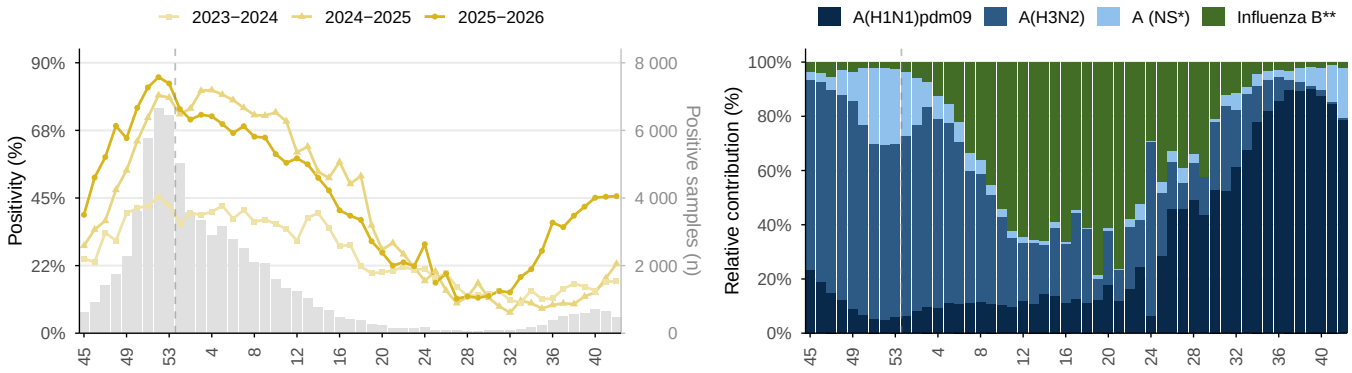
SARI ICU admissions and deaths in Mexico, EW 44/2025–43/2026. *Source: FluID, WHO–GISRS.*

2.1.3 United States of America

No laboratory surveillance data were reported for EW 43. During EW 42, sentinel surveillance in United States of America showed influenza positivity of 45.6% (Figure 2.16). In EW 41, SARS-CoV-2 positivity was 3.4%, and RSV positivity 0.8% (Figure 2.17). Among influenza-positive samples during EW 39 and 42, influenza A predominated (98.3% of typed samples); of all influenza A samples, 88.6% were subtyped, and among these A(H1N1)pdm09 predominated (98.4%) (Figure 2.16).

Figure 2.16.A. Weekly overall influenza positivity.

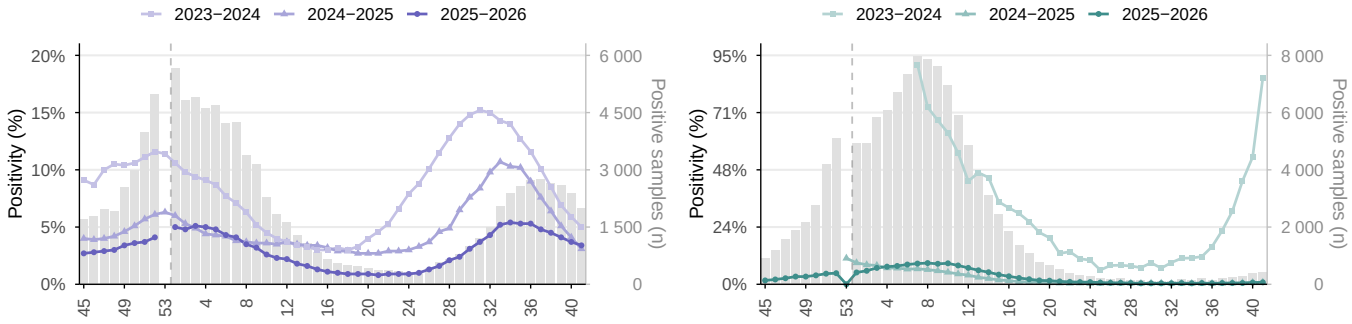
Figure 2.16.B. Weekly relative contribution by type and subtype.



Influenza in United States of America, EW 45/2025–43/2026. 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 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

3. Caribbean

During EW 43, sentinel surveillance in the Caribbean showed influenza positivity of 17.5% (Figure 3.1). SARS-CoV-2 positivity was 5.4%, and RSV positivity 10.3% (Figure 3.2). Among influenza-positive samples during EW 40 and 43, influenza A predominated (60.0% of typed samples); of all influenza A samples, 95.6% were subtyped, and among these A(H1N1)pdm09 predominated (80.6%) (Figure 3.1). Among samples tested for other respiratory viruses, positivity was 17.9%, with rhinovirus predominating (66.0%) (Figure 3.3).

Between EW 40 and 43, viral detections amounted to 0.4% of ILI cases; influenza predominated (100.0%) (Figure 3.4). Between EW 40 and 43, viral detections amounted to 1.7% of SARI cases, with RSV predominating (58.1%), followed by SARS-CoV-2 (37.2%) and influenza (4.7%) (Figure 3.5). In the same period, 287 ICU admissions of SARI cases and 348 deaths were recorded (Figure 3.6).

Figure 3.1.A. Weekly overall influenza positivity.

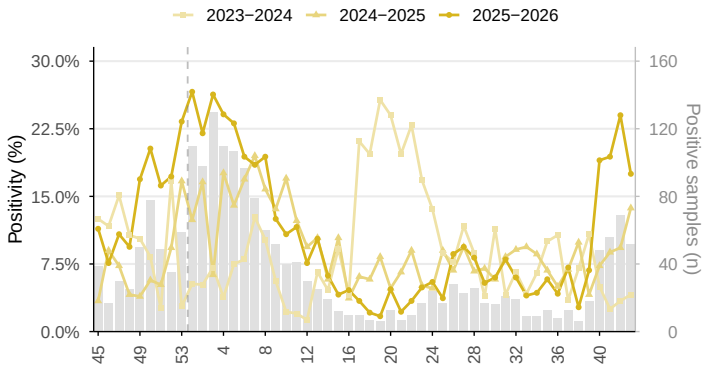
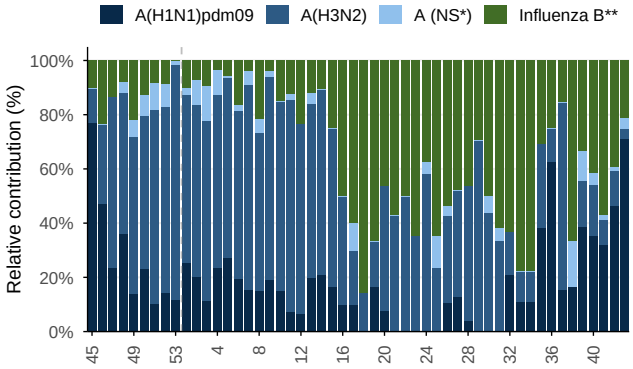


Figure 3.1.B. Weekly relative contribution by type and subtype.



Influenza in the Caribbean, EW 45/2025–43/2026. 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.

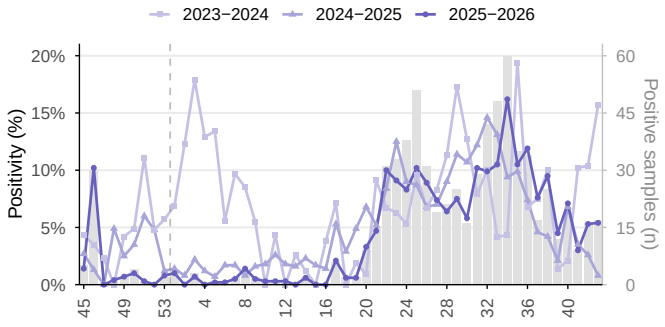
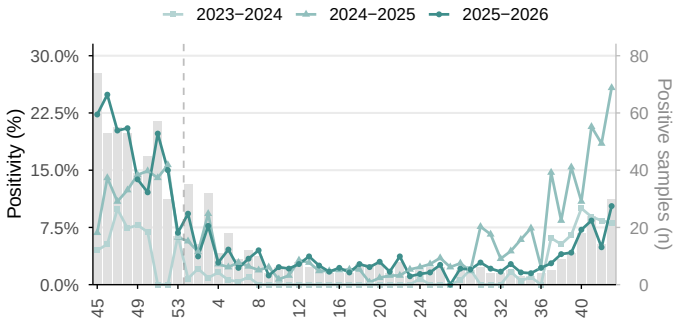


Figure 3.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in the Caribbean, EW 45/2025–43/2026. 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.

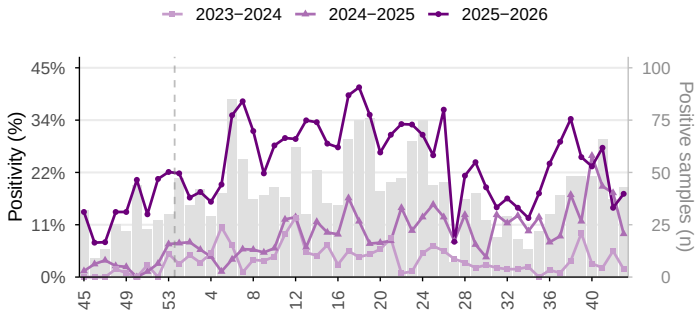
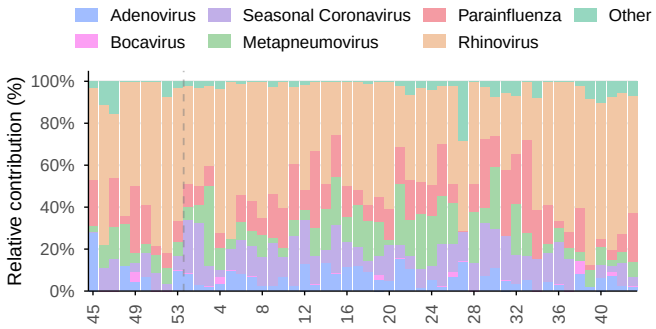


Figure 3.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Caribbean, EW 45/2025−43/2026. 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.

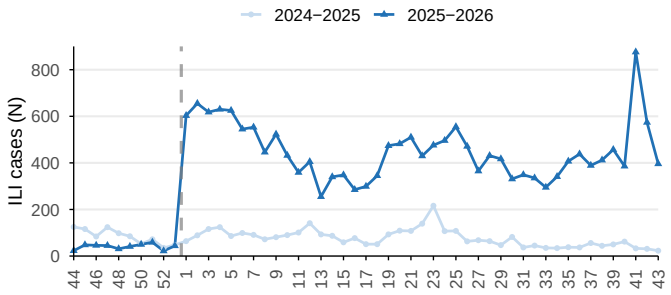
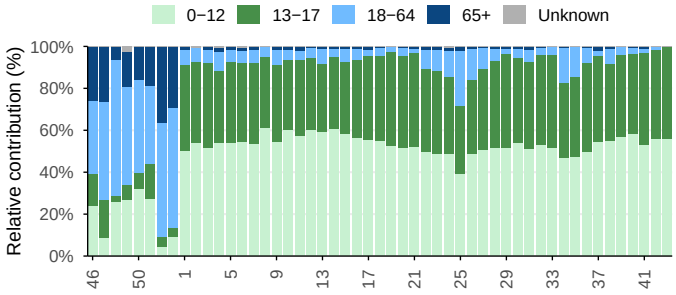


Figure 3.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in the Caribbean, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.5.A. Weekly SARI cases.

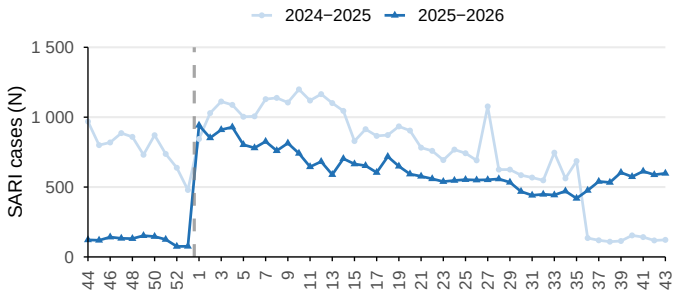
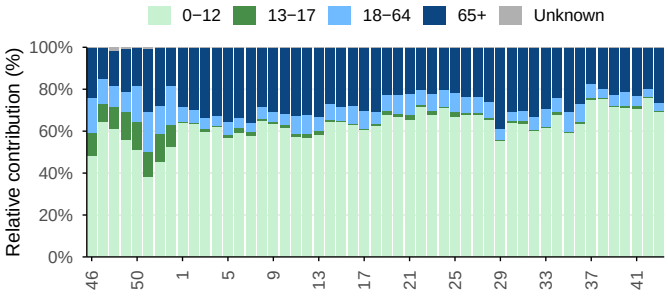


Figure 3.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Caribbean, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

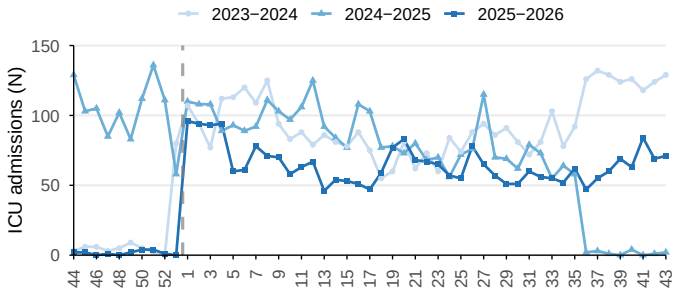
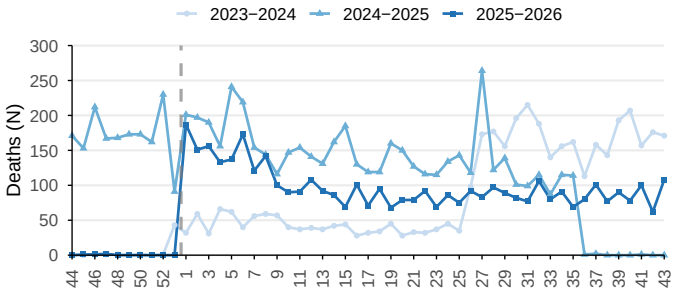


Figure 3.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Caribbean, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

3.1 Country

3.1.1 Belize

During EW 43, sentinel surveillance in Belize showed influenza positivity of 28.6% (Figure 3.7). Among influenza-positive samples during EW 40 and 43, influenza A and influenza B were identified in equal proportions (50% of typed samples each); all influenza A samples corresponded to A(H1N1)pdm09 (Figure 3.7).

influenza A predominated (50.0% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H1N1)pdm09 predominated (100.0%) (Figure 3.7).

Figure 3.7.A. Weekly overall influenza positivity.

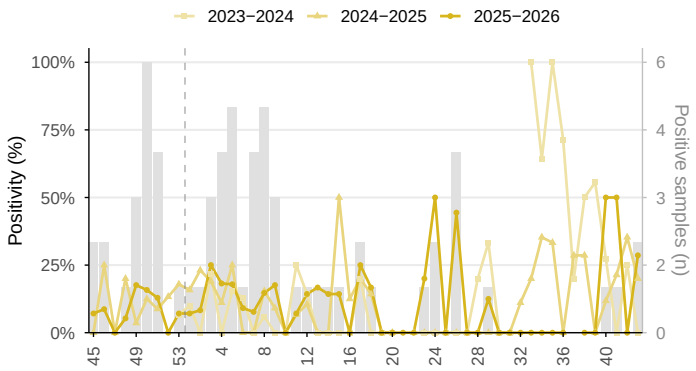
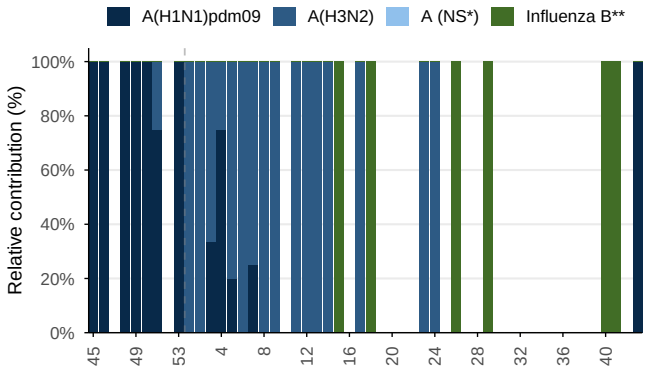


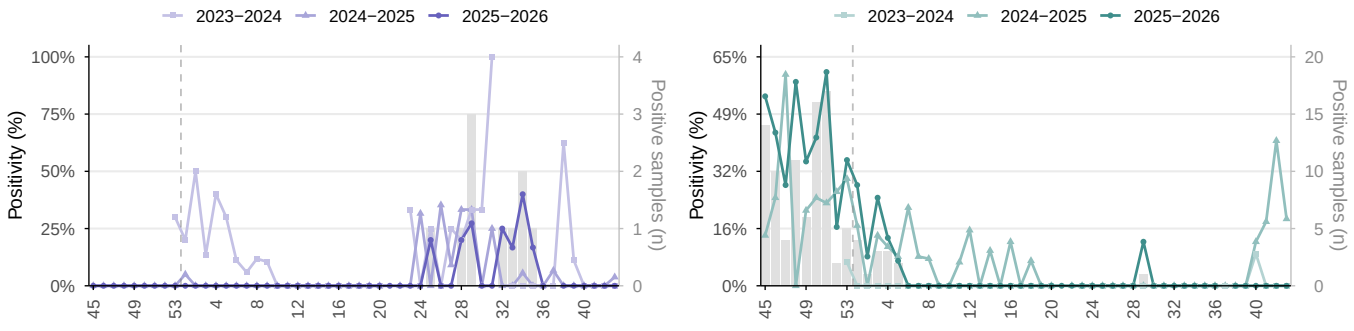
Figure 3.7.B. Weekly relative contribution by type and subtype.



Influenza in Belize, EW 45/2025–43/2026. 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 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

3.1.2 Barbados

During EW 43, sentinel surveillance in Barbados showed influenza positivity of 12.5% (Figure 3.9). SARS-CoV-2 positivity was 7.0%, and RSV positivity 7.5% (Figure 3.10). Among influenza-positive samples during EW 40 and 43, influenza A predominated (85.2% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H1N1)pdm09 predominated (100.0%) (Figure 3.9). Among samples tested for other respiratory viruses, positivity was 36.4%, with rhinovirus (70.0%) and other (24.0%) predominating (Figure 3.11).

Figure 3.9.A. Weekly overall influenza positivity.

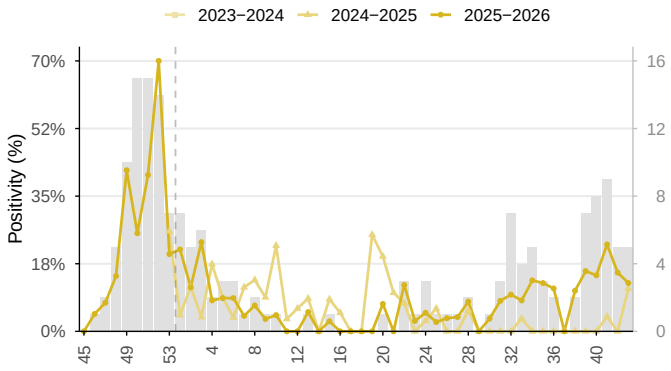
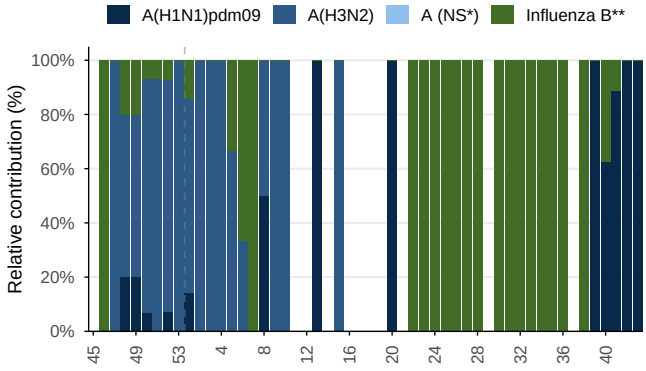


Figure 3.9.B. Weekly relative contribution by type and subtype.



Influenza in Barbados, EW 45/2025–43/2026. 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.

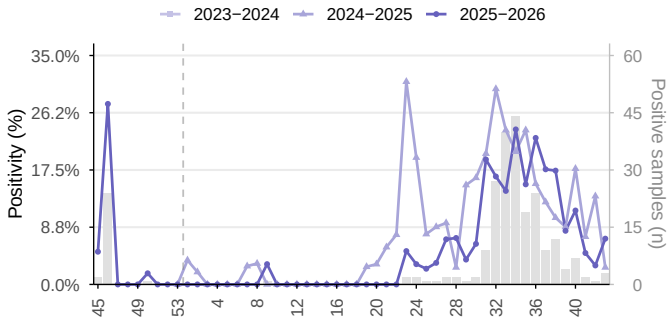
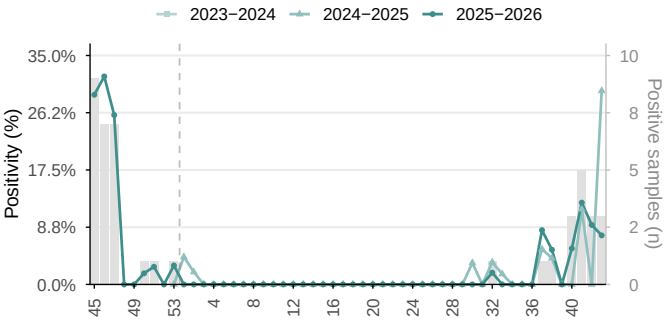


Figure 3.10.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Barbados, EW 45/2025–43/2026. 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.

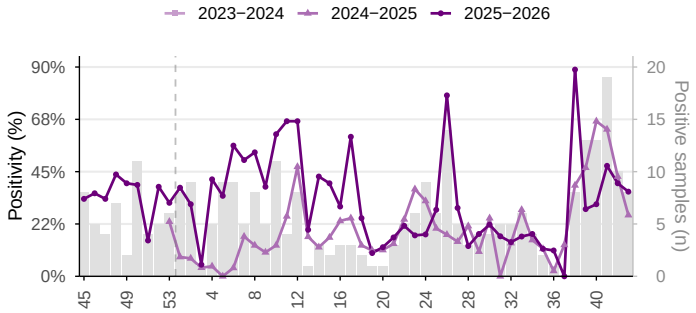
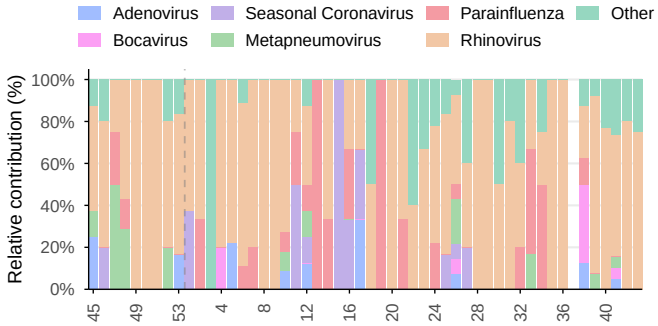


Figure 3.11.B. Weekly relative contribution by virus.



Other respiratory viruses in Barbados, EW 45/2025−43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

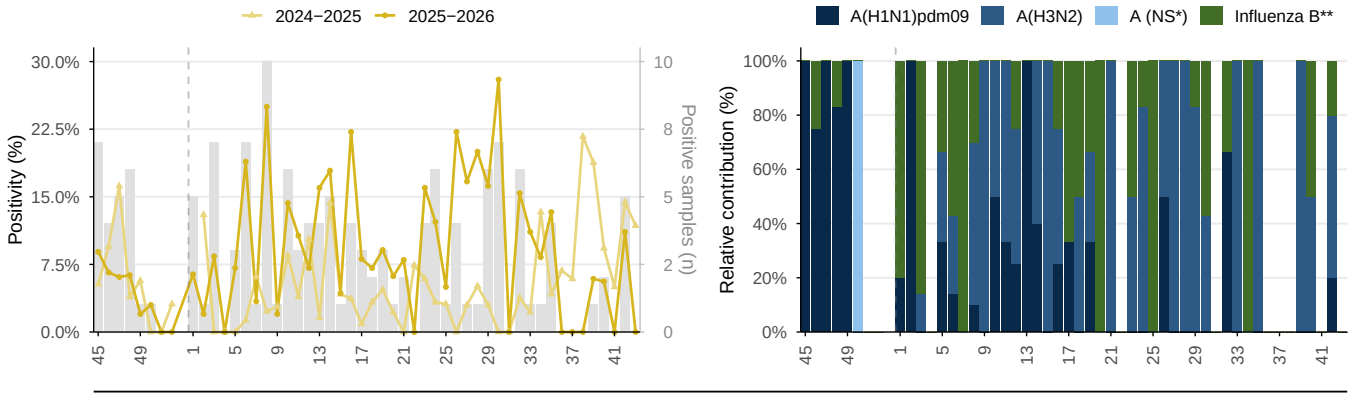
3.1.3 Cuba

During EW 43, sentinel surveillance in Cuba showed influenza positivity of 0.0% (Figure 3.12). SARS-CoV-2 positivity was 6.6%, and RSV positivity 23.9% (Figure 3.13). Among influenza-positive samples during EW 40 and 43, influenza A predominated (71.4% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (80.0%) (Figure 3.12). Among samples tested for other respiratory viruses, positivity was 15.5%, with parainfluenza (66.7%) and seasonal coronavirus (16.7%) predominating (Figure 3.14).

Between EW 40 and 43, no virus detections were recorded in ILI cases (Figure 3.15). Between EW 40 and 43, viral detections amounted to 1.7% of SARI cases, with RSV predominating (64.1%), followed by SARS-CoV-2 (30.8%) and influenza (5.1%) (Figure 3.16). In the same period, 287 ICU admissions of SARI cases and 348 deaths were recorded (Figure 3.17).

Figure 3.12.A. Weekly overall influenza positivity.

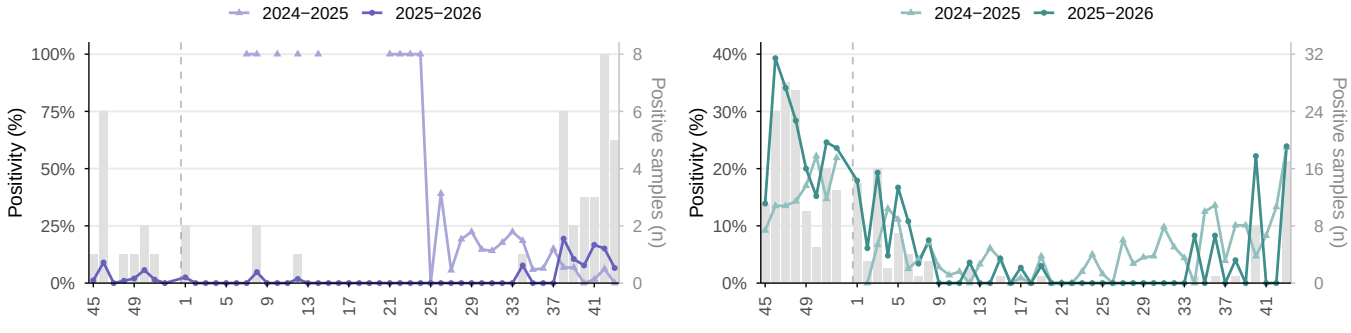
Figure 3.12.B. Weekly relative contribution by type and subtype.



Influenza in Cuba, EW 45/2025–43/2026. 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 45/2025–43/2026. 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.

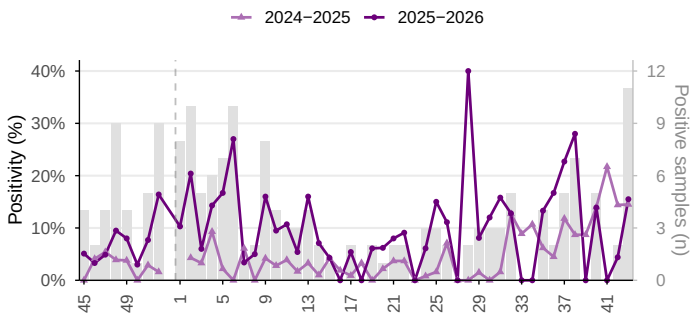
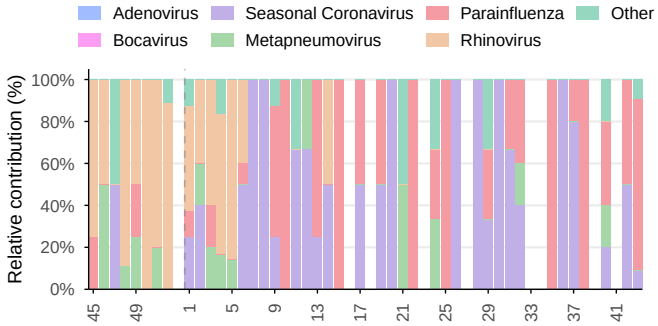


Figure 3.14.B. Weekly relative contribution by virus.



Other respiratory viruses in Cuba, EW 45/2025−43/2026. 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.

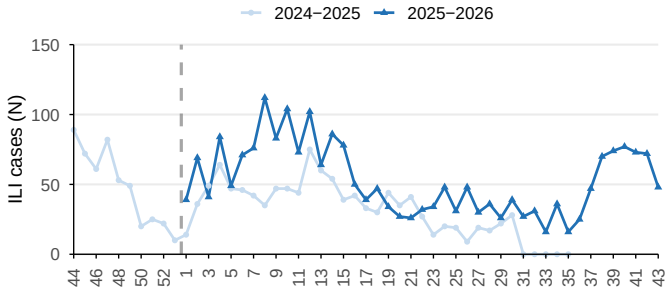
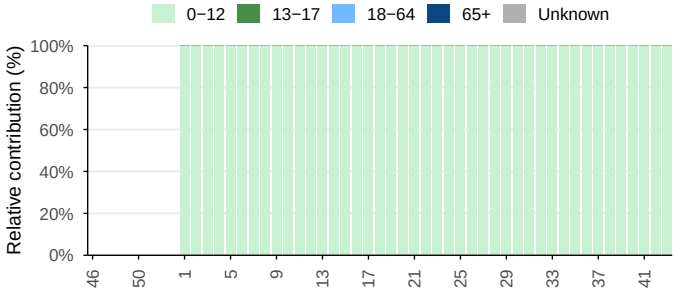


Figure 3.15.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Cuba, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

3. Caribbean — Cuba

Figure 3.16.A. Weekly SARI cases.

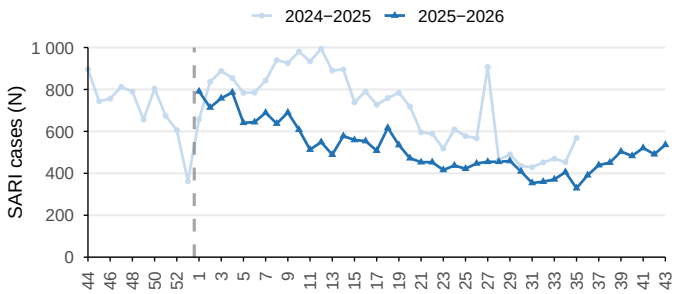
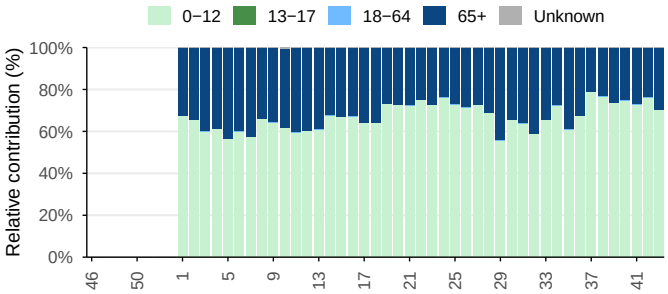


Figure 3.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Cuba, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

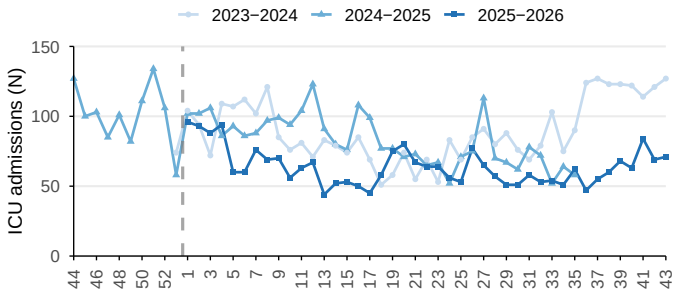
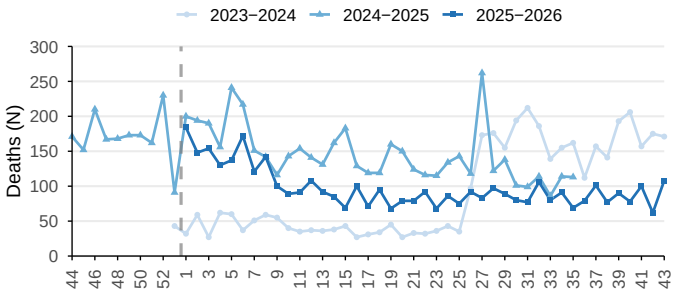


Figure 3.17.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Cuba, EW 44/2025–43/2026. *Source: FluID, WHO–GISRS.*

3.1.4 Cayman Islands

During EW 43, sentinel surveillance in Cayman Islands showed influenza positivity of 33.9% (Figure 3.18). SARS-CoV-2 positivity was 3.3%, and RSV positivity 5.1% (Figure 3.19). Among influenza-positive samples during EW 40 and 43, influenza A predominated (52.2% of typed samples); of all influenza A samples, 95.1% were subtyped, and among these A(H1N1)pdm09 predominated (98.7%) (Figure 3.18). Among samples tested for other respiratory viruses, positivity was 20.3%, with rhinovirus predominating (76.9%) (Figure 3.20).

Figure 3.18.A. Weekly overall influenza positivity.

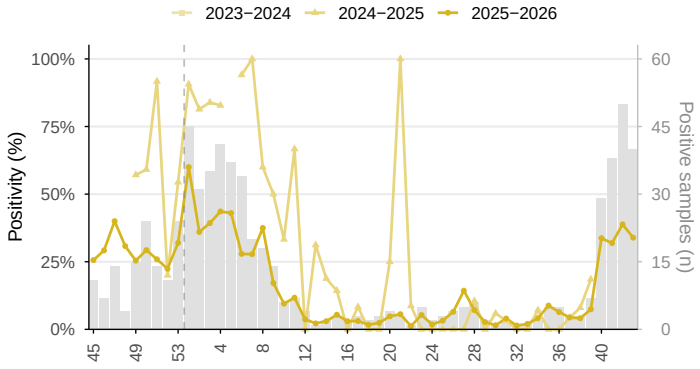
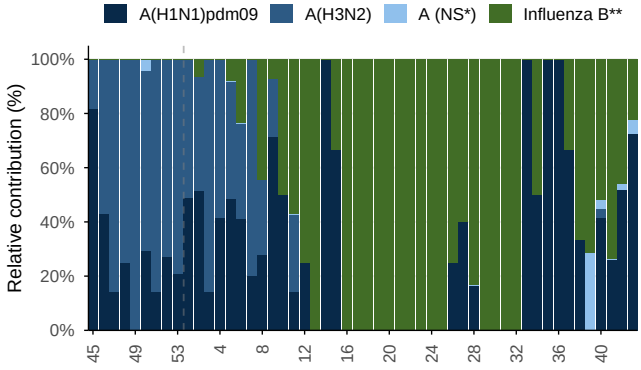


Figure 3.18.B. Weekly relative contribution by type and subtype.



Influenza in Cayman Islands, EW 45/2025–43/2026. 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.

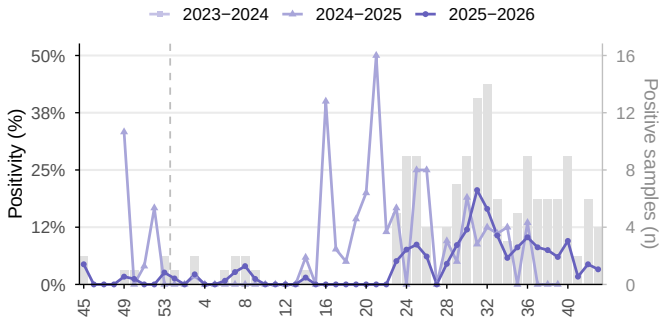
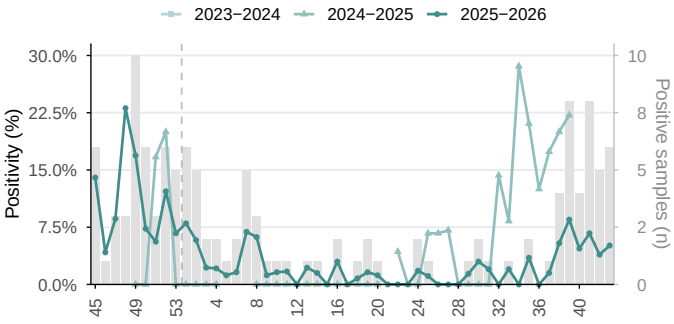


Figure 3.19.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Cayman Islands, EW 45/2025–43/2026. 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.

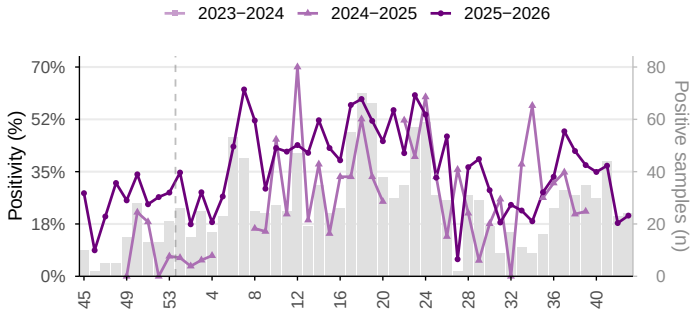
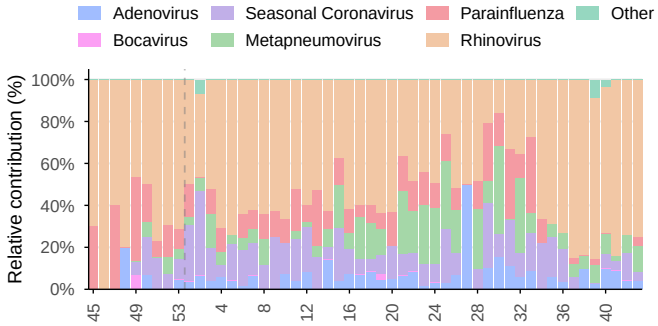


Figure 3.20.B. Weekly relative contribution by virus.



Other respiratory viruses in Cayman Islands, EW 45/2025−43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

3.1.5 Dominica

No data were reported between EW 40 and 43.

3.1.6 Dominican Republic

During EW 43, sentinel surveillance in Dominican Republic showed influenza positivity of 19.2% (Figure 3.21). RSV positivity was 3.8% (Figure 3.22). Among influenza-positive samples during EW 40 and 43, influenza A predominated (75.0% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (95.2%) (Figure 3.21). Among samples tested for other respiratory viruses, parainfluenza predominated (100.0%) (Figure 3.23).

Between EW 40 and 43, viral detections amounted to 0.3% of ILI cases; influenza predominated (100.0%) (Figure 3.24). Between EW 40 and 43, no virus detections were recorded in SARI cases (Figure 3.25).

Figure 3.21.A. Weekly overall influenza positivity.

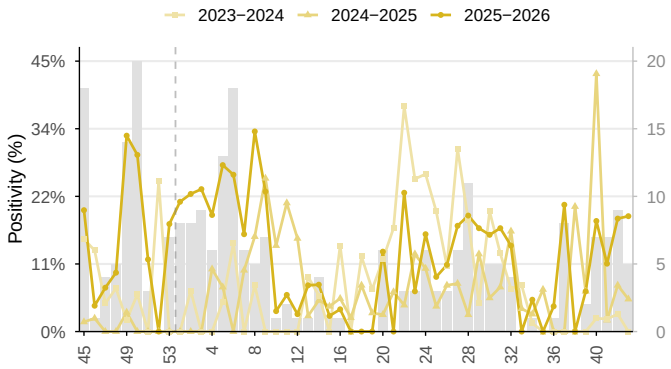
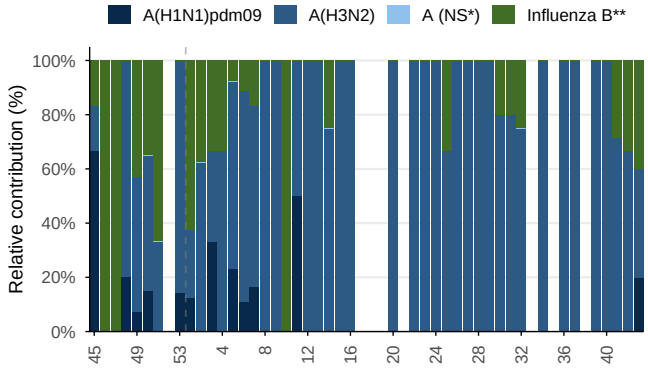


Figure 3.21.B. Weekly relative contribution by type and subtype.



Influenza in Dominican Republic, EW 45/2025–43/2026. 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.

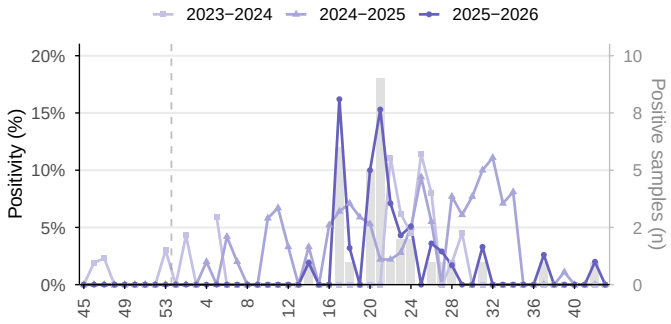
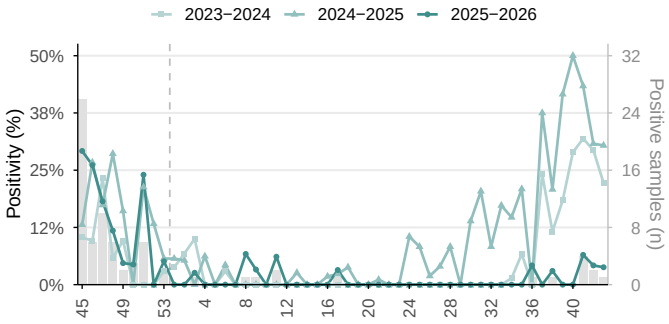


Figure 3.22.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Dominican Republic, EW 45/2025–43/2026. 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.

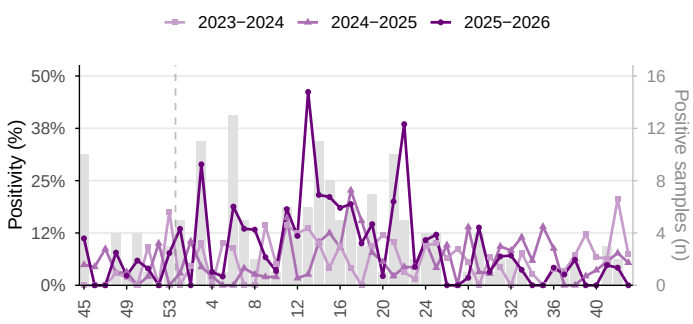
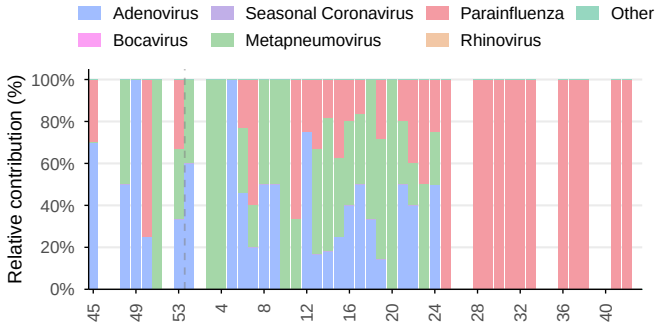


Figure 3.23.B. Weekly relative contribution by virus.



Other respiratory viruses in Dominican Republic, EW 45/2025−43/2026. 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.

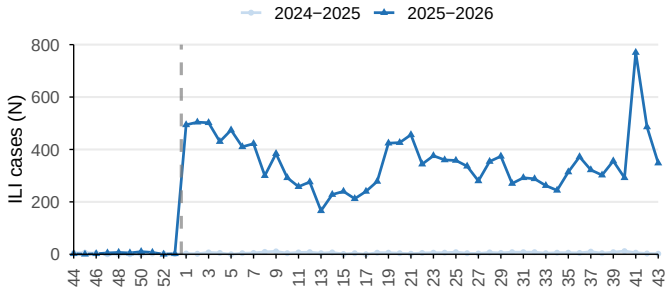
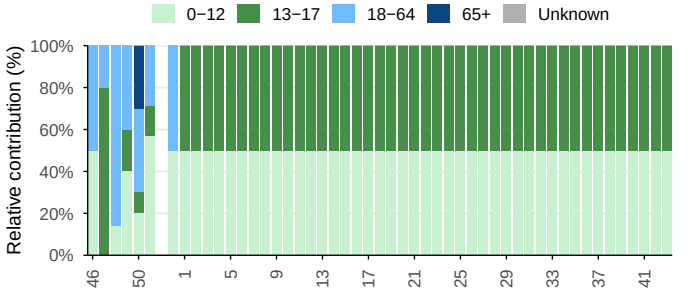


Figure 3.24.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Dominican Republic, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

3. Caribbean — Dominican Republic

Figure 3.25.A. Weekly SARI cases.

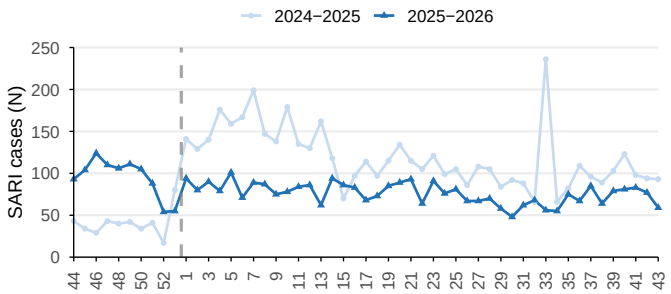
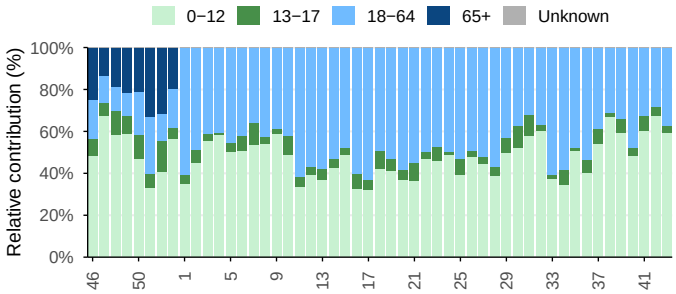


Figure 3.25.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Dominican Republic, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.7 Grenada

No data were reported between EW 40 and 43.

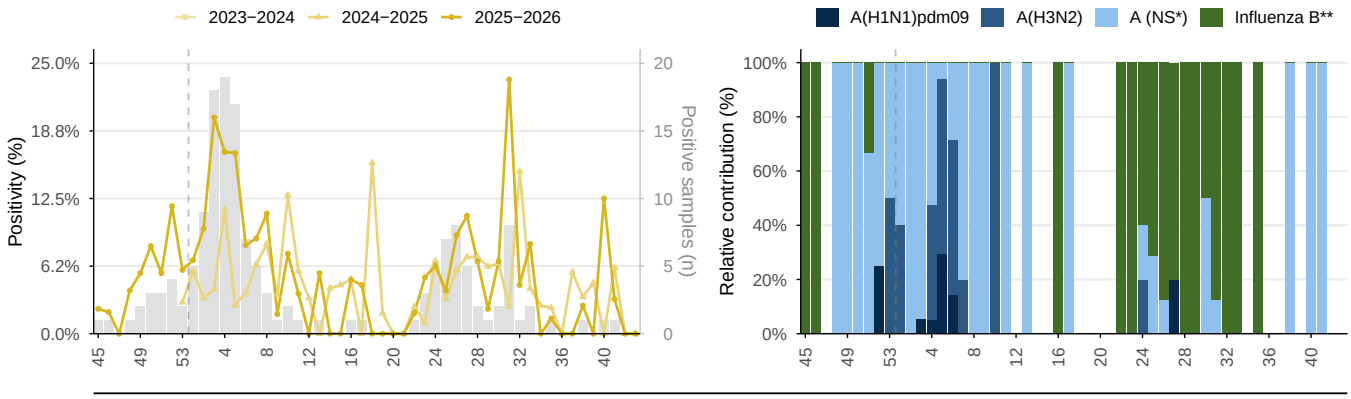
3.1.8 Guyana

During EW 43, sentinel surveillance in Guyana showed influenza positivity of 0.0% (Figure 3.26). RSV positivity was 12.0% (Figure 3.27). Among influenza-positive samples during EW 40 and 43, influenza A predominated (100.0% of typed samples) (Figure 3.26).

Between EW 39 and 42, viral detections amounted to 2.2% of ILI cases; influenza predominated (100.0%) (Figure 3.28). In the same period, 61.1% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (23.3%) (Figure 3.28). Between EW 39 and 42, no virus detections were recorded in SARI cases (Figure 3.29). In the same period, one ICU admission of a SARI case and 0 deaths were recorded (Figure 3.30).

Figure 3.26.A. Weekly overall influenza positivity.

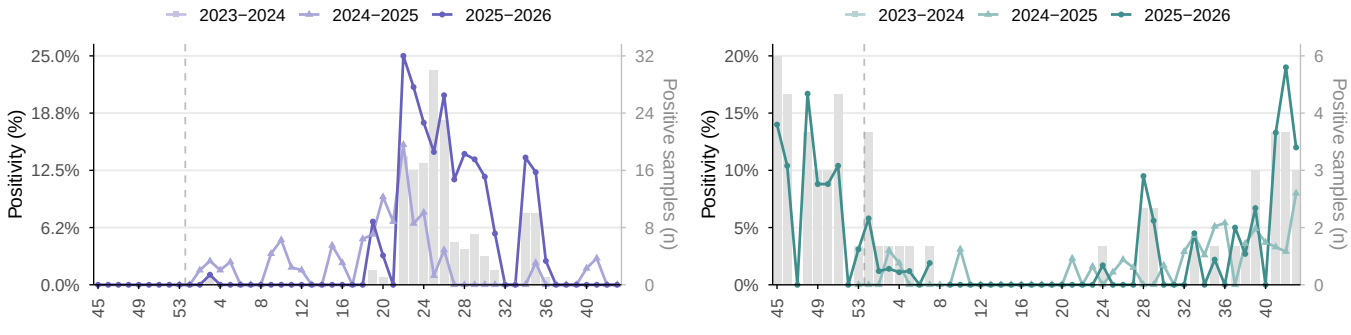
Figure 3.26.B. Weekly relative contribution by type and subtype.



Influenza in Guyana, EW 45/2025–43/2026. 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 3.27.A. Weekly SARS-CoV-2 positivity.

Figure 3.27.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Guyana, EW 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.28.A. Weekly ILI cases.

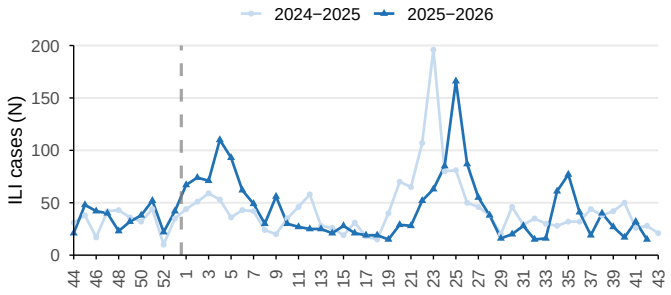
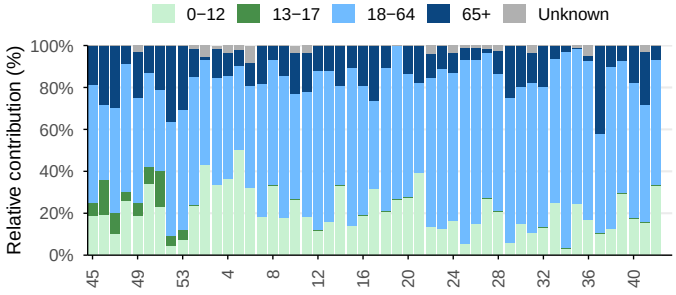


Figure 3.28.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Guyana, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.29.A. Weekly SARI cases.

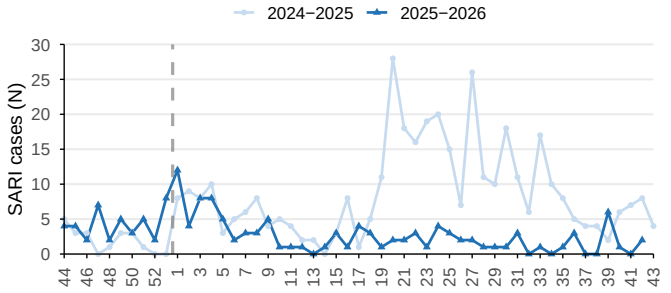
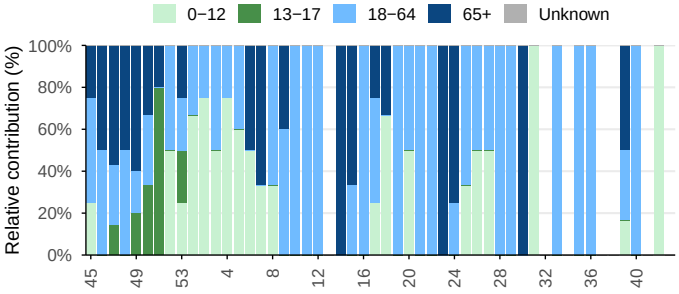


Figure 3.29.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guyana, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.30.A. Weekly SARI cases admitted to ICU.

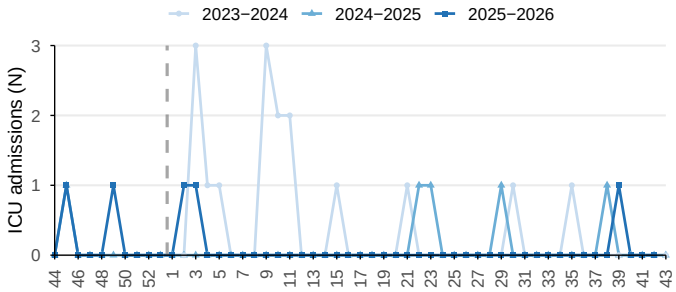
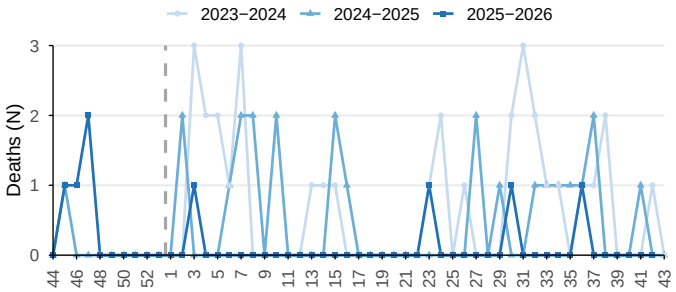


Figure 3.30.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guyana, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

3.1.9 Haiti

No data were reported between EW 40 and 43.

3.1.10 Jamaica

No laboratory surveillance data were reported for EW 43. During EW 41, the last week with samples processed for influenza, sentinel surveillance in Jamaica showed influenza positivity of 0.0% (Figure 3.31).

Between EW 40 and 43, no virus detections were recorded in SARI cases (Figure 3.33).

Figure 3.31.A. Weekly overall influenza positivity.

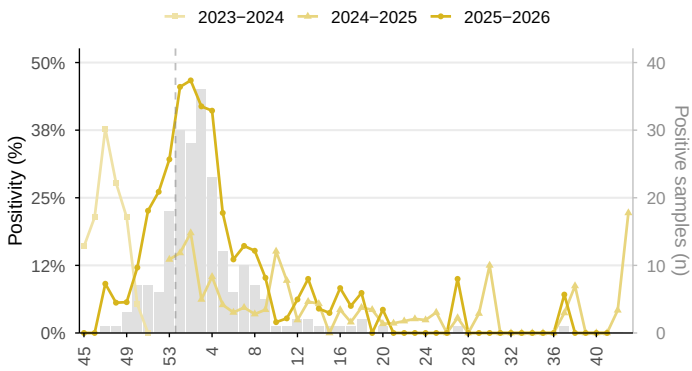
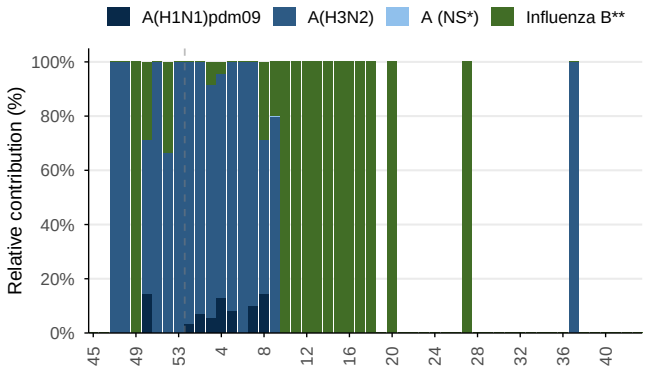


Figure 3.31.B. Weekly relative contribution by type and subtype.



Influenza in Jamaica, EW 45/2025–43/2026. 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 3.32.A. Weekly SARS-CoV-2 positivity.

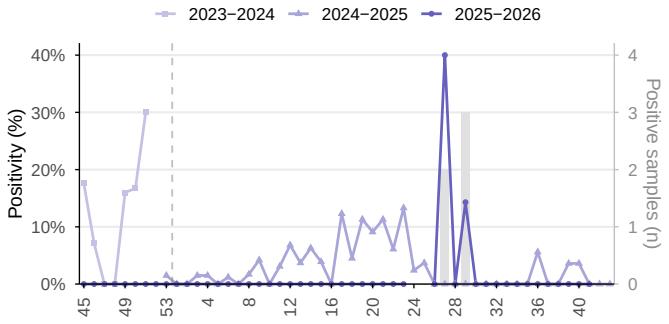
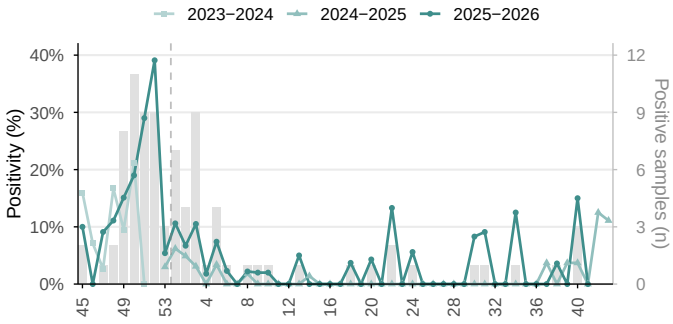


Figure 3.32.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Jamaica, EW 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.33.A. Weekly SARI cases.

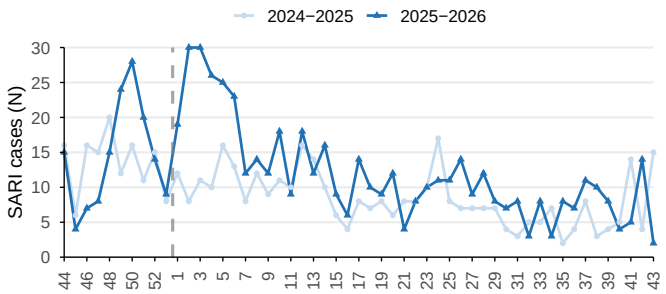
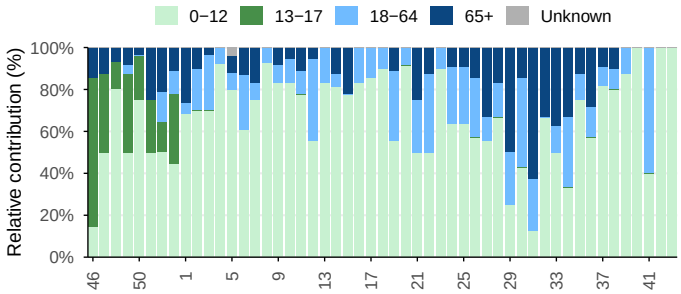


Figure 3.33.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Jamaica, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

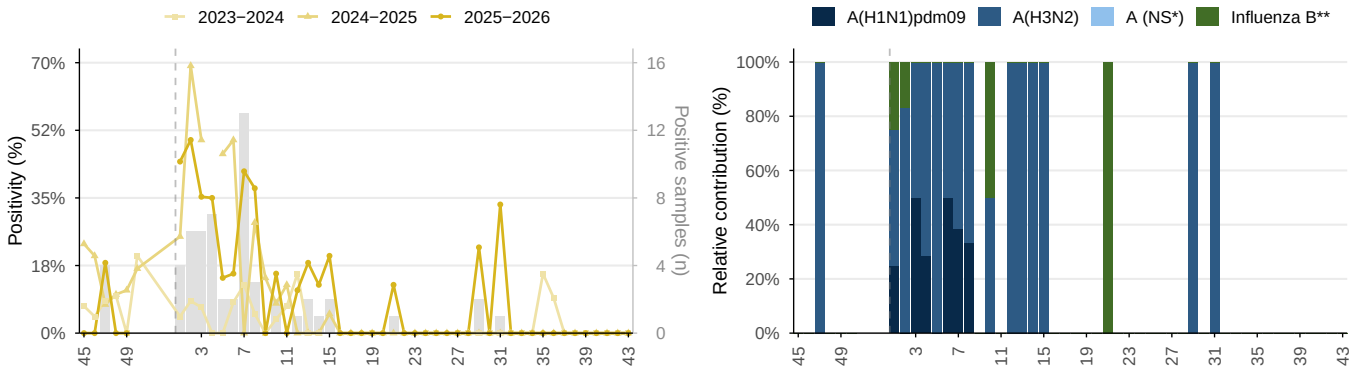
3.1.11 Saint Lucia

During EW 43, sentinel surveillance in Saint Lucia showed influenza positivity of 0.0% (Figure 3.34). SARS-CoV-2 positivity was 33.3% (Figure 3.35).

Between EW 40 and 43, SARS-CoV-2 was identified in SARI cases; the low number of cases prevents calculation of proportions (Figure 3.36).

Figure 3.34.A. Weekly overall influenza positivity.

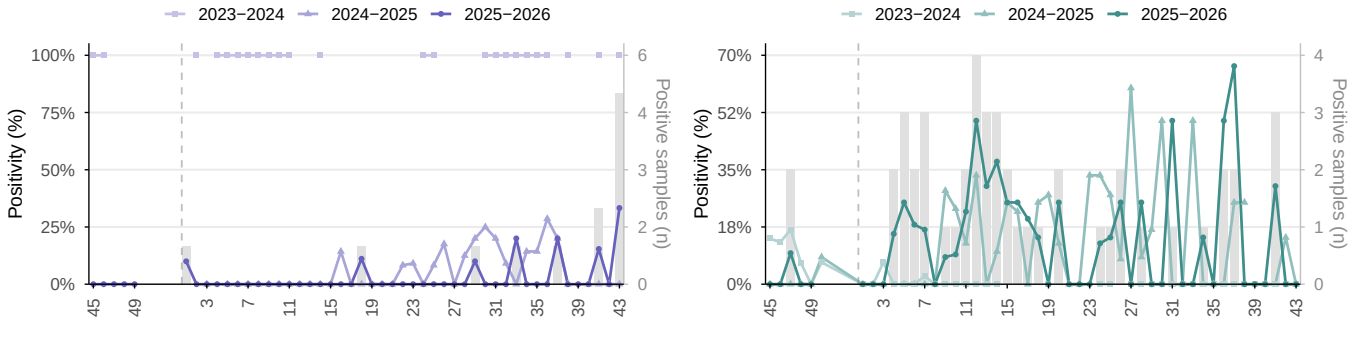
Figure 3.34.B. Weekly relative contribution by type and subtype.



Influenza in Saint Lucia, EW 45/2025–43/2026. 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 3.35.A. Weekly SARS-CoV-2 positivity.

Figure 3.35.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Saint Lucia, EW 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.36.A. Weekly SARI cases.

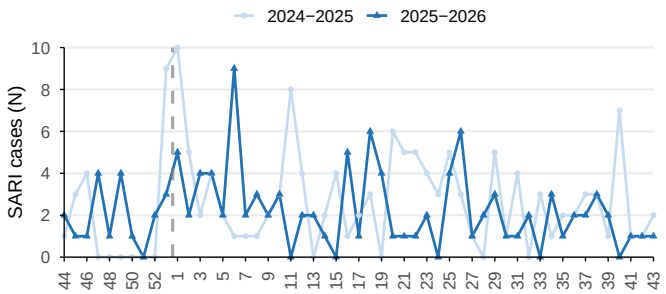
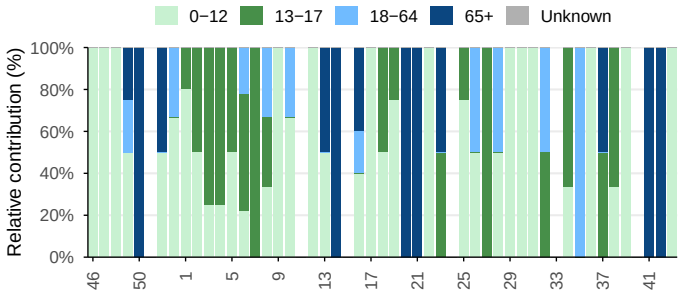


Figure 3.36.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Saint Lucia, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.12 Suriname

During EW 42, the last week with samples processed for influenza, sentinel surveillance in Suriname showed influenza positivity of 0.0% (Figure 3.37). Among influenza-positive samples during EW 39 and 42, influenza B predominated (100.0% of typed samples) (Figure 3.37).

Between EW 40 and 43, no virus detections were recorded in ILI cases (Figure 3.40). In the same period, 100.0% of ILI cases with known age were in the 0-12 age group (Figure 3.40). Between EW 40 and 43, no virus detections were recorded in SARI cases (Figure 3.41).

Figure 3.37.A. Weekly overall influenza positivity.

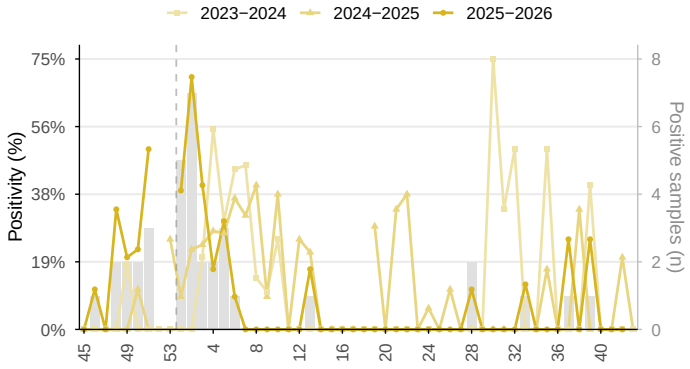
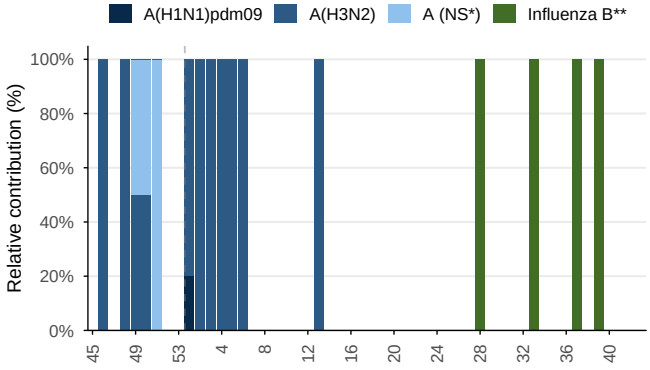


Figure 3.37.B. Weekly relative contribution by type and subtype.



Influenza in Suriname, EW 45/2025–43/2026. 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 3.38.A. Weekly SARS-CoV-2 positivity.

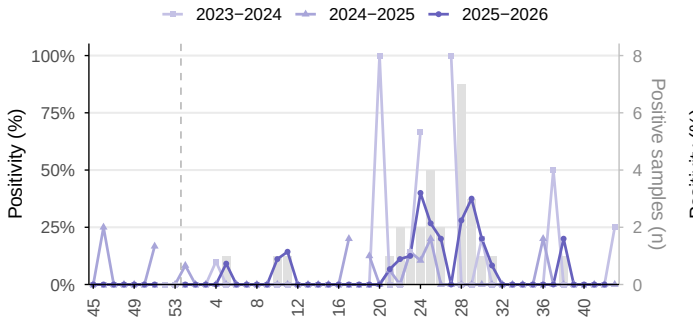
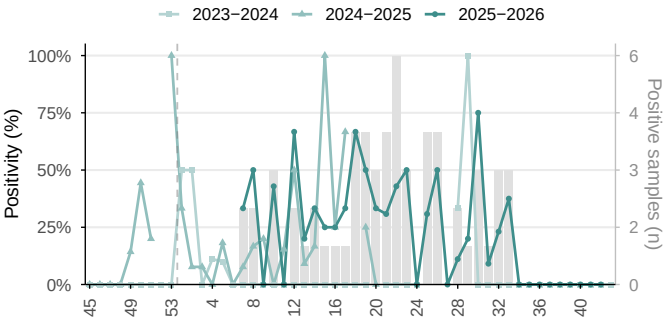


Figure 3.38.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Suriname, EW 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.39.A. Overall weekly positivity.

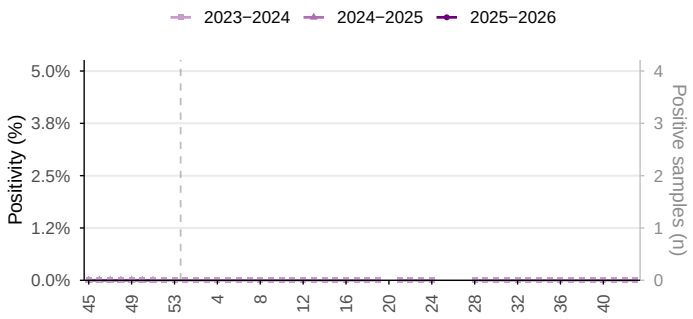
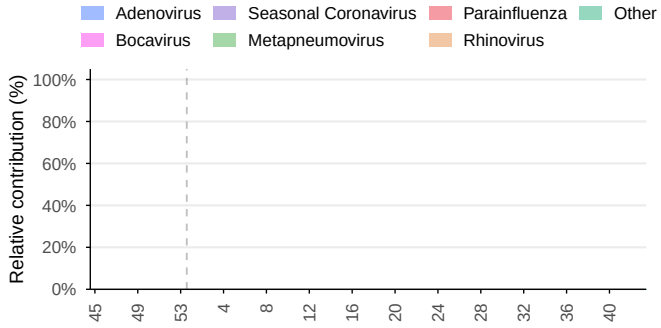


Figure 3.39.B. Weekly relative contribution by virus.



Other respiratory viruses in Suriname, EW 45/2025−43/2026. 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 3.40.A. Weekly ILI cases.

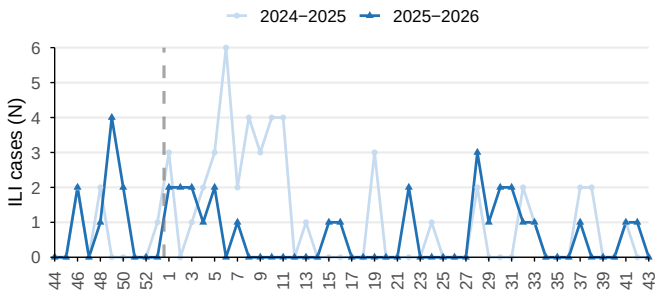
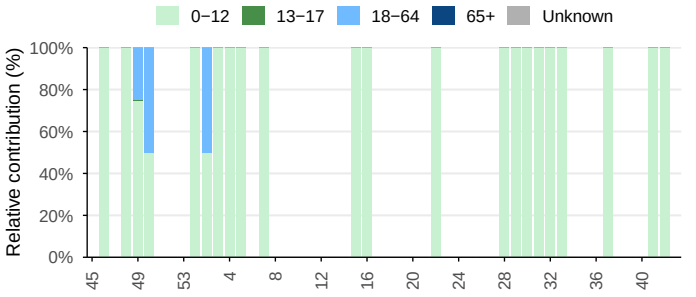


Figure 3.40.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Suriname, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.41.A. Weekly SARI cases.

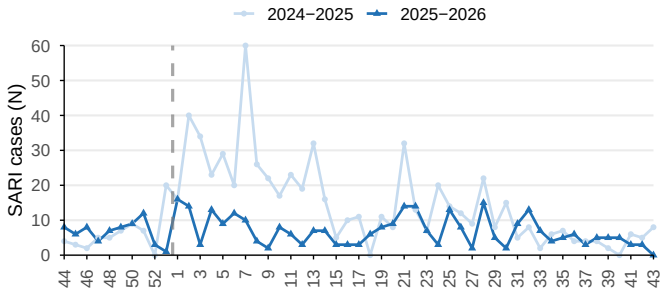
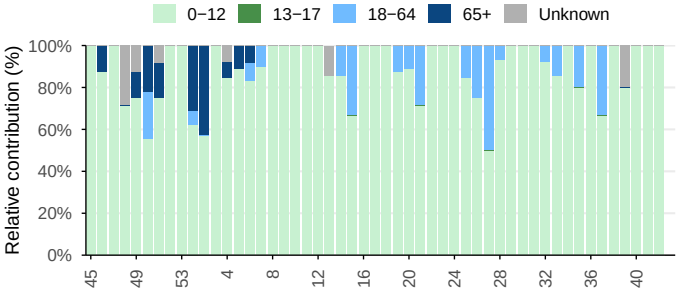


Figure 3.41.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Suriname, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

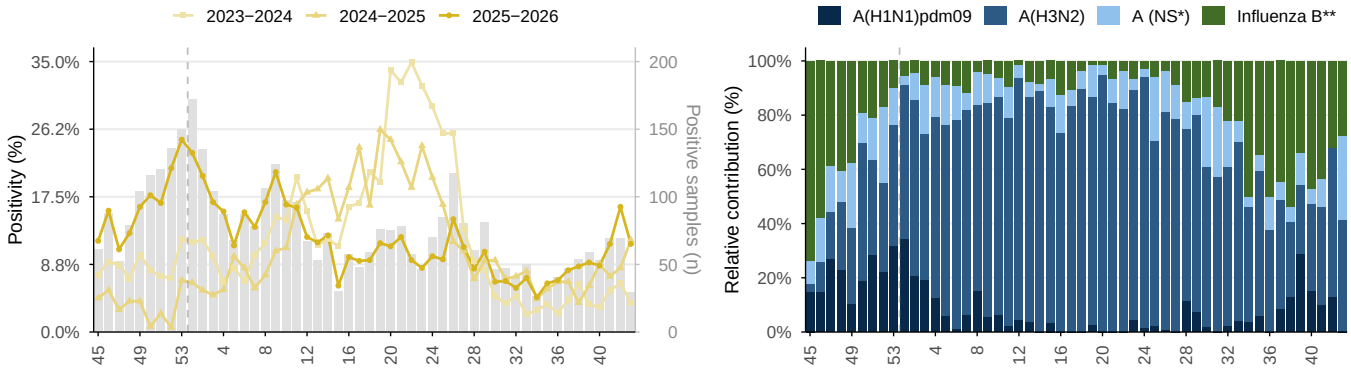
4. Central America

During EW 43, sentinel surveillance in Central America showed influenza positivity of 11.4% (Figure 4.1). RSV positivity was 5.2% (Figure 4.2). Among influenza-positive samples during EW 40 and 43, influenza A predominated (61.4% of typed samples); of all influenza A samples, 85.9% were subtyped, and among these A(H3N2) predominated (79.3%) (Figure 4.1). Among samples tested for other respiratory viruses, positivity was 14.1%, with rhinovirus predominating (54.8%) (Figure 4.3). Panama and Guatemala did not report laboratory results for EW 43 and caution is advised when interpreting the reduction in positivity at the subregional level (Figure 4.2).

Between EW 40 and 43, viral detections amounted to 3.4% of ILI cases; influenza predominated (71.4%), followed by RSV (25.0%) and SARS-CoV-2 (3.6%) (Figure 4.4). Between EW 40 and 43, viral detections amounted to 7.3% of SARI cases, with influenza predominating (51.8%), followed by RSV (47.1%) and SARS-CoV-2 (1.2%) (Figure 4.5). In the same period, 81 ICU admissions of SARI cases and 23 deaths were recorded (Figure 4.6).

Figure 4.1.A. Weekly overall influenza positivity.

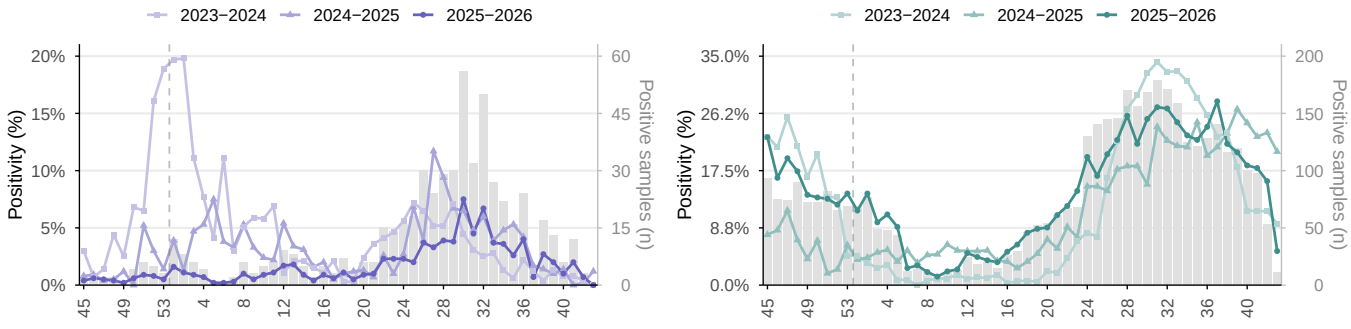
Figure 4.1.B. Weekly relative contribution by type and subtype.



Influenza in Central America, EW 45/2025–43/2026. 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 45/2025–43/2026. 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.

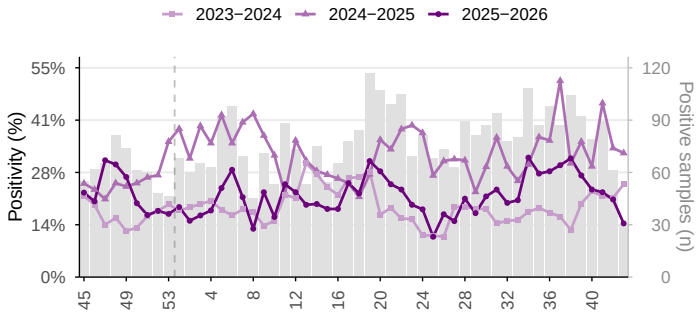
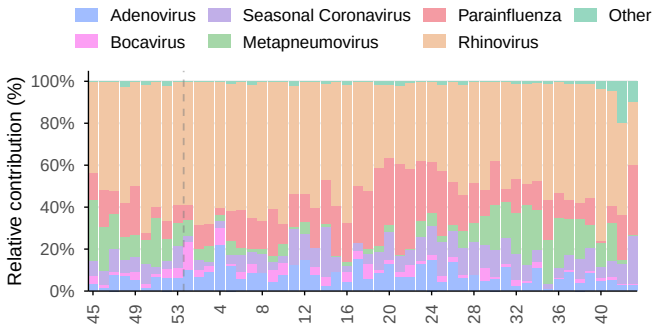


Figure 4.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Central America, EW 45/2025–43/2026. 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.

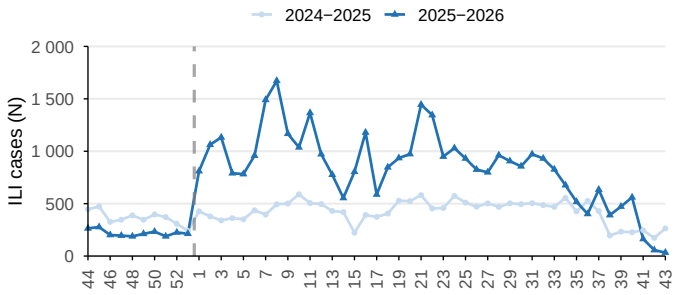
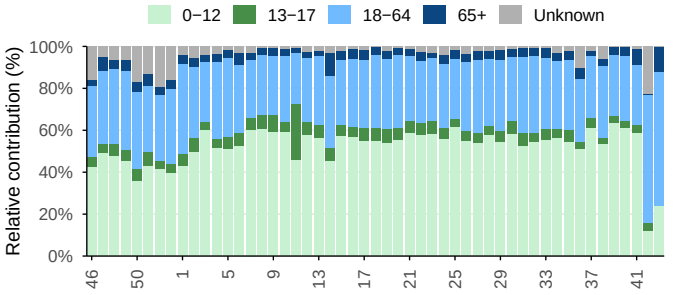


Figure 4.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Central America, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.5.A. Weekly SARI cases.

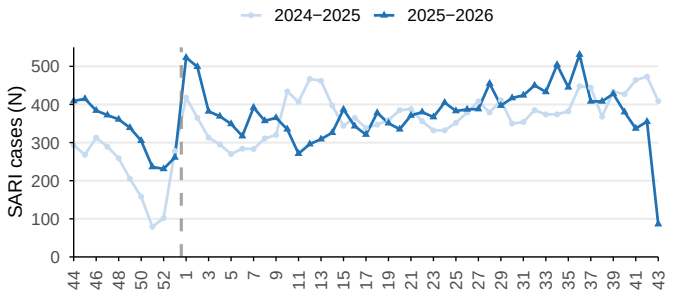
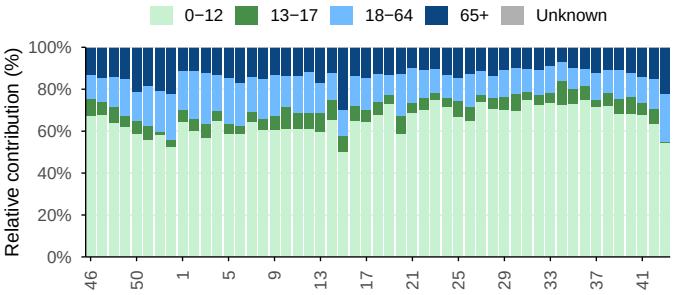


Figure 4.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Central America, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

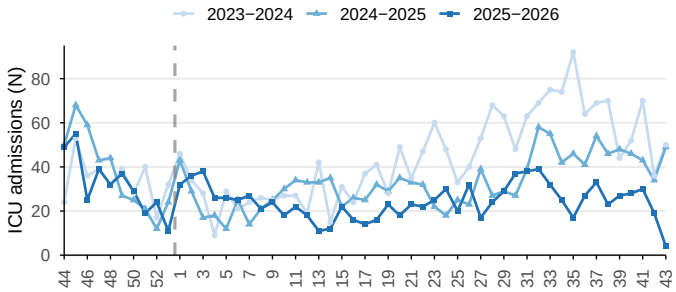
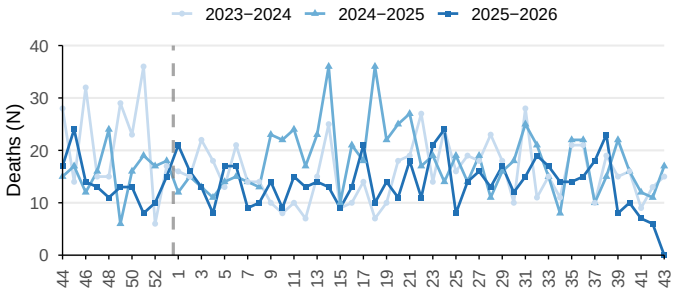


Figure 4.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Central America, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

4. Central America — Costa Rica

4.1 Country

4.1.1 Costa Rica

No data were reported between EW 40 and 43.

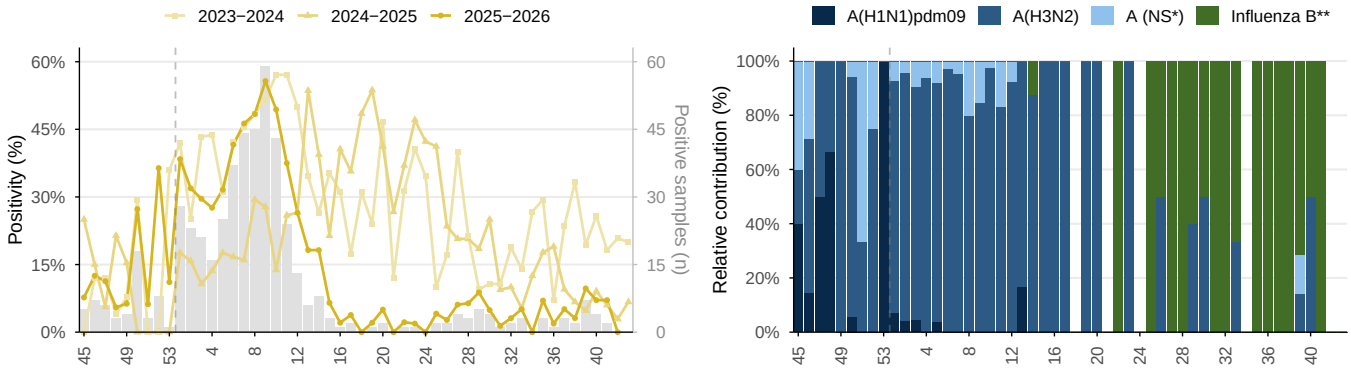
4.1.2 Guatemala

During EW 42, the last week with samples processed for influenza, sentinel surveillance in Guatemala showed influenza positivity of 0.0% (Figure 4.7). Among influenza-positive samples during EW 39 and 42, influenza B predominated (69.2% of typed samples); of all influenza A samples, 75.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 4.7). Among samples positive for other respiratory viruses between EW 38 and EW 41, rhinovirus (60.9%) and metapneumovirus (27.5%) predominated (Figure 4.9).

Between EW 40 and 43, viral detections amounted to 1.7% of ILI cases; influenza and RSV represented 50% of detections each (Figure 4.10). In the same period, 60.7% of ILI cases with known age were in the 0-12 age group, followed by the 18-64 age group (30.9%) (Figure 4.10). Between EW 40 and 43, viral detections amounted to 10.3% of SARI cases, with RSV predominating (100.0%) (Figure 4.11). In the same period, 27 ICU admissions of SARI cases and 0 deaths were recorded (Figure 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 45/2025–43/2026. 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.

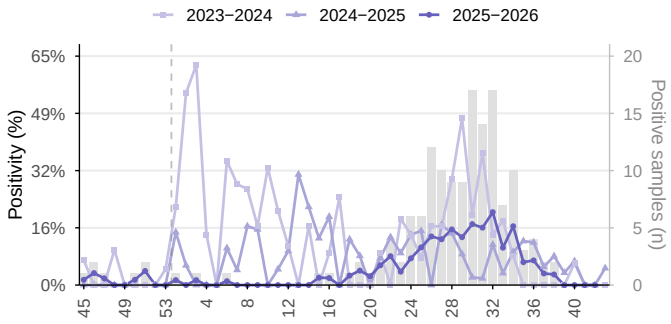
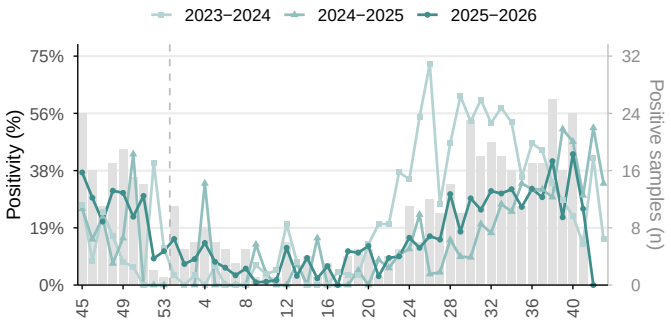


Figure 4.8.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Guatemala, EW 45/2025−43/2026. 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.

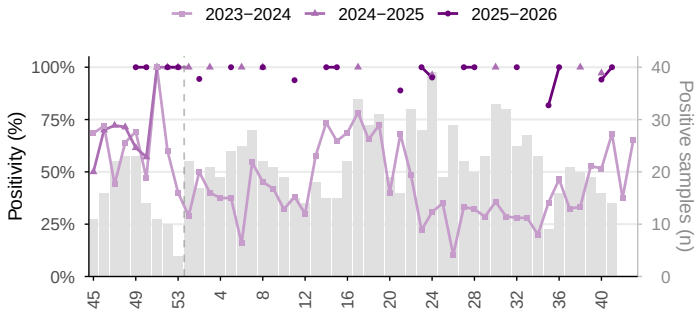
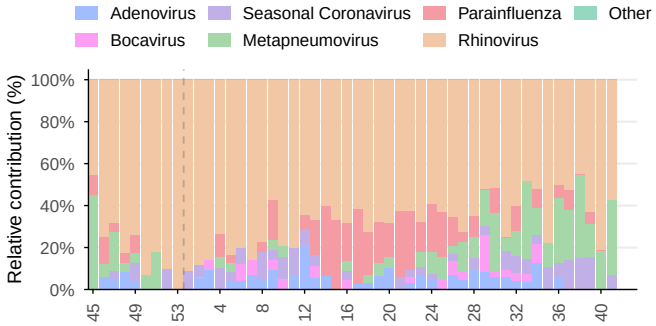


Figure 4.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Guatemala, EW 45/2025−43/2026. 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.

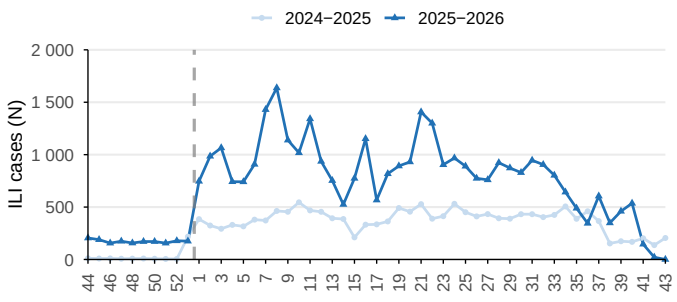
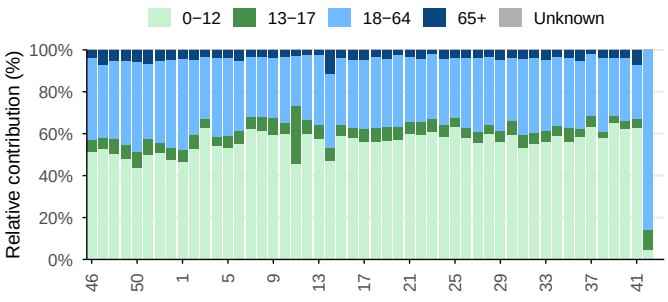


Figure 4.10.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Guatemala, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.11.A. Weekly SARI cases.

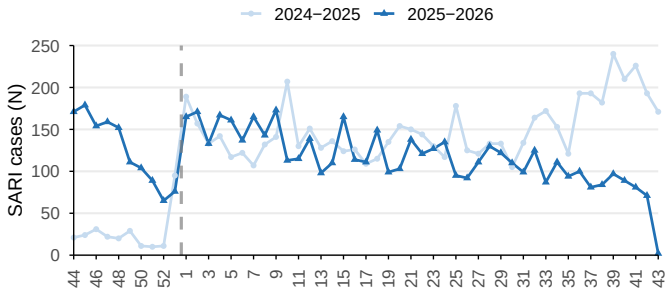
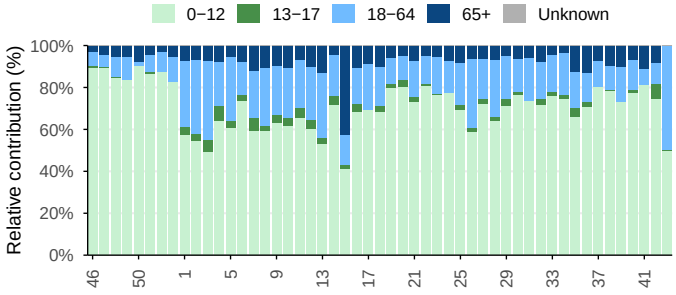


Figure 4.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guatemala, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

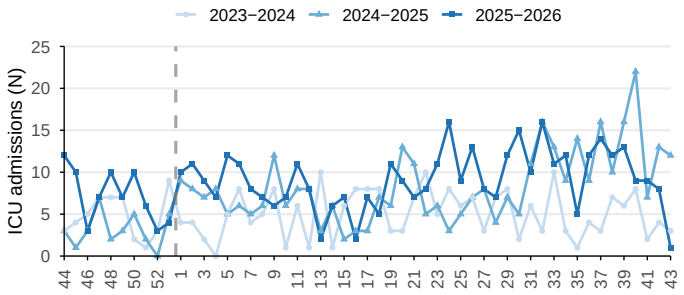
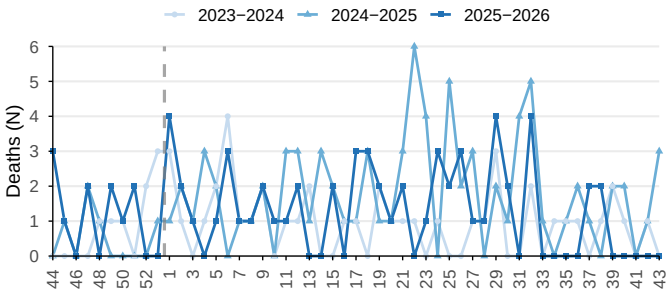


Figure 4.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guatemala, EW 44/2025–43/2026. *Source: FluID, WHO–GISRS.*

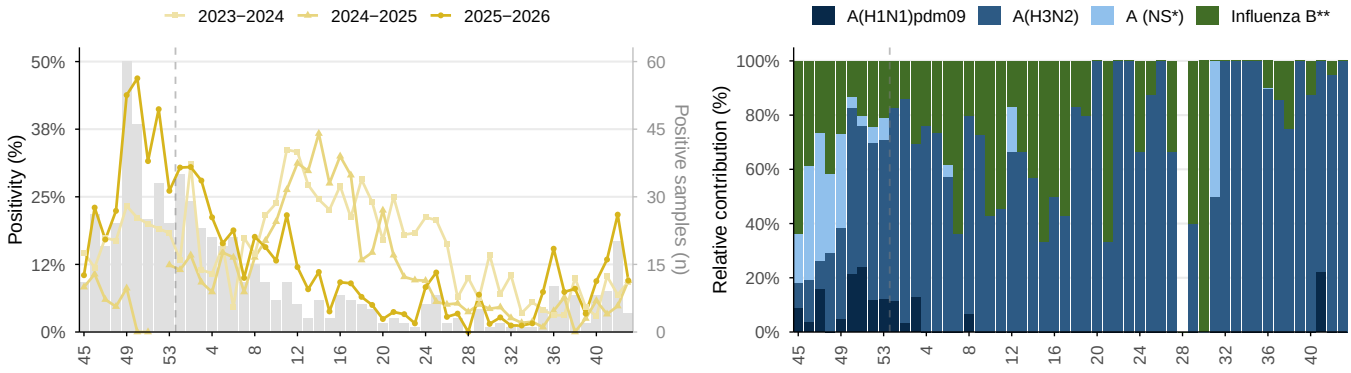
4.1.3 Honduras

During EW 43, sentinel surveillance in Honduras showed influenza positivity of 9.5% (Figure 4.13). In EW 41, RSV positivity was 10.0% (Figure 4.14). Among influenza-positive samples during EW 40 and 43, influenza A predominated (95.1% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (94.9%) (Figure 4.13).

Between EW 40 and 43, viral detections amounted to 16.0% of ILI cases; influenza predominated (93.3%), followed by SARS-CoV-2 (6.7%) (Figure 4.15). In the same period, 63.8% of ILI cases with known age were in the 18-64 age group, followed by the 0-12 age group (27.7%) (Figure 4.15). Between EW 40 and 43, viral detections amounted to 13.2% of SARI cases, with influenza predominating (88.6%), followed by RSV (9.1%) and SARS-CoV-2 (2.3%) (Figure 4.16). In the same period, 7 ICU admissions of SARI cases and 0 deaths were recorded (Figure 4.17).

Figure 4.13.A. Weekly overall influenza positivity.

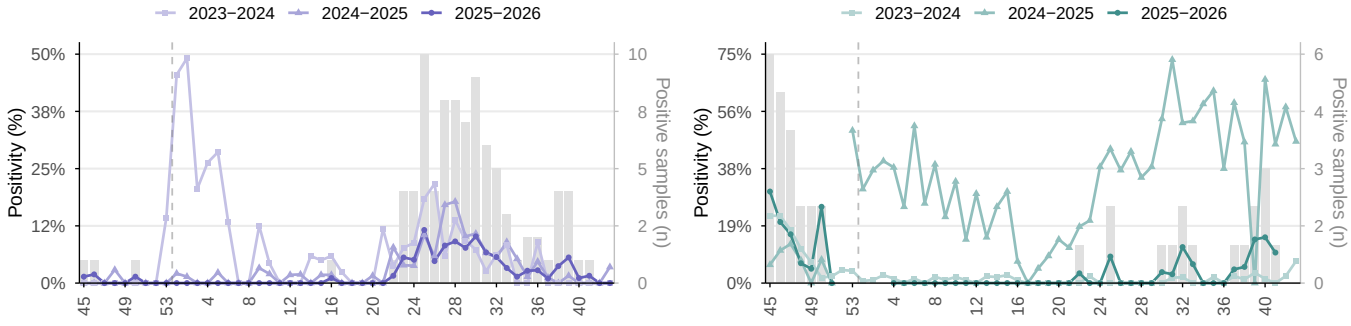
Figure 4.13.B. Weekly relative contribution by type and subtype.



Influenza in Honduras, EW 45/2025–43/2026. 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 45/2025–43/2026. 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.

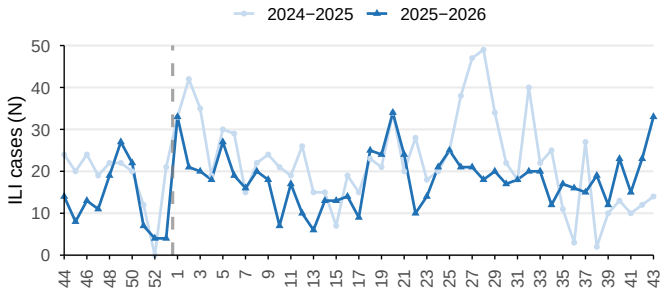
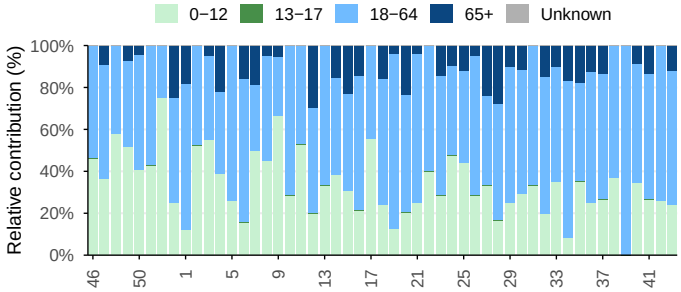


Figure 4.15.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Honduras, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.16.A. Weekly SARI cases.

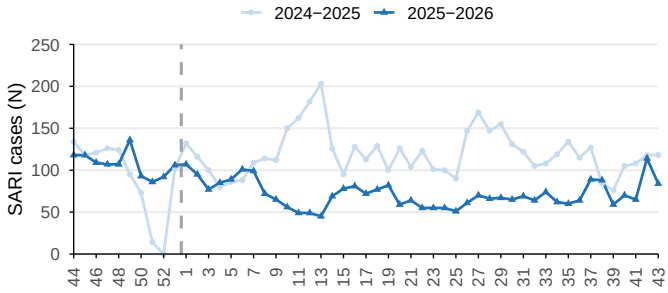
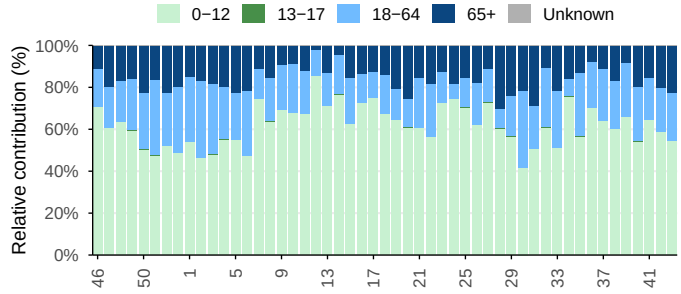


Figure 4.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Honduras, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

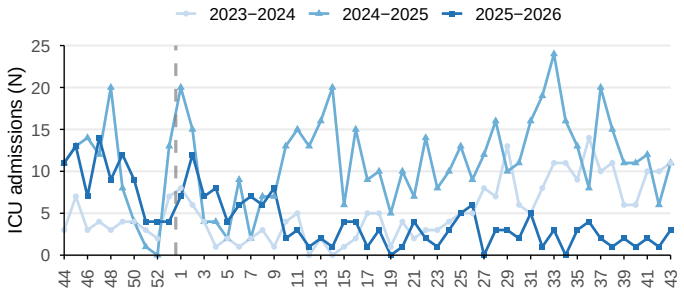
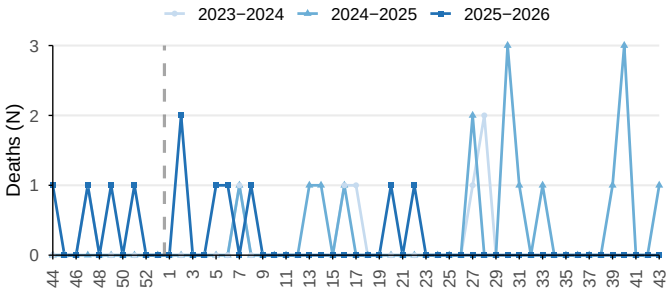


Figure 4.17.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Honduras, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

4.1.4 Nicaragua

During EW 43, sentinel surveillance in Nicaragua showed influenza positivity of 6.0% (Figure 4.18). RSV positivity was 4.9% (Figure 4.19). Among influenza-positive samples during EW 40 and 43, influenza A predominated (98.1% of typed samples); of all influenza A samples, 69.2% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 4.18). Among samples tested for other respiratory viruses, positivity was 12.5%, with seasonal coronavirus (26.7%), parainfluenza (25.6%), other (25.6%) and rhinovirus (17.4%) predominating (Figure 4.20).

Figure 4.18.A. Weekly overall influenza positivity.

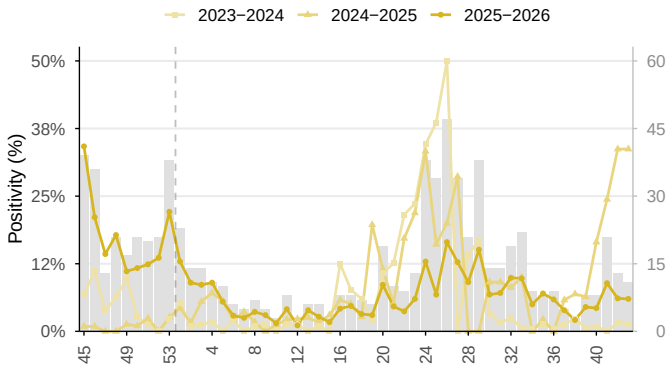
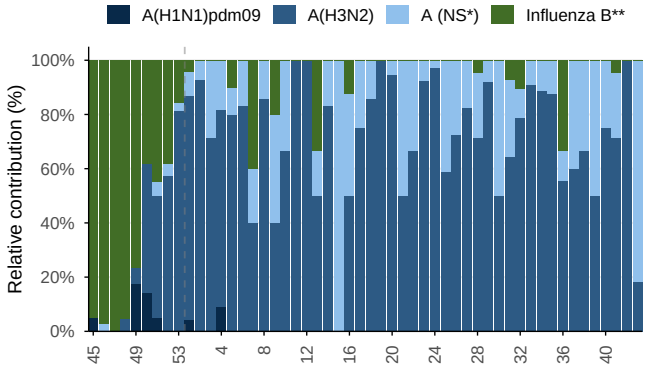


Figure 4.18.B. Weekly relative contribution by type and subtype.



Influenza in Nicaragua, EW 45/2025−43/2026. 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.

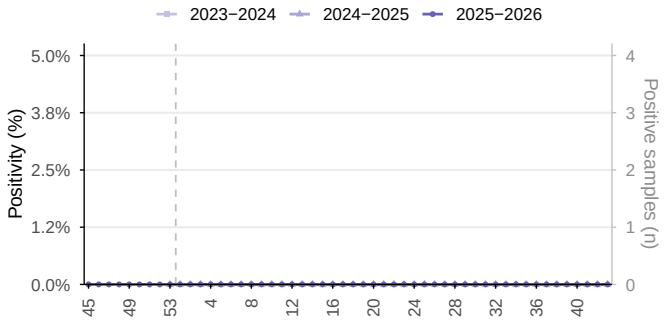
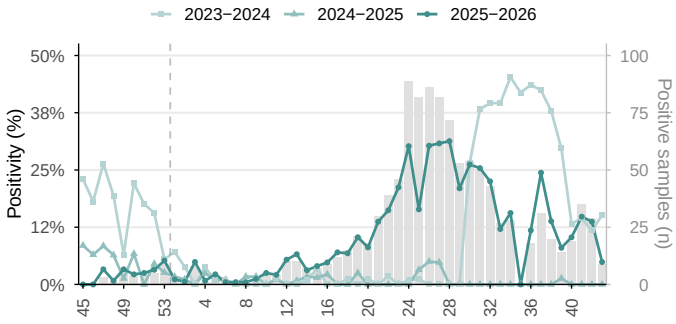


Figure 4.19.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Nicaragua, EW 45/2025−43/2026. 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.

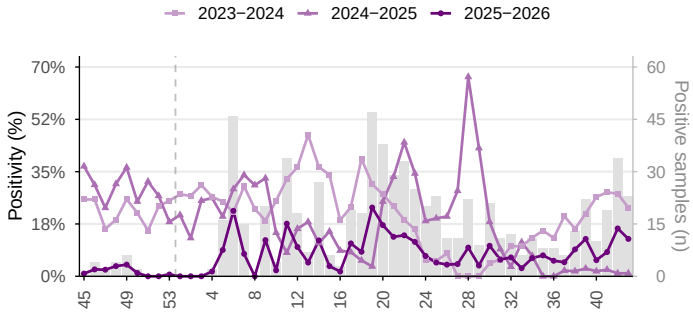
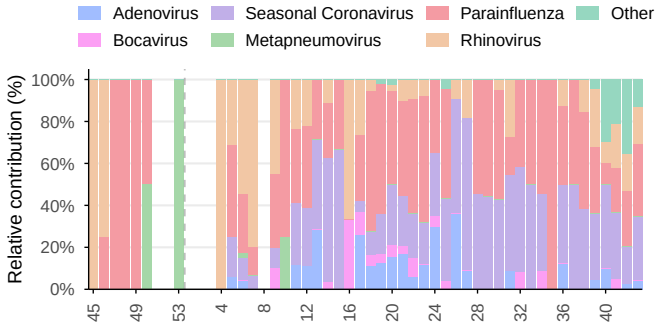


Figure 4.20.B. Weekly relative contribution by virus.



Other respiratory viruses in Nicaragua, EW 45/2025−43/2026. 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.*

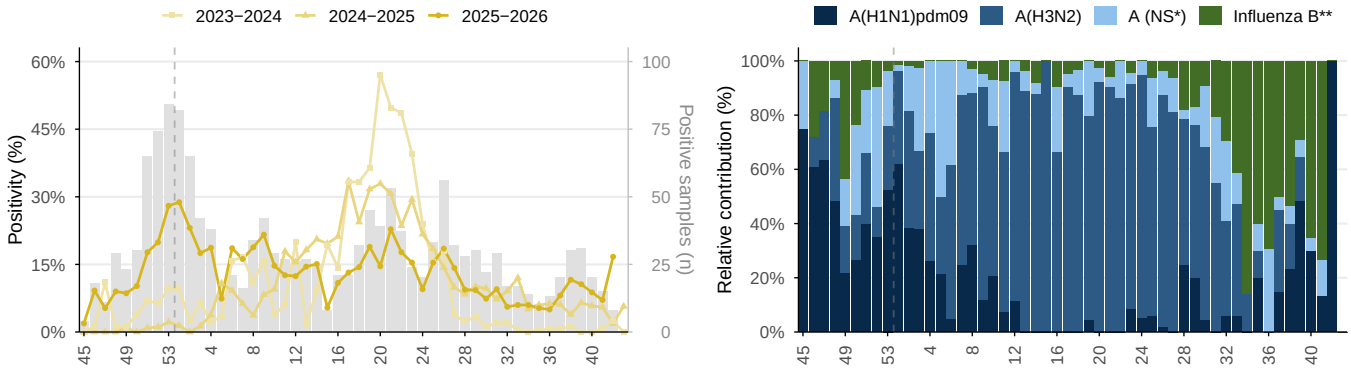
4.1.5 Panama

No laboratory surveillance data were reported for EW 43. During EW 42, sentinel surveillance in Panama showed influenza positivity of 16.7% (Figure 4.21). SARS-CoV-2 positivity was 4.0%, and RSV positivity 41.7% (Figure 4.22). Among influenza-positive samples during EW 39 and 42, influenza A predominated (55.4% of typed samples); of all influenza A samples, 87.8% were subtyped, and among these A(H1N1)pdm09 predominated (86.1%) (Figure 4.21). Among samples tested for other respiratory viruses, positivity was 50.0%, with rhinovirus predominating (72.7%) (Figure 4.23).

Between EW 39 and 42, viral detections amounted to 6.2% of ILI cases; RSV predominated (100.0%) (Figure 4.24). Between EW 39 and 42, viral detections amounted to 2.6% of SARI cases, with RSV predominating (77.3%), followed by influenza (22.7%) (Figure 4.25). In the same period, 59 ICU admissions of SARI cases and 31 deaths were recorded (Figure 4.26).

Figure 4.21.A. Weekly overall influenza positivity.

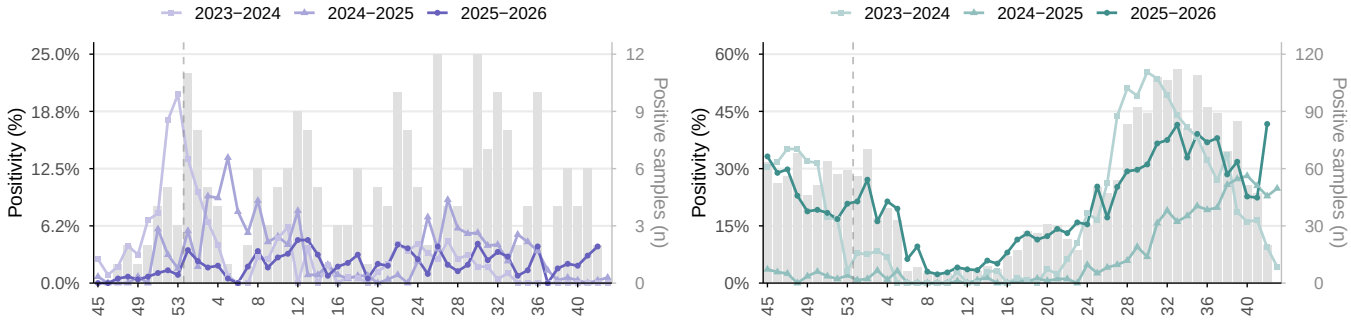
Figure 4.21.B. Weekly relative contribution by type and subtype.



Influenza in Panama, EW 45/2025–43/2026. 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 45/2025–43/2026. 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.

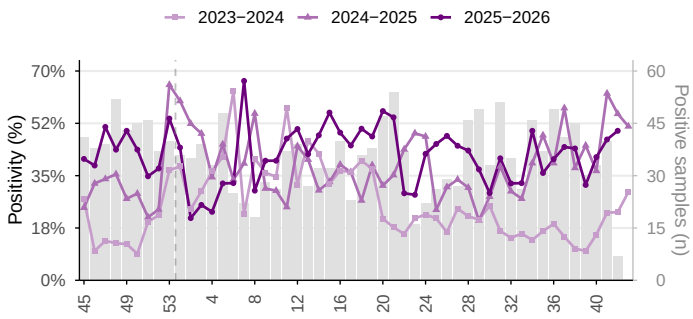
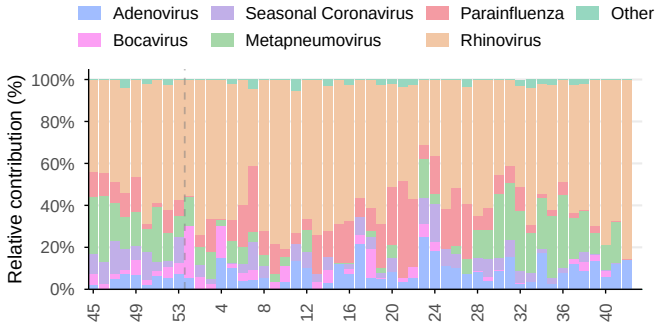


Figure 4.23.B. Weekly relative contribution by virus.



Other respiratory viruses in Panama, EW 45/2025−43/2026. 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.

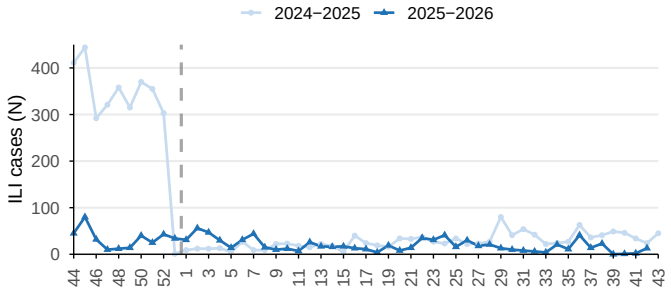
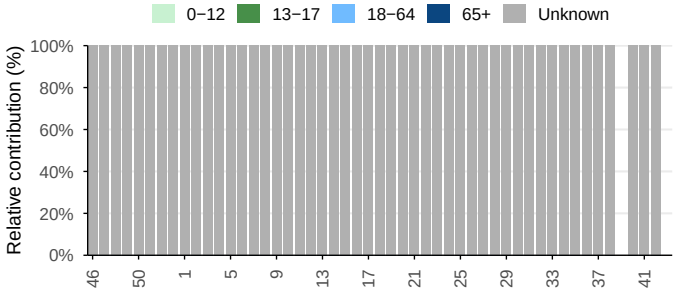


Figure 4.24.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Panama, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.25.A. Weekly SARI cases.

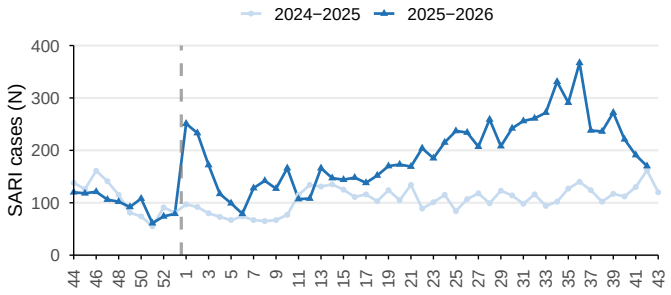
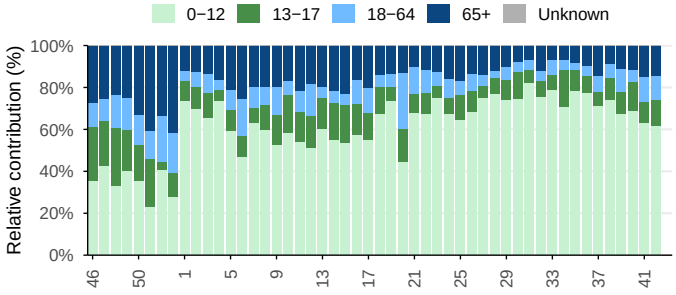


Figure 4.25.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Panama, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

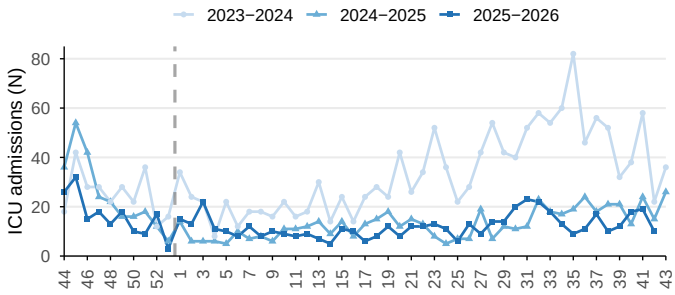
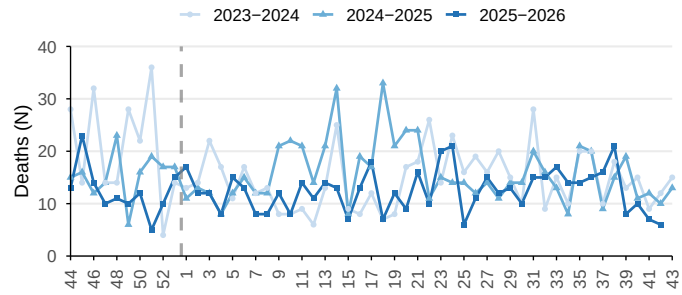


Figure 4.26.B. Weekly deaths among SARI cases.



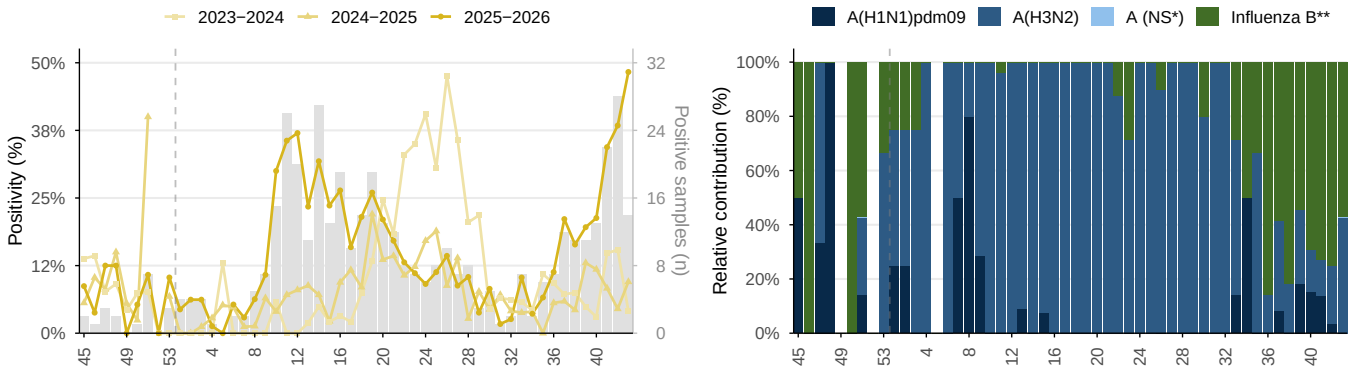
SARI ICU admissions and deaths in Panama, EW 44/2025–43/2026. *Source: FluID, WHO–GISRS.*

4.1.6 El Salvador

During EW 43, sentinel surveillance in El Salvador showed influenza positivity of 48.3% (Figure 4.27). RSV positivity was 6.9% (Figure 4.28). Among influenza-positive samples during EW 40 and 43, influenza B predominated (70.1% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (73.9%) (Figure 4.27). Among samples tested for other respiratory viruses, positivity was 24.1%, with rhinovirus predominating (74.6%) (Figure 4.29).

Figure 4.27.A. Weekly overall influenza positivity.

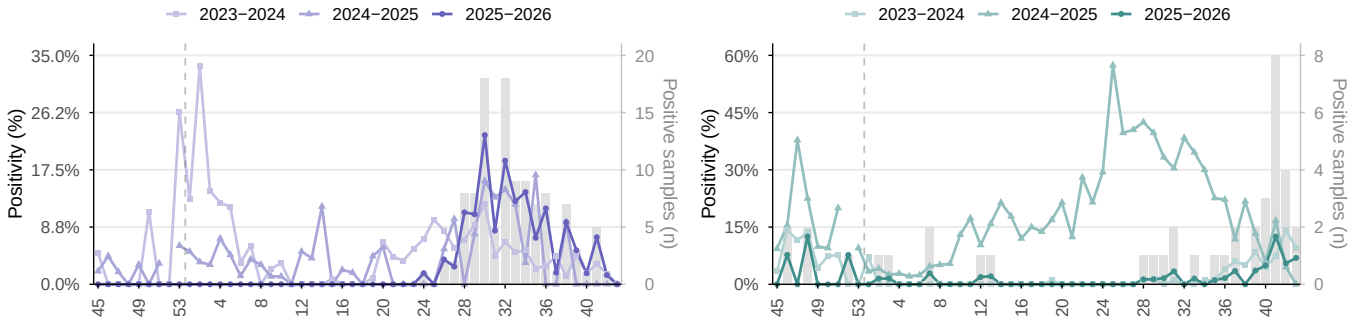
Figure 4.27.B. Weekly relative contribution by type and subtype.



Influenza in El Salvador, EW 45/2025–43/2026. 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.

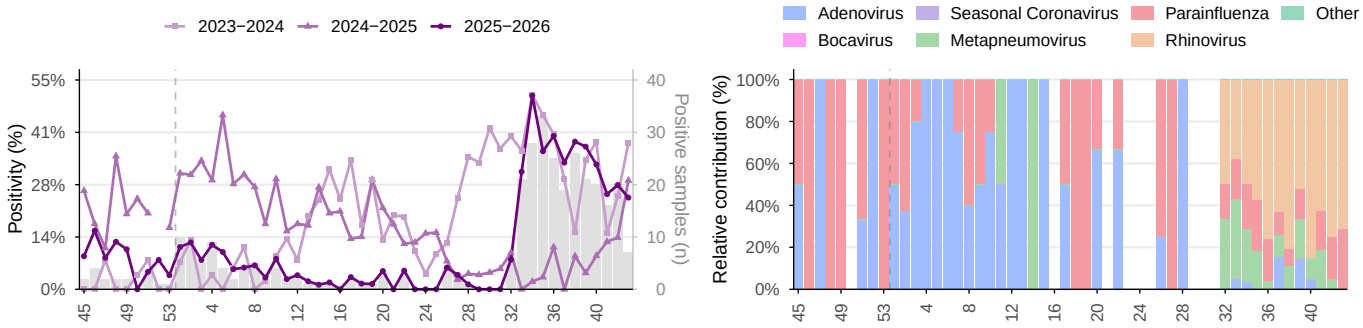
Figure 4.28.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in El Salvador, EW 45/2025–43/2026. 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 45/2025–43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

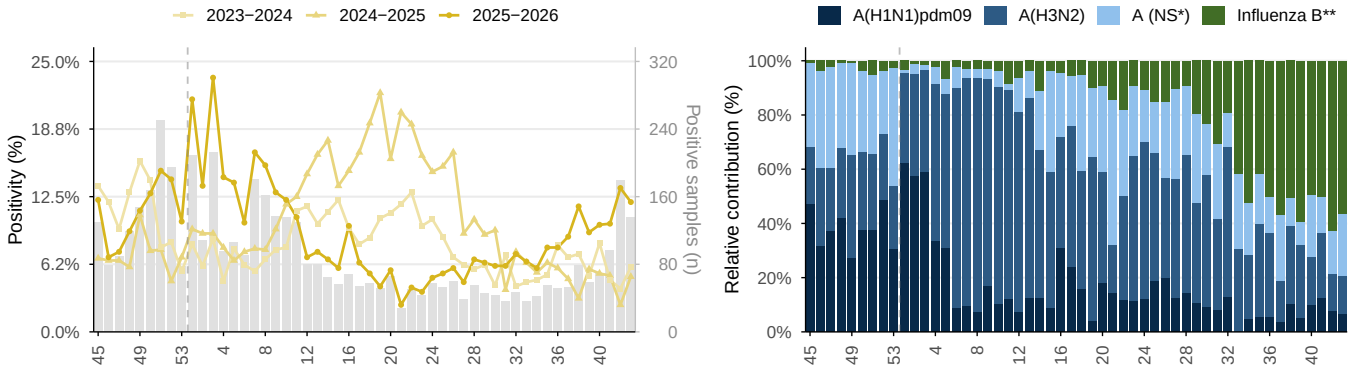
5. Andean Subregion

During EW 43, sentinel surveillance in the Andean Subregion showed influenza positivity of 12.0% (Figure 5.1). SARS-CoV-2 positivity was 3.6%, and RSV positivity 3.0% (Figure 5.2). Among influenza-positive samples during EW 40 and 43, influenza B predominated (56.4% of typed samples); of all influenza A samples, 57.4% were subtyped, and among these A(H3N2) predominated (65.0%) (Figure 5.1). Among samples tested for other respiratory viruses, positivity was 15.8%, with rhinovirus (40.5%) and adenovirus (30.8%) predominating (Figure 5.3).

Between EW 40 and 43, viral detections amounted to 36.1% of ILI cases; influenza predominated (97.3%), followed by SARS-CoV-2 (2.1%) and RSV (0.7%) (Figure 5.4). Between EW 40 and 43, viral detections amounted to 13.6% of SARI cases, with influenza predominating (69.1%), followed by RSV (27.2%) and SARS-CoV-2 (3.7%) (Figure 5.5). In the same period, 102 ICU admissions of SARI cases and 10 deaths were recorded (Figure 5.6).

Figure 5.1.A. Weekly overall influenza positivity.

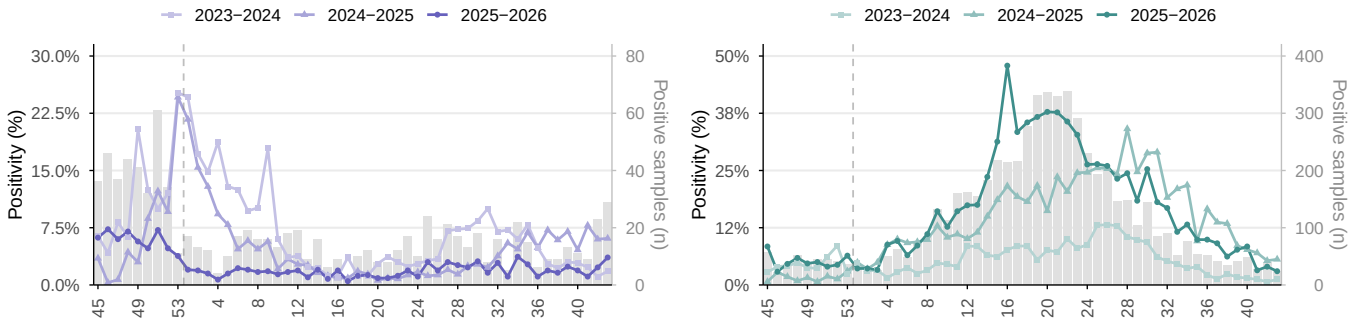
Figure 5.1.B. Weekly relative contribution by type and subtype.



Influenza in the Andean Subregion, EW 45/2025–43/2026. 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 45/2025–43/2026. 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.

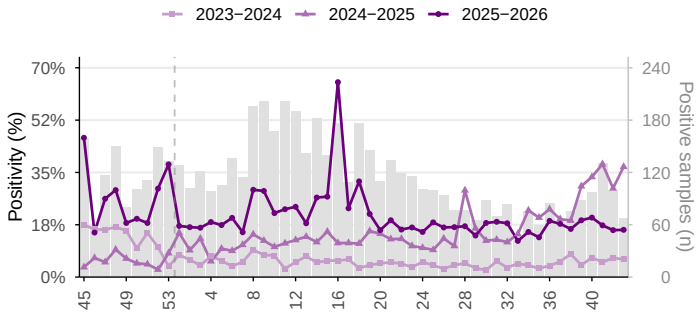
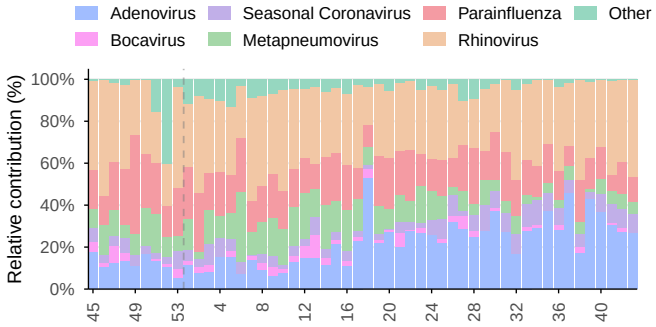


Figure 5.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Andean Subregion, EW 45/2025–43/2026. 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.

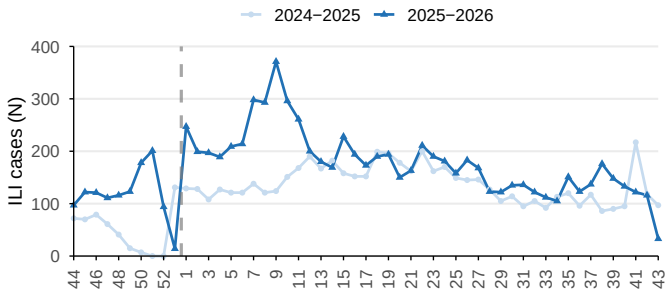
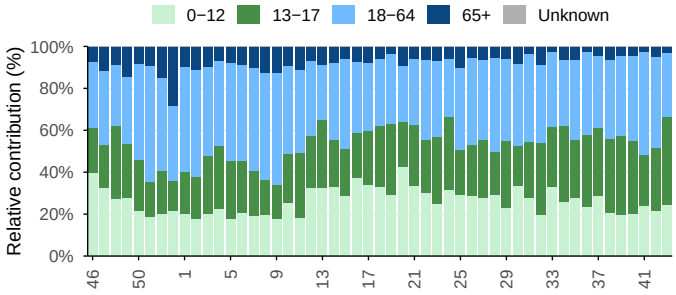


Figure 5.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in the Andean Subregion, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 5.5.A. Weekly SARI cases.

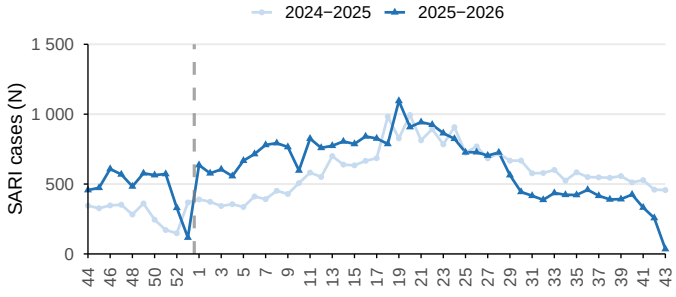
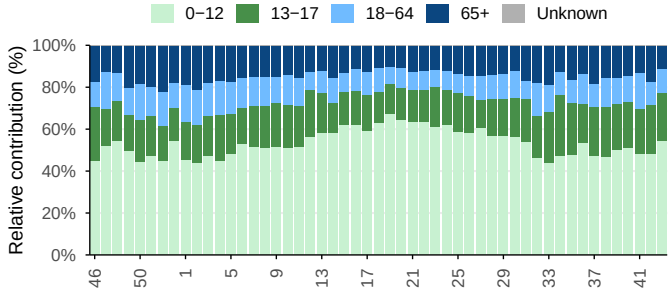


Figure 5.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Andean Subregion, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

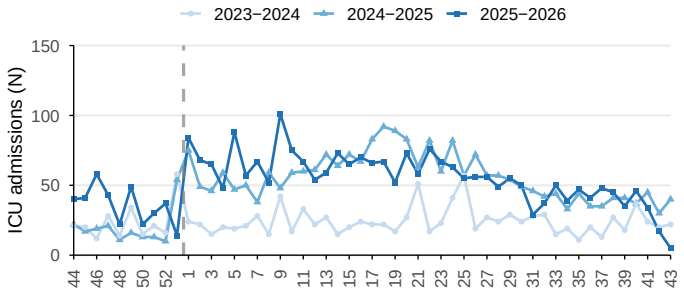
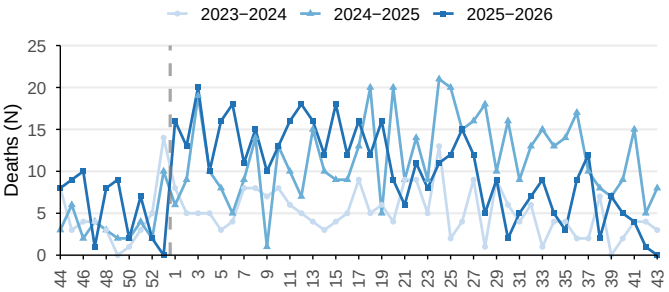


Figure 5.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Andean Subregion, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

5.1 Country

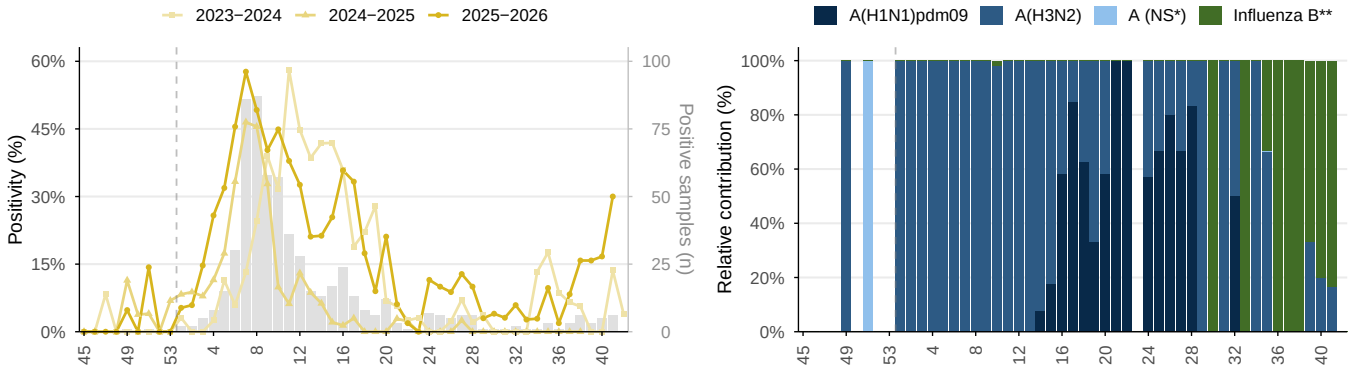
5.1.1 Bolivia

No laboratory surveillance data were reported for EW 43. During EW 41, the last week with samples processed for influenza, sentinel surveillance in Bolivia showed influenza positivity of 30.0% (Figure 5.7). SARS-CoV-2 positivity was 11.8% (Figure 5.8). Among influenza-positive samples during EW 38 and 41, influenza B predominated (85.0% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 5.7). Among samples positive for other respiratory viruses between EW 36 and EW 39, adenovirus (16.7%), metapneumovirus (16.7%) and rhinovirus (16.7%) predominated (Figure 5.9).

Between EW 39 and 42, few ETI cases were reported, with influenza detection; low numbers prevent calculation of proportions (Figure 5.10). In the same period, 50.0% of ILI cases with known age were in the 13-17 age group, followed by the 18-64 age group (50.0%) (Figure 5.10). Between EW 39 and 42, viral detections amounted to 25.3% of SARI cases, with influenza predominating (60.0%), followed by RSV (30.0%) and SARS-CoV-2 (10.0%) (Figure 5.11). In the same period, 4 ICU admissions of SARI cases and one death were recorded (Figure 5.12).

Figure 5.7.A. Weekly overall influenza positivity.

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



Influenza in Bolivia, EW 45/2025–43/2026. 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.*

5. Andean Subregion — Bolivia

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

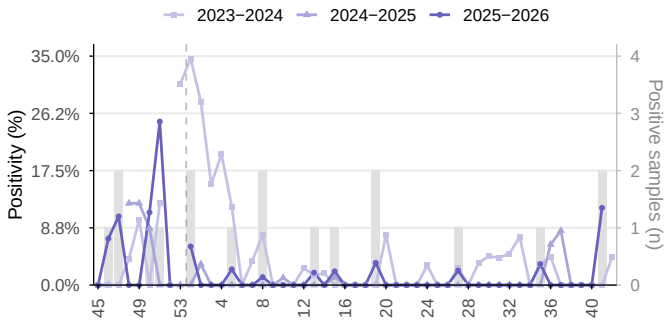
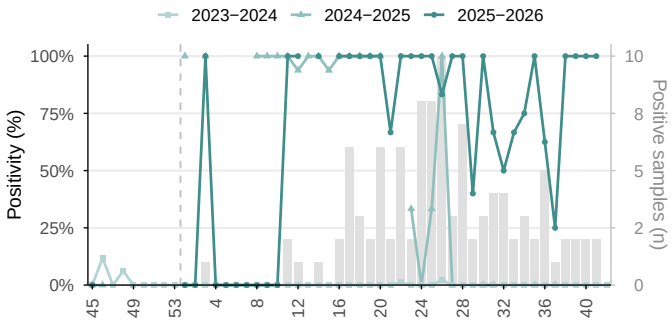


Figure 5.8.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Bolivia, EW 45/2025−43/2026. 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.

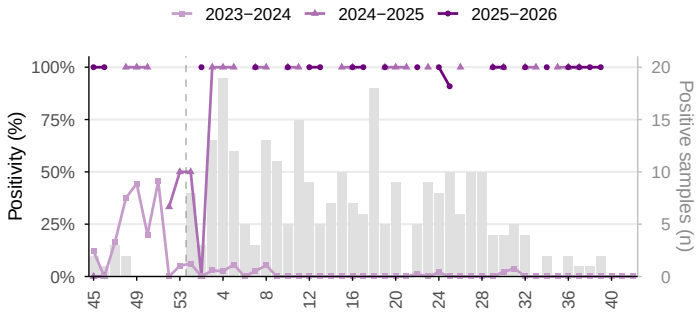
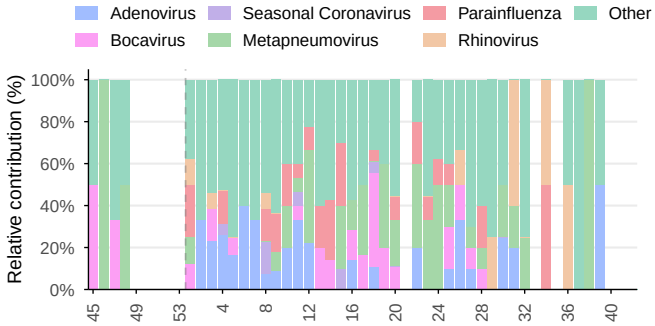


Figure 5.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Bolivia, EW 45/2025−43/2026. 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.

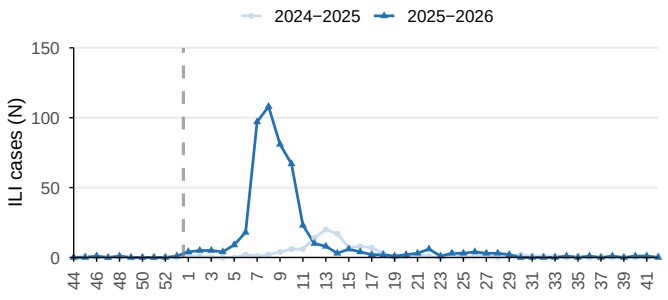
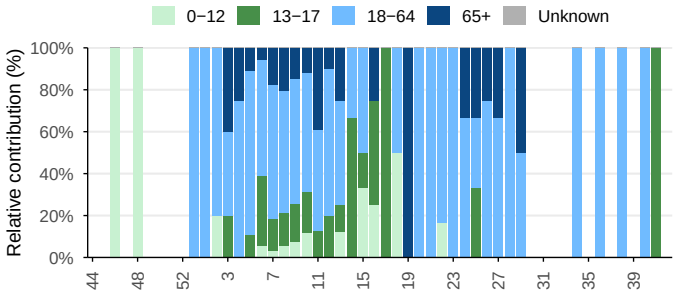


Figure 5.10.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Bolivia, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.11.A. Weekly SARI cases.

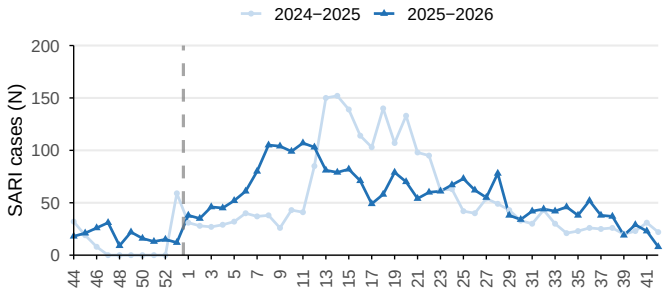
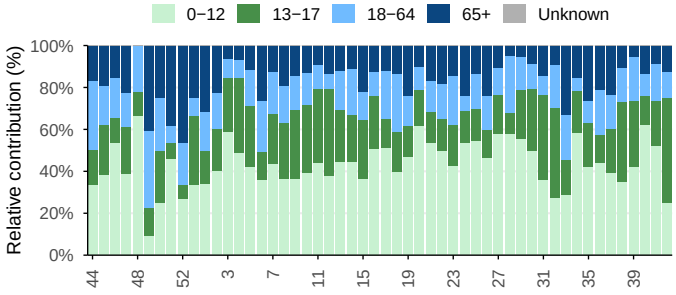


Figure 5.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Bolivia, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

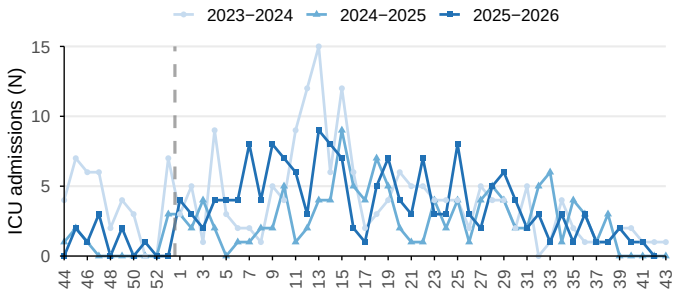
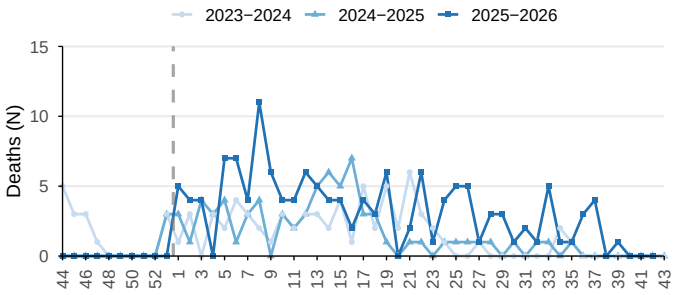


Figure 5.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Bolivia, EW 44/2025–43/2026. *Source: FluID, WHO–GISRS.*

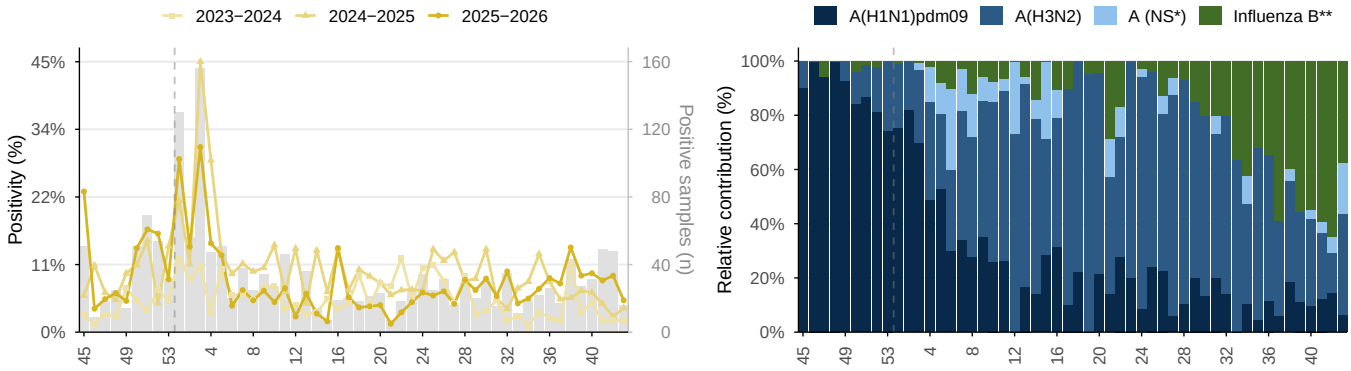
5.1.2 Colombia

During EW 43, sentinel surveillance in Colombia showed influenza positivity of 5.3% (Figure 5.13). SARS-CoV-2 positivity was 1.0%, and RSV positivity 2.6% (Figure 5.14). Among influenza-positive samples during EW 40 and 43, influenza B predominated (57.6% of typed samples); of all influenza A samples, 85.2% were subtyped, and among these A(H3N2) predominated (67.3%) (Figure 5.13). Among samples tested for other respiratory viruses, positivity was 21.1%, with rhinovirus (40.5%) and adenovirus (31.8%) predominating (Figure 5.15).

Between EW 39 and 42, viral detections amounted to 5.6% of ILI cases; influenza predominated (100.0%) (Figure 5.16). In the same period, 63.9% of ILI cases with known age were in the 18-64 age group, followed by the 65+ age group (16.7%) (Figure 5.16). Between EW 39 and 42, viral detections amounted to 10.1% of SARI cases, with RSV predominating (56.4%), followed by influenza (38.5%) and SARS-CoV-2 (5.1%) (Figure 5.17). In the same period, 62 ICU admissions of SARI cases and 0 deaths were recorded (Figure 5.18).

Figure 5.13.A. Weekly overall influenza positivity.

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



Influenza in Colombia, EW 45/2025–43/2026. 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.

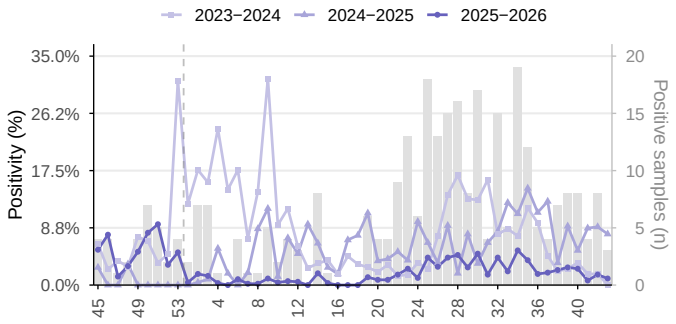
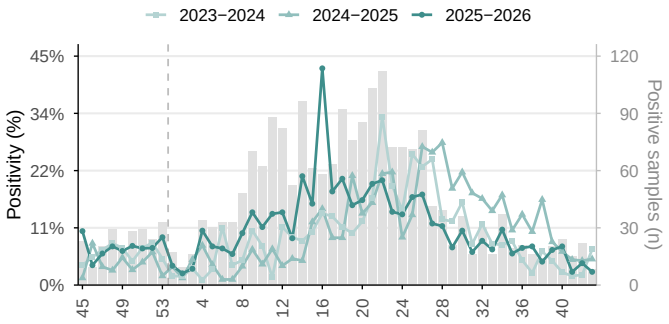


Figure 5.14.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Colombia, EW 45/2025−43/2026. 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.

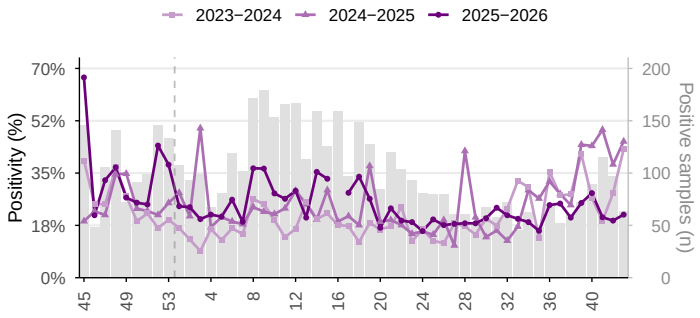
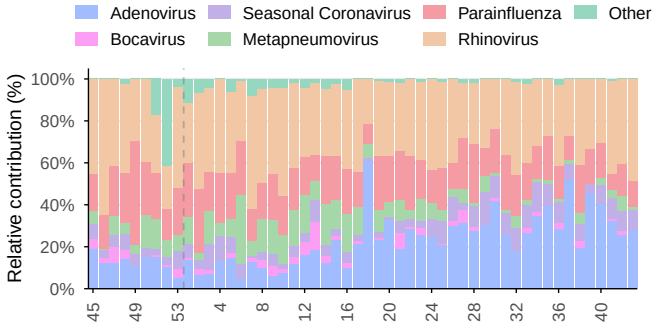


Figure 5.15.B. Weekly relative contribution by virus.



Other respiratory viruses in Colombia, EW 45/2025−43/2026. 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.

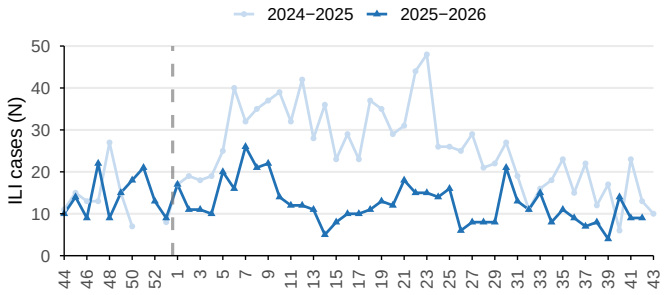
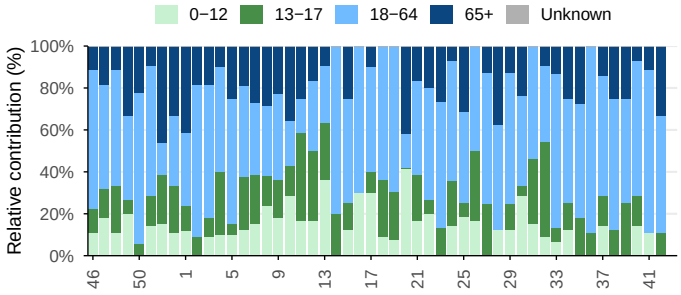


Figure 5.16.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Colombia, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.17.A. Weekly SARI cases.

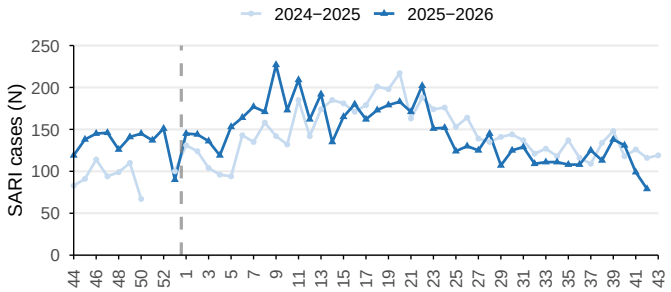
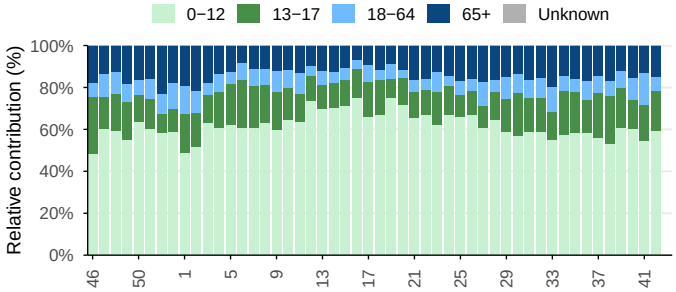


Figure 5.17.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Colombia, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

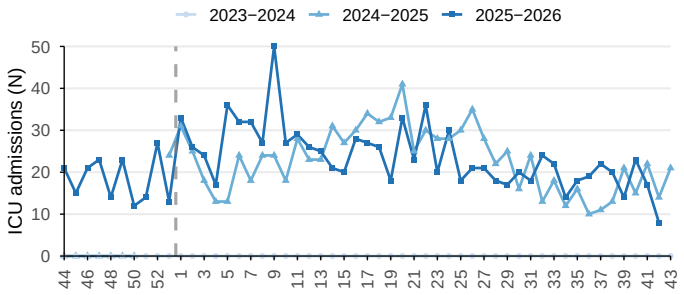
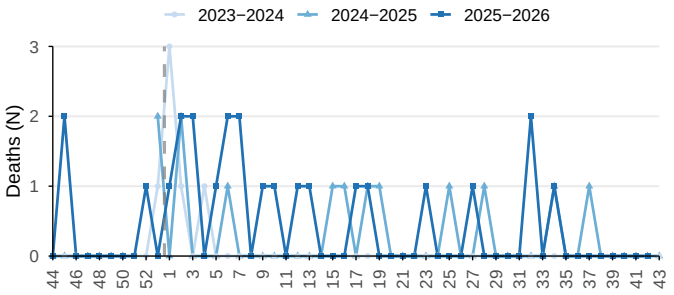


Figure 5.18.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Colombia, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

5.1.3 Ecuador

During EW 43, sentinel surveillance in Ecuador showed influenza positivity of 25.0% (Figure 5.19). SARS-CoV-2 positivity was 3.2%, and RSV positivity 4.2% (Figure 5.20). Among influenza-positive samples during EW 40 and 43, influenza B predominated (52.2% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H1N1)pdm09 predominated (56.8%) (Figure 5.19). Among samples tested for other respiratory viruses, positivity was 2.5%, with metapneumovirus (53.8%) and adenovirus (38.5%) predominating (Figure 5.21).

Figure 5.19.A. Weekly overall influenza positivity.

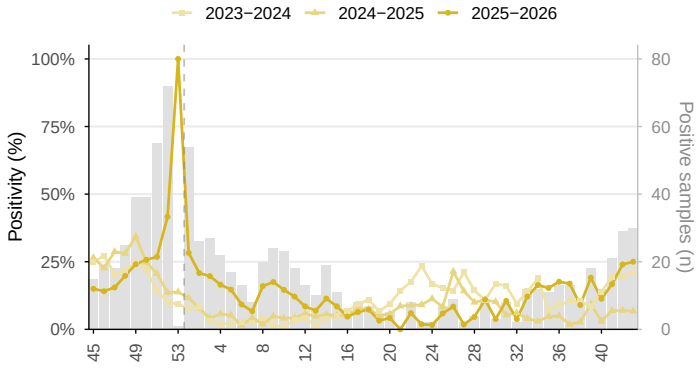
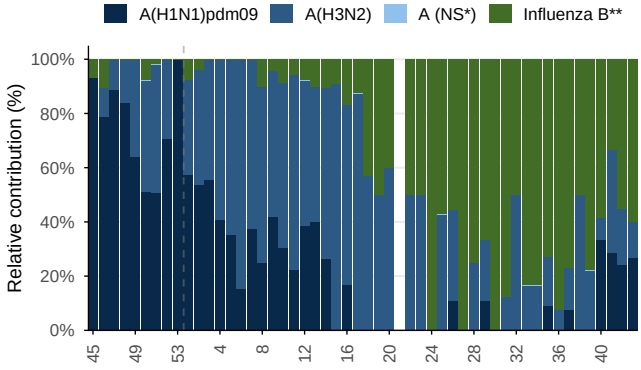


Figure 5.19.B. Weekly relative contribution by type and subtype.



Influenza in Ecuador, EW 45/2025–43/2026. 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.

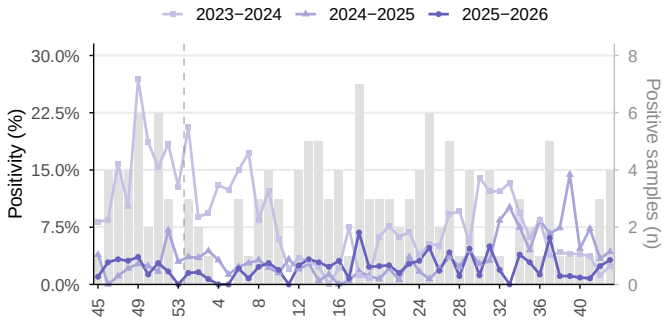
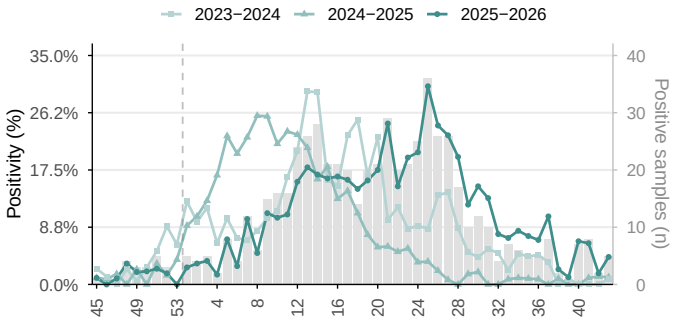


Figure 5.20.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Ecuador, EW 45/2025–43/2026. 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.

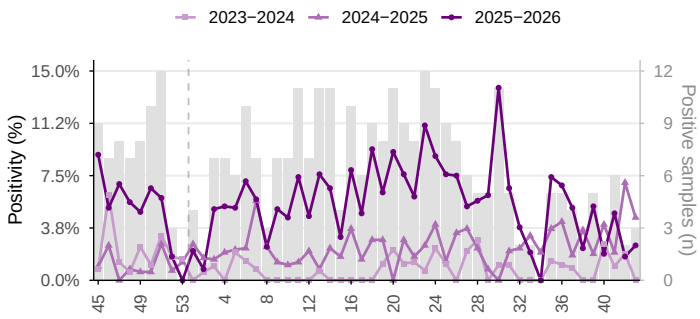
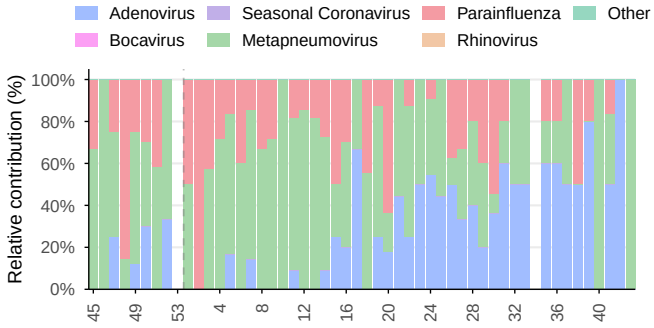


Figure 5.21.B. Weekly relative contribution by virus.



Other respiratory viruses in Ecuador, EW 45/2025−43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

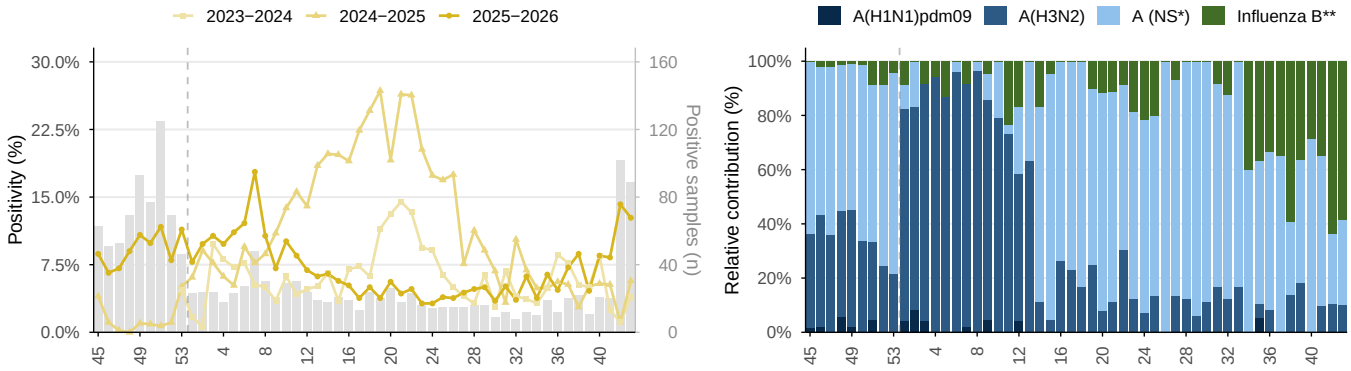
5.1.4 Peru

During EW 43, sentinel surveillance in Peru showed influenza positivity of 12.7% (Figure 5.22). SARS-CoV-2 positivity was 5.9%, and RSV positivity 2.9% (Figure 5.23). Among influenza-positive samples during EW 40 and 43, influenza B predominated (56.0% of typed samples); of all influenza A samples, 21.6% were subtyped, and among these A(H3N2) predominated (100.0%) (Figure 5.22). Among samples tested for other respiratory viruses, positivity was 15.8% (EW 41), with rhinovirus predominating (85.7%) between EW 38 and 41 (Figure 5.24).

Between EW 40 and 43, viral detections amounted to 38.4% of ILI cases; influenza predominated (97.2%), followed by SARS-CoV-2 (2.1%) and RSV (0.7%) (Figure 5.25). In the same period, 41.1% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (32.7%) (Figure 5.25). Between EW 40 and 43, viral detections amounted to 15.0% of SARI cases, with influenza predominating (73.5%), followed by RSV (23.5%) and SARS-CoV-2 (2.9%) (Figure 5.26). In the same period, 52 ICU admissions of SARI cases and 10 deaths were recorded (Figure 5.27).

Figure 5.22.A. Weekly overall influenza positivity.

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



Influenza in Peru, EW 45/2025–43/2026. 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.

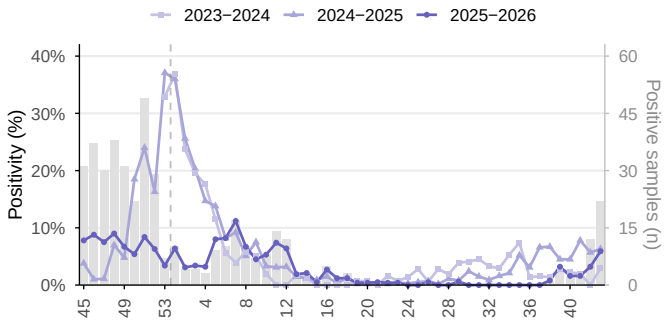
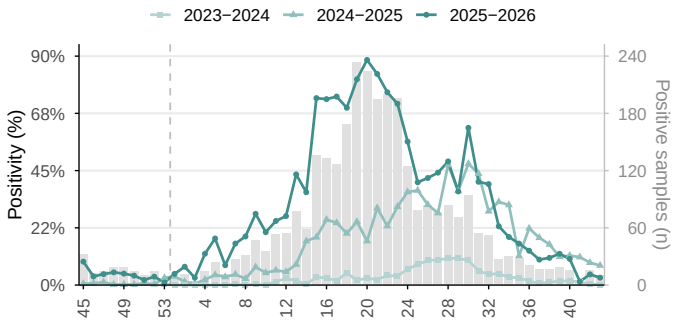


Figure 5.23.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Peru, EW 45/2025−43/2026. 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.

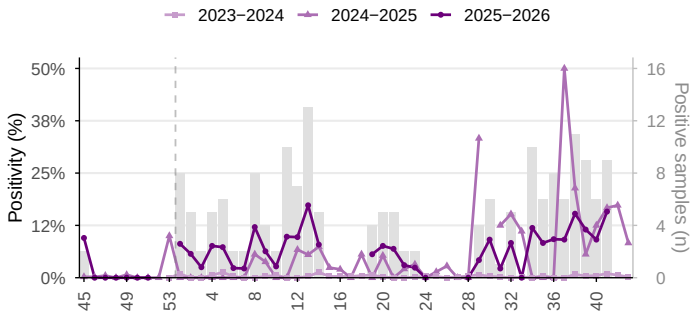
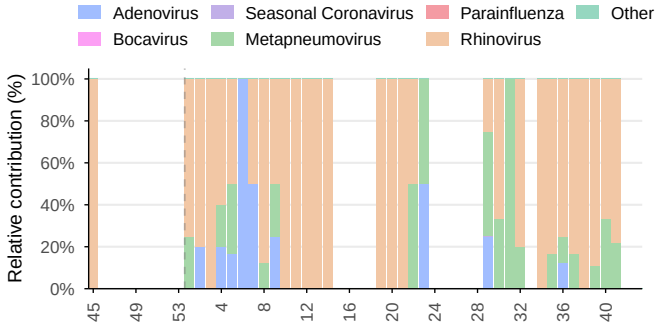


Figure 5.24.B. Weekly relative contribution by virus.



Other respiratory viruses in Peru, EW 45/2025−43/2026. 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.

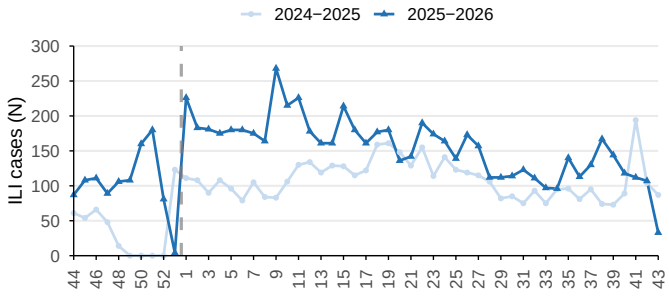
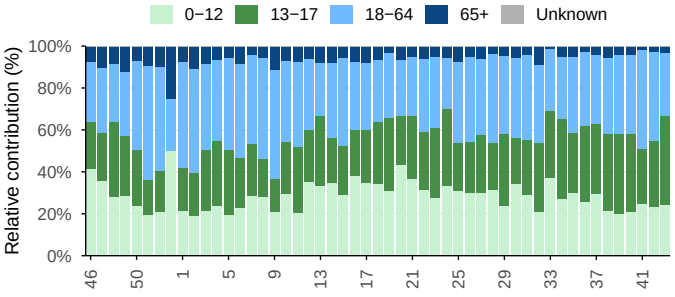


Figure 5.25.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Peru, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.26.A. Weekly SARI cases.

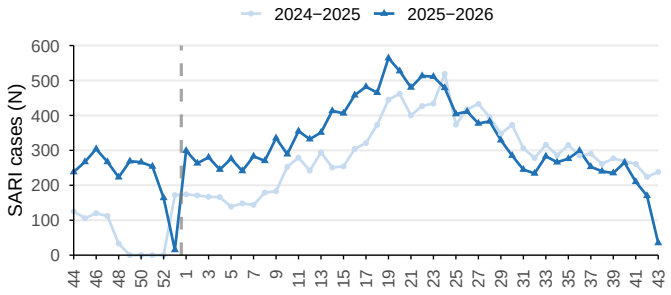
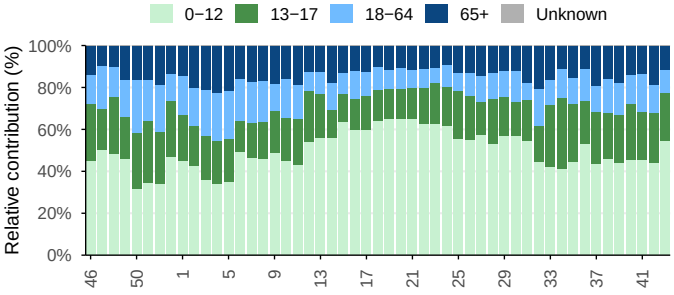


Figure 5.26.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Peru, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

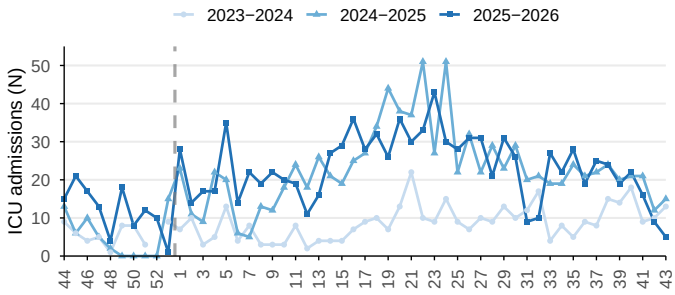
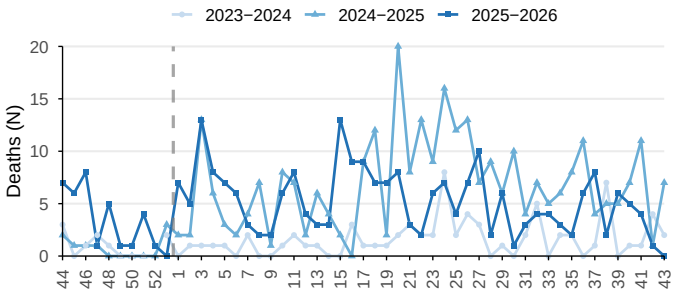


Figure 5.27.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Peru, EW 44/2025–43/2026. *Source: FluID, WHO–GISRS.*

5.1.5 Venezuela

No data were reported between EW 40 and 43.

6. Brazil and Southern Cone

During EW 43, sentinel surveillance in Brazil and the Southern Cone showed influenza positivity of 7.1% (Figure 6.1). SARS-CoV-2 positivity was 1.9%, and RSV positivity 6.4% (Figure 6.2). Among influenza-positive samples during EW 40 and 43, influenza B predominated (73.3% of typed samples); of all influenza A samples, 24.1% were subtyped, and among these A(H3N2) predominated (64.3%) (Figure 6.1). Among samples tested for other respiratory viruses, positivity was 47.5%, with rhinovirus (61.6%) and metapneumovirus (21.5%) predominating (Figure 6.3).

Between EW 40 and 43, viral detections amounted to 14.5% of ILI cases; SARS-CoV-2 predominated (53.1%), followed by influenza (37.0%) and RSV (9.9%) (Figure 6.4). Between EW 40 and 43, viral detections amounted to 10.6% of SARI cases, with RSV predominating (56.7%), followed by influenza (25.9%) and SARS-CoV-2 (17.4%) (Figure 6.5). In the same period, 1,100 ICU admissions of SARI cases and 162 deaths were recorded (Figure 6.6). The decrease in ILI and SARI cases, along with admissions to ICU and deaths in EW 42 and EW 43 derives from the absence of Brazil's records after EW 41 (Figures 6.4 to 6.6).

Figure 6.1.A. Weekly overall influenza positivity.

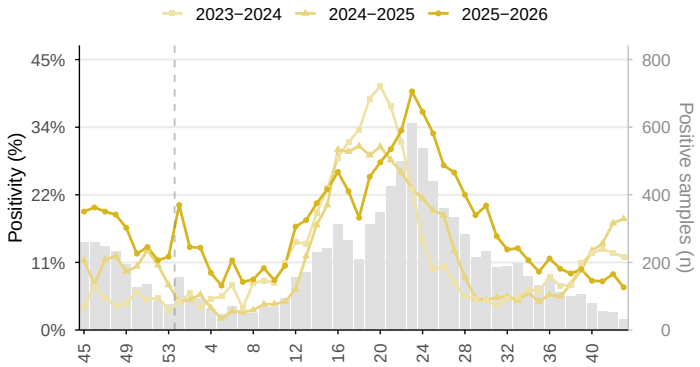
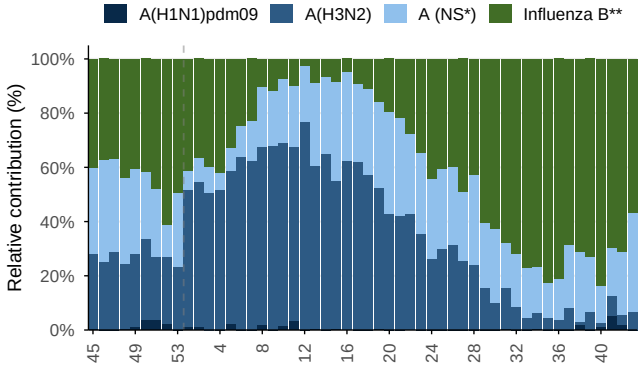


Figure 6.1.B. Weekly relative contribution by type and subtype.



Influenza in Brazil and the Southern Cone, EW 45/2025–43/2026. 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.

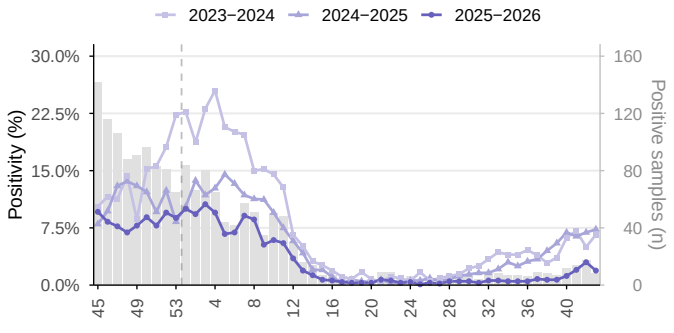
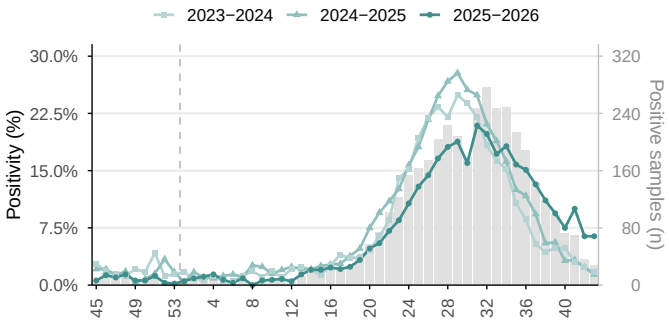


Figure 6.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Brazil and the Southern Cone, EW 45/2025–43/2026. 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.

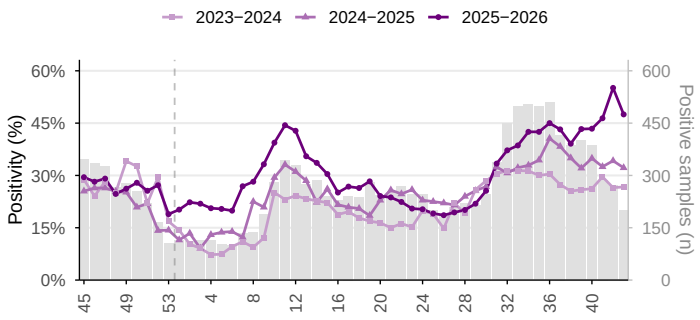
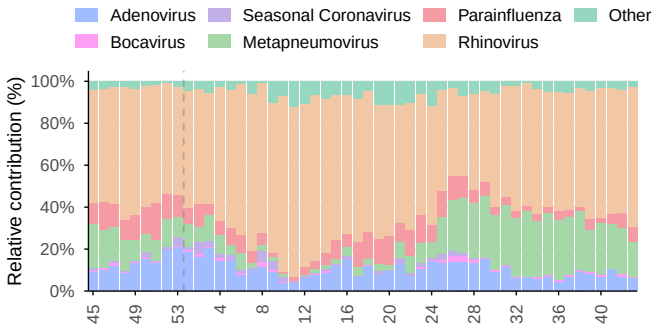


Figure 6.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil and the Southern Cone, EW 45/2025–43/2026. 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.

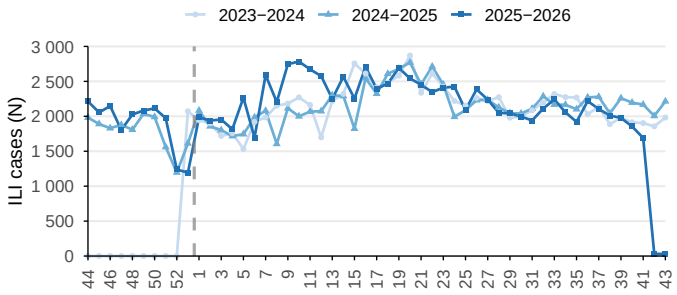
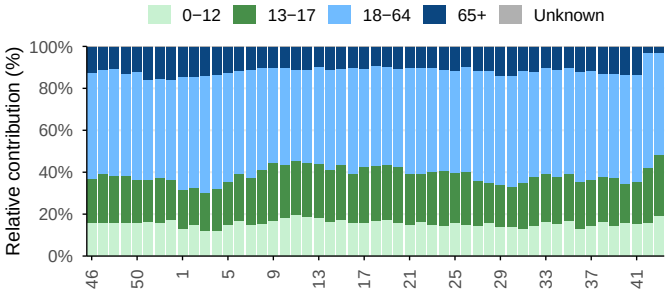


Figure 6.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Brazil and the Southern Cone, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.5.A. Weekly SARI cases.

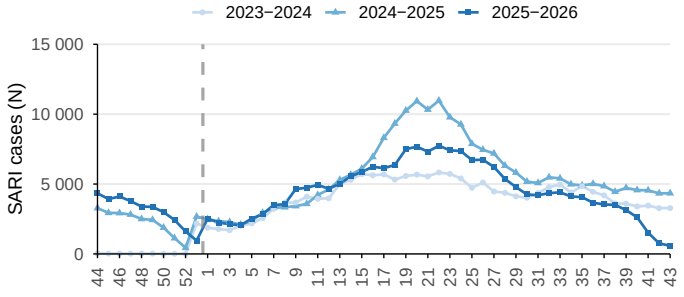
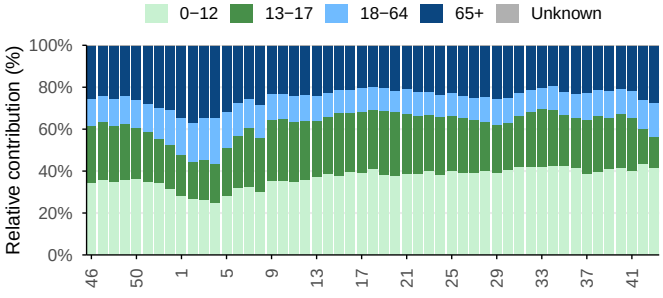


Figure 6.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil and the Southern Cone, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

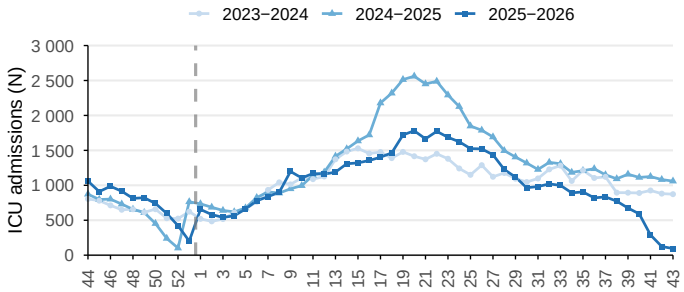
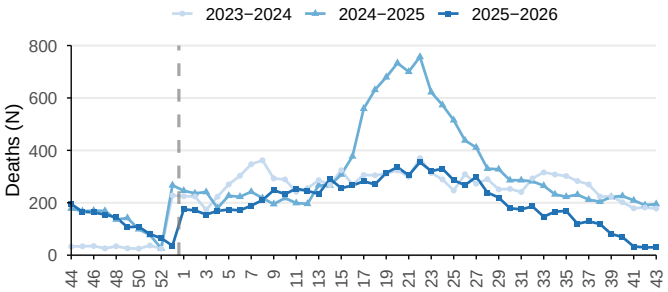


Figure 6.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil and the Southern Cone, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

6.1 Country

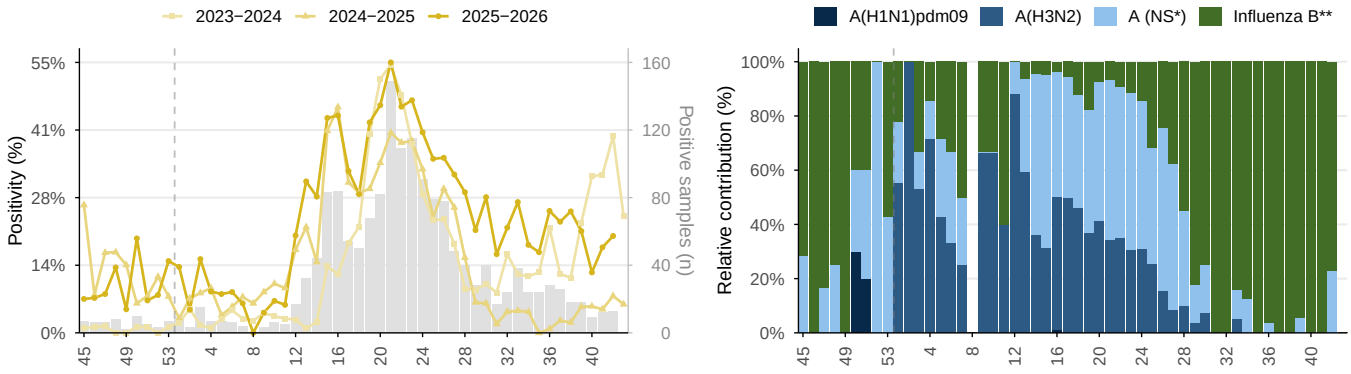
6.1.1 Argentina

No laboratory surveillance data were reported for EW 43. During EW 42, sentinel surveillance in Argentina showed influenza positivity of 19.7% (Figure 6.7). SARS-CoV-2 positivity was 6.8%, and RSV positivity 9.1% (Figure 6.8). Among influenza-positive samples during EW 39 and 42, influenza B predominated (92.3% of typed samples) (Figure 6.7).

Between EW 40 and 43, viral detections amounted to 25.5% of SARI cases, with RSV predominating (74.0%), followed by influenza (14.8%) and SARS-CoV-2 (11.2%) (Figure 6.9). In the same period, 30 ICU admissions of SARI cases were recorded; no death records were reported (Figure 6.10).

Figure 6.7.A. Weekly overall influenza positivity.

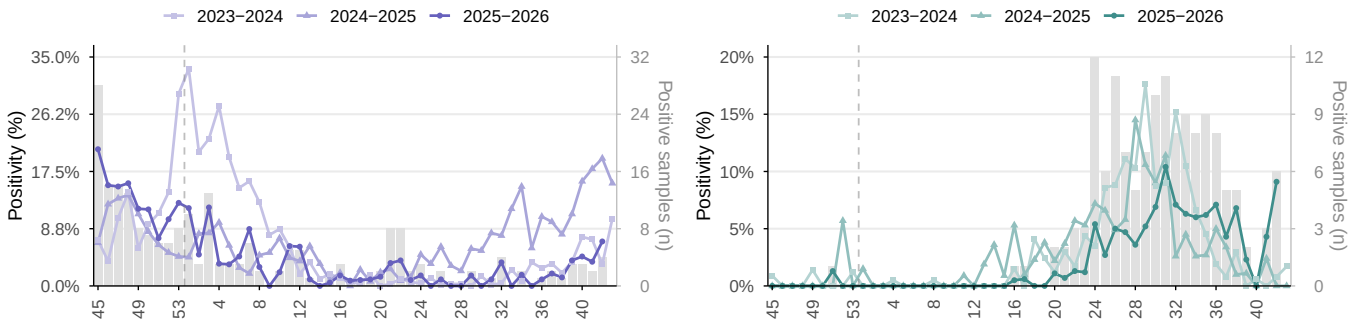
Figure 6.7.B. Weekly relative contribution by type and subtype.



Influenza in Argentina, EW 45/2025–43/2026. 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 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.9.A. Weekly SARI cases.

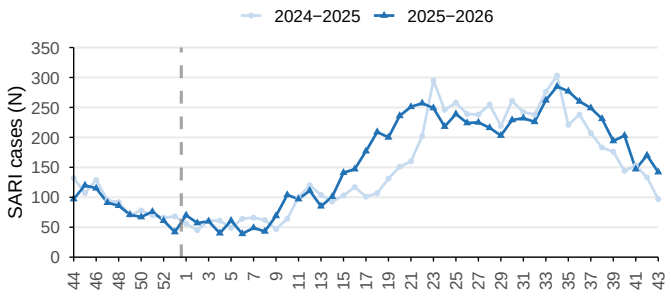
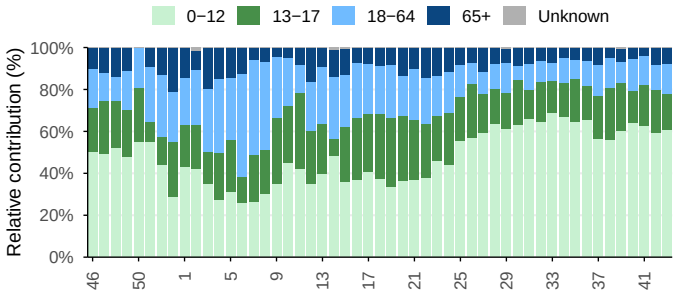


Figure 6.9.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Argentina, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

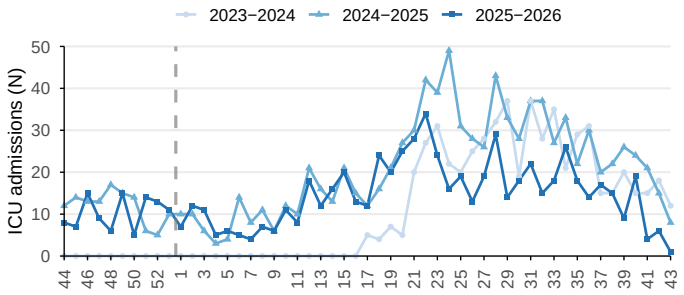
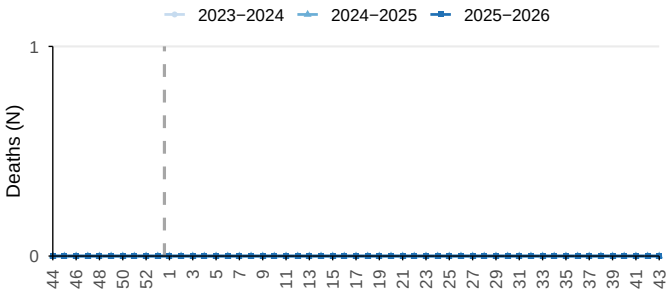


Figure 6.10.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Argentina, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

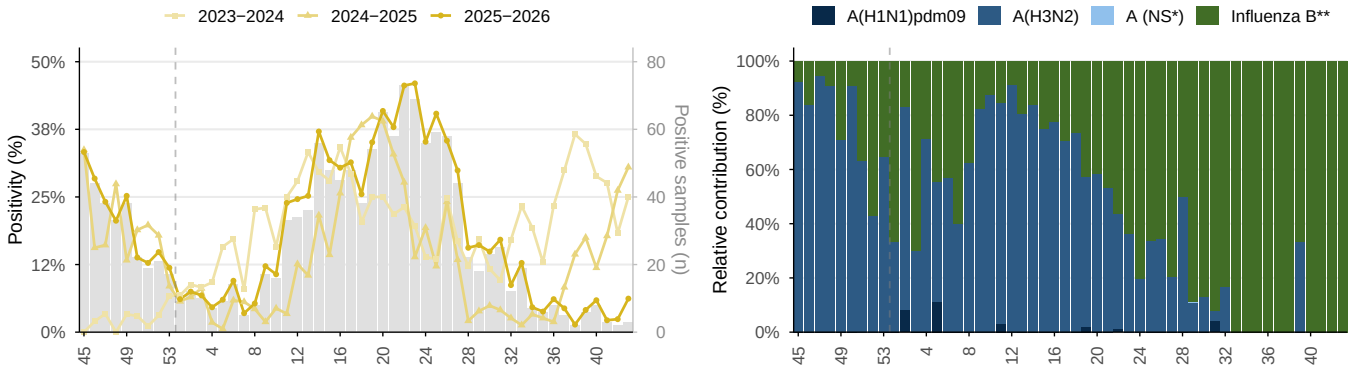
6.1.2 Brazil

During EW 43, sentinel surveillance in Brazil showed influenza positivity of 6.2% (Figure 6.11). SARS-CoV-2 positivity was 4.0%, and RSV positivity 2.1% (Figure 6.12). Among influenza-positive samples during EW 40 and 43, influenza B predominated (100.0% of typed samples) (Figure 6.11). Among samples tested for other respiratory viruses, positivity was 41.7%, with rhinovirus (59.5%) and metapneumovirus (26.4%) predominating (Figure 6.13).

Between EW 38 and 41, viral detections amounted to 14.8% of ILI cases; SARS-CoV-2 predominated (65.8%), followed by influenza (29.5%) and RSV (4.7%) (Figure 6.14). In the same period, 50.4% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (20.9%) (Figure 6.14). Between EW 38 and 41, viral detections amounted to 8.2% of SARI cases, with RSV predominating (45.1%), followed by influenza (32.6%) and SARS-CoV-2 (22.4%) (Figure 6.15). In the same period, 1,770 ICU admissions of SARI cases and 140 deaths were recorded (Figure 6.16).

Figure 6.11.A. Weekly overall influenza positivity.

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



Influenza in Brazil, EW 45/2025–43/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

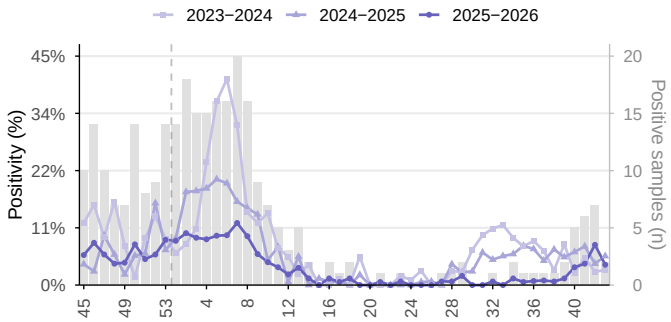
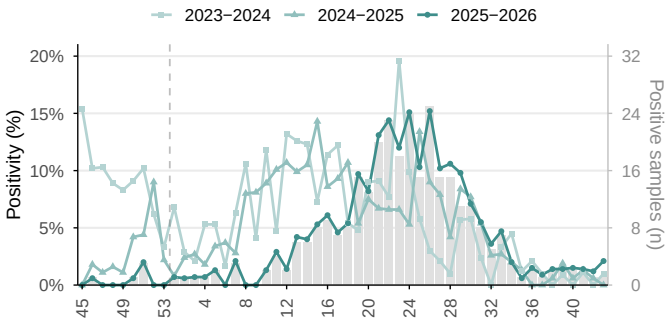


Figure 6.12.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Brazil, EW 45/2025−43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.13.A. Overall weekly positivity.

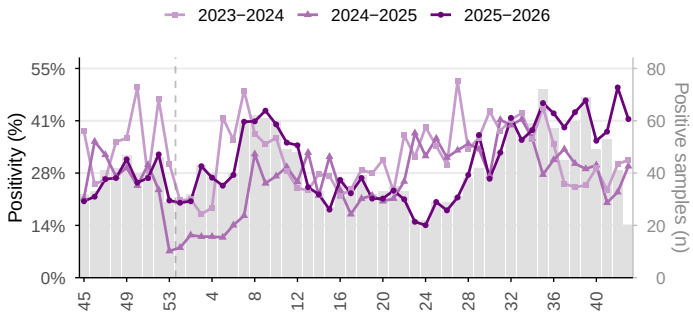
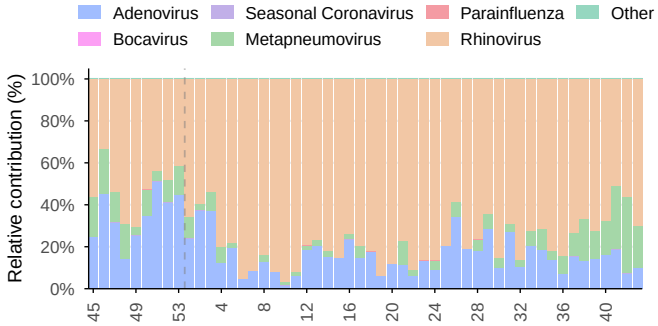


Figure 6.13.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil, EW 45/2025−43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.14.A. Weekly ILI cases.

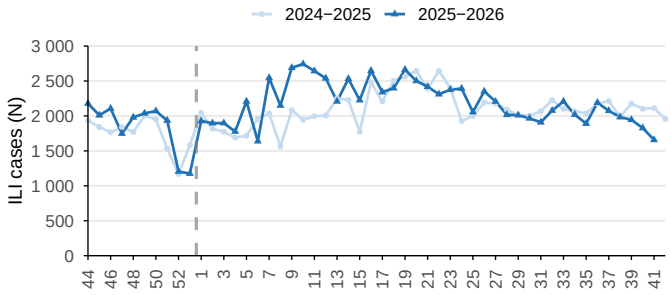
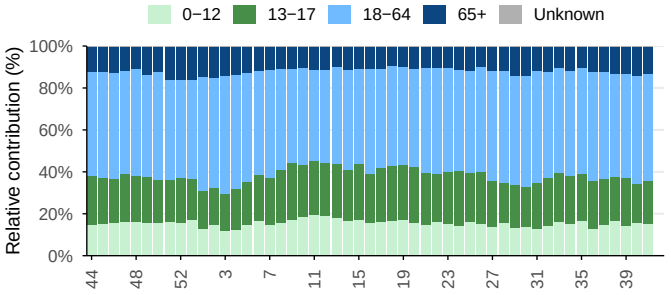


Figure 6.14.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.15.A. Weekly SARI cases.

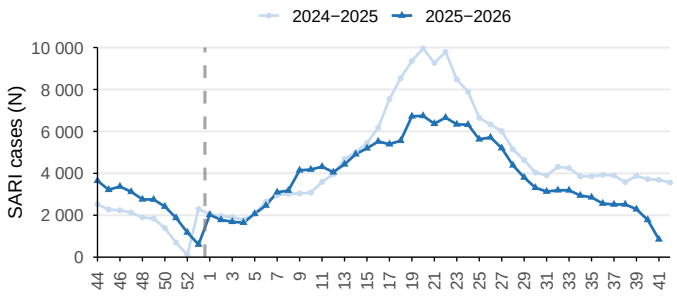
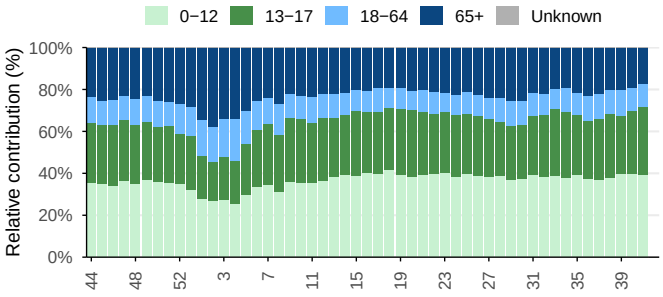


Figure 6.15.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

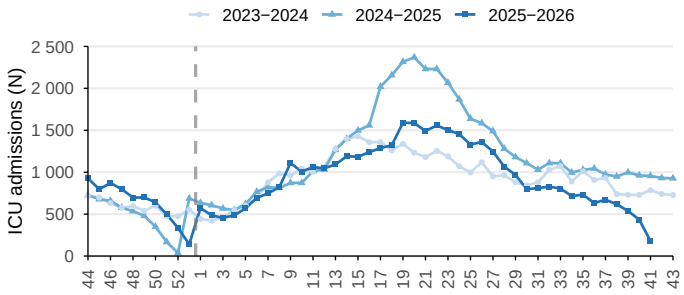
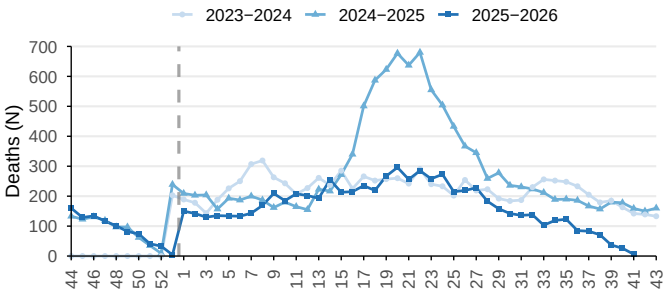


Figure 6.16.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil, EW 44/2025–43/2026. *Source: FluID, WHO–GISRS.*

6.1.3 Chile

During EW 43, sentinel surveillance in Chile showed influenza positivity of 7.5% (Figure 6.17). SARS-CoV-2 positivity was 1.4%, and RSV positivity 6.9% (Figure 6.18). Among influenza-positive samples during EW 40 and 43, influenza B predominated (63.1% of typed samples); of all influenza A samples, 25.5% were subtyped, and among these A(H3N2) predominated (64.3%) (Figure 6.17). Among samples tested for other respiratory viruses, positivity was 49.9%, with rhinovirus (62.3%) and metapneumovirus (21.6%) predominating (Figure 6.19).

Between EW 40 and 43, viral detections amounted to 15.0% of SARI cases, with RSV predominating (70.5%), followed by influenza (23.5%) and SARS-CoV-2 (6.1%) (Figure 6.20). In the same period, 219 ICU admissions of SARI cases and 26 deaths were recorded (Figure 6.21).

Figure 6.17.A. Weekly overall influenza positivity.

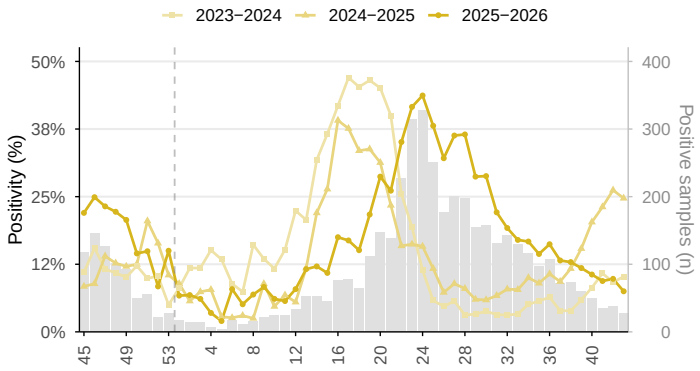
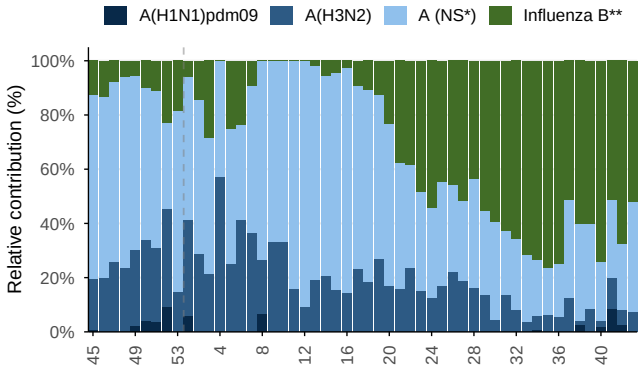


Figure 6.17.B. Weekly relative contribution by type and subtype.



Influenza in Chile, EW 45/2025–43/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

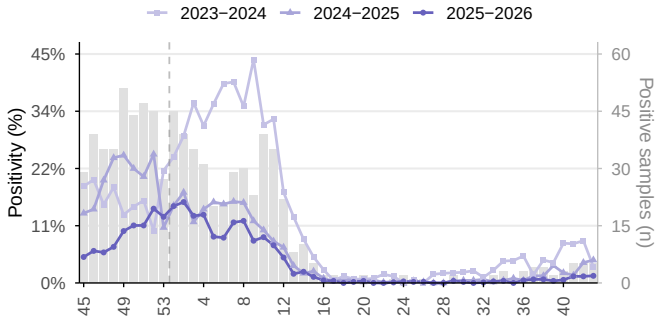
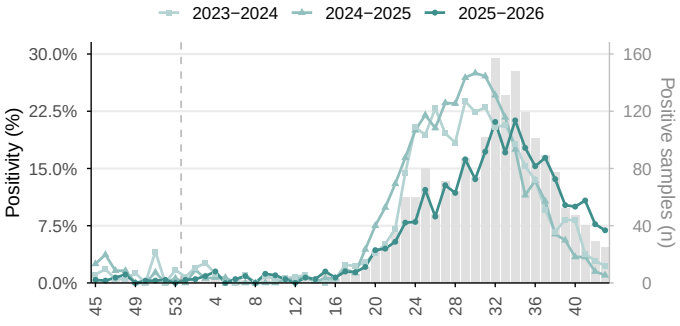


Figure 6.18.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Chile, EW 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.19.A. Overall weekly positivity.

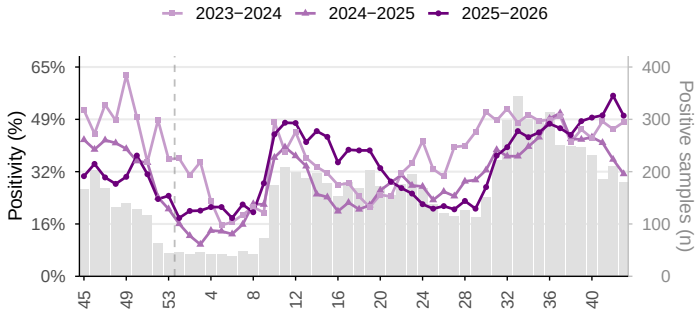
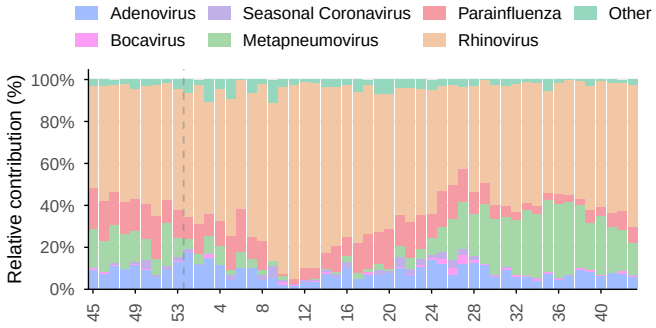


Figure 6.19.B. Weekly relative contribution by virus.



Other respiratory viruses in Chile, EW 45/2025–43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.20.A. Weekly SARI cases.

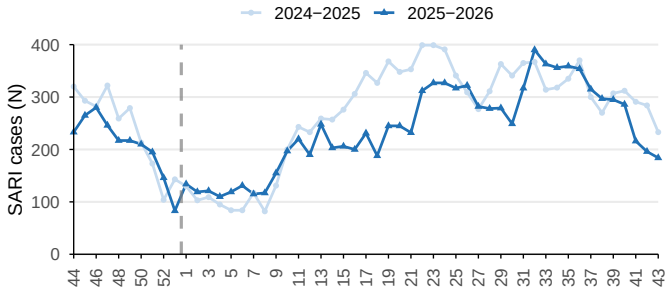
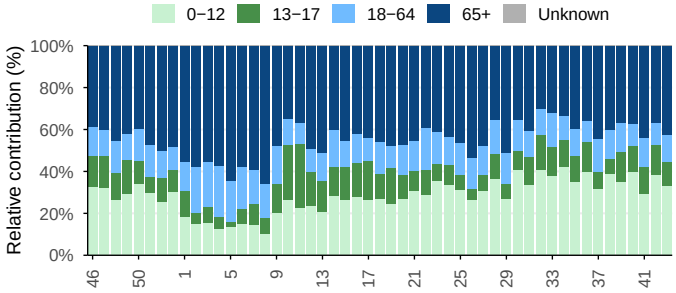


Figure 6.20.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Chile, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

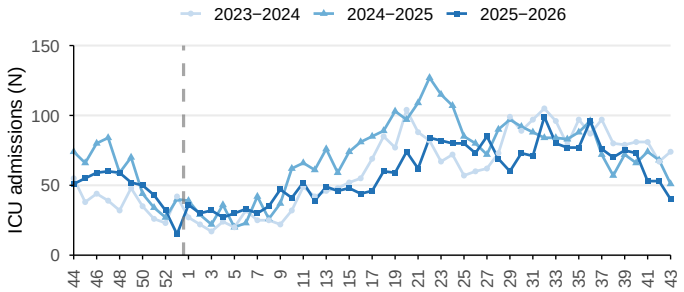
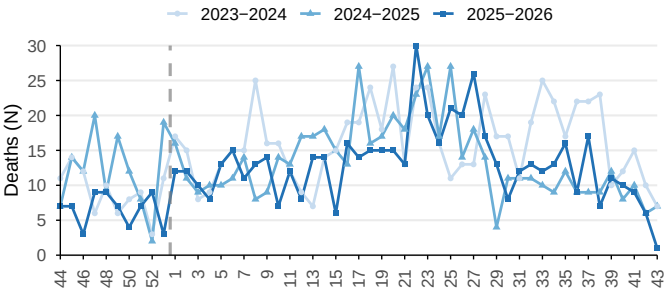


Figure 6.21.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Chile, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

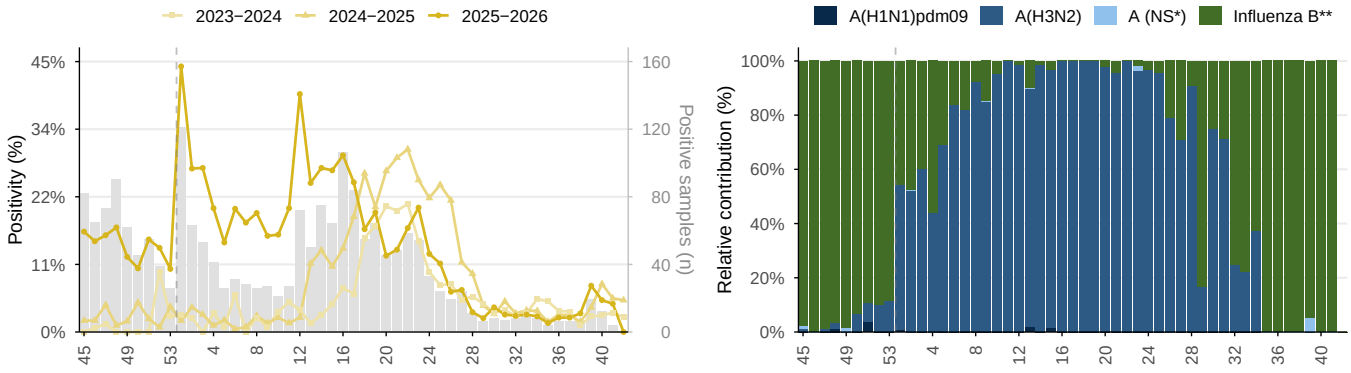
6.1.4 Paraguay

No laboratory surveillance data were reported for EW 43. During EW 42, sentinel surveillance in Paraguay showed influenza positivity of 0.0% (Figure 6.22). Among influenza-positive samples during EW 39 and 42, influenza B predominated (97.1% of typed samples) (Figure 6.22). Among samples tested for other respiratory viruses, rhinovirus predominated (79.5%) (Figure 6.24).

Between EW 40 and 43, viral detections amounted to 14.6% of ILI cases; influenza predominated (50.0%), followed by SARS-CoV-2 (27.8%) and RSV (22.2%) (Figure 6.25). In the same period, 48.0% of ILI cases with known age were in the 18-64 age group, followed by the 13-17 age group (22.0%) (Figure 6.25). Between EW 40 and 43, viral detections amounted to 8.1% of SARI cases, with RSV predominating (44.8%), followed by influenza (35.6%) and SARS-CoV-2 (19.5%) (Figure 6.26). In the same period, 193 ICU admissions of SARI cases and 103 deaths were recorded (Figure 6.27).

Figure 6.22.A. Weekly overall influenza positivity.

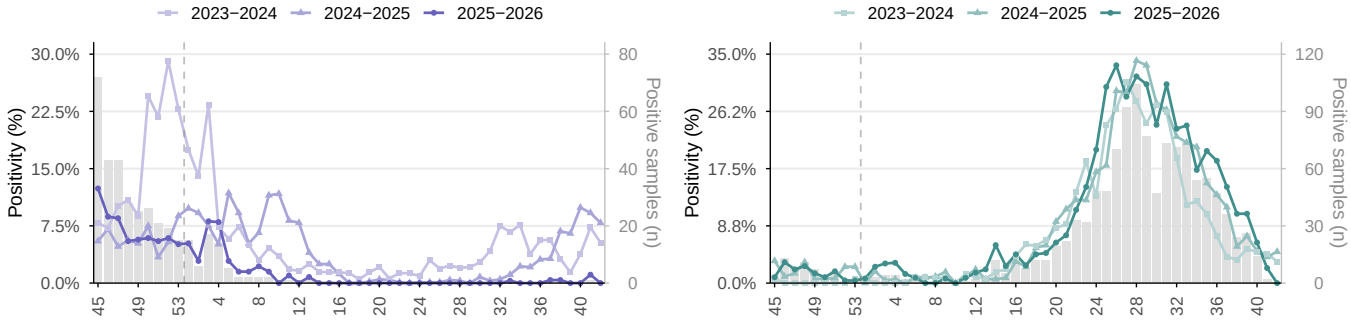
Figure 6.22.B. Weekly relative contribution by type and subtype.



Influenza in Paraguay, EW 45/2025–43/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

Figure 6.23.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Paraguay, EW 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.24.A. Overall weekly positivity.

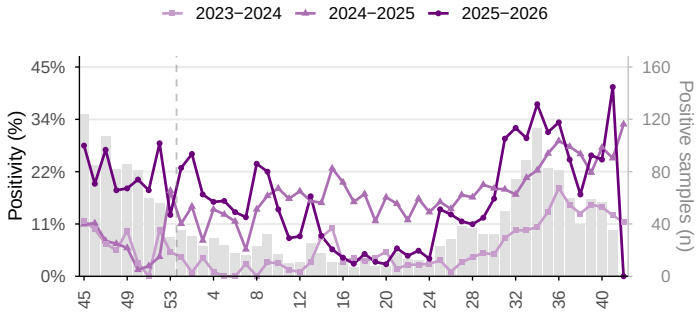
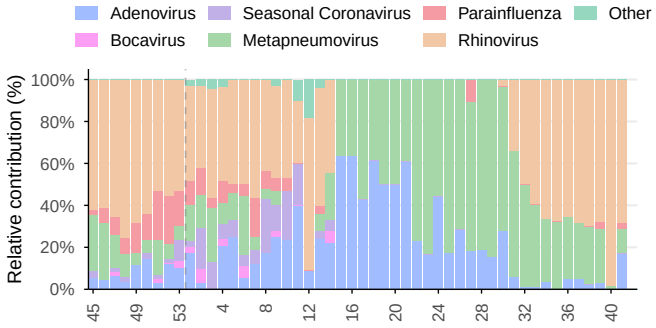


Figure 6.24.B. Weekly relative contribution by virus.



Other respiratory viruses in Paraguay, EW 45/2025−43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.25.A. Weekly ILI cases.

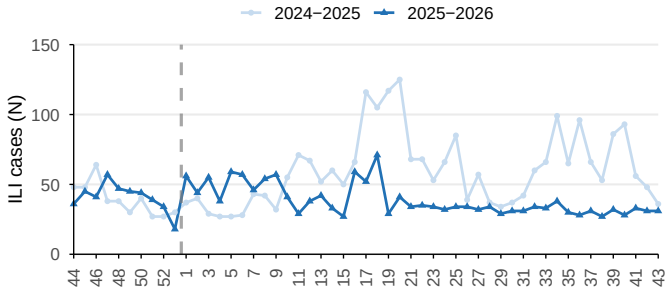
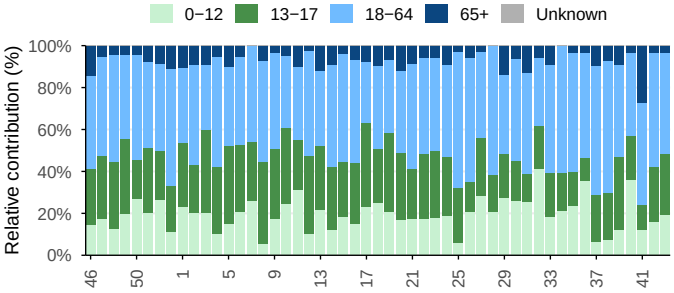


Figure 6.25.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Paraguay, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.26.A. Weekly SARI cases.

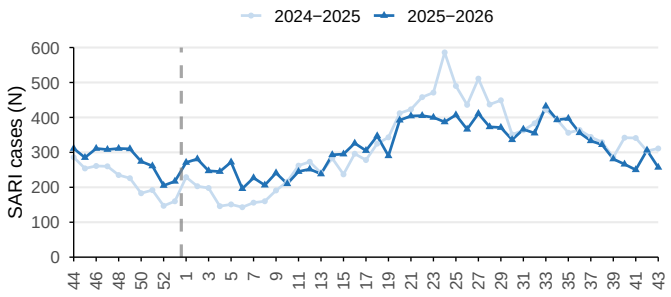
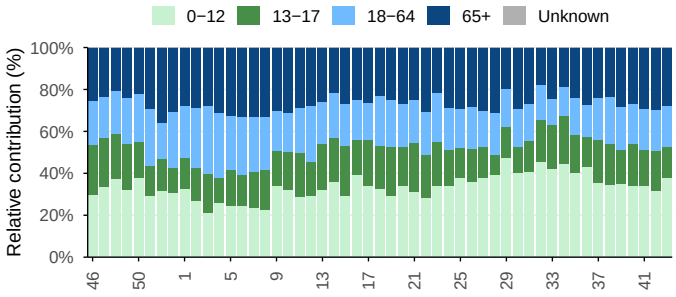


Figure 6.26.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Paraguay, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

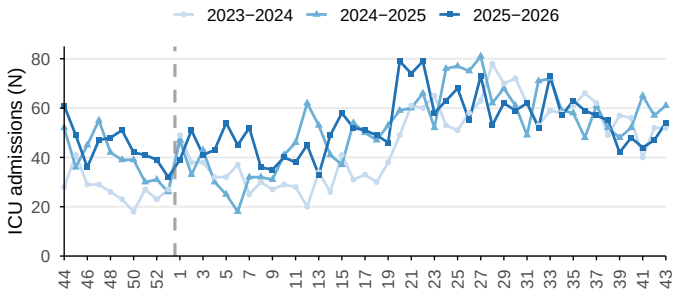
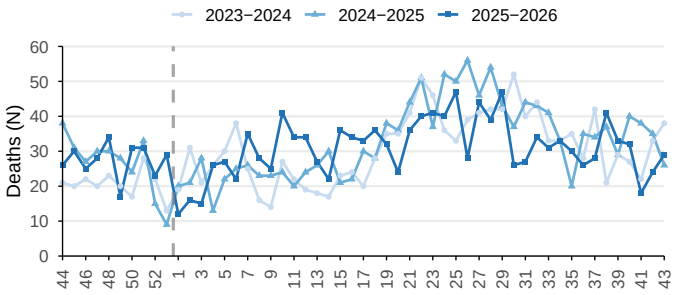


Figure 6.27.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Paraguay, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*

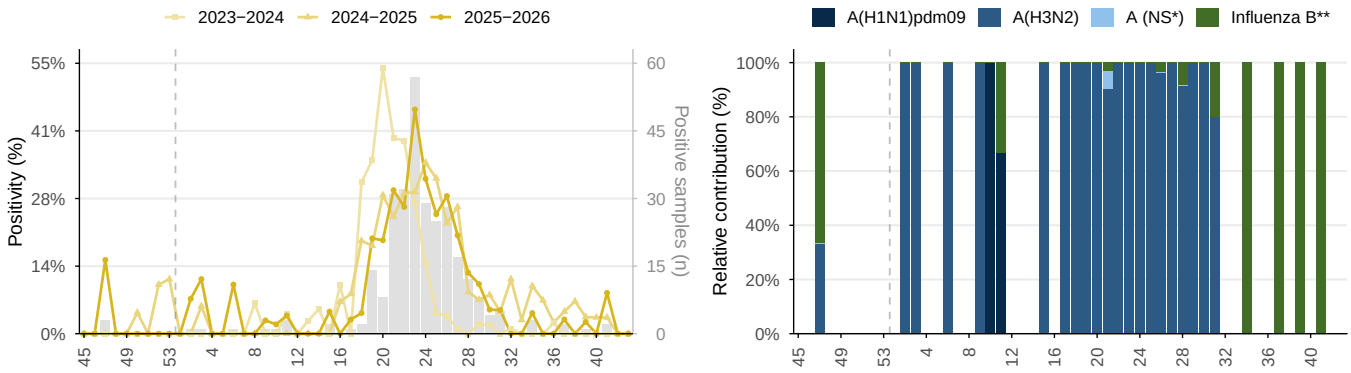
6.1.5 Uruguay

During EW 43, sentinel surveillance in Uruguay showed influenza positivity of 0.0% (Figure 6.28). SARS-CoV-2 positivity was 6.2%, and RSV positivity 7.1% (Figure 6.29). Among influenza-positive samples during EW 40 and 43, influenza B predominated (100.0% of typed samples) (Figure 6.28). Among samples tested for other respiratory viruses, positivity was 7.1%, with rhinovirus (29.6%), other (29.6%) and metapneumovirus (28.4%) predominating (Figure 6.30).

Between EW 39 and 42, viral detections amounted to 6.3% of SARI cases, with RSV predominating (90.0%), followed by influenza (5.0%) and SARS-CoV-2 (5.0%) (Figure 6.31). In the same period, 56 ICU admissions of SARI cases and one death were recorded (Figure 6.32).

Figure 6.28.A. Weekly overall influenza positivity.

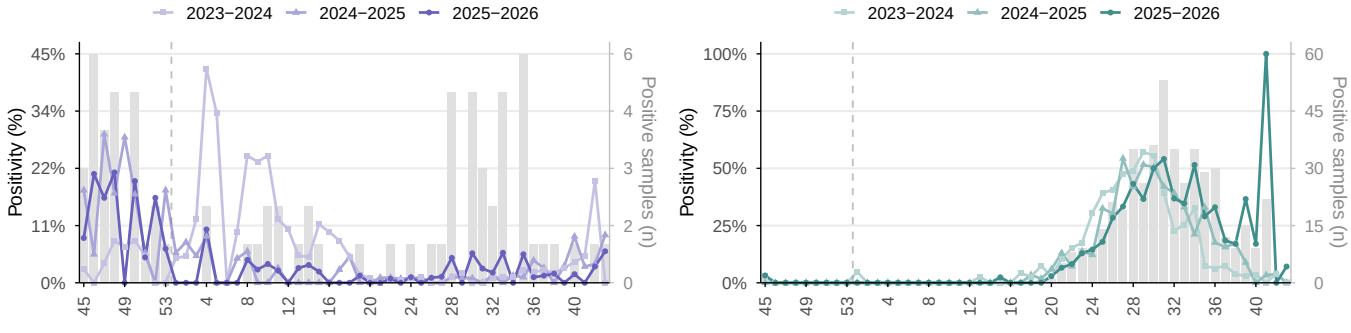
Figure 6.28.B. Weekly relative contribution by type and subtype.



Influenza in Uruguay, EW 45/2025–43/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

Figure 6.29.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Uruguay, EW 45/2025–43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.30.A. Overall weekly positivity.

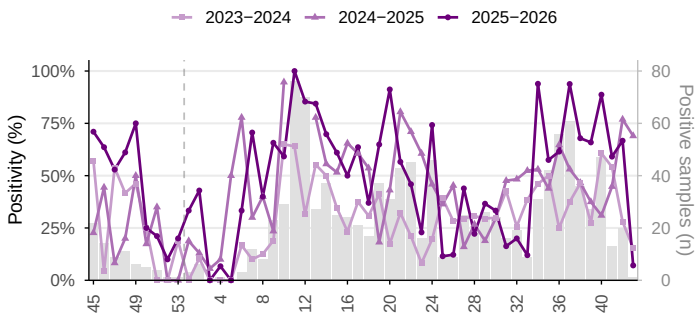
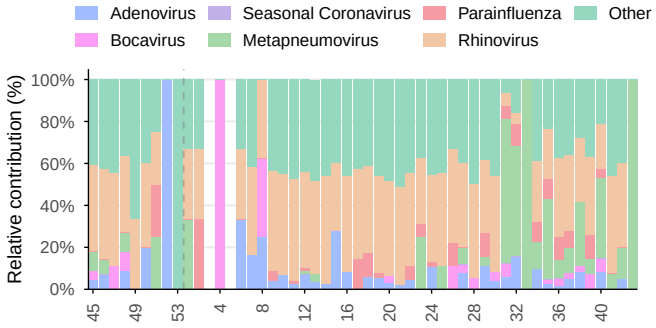


Figure 6.30.B. Weekly relative contribution by virus.



Other respiratory viruses in Uruguay, EW 45/2025−43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.31.A. Weekly SARI cases.

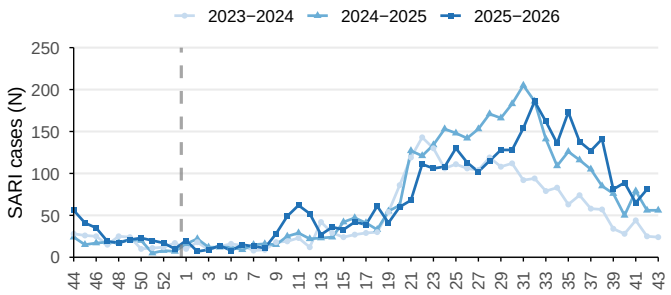
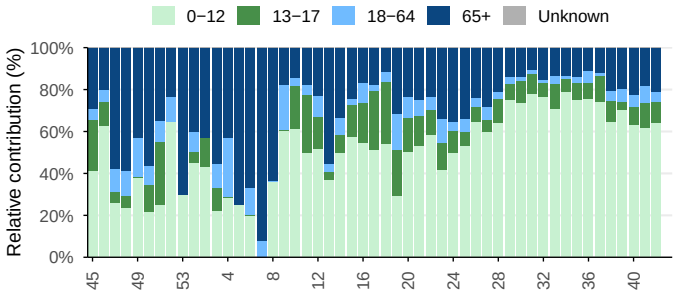


Figure 6.31.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Uruguay, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

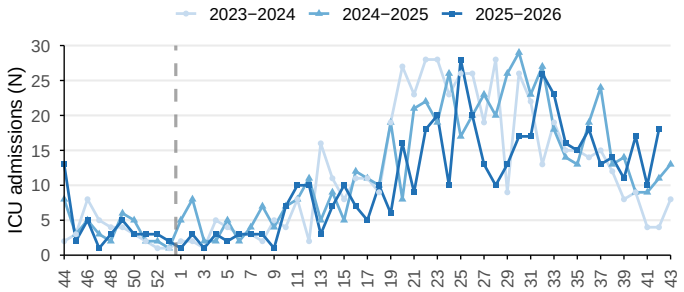
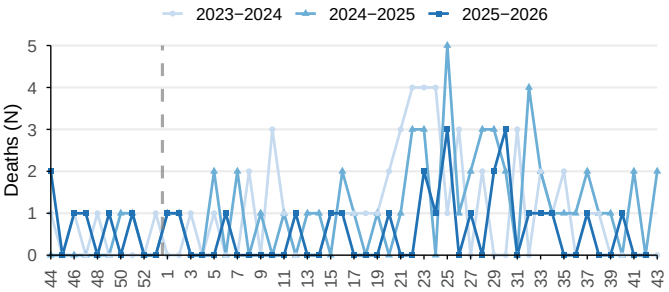


Figure 6.32.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Uruguay, EW 44/2025−43/2026. *Source: FluID, WHO−GISRS.*


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