PAHO Pan American Health Organization

World Health Organization Americas
REGIONAL OFFICE FOR THE

# Respiratory Viruses Weekly Report

## Epidemiological week
## 2026-44

## Data as of
## 13 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 13 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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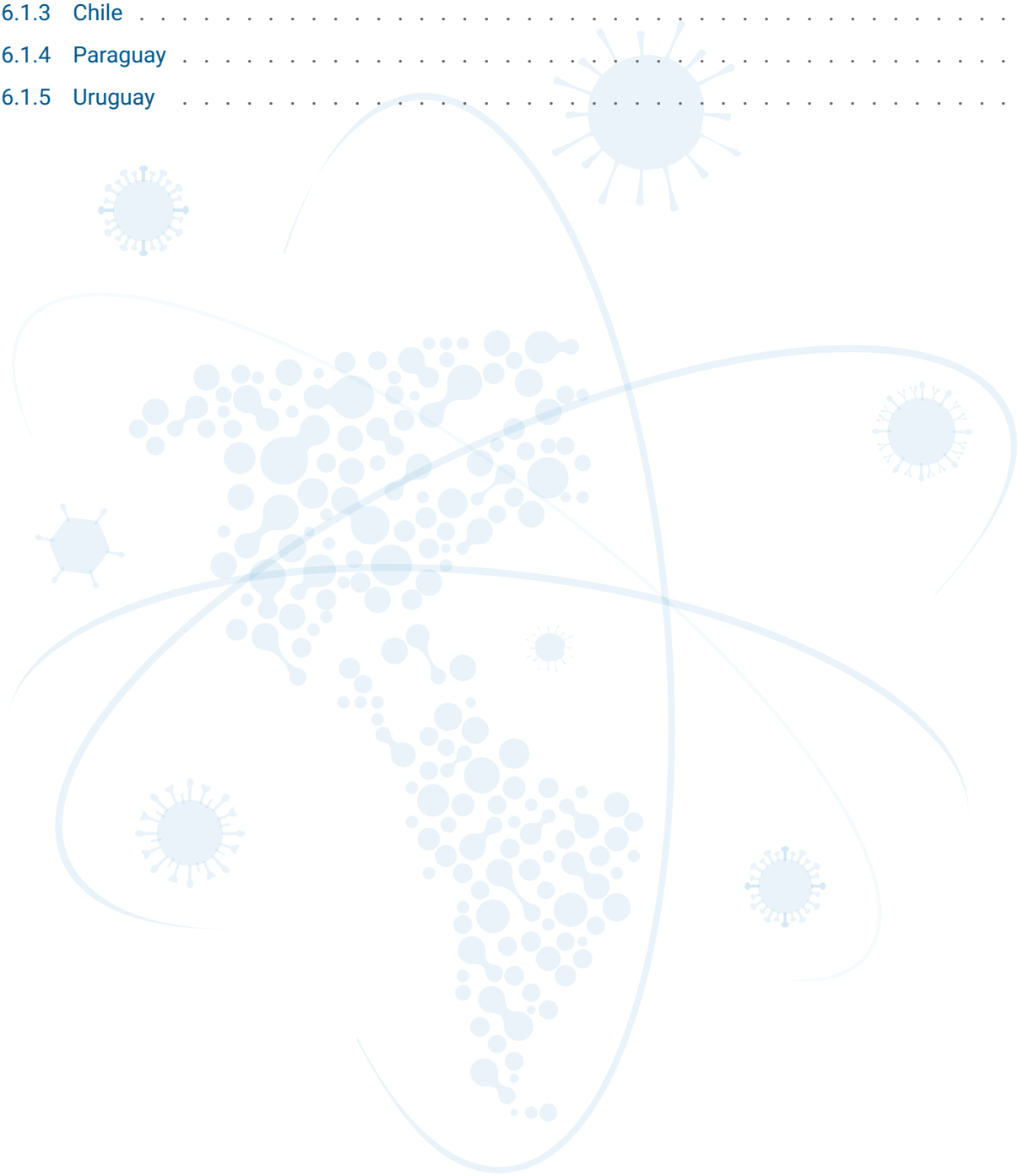
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# 1. Summary


**Regional Situation**
Respiratory virus activity remained heterogeneous across the Region of the Americas. Influenza positivity was highest in the Caribbean (30.5%) and North America (29.6% in EW 43, the latest week with subregional laboratory data), with intermediate levels in Central America (12.9%) and Brazil and the Southern Cone (11.5%), while the Andean subregion reported a lower positivity rate (8.9%). Influenza B predominated in the Andean subregion and Brazil and the Southern Cone, whereas influenza A predominated in Central America, the Caribbean, and North America. RSV positivity remained elevated in Central America (11.3%), particularly in Panama, and was lower in the Caribbean (5.0%), the Andean subregion (4.5%), Brazil and the Southern Cone (3.9%), and North America (2.0%). SARS-CoV-2 circulation generally remained at low levels, although an increasing trend was observed in Brazil and the Southern Cone and slight increases were reported in some countries. Other respiratory viruses circulated at particularly high levels in Brazil and the Southern Cone, with a positivity rate of 45.1%, and in some Central American countries, particularly Panama.

**North America**
Influenza positivity reached 29.6% in EW 43, with A(H1N1)pdm09 predominating (97.9% of subtyped influenza A samples). RSV and SARS-CoV-2 positivity remained low, at 2.0% and 3.4%, respectively. In Canada, influenza positivity reached 12.1% in EW 44, with increasing activity; A(H1N1)pdm09 predominated among subtyped influenza A samples. In the United States, influenza positivity was 47.8% in EW 43, with an increasing trend. In Mexico, positivity was 8.3%, following an increase since EW 35 and a decline in the latest week. Subregional data exclude Canada, and the country profiles present this country's non-sentinel surveillance data separately (Figures 2.1–2.2).

**Caribbean**
Influenza positivity reached 30.5% in EW 44, with an increasing trend since EW 38 and predominance of influenza A (64.9% of typed samples). High positivity rates were reported in the Cayman Islands (42.2%), Barbados (27.1%), and the Dominican Republic (19.4%). A(H1N1)pdm09 predominated among subtyped influenza A samples (87.4%). RSV positivity was 5.0%, while SARS-CoV-2 positivity was 4.5%. In Barbados, RSV positivity reached 10.4%, with an increasing trend. Positivity for other respiratory viruses was 10.4%, with rhinovirus predominating (64.9%) (Figures 3.1–3.3).

**Central America**
Influenza positivity reached 12.9% in EW 44, with an increasing trend since EW 34 and predominance of influenza A (66.1% of typed samples), mainly A(H3N2) among subtyped samples. High positivity rates were observed in El Salvador (43.9%) and Panama (28.1%). RSV positivity was 11.3%, with particularly high levels in Panama (24.6%), although showing a declining trend. SARS-CoV-2 circulation remained low, with a positivity rate of 1.5%. Positivity for other respiratory viruses was 10.3%, with rhinovirus predominating (49.3%) and a declining trend (Figures 4.1–4.3).

**Andean Subregion**
Influenza positivity was 8.9% in EW 44, with activity remaining stable in recent weeks and influenza B predominating (57.9% of typed samples). Higher positivity rates were observed in Ecuador (20.0%) and Bolivia (32.4%). RSV and SARS-CoV-2 positivity were 4.5% and 1.9%, respectively, with both viruses remaining at low and stable levels. Positivity for other respiratory viruses was 9.8%, with rhinovirus predominating (41.2%). Among SARI cases with viral detections, influenza accounted for the largest proportion (73.9%) (Figures 5.1–5.5).

**Brazil and the Southern Cone**

# 1. Summary

Influenza positivity was 11.5% in EW 44, with an increase during the latest week and influenza B predominating (62.1% of typed samples). Activity varied across countries: in Brazil, positivity remained low and stable (5.7%); in Chile, it reached 14.5%, with an overall declining trend despite an increase during the latest week; and in Paraguay and Uruguay, positivity was 7.4% and 7.1%, respectively. SARS-CoV-2 positivity was 5.3%, with an increasing trend, although circulation levels remained low. RSV positivity was 3.9%, with low and stable activity. In contrast, circulation of other respiratory viruses remained high, with a positivity rate of 45.1% and predominance of rhinovirus (61.4%), followed by metapneumovirus (21.2%) (Figures 6.1–6.3).

# 2. North America

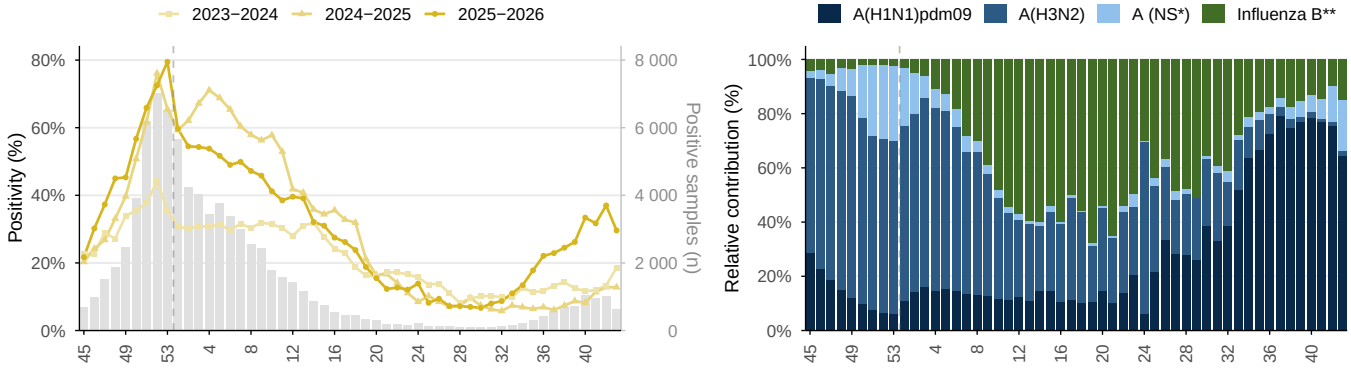
In North America, influenza activity continues to rise, with a probability of 29.6% in EW 43, the most recent week for which subregional laboratory data are available (Figure 2.1). Among the samples that tested positive for influenza during EW 40 and 43, influenza A(H1N1)pdm09 was the most commonly detected subtype (97.9%) of all subtyped samples (Figure 2.1).
Positivity rates for SARS-CoV-2 and RSV remain low at 3.4% and 2.0%, respectively (Figure 2.2). Among samples tested for other respiratory viruses, the positivity rate was 8.9%, with rhinovirus being the most prevalent (69.1%) (Figure 2.3).

The ILI cases have shown a slight increase in recent weeks. Between EW 40 and 43, respiratory virus detections accounted for 0.3% of ILI cases; influenza was the most common (68.9%), followed by SARS-CoV-2 (16.3%) and RSV (14.8%) (Figure 2.4). The trend in SARI cases remains stable. Between EW 40 and 43, respiratory virus detections accounted for 14.3% of all SARI cases. Among the identified viruses, RSV was the most common (54.0%), followed by influenza (32.9%) and SARS-CoV-2 (13.1%) (Figure 2.5). During this same period, 127 patients with SARI cases were admitted to intensive care units (ICUs), and 134 deaths were recorded (Figure 2.6).

Subregional figures do not include data from Canada, which are presented in its country profile.

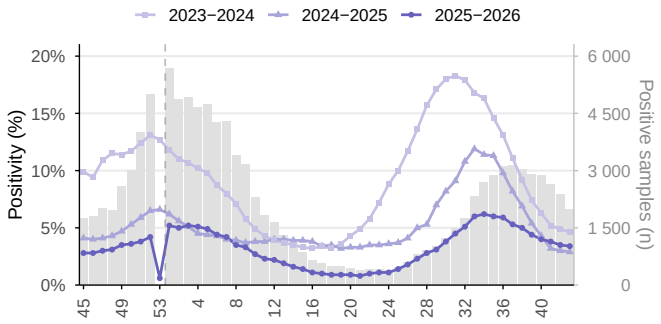
**Figure 2.1.A. Weekly overall influenza positivity.**

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

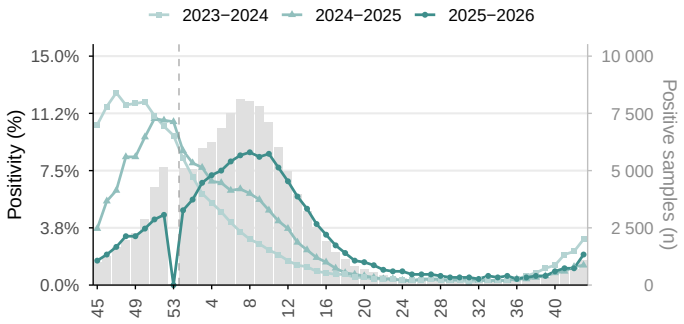



Influenza in North America, EW 45/2025–43/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria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

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

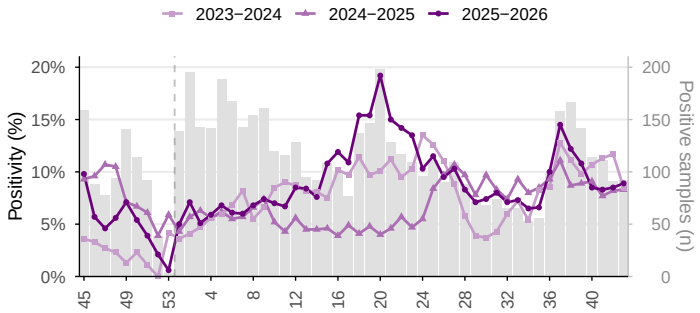



## Figure 2.2.B. Weekly RSV positivity.

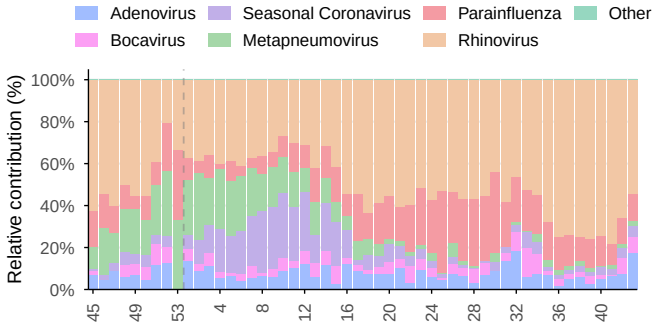



SARS−CoV−2 and RSV in North America, EW 45/2025−43/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 2.3.A. Overall weekly positivity.

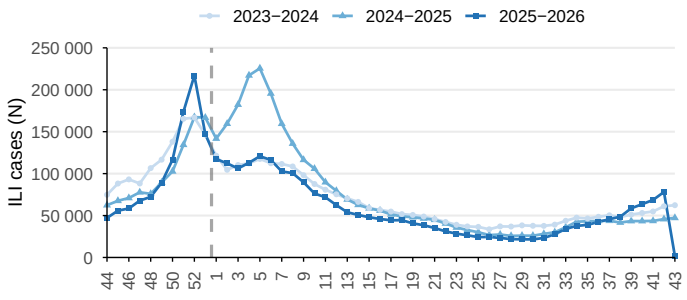



## Figure 2.3.B. Weekly relative contribution by virus.

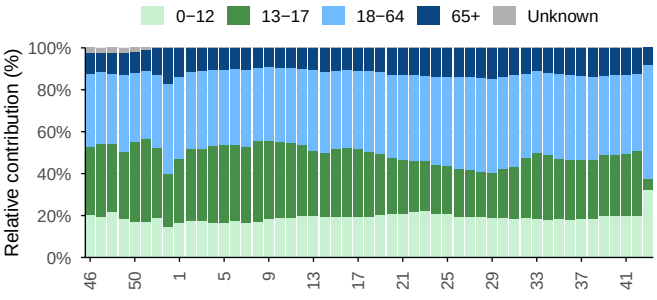



Other respiratory viruses in North America, EW 45/2025−43/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 2.4.A. Weekly ILI cases.

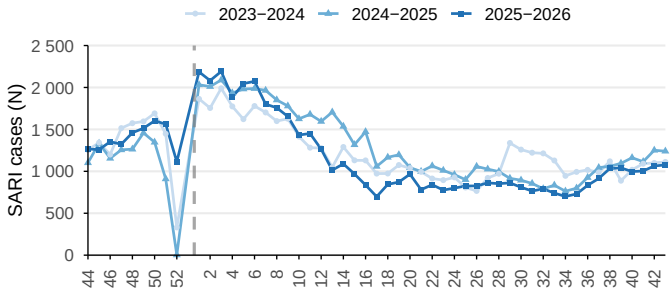



## Figure 2.4.B. Weekly relative contribution by age group.

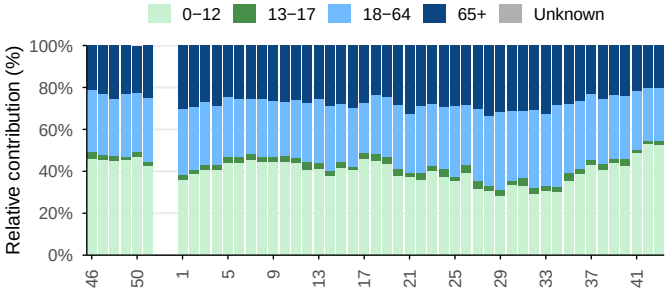



Influenza−like illness (ILI) cases in North America, EW 44/2025−43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 2.5.A. Weekly SARI cases.

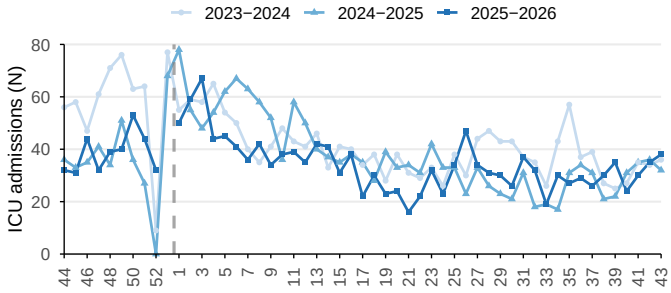



### Figure 2.5.B. Weekly relative contribution by age group.

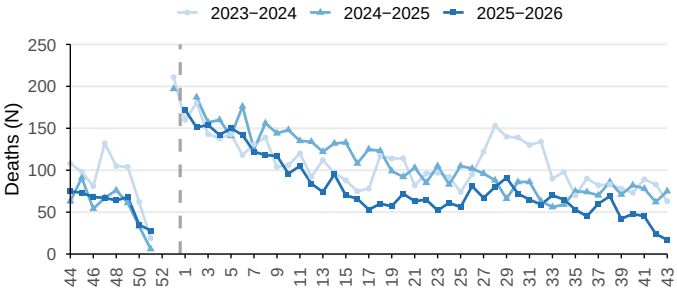



Severe acute respiratory infection (SARI) cases in North America, EW 44/2025–43/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

### 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 44/2025–43/2026. *Source: FluID, WHO–GISRS.*

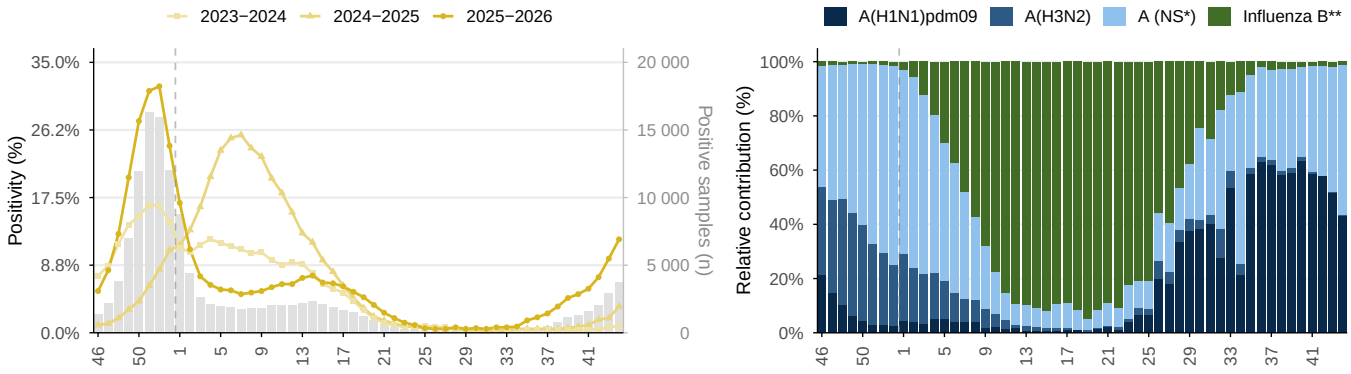
## 2.1 Country

### 2.1.1 Canada

During EW 44, non-sentinel surveillance in Canada showed an increase in influenza activity, with a positivity rate of 12.1% (Figure 2.7). Among the samples testing positive for influenza during EW 41 and 44, influenza A predominated (98.5% of typed samples), with A(H1N1)pdm09 accounting for 99.4% of all subtyped influenza A samples (Figure 2.7). The positivity rate for SARS-CoV-2 was 3.2%, showing a slight upward trend, while that for RSV remained low (0.2%) (Figure 2.8). Meanwhile, the positivity rate for other respiratory viruses showed a downward trend, standing at 5.1%, with rhinovirus (80.5%) predominating among the detections (Figure 2.9).

**Figure 2.7.A. Weekly overall influenza positivity.**

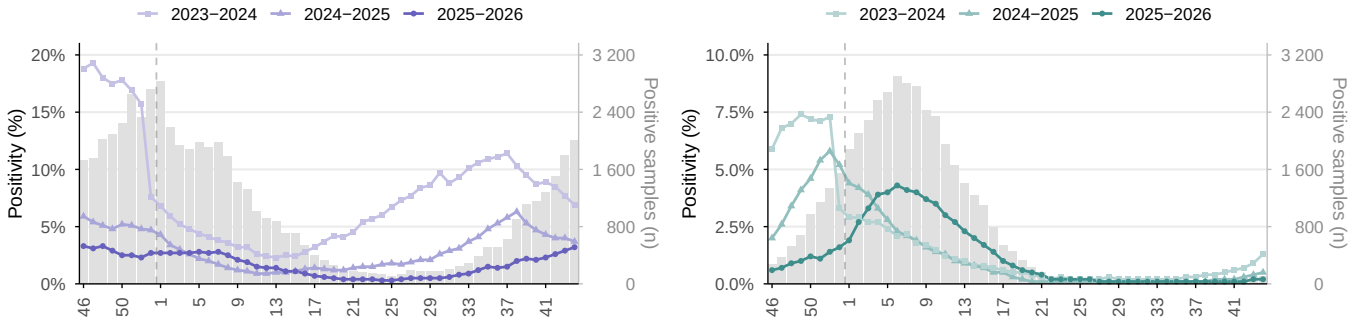
**Figure 2.7.B. Weekly relative contribution by type and subtype.**




Influenza in Canada, EW 46/2025–44/2026. 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 46/2025–44/2026. 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.**

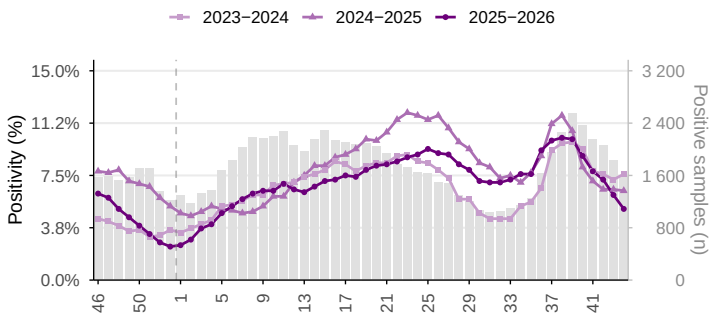
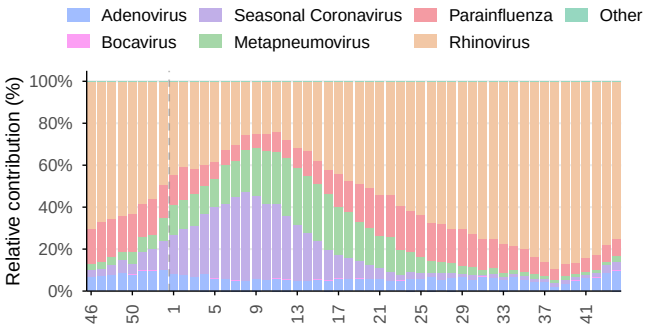



**Figure 2.9.B. Weekly relative contribution by virus.**




Other respiratory viruses in Canada, EW 46/2025−44/2026. 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

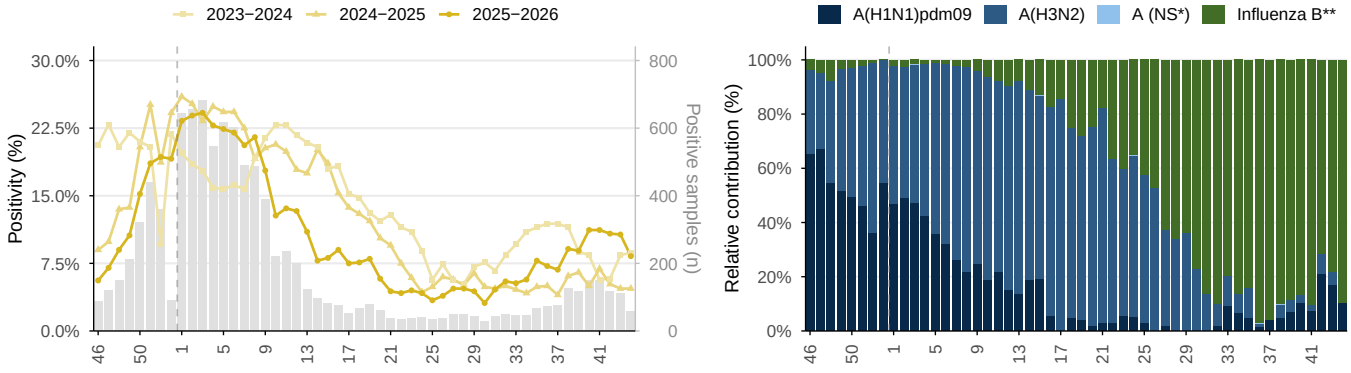
During EW 44, sentinel surveillance in Mexico recorded an influenza positivity rate of 8.3% (Figure 2.10). Influenza activity showed an upward trend beginning in EW 35, although it declined in the most recent EW. The positivity rate for SARS-CoV-2 was 1.7%, showing a low and stable trend, while the positivity rate for RSV was 6.3%, following a sustained increase since EW 30 and a decline in week 44 (Figure 2.11). Among the samples positive for influenza during EW 41 and 44, influenza B predominated (82.3% of typed samples). Of the total influenza A samples, 100.0% were subtyped, with a predominance of A(H1N1)pdm09 (78.4%) (Figure 2.10). Meanwhile, the positivity rate for other respiratory viruses was 6.0%, with a downward trend in recent weeks and a predominance of rhinovirus (68.2%) (Figure 2.12).

Between EW 41 and 44, viral detections accounted for 5.6% of all ILI cases, with influenza being the most prevalent (71.0%), followed by RSV (18.2%) and SARS-CoV-2 (10.8%) (Figure 2.13). The trend in ILI cases showed an increase between EW 36 and 40. Regarding age distribution, 56.9% of cases with known age were in the 18–64 age group, followed by the 0–12 age group (30.0%) (Figure 2.13).

Between EW 41 and 44, viral detections accounted for 12.9% of SARI cases with RSV being the most prevalent (57.7%), followed by influenza (32.7%) and SARS-CoV-2 (9.6%) (Figure 2.14). During this same period, there were 128 admissions of patients with SARI cases to intensive care units (ICU) and 91 deaths (Figure 2.15).

**Figure 2.10.A. Weekly overall influenza positivity.**

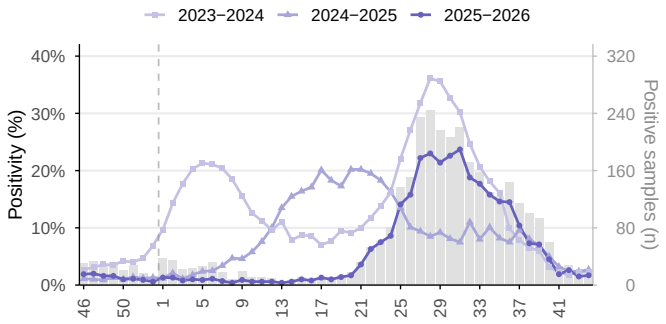
**Figure 2.10.B. Weekly relative contribution by type and subtype.**



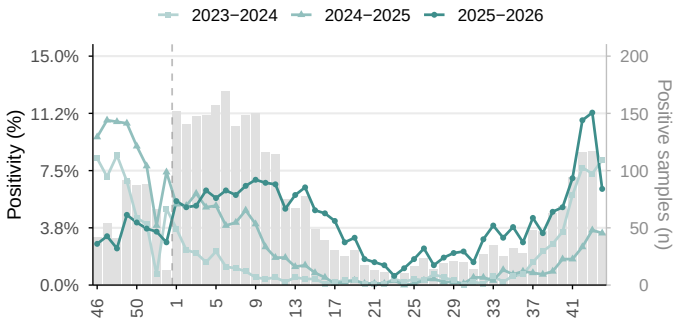

Influenza in Mexico, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

# 2. North America — Mexico

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

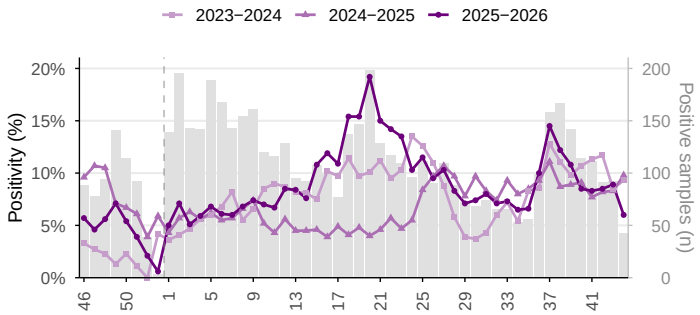



## Figure 2.11.B. Weekly RSV positivity.

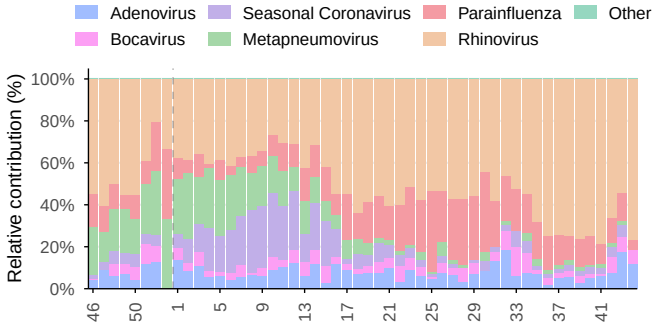



SARS−CoV−2 and RSV in Mexico, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 2.12.A. Overall weekly positivity.

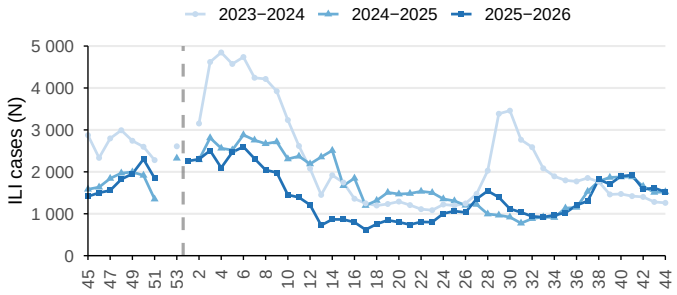



## Figure 2.12.B. Weekly relative contribution by virus.

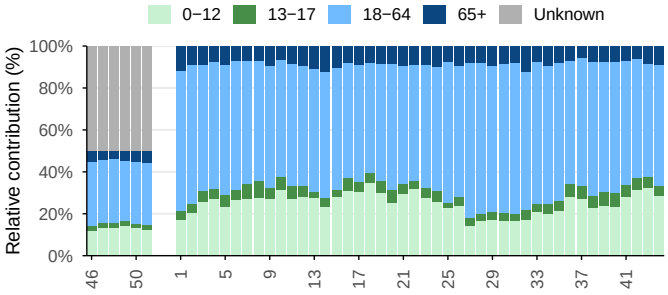



Other respiratory viruses in Mexico, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 2.13.A. Weekly ILI cases.

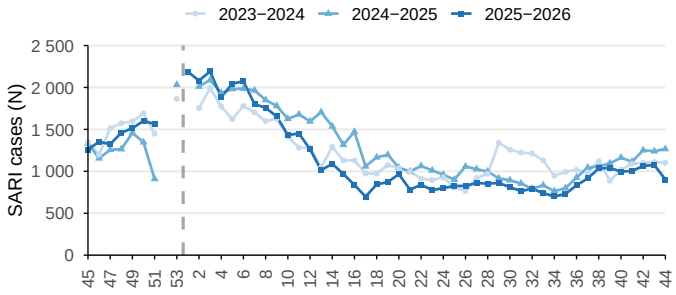



## Figure 2.13.B. Weekly relative contribution by age group.

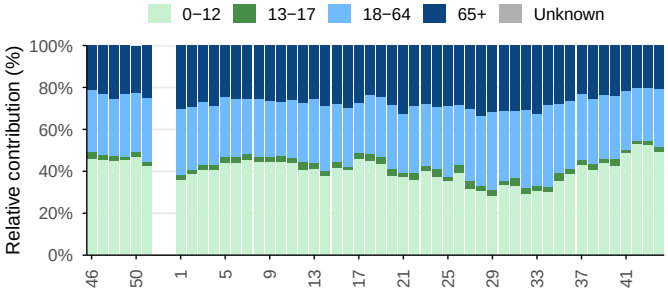



Influenza−like illness (ILI) cases in Mexico, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 2.14.A. Weekly SARI cases.

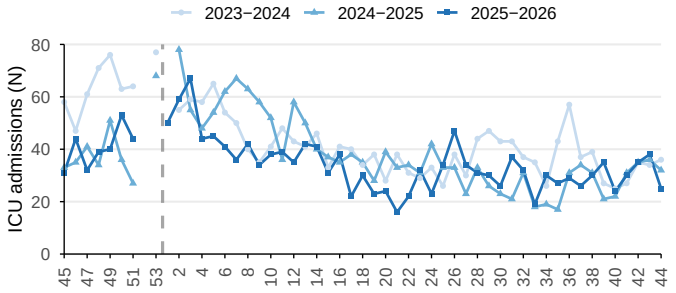



### Figure 2.14.B. Weekly relative contribution by age group.

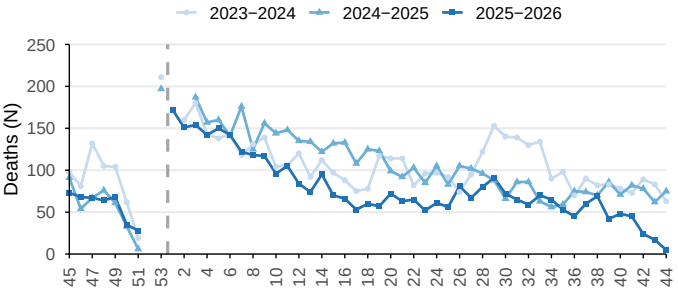



Severe acute respiratory infection (SARI) cases in Mexico, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### 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 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

### 2.1.3 United States of America

No laboratory surveillance data were reported for EW 44. During EW 43, sentinel surveillance in the United States of America recorded an influenza positivity rate of 47.8%, with an upward trend in recent weeks (Figure 2.16). The positivity rate for SARS-CoV-2 was 3.5%, remaining stable, while the positivity rate for RSV was 1.8%, with a slight increase during the most recent epidemiological week (Figure 2.17). Among the influenza-positive samples during epidemiological EW 40 and 43, influenza A predominated (98.3% of typed samples). Of the total influenza A samples, 87.5% were subtyped, with a predominance of A(H1N1)pdm09 (98.6%) (Figure 2.16).

Between EW 39 and 42, the trend in ILI cases showed an increase (Figure 2.18). Regarding age distribution, 37.1% of ILI cases with known age were in the 18–64 age group, followed by the 13–17 age group (30.4%) (Figure 2.18).

**Figure 2.16.A. Weekly overall influenza positivity.**

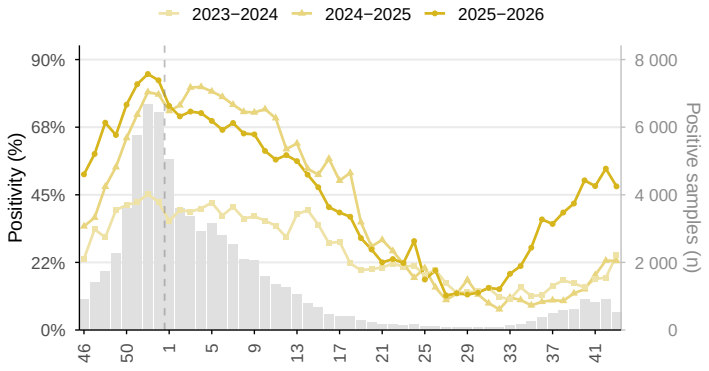
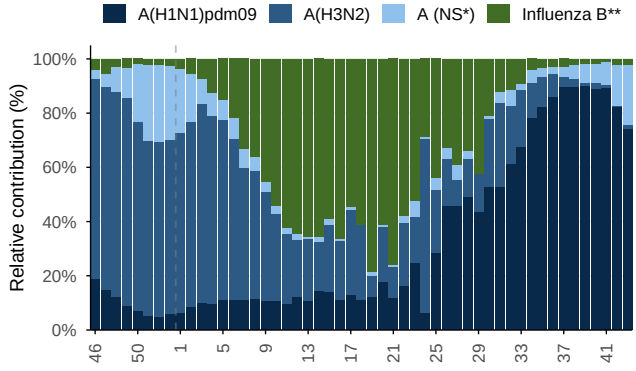



**Figure 2.16.B. Weekly relative contribution by type and subtype.**




Influenza in United States of America, EW 46/2025–44/2026. 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.**

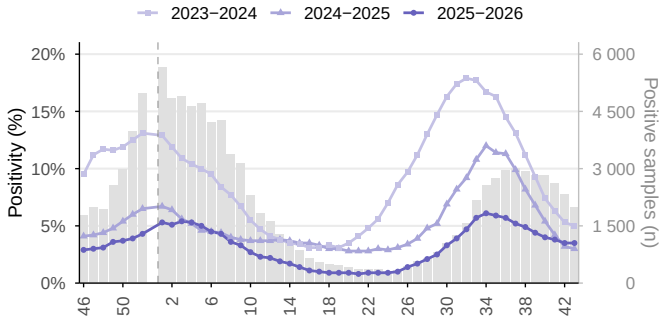
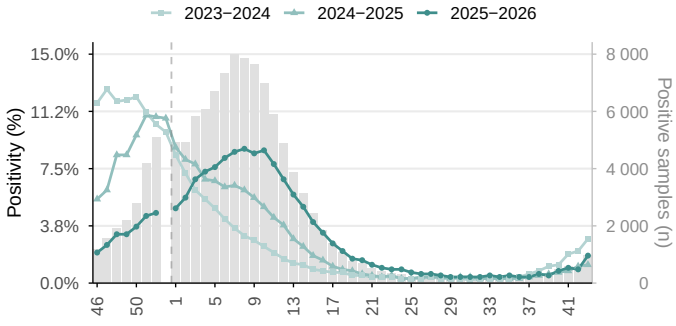



**Figure 2.17.B. Weekly RSV positivity.**




SARS–CoV–2 and RSV in United States of America, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

**Figure 2.18.A. Weekly ILI cases.**

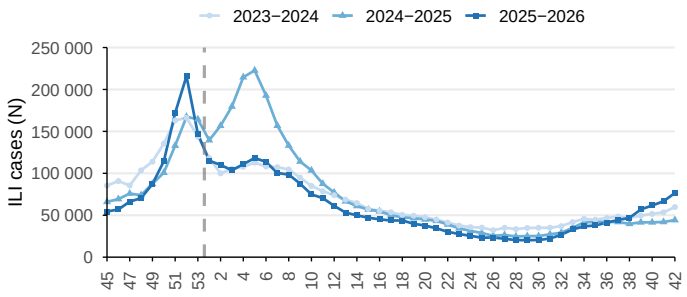
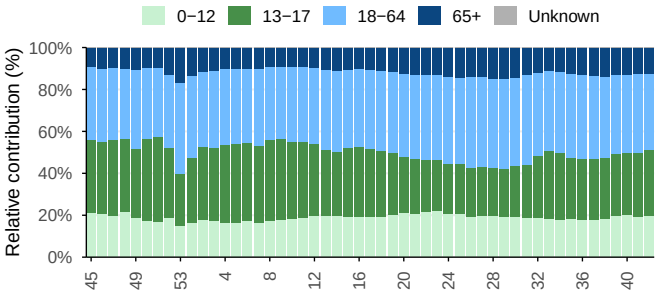



**Figure 2.18.B. Weekly relative contribution by age group.**




Influenza−like illness (ILI) cases in United States of America, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

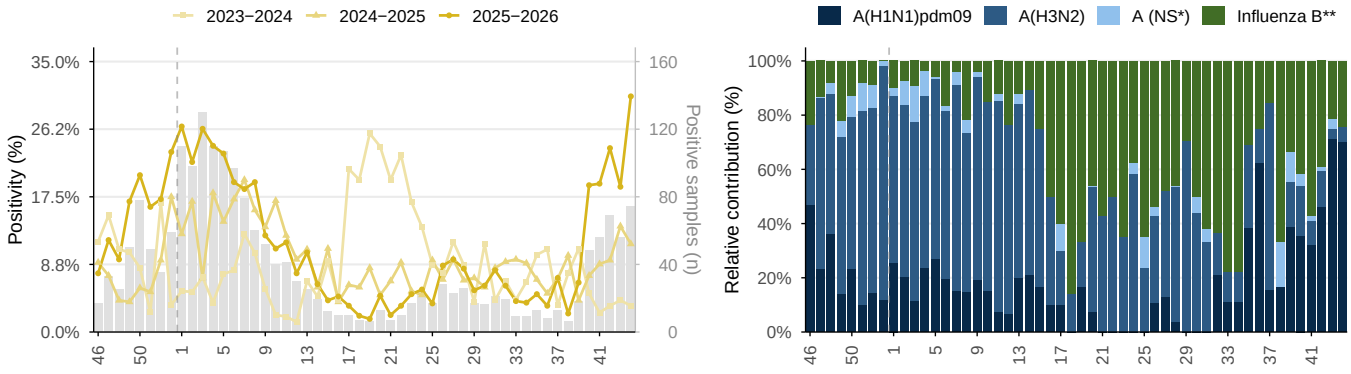
# 3. Caribbean

During EW 44, sentinel surveillance in the Caribbean recorded an influenza positivity rate of 30.5%, showing an upward trend since EW 38 (Figure 3.1). The positivity rate for SARS-CoV-2 was 4.5%, while that for RSV was 5.0% (Figure 3.2). Among the samples positive for influenza during EW 41 and 44, influenza A predominated (64.9% of typed samples). Of the total influenza A samples, 97.5% were subtyped, with A(H1N1)pdm09 predominating (87.4%) (Figure 3.1). Meanwhile, the positivity rate for other respiratory viruses was 10.4%, with rhinovirus being the most common (64.9%) (Figure 3.3).

Between EW 41 and 44, viral detections accounted for 27.8% of all ILI cases, with SARS-CoV-2 being the most prevalent (98.3%), followed by influenza (1.4%) and RSV (0.2%) (Figure 3.4). During this period, the trend in ILI cases remained stable. Regarding SARI cases viral detections accounted for 1.9% of total cases, with RSV predominating (51.4%), followed by SARS-CoV-2 (43.2%) and influenza (5.4%) (Figure 3.5). The trend in SARI cases also remained stable. During the same period, there were 225 admissions of SARI cases to ICU and 272 deaths (Figure 3.6).

**Figure 3.1.A. Weekly overall influenza positivity.**

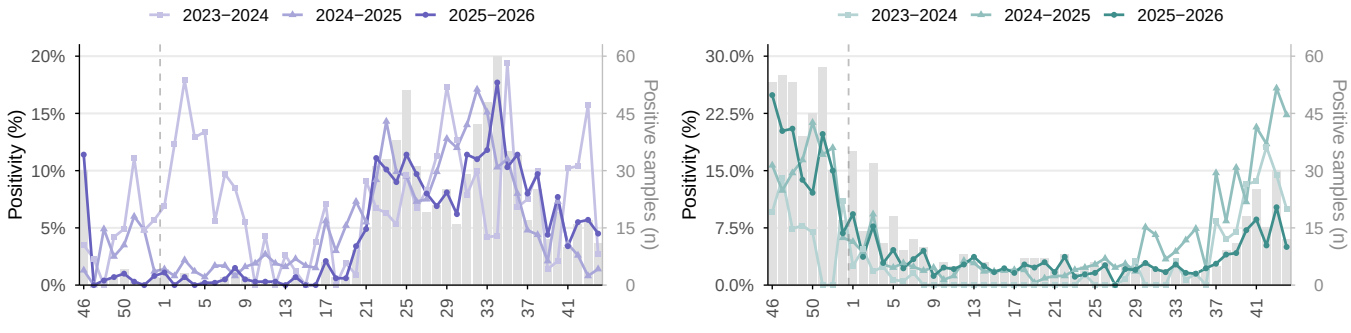
**Figure 3.1.B. Weekly relative contribution by type and subtype.**




Influenza in the Caribbean, EW 46/2025–44/2026. 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.*

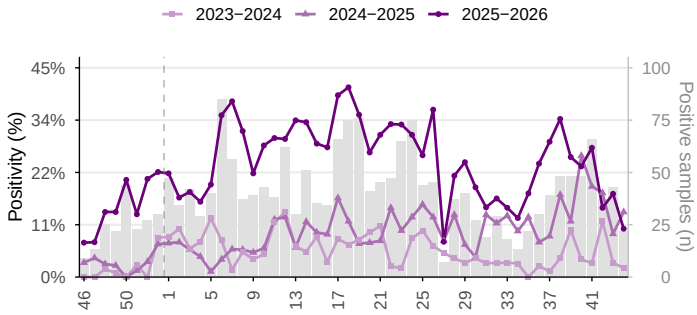
**Figure 3.2.A. Weekly SARS-CoV-2 positivity.**

**Figure 3.2.B. Weekly RSV positivity.**

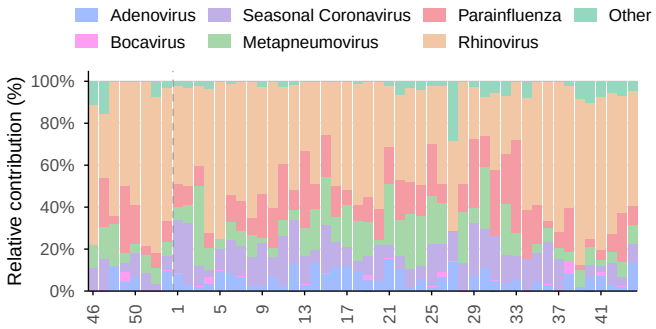



SARS–CoV–2 and RSV in the Caribbean, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

## Figure 3.3.A. Overall weekly positivity.

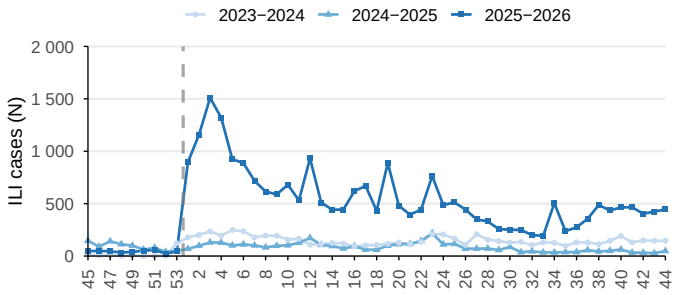



## Figure 3.3.B. Weekly relative contribution by virus.

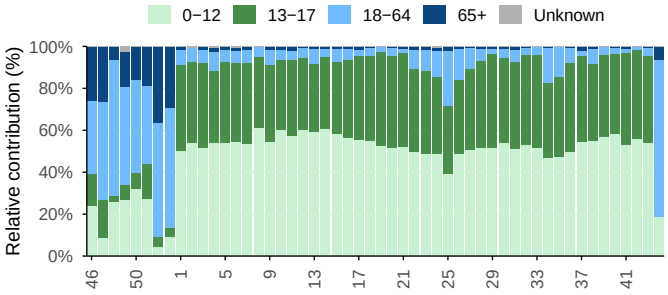



Other respiratory viruses in the Caribbean, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 3.4.A. Weekly ILI cases.

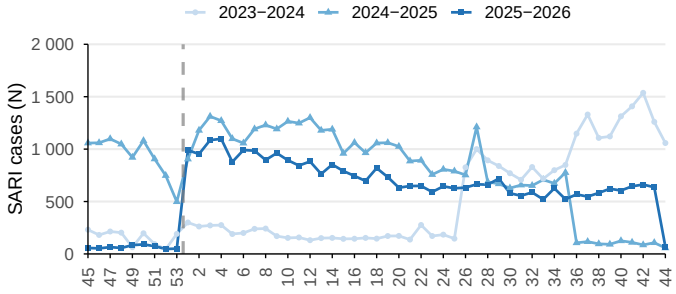



## Figure 3.4.B. Weekly relative contribution by age group.

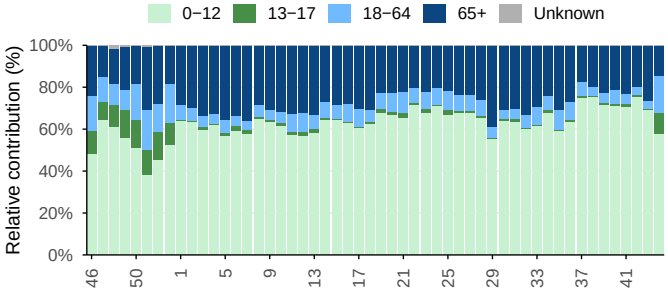



Influenza−like illness (ILI) cases in the Caribbean, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

## 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 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

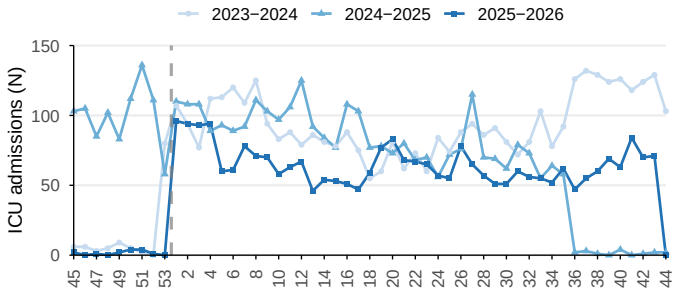
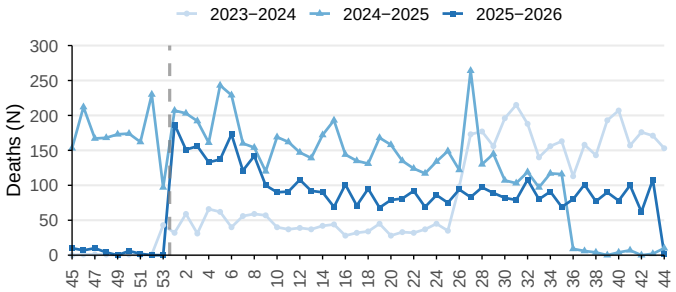



**Figure 3.6.B. Weekly deaths among SARI cases.**




SARI ICU admissions and deaths in the Caribbean, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

## 3.1 Country

### 3.1.1 Belize

Among influenza-positive samples during EW 41 and 44, influenza A predominated (66.7% 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.**

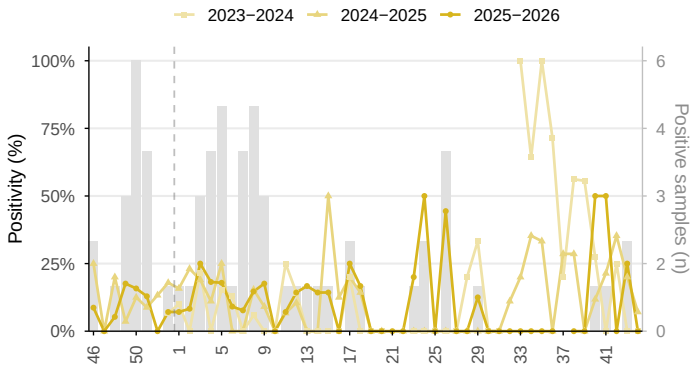
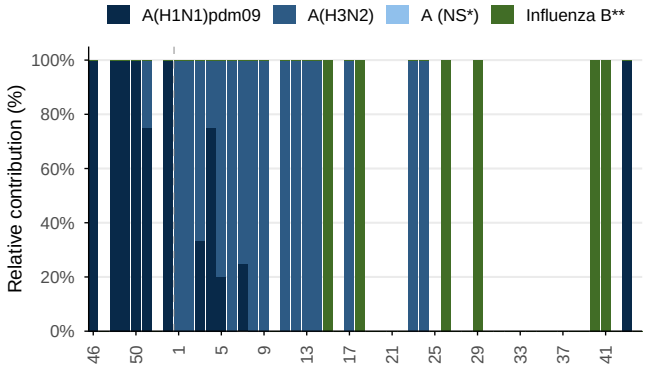



**Figure 3.7.B. Weekly relative contribution by type and subtype.**




Influenza in Belize, EW 46/2025–44/2026. 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.**

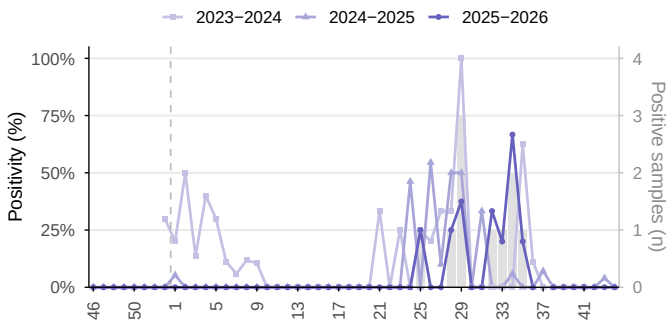
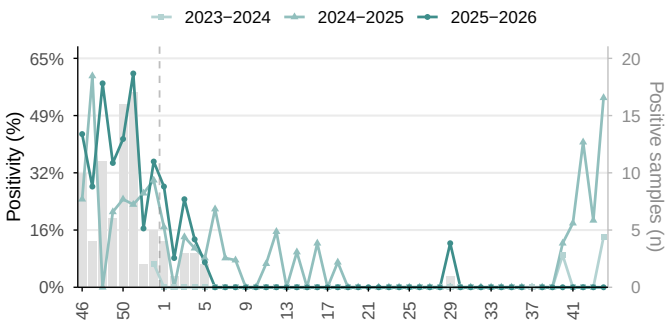



**Figure 3.8.B. Weekly RSV positivity.**




SARS–CoV–2 and RSV in Belize, EW 46/2025–44/2026. 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 44, sentinel surveillance in Barbados recorded an influenza positivity rate of 27.1%, with an upward trend over the past two weeks (Figure 3.9). The positivity rate for SARS-CoV-2 was 6.2%, while that for RSV was 10.4%, also showing an upward trend in recent weeks (Figure 3.10). Among the samples testing positive for influenza during EW 41 and 44, influenza A predominated (93.8% of typed samples). Of the total influenza A samples, 100.0% were subtyped, with a predominance of A(H1N1)pdm09 (100.0%) (Figure 3.9). Meanwhile, the positivity rate for other respiratory viruses was 12.5%, with rhinovirus predominating (69.8%), followed by other respiratory viruses (23.3%) (Figure 3.11).

**Figure 3.9.A. Weekly overall influenza positivity.**

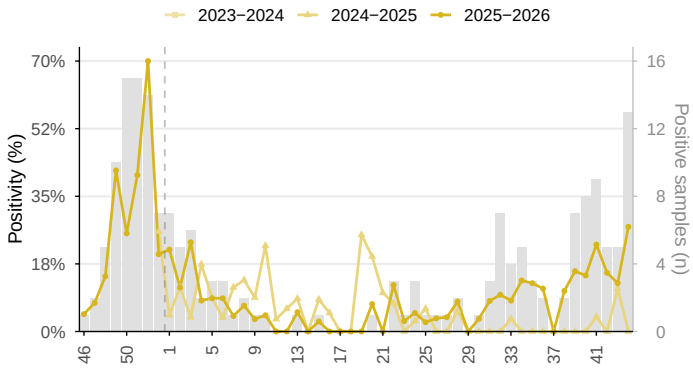
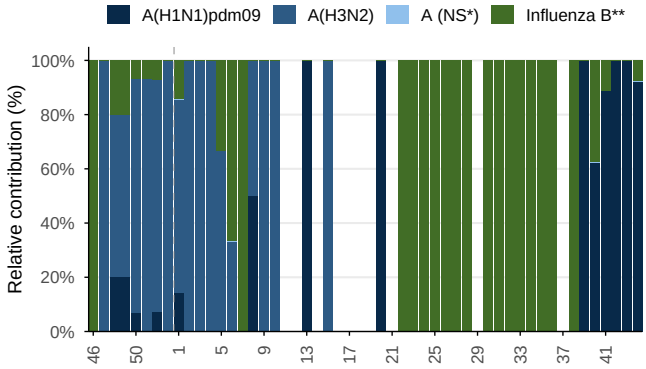


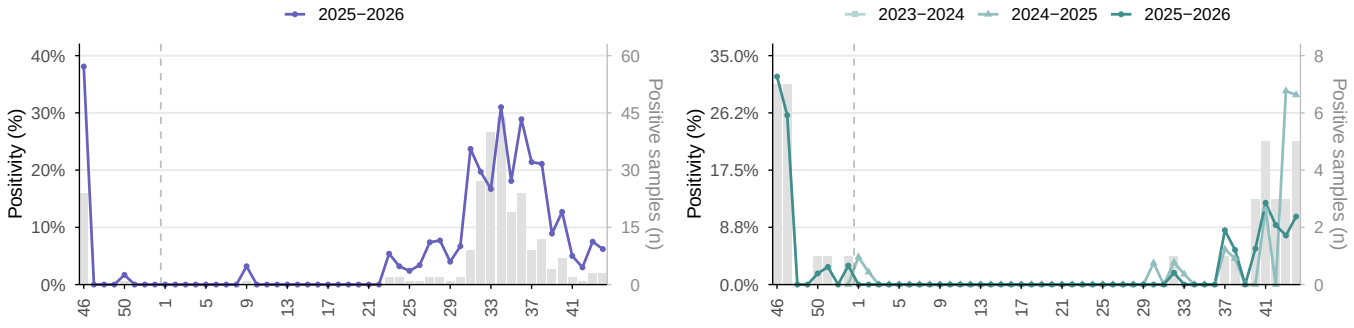

**Figure 3.9.B. Weekly relative contribution by type and subtype.**




Influenza in Barbados, EW 46/2025–44/2026. 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.**

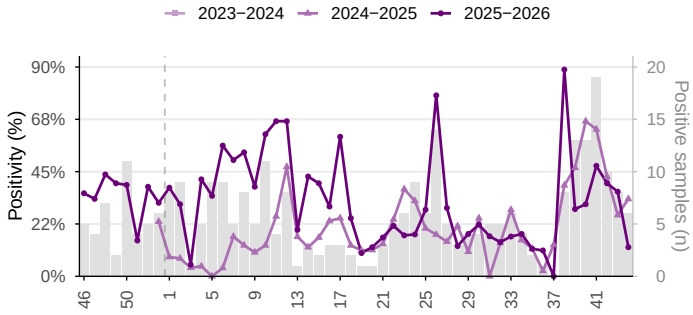
**Figure 3.10.B. Weekly RSV positivity.**



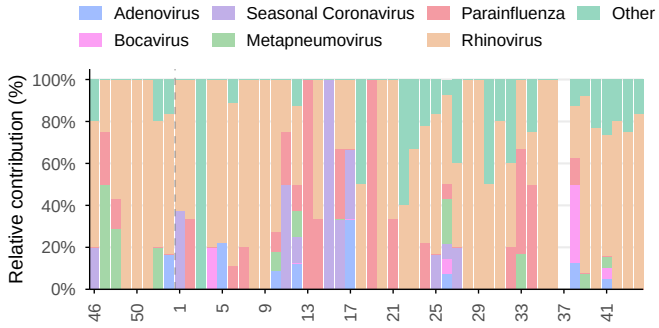

SARS–CoV–2 and RSV in Barbados, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

# 3. Caribbean — Barbados

## Figure 3.11.A. Overall weekly positivity.




## Figure 3.11.B. Weekly relative contribution by virus.




Other respiratory viruses in Barbados, EW 46/2025−44/2026. 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.*

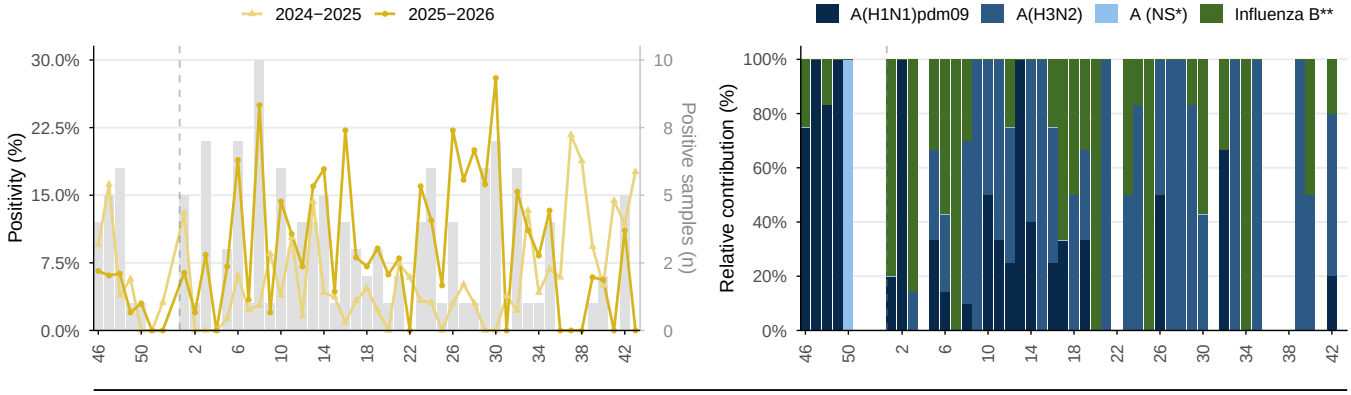
### 3.1.3 Cuba

No laboratory surveillance data were reported for EW 44. The SARS-CoV-2 positivity rate was 7.0%, with an upward trend in the detection of positive samples observed over the past few weeks, while the RSV positivity rate was 23.9% (Figure 3.13). Among the samples testing positive for influenza during EW 40 and 43, influenza A predominated (71.4% of typed samples). Of the total influenza A samples, 100.0% were subtyped, with A(H3N2) predominating (80.0%) (Figure 3.12). Meanwhile, the positivity rate for other respiratory viruses was 15.5%, with parainfluenza predominating (66.7%), followed by seasonal coronavirus (16.7%) (Figure 3.14).

The trend in ILI cases showed an increase betweenEW 36 and 41 and a decrease in the last week (Figure 3.15). 100.0% of cases with a known age were in the 0–12-year-old age group. Meanwhile, SARI cases showed a slight increase toward the final weeks (Figure 3.16). Between EW 40 and 43, viral detections accounted for 1.7% of SARI cases, with RSV being the most common (64.1%), followed by SARS-CoV-2 (30.8%) and influenza (5.1%). During this period, there were 287 ICU admissions of patients with SARI and 348 deaths (Figure 3.17).

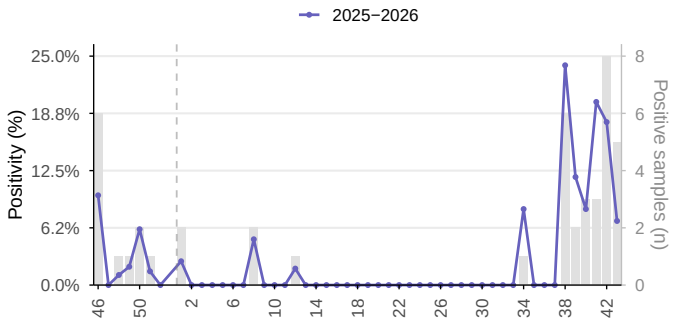
**Figure 3.12.A. Weekly overall influenza positivity.**

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

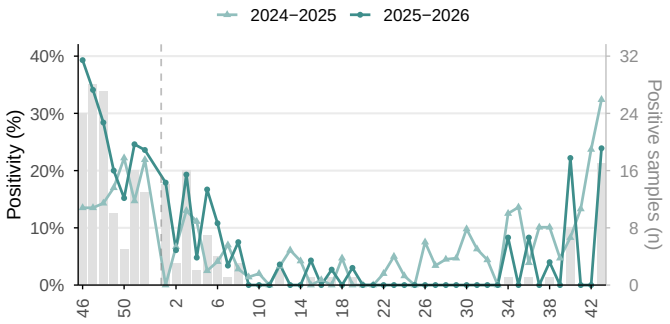



Influenza in Cuba, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

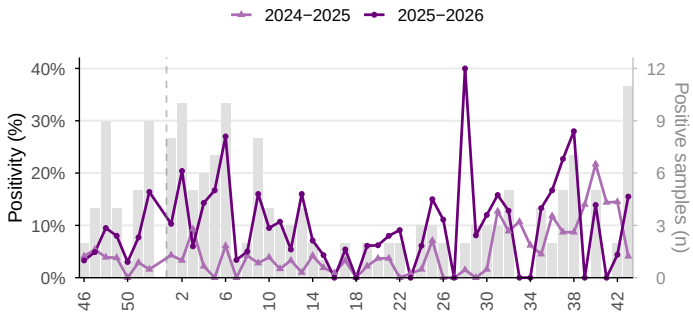



## Figure 3.13.B. Weekly RSV positivity.

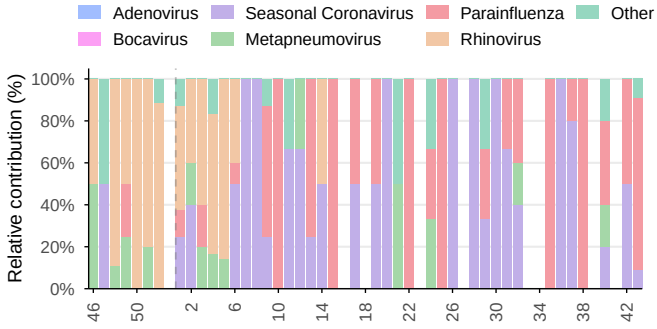



SARS−CoV−2 and RSV in Cuba, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 3.14.A. Overall weekly positivity.

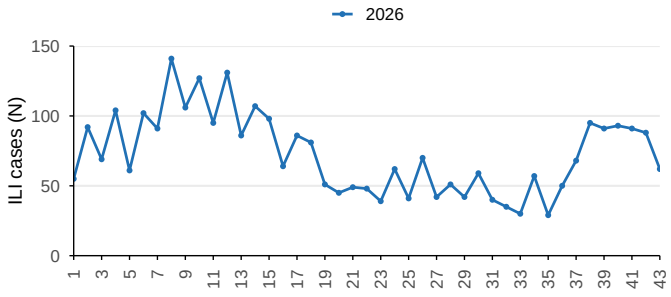



## Figure 3.14.B. Weekly relative contribution by virus.

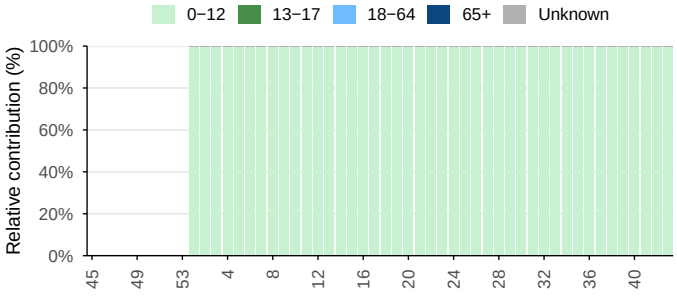



Other respiratory viruses in Cuba, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 3.15.A. Weekly ILI cases.



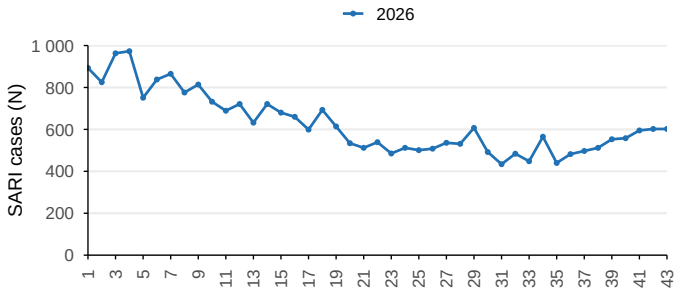

## Figure 3.15.B. Weekly relative contribution by age group.



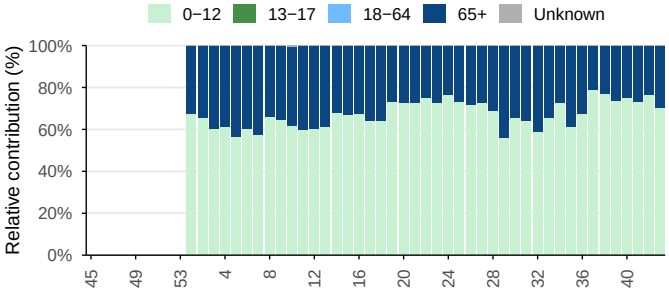

Influenza−like illness (ILI) cases in Cuba, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

# 3. Caribbean — Cuba

## Figure 3.16.A. Weekly SARI cases.

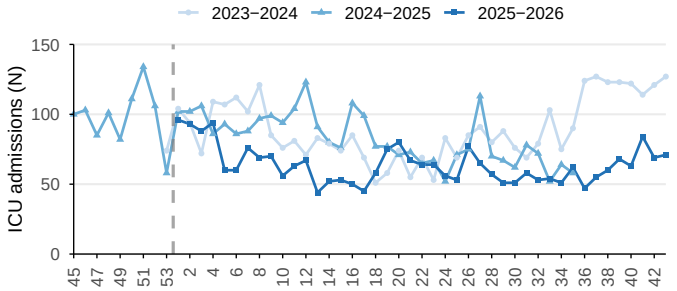



## Figure 3.16.B. Weekly relative contribution by age group.

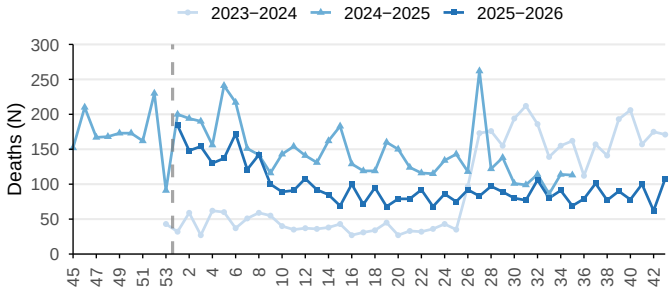



Severe acute respiratory infection (SARI) cases in Cuba, EW 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

## 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 45/2025–44/2026. *Source: FluID, WHO–GISRS.*

### 3.1.4 Cayman Islands

During EW 44, sentinel surveillance in the Cayman Islands recorded an influenza positivity rate of 42.2%, showing an upward trend since EW 39 (Figure 3.18). The positivity rate for SARS-CoV-2 was 4.7%, while that for RSV was 3.9% (Figure 3.19). Among the samples positive for influenza during EW 41 and 44, influenza A predominated (59.3% of typed samples). Of the total influenza A samples, 97.2% were subtyped, with a predominance of A(H1N1)pdm09 (100.0%) (Figure 3.18). Meanwhile, the positivity rate for other respiratory viruses was 12.5%, with rhinovirus predominating (73.8%) and a downward trend in recent weeks (Figure 3.20).

**Figure 3.18.A. Weekly overall influenza positivity.**

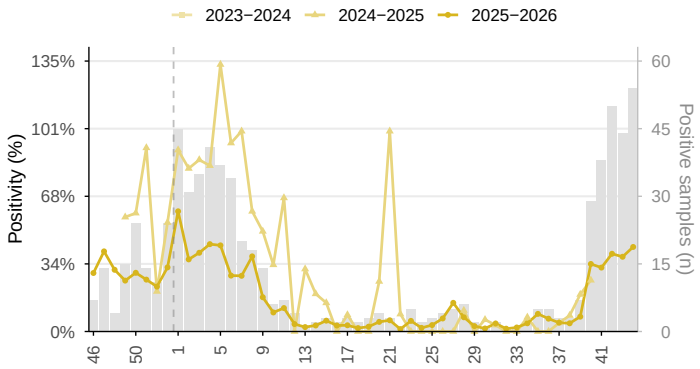
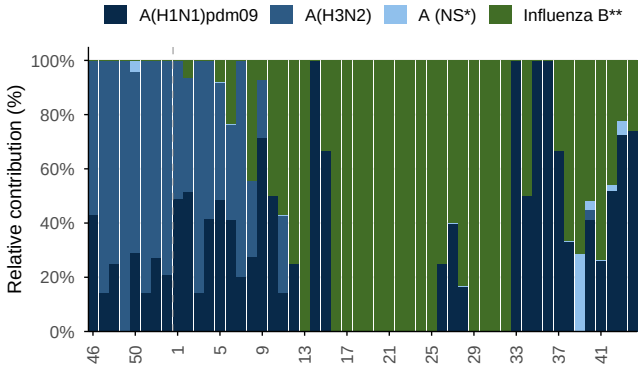



**Figure 3.18.B. Weekly relative contribution by type and subtype.**




Influenza in Cayman Islands, EW 46/2025–44/2026. 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.**

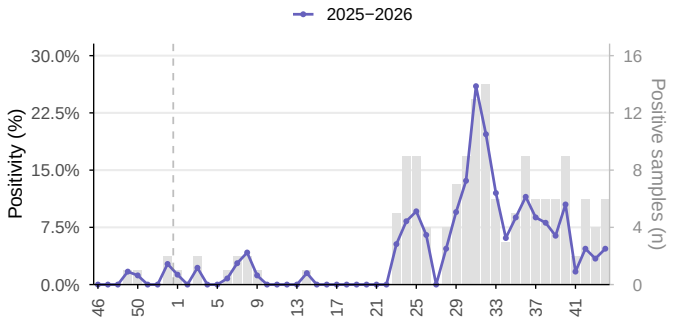
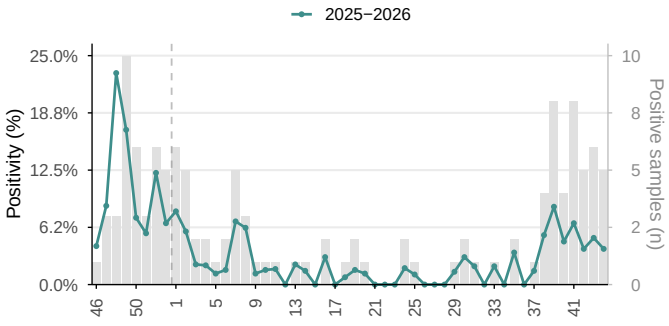
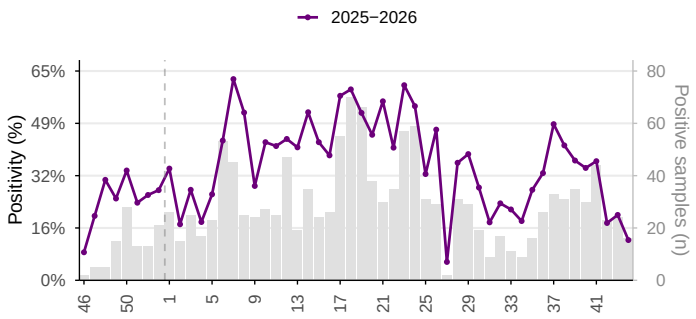



**Figure 3.19.B. Weekly RSV positivity.**

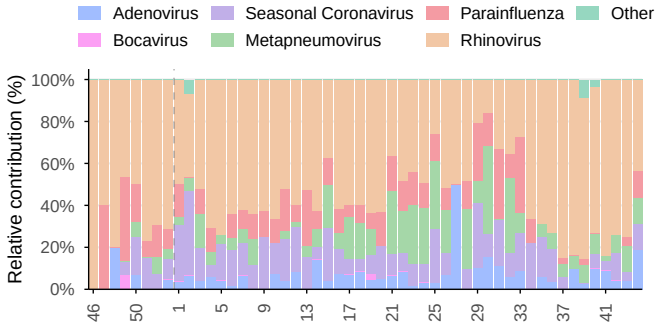



SARS–CoV–2 and RSV in Cayman Islands, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

### Figure 3.20.A. Overall weekly positivity.




### Figure 3.20.B. Weekly relative contribution by virus.




Other respiratory viruses in Cayman Islands, EW 46/2025−44/2026. 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 41 and 44.*

### 3.1.6 Dominican Republic

During EW 44, sentinel surveillance in the Dominican Republic showed influenza positivity of 19.4% showing an upward trend since EW 39 (Figure 3.21). Among influenza-positive samples during EW 41 and 44, influenza A predominated (64.3% of typed samples); of all influenza A samples, 100.0% were subtyped, and among these A(H3N2) predominated (94.4%) (Figure 3.21). Among samples tested for other respiratory viruses, parainfluenza predominated (100.0%) (Figure 3.23).

**Figure 3.21.A. Weekly overall influenza positivity.**

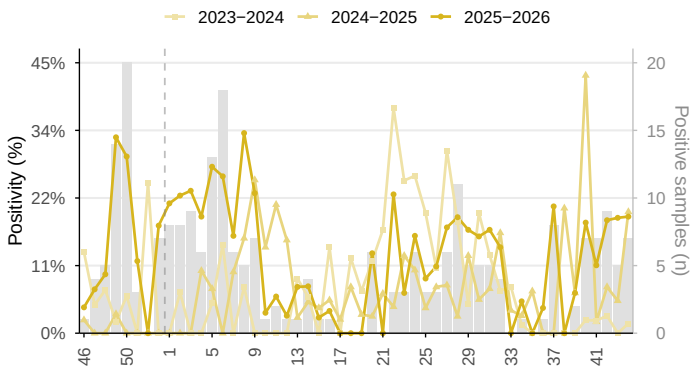
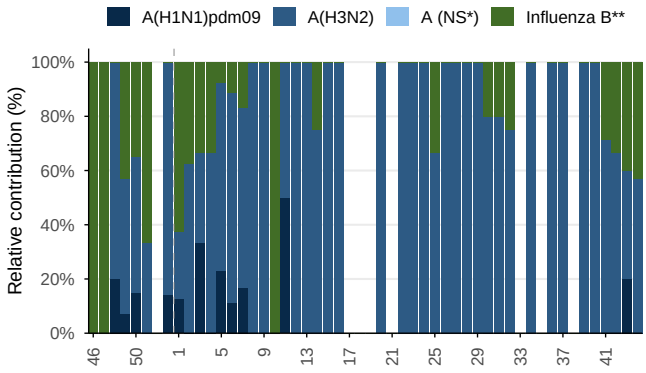



**Figure 3.21.B. Weekly relative contribution by type and subtype.**




Influenza in Dominican Republic, EW 46/2025–44/2026. 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.**

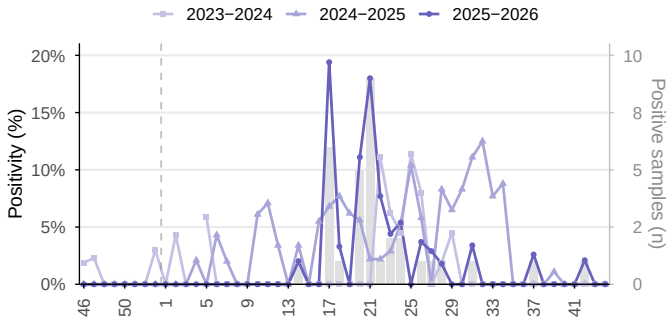
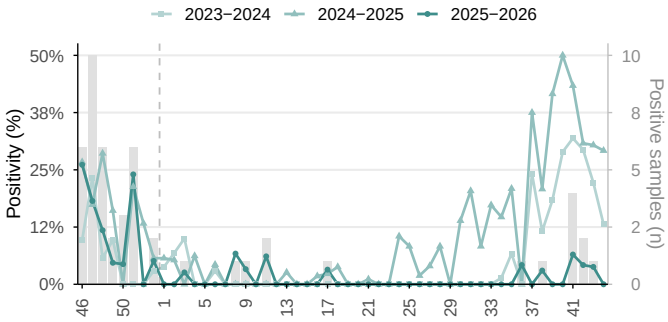
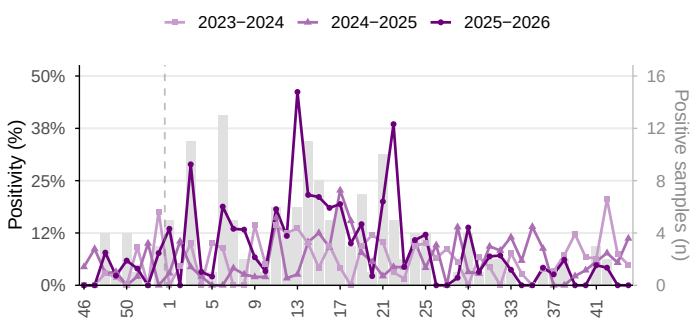



**Figure 3.22.B. Weekly RSV positivity.**

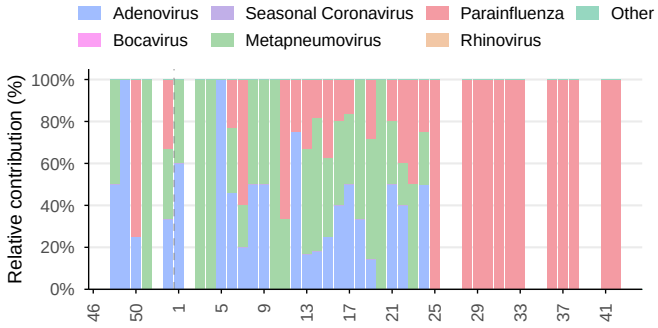



SARS–CoV–2 and RSV in Dominican Republic, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

### Figure 3.23.A. Overall weekly positivity.




### Figure 3.23.B. Weekly relative contribution by virus.




Other respiratory viruses in Dominican Republic, EW 46/2025−44/2026. 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.*

### 3.1.7 Grenada

*No data were reported between EW 41 and 44.*

### 3.1.8 Guyana

In Guyana, no samples tested positive for influenza during EW 44 (Figure 3.24). Meanwhile, the positivity for RSV was 16.7% (Figure 3.25). Among the samples that tested positive for influenza during EW 41 and 44, influenza A predominated (100.0% of typed samples) (Figure 3.24).
Between EW 41 and 44, viral detections accounted for 2.4% of ILI cases (Figure 3.26). Adults aged 18 to 64 accounted for 63.4% of ILI cases with known age (Figure 3.26). No detections of influenza, RSV, or SARS-CoV-2 were reported among cases of acute respiratory illness of unknown origin SARI cases (Figure 3.27).

**Figure 3.24.A. Weekly overall influenza positivity.**

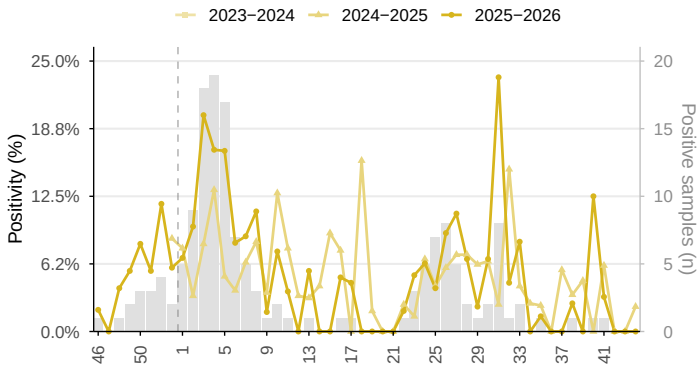
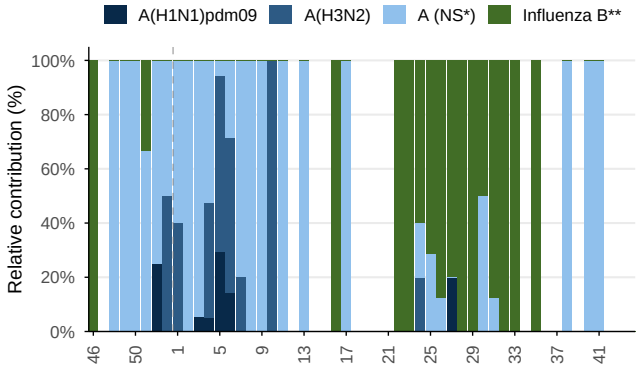



**Figure 3.24.B. Weekly relative contribution by type and subtype.**




Influenza in Guyana, EW 46/2025–44/2026. 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 3.25.A. Weekly SARS-CoV-2 positivity.**

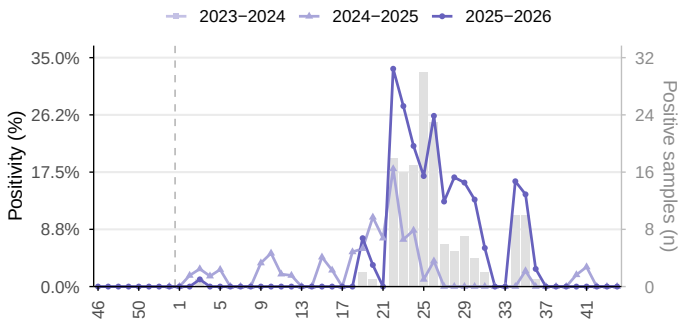
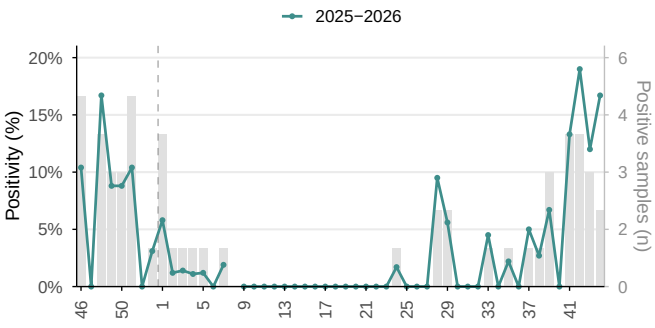
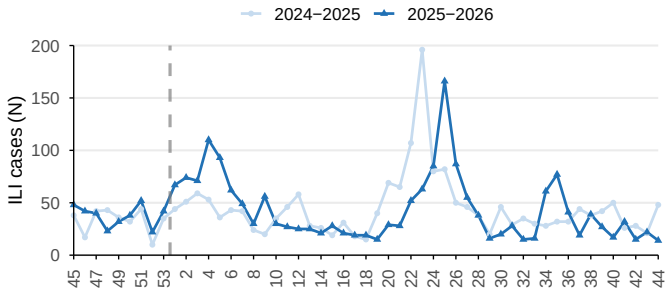



**Figure 3.25.B. Weekly RSV positivity.**

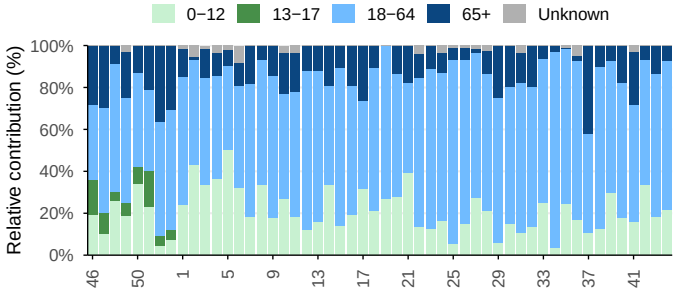



SARS–CoV–2 and RSV in Guyana, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

## Figure 3.26.A. Weekly ILI cases.

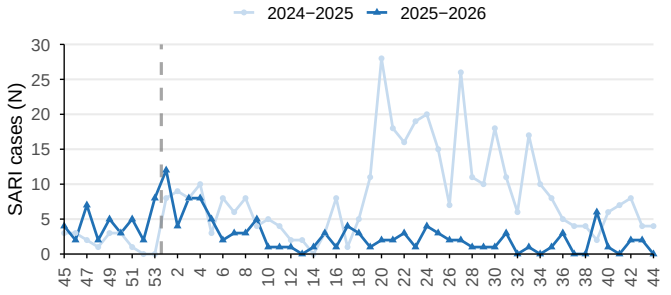



## Figure 3.26.B. Weekly relative contribution by age group.

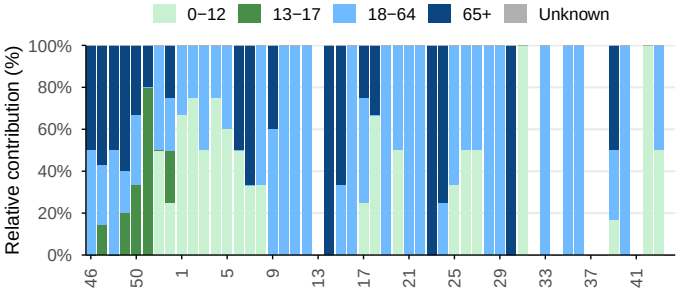



Influenza−like illness (ILI) cases in Guyana, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

## Figure 3.27.A. Weekly SARI cases.




## Figure 3.27.B. Weekly relative contribution by age group.




Severe acute respiratory infection (SARI) cases in Guyana, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

**Figure 3.28.A. Weekly SARI cases admitted to ICU.**

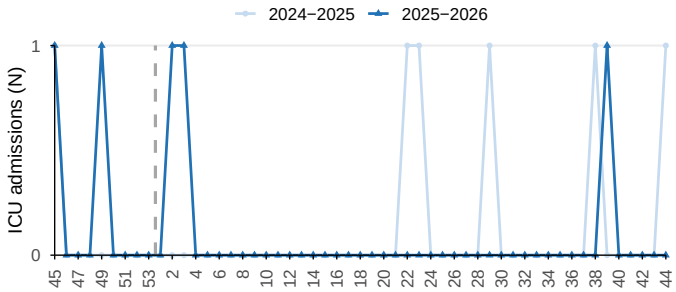
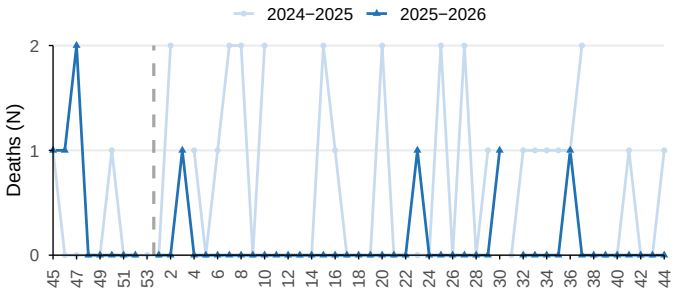



**Figure 3.28.B. Weekly deaths among SARI cases.**




SARI ICU admissions and deaths in Guyana, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

### 3.1.9 Haiti

Between EW 41 and 44, sentinel surveillance in Haiti reported no samples processed for influenza.

### 3.1.10 Jamaica

In Jamaica, no samples tested positive for influenza during EW 44 (Figure 3.29).

No cases of influenza, RSV, or SARS-CoV-2 were reported among SARI cases during EP 41–43 (Figure 3.31).

**Figure 3.29.A. Weekly overall influenza positivity.**

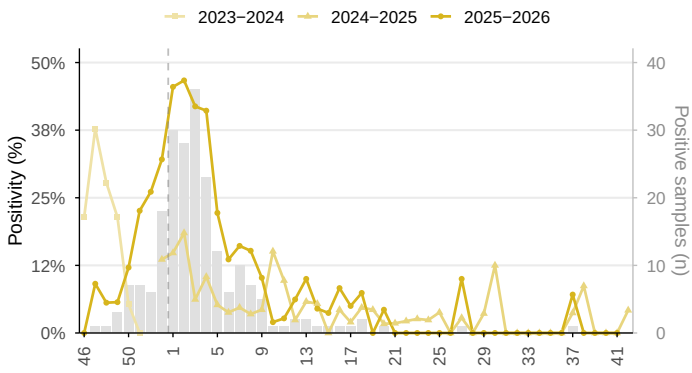
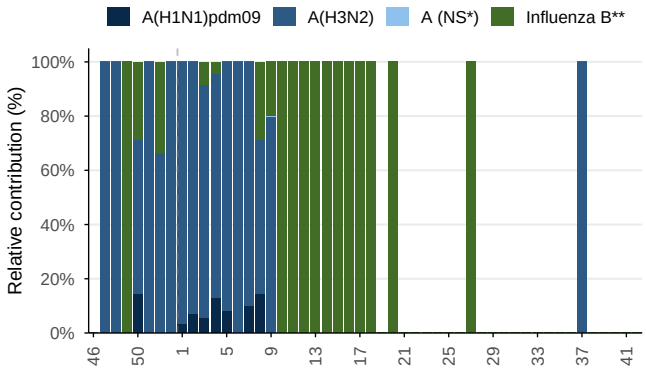



**Figure 3.29.B. Weekly relative contribution by type and subtype.**




Influenza in Jamaica, EW 46/2025–44/2026. 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 3.30.A. Weekly SARS-CoV-2 positivity.**

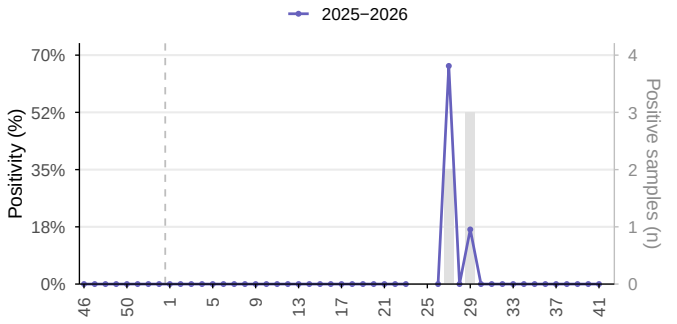
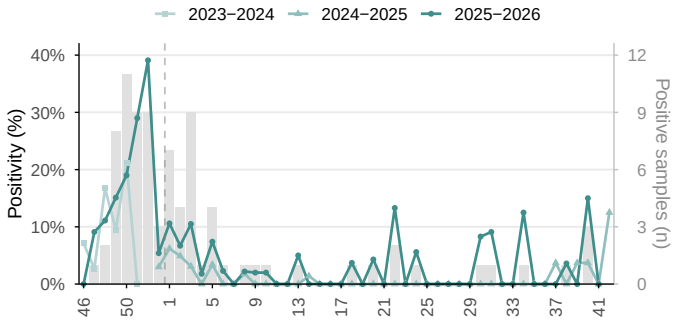



**Figure 3.30.B. Weekly RSV positivity.**




SARS–CoV–2 and RSV in Jamaica, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

**Figure 3.31.A. Weekly SARI cases.**

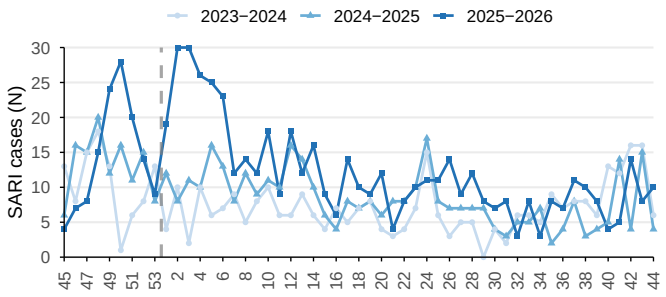
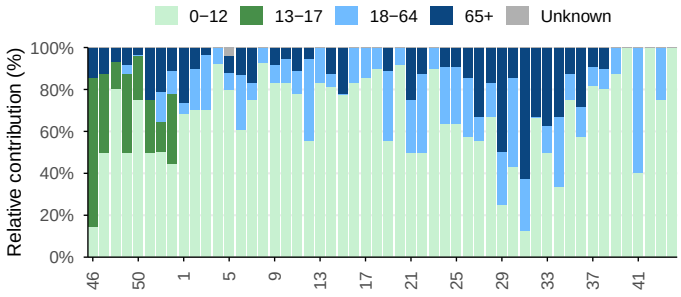



**Figure 3.31.B. Weekly relative contribution by age group.**




Severe acute respiratory infection (SARI) cases in Jamaica, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### 3.1.11 Saint Lucia

No positive influenza samples were identified in Santa Lucia during EW 44 (Figure 3.32). The SARS-CoV-2 positivity was 16.7% (Figure 3.33).

Between EW 41 and 44, viral detections amounted to 50.0% of SARI cases, with SARS-CoV-2 predominating (100.0%) (Figure 3.34).

**Figure 3.32.A. Weekly overall influenza positivity.**

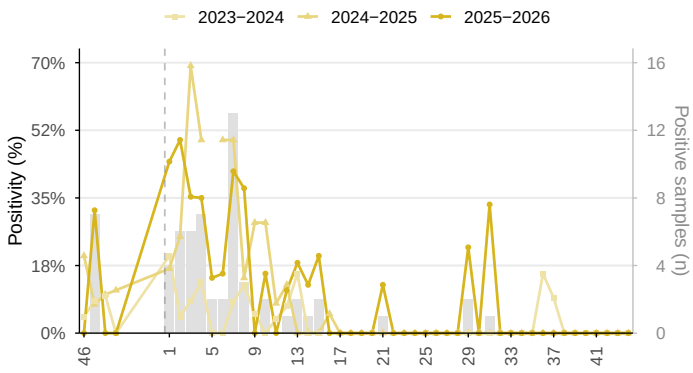
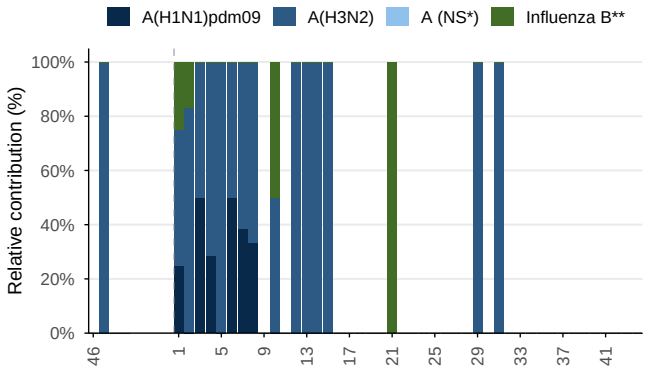



**Figure 3.32.B. Weekly relative contribution by type and subtype.**




Influenza in Saint Lucia, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

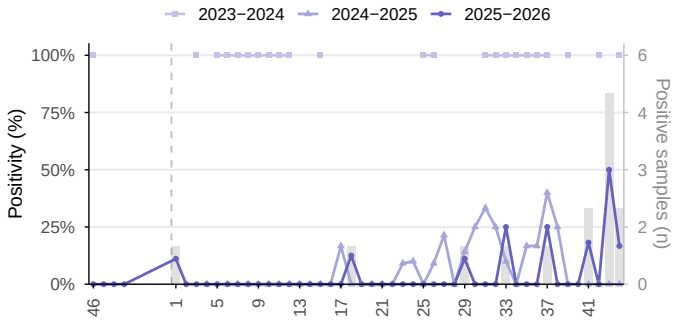
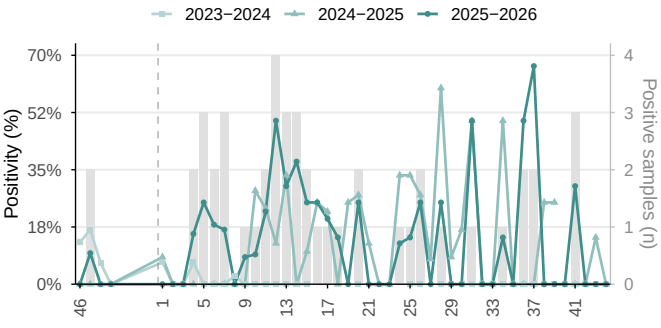



**Figure 3.33.B. Weekly RSV positivity.**




SARS–CoV–2 and RSV in Saint Lucia, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

**Figure 3.34.A. Weekly SARI cases.**

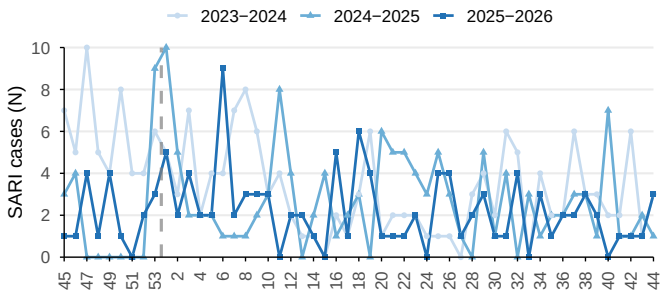
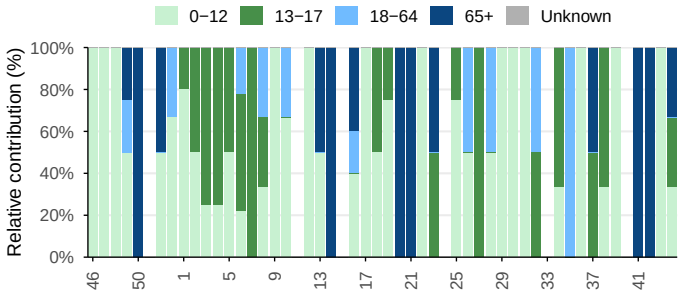



**Figure 3.34.B. Weekly relative contribution by age group.**




Severe acute respiratory infection (SARI) cases in Saint Lucia, EW 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

### 3.1.12 Suriname

No positive influenza samples were identified in Suriname during EW 44 (Figure 3.35).

During EW 41 and 44, no cases of influenza or RSV were reported among ILI cases (Figure 3.37). All cases with a known age were children aged 0–12 years (Figure 3.37). Among SARI cases viral detections accounted for 25.0%, with RSV being the predominant virus (50.0%) (Figure 3.38). During the same period, one case of SARI was recorded in the ICU; no deaths were reported (Figure 3.39).

**Figure 3.35.A. Weekly overall influenza positivity.**

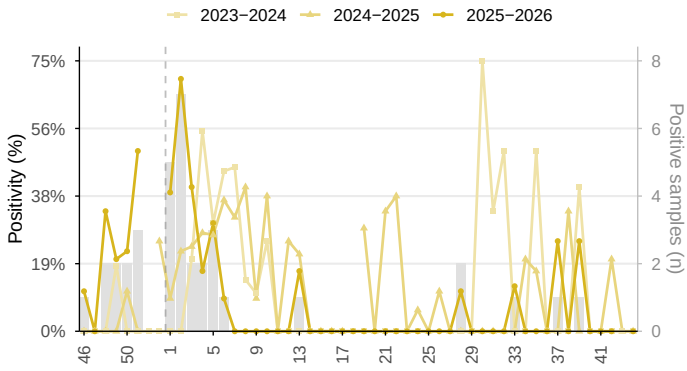
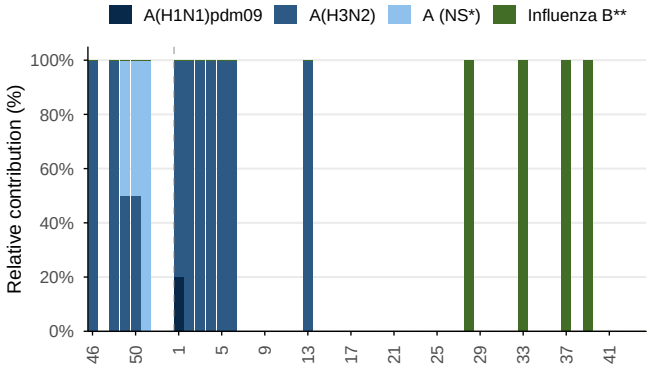



**Figure 3.35.B. Weekly relative contribution by type and subtype.**




Influenza in Suriname, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

**Figure 3.36.A. Weekly SARS-CoV-2 positivity.**

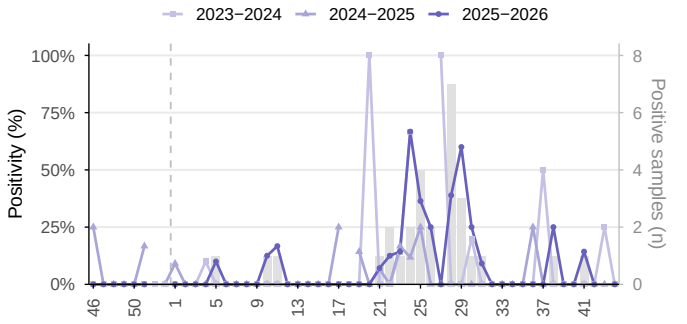
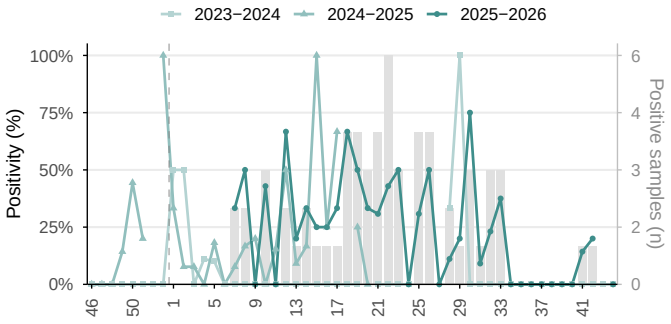
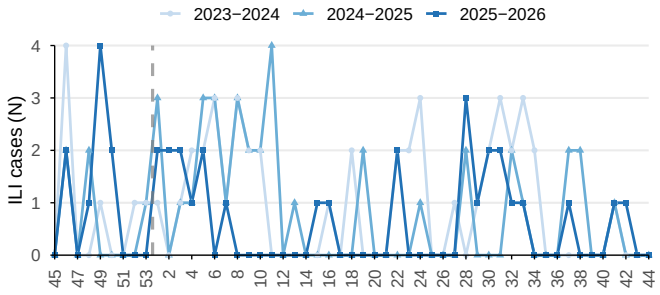



**Figure 3.36.B. Weekly RSV positivity.**

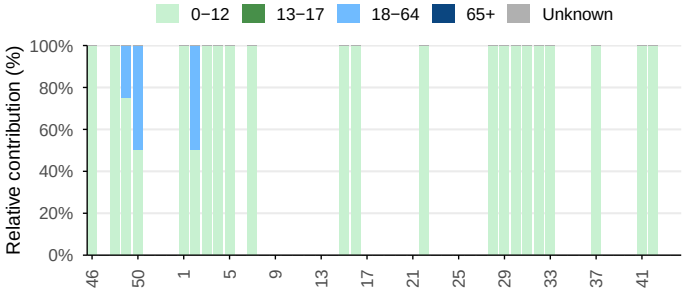



SARS–CoV–2 and RSV in Suriname, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

### Figure 3.37.A. Weekly ILI cases.

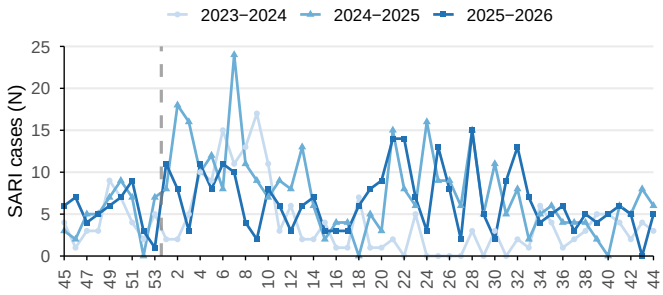



### Figure 3.37.B. Weekly relative contribution by age group.

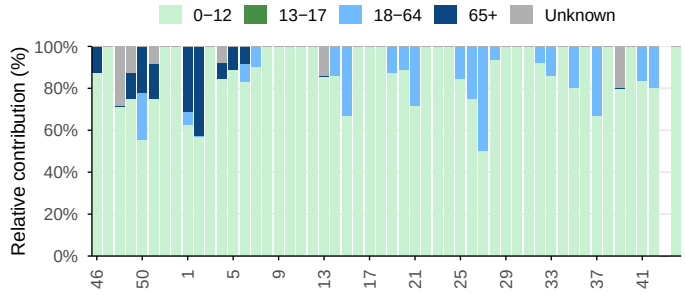



Influenza–like illness (ILI) cases in Suriname, EW 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

### Figure 3.38.A. Weekly SARI cases.




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




Severe acute respiratory infection (SARI) cases in Suriname, EW 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

**Figure 3.39.A. Weekly SARI cases admitted to ICU.**

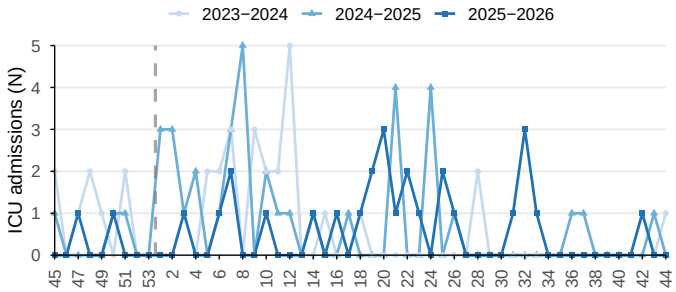
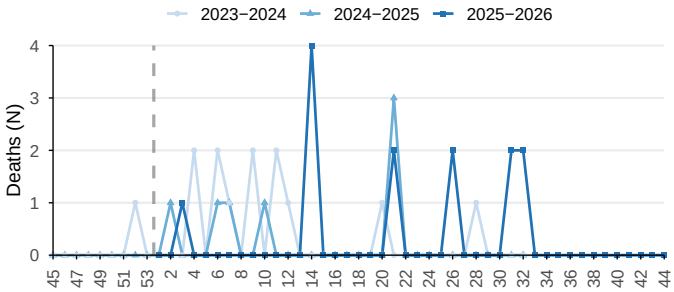



**Figure 3.39.B. Weekly deaths among SARI cases.**




SARI ICU admissions and deaths in Suriname, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

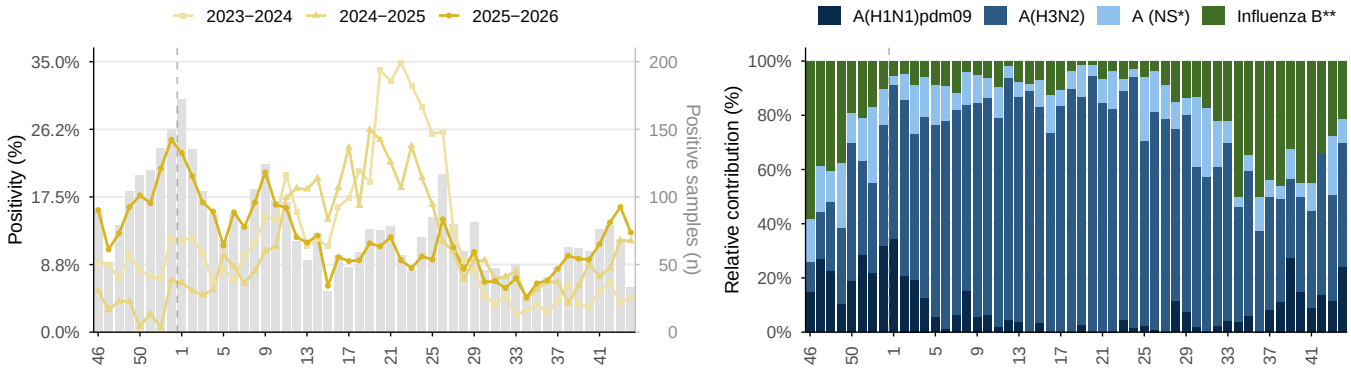
# 4. Central America

During EW 44, sentinel surveillance in Central America reported an influenza positivity rate of 12.9%, with an increasing trend observed since EW 34 (Figure 4.1). In contrast, positivity rates for SARS-CoV-2 and RSV were 1.5% and 11.3%, respectively, both showing declining trends in recent weeks (Figure 4.2). Among influenza-positive samples collected between EW 41 and 44, influenza A predominated (66.1% of typed samples). Of the influenza A samples, 84.7% were subtyped, with A(H3N2) accounting for the largest proportion (76.4%) (Figure 4.1). Meanwhile, the positivity for other respiratory viruses was 10.3%, with rhinovirus predominating (49.3%) and an overall declining trend in recent weeks (Figure 4.3).

Between EW 41 and 44, viral detections accounted for 7.8% of total ILI cases, with influenza predominating (91.3%), followed by SARS-CoV-2 and RSV (4.3% each) (Figure 4.4). During the last four weeks, ILI cases showed a declining trend. Regarding SARI, viral detections accounted for 9.1% of total cases, with influenza predominating (71.6%), followed by RSV (23.5%) and SARS-CoV-2 (4.9%) (Figure 4.5). In contrast to ILI, SARI cases remained stable over the last few weeks. During the same period, 56 SARI-related admissions to ICU and 13 deaths were reported (Figure 4.6).

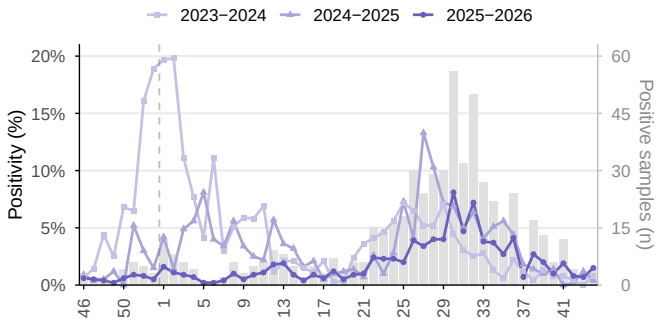
**Figure 4.1.A. Weekly overall influenza positivity.**

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

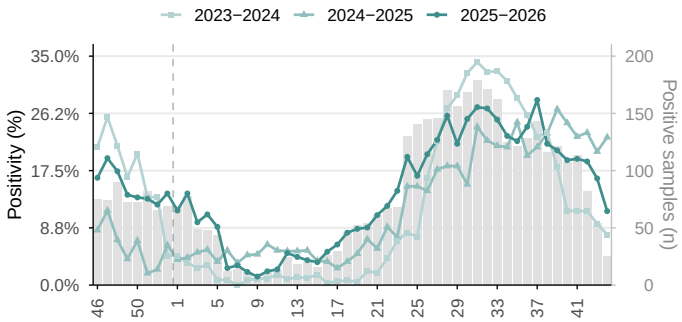



Influenza in Central America, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria 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.

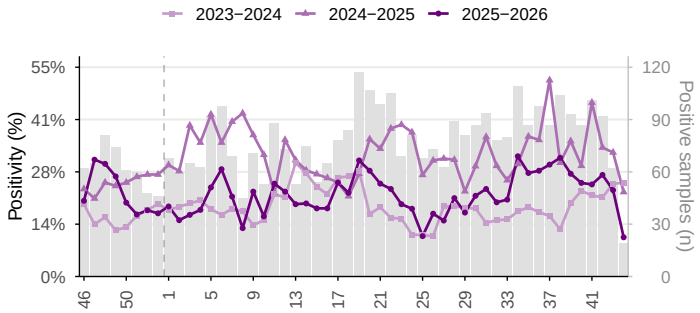



## Figure 4.2.B. Weekly RSV positivity.

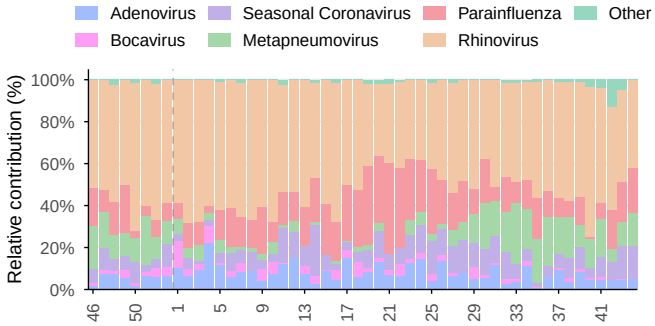



SARS−CoV−2 and RSV in Central America, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 4.3.A. Overall weekly positivity.

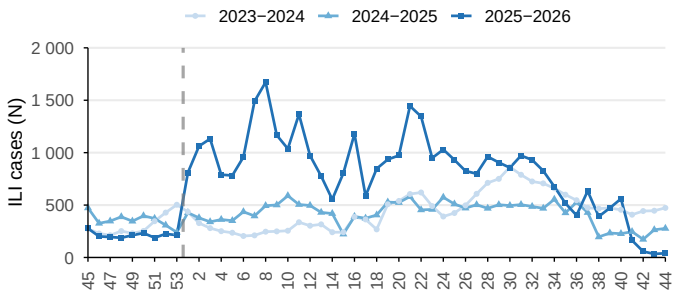



## Figure 4.3.B. Weekly relative contribution by virus.

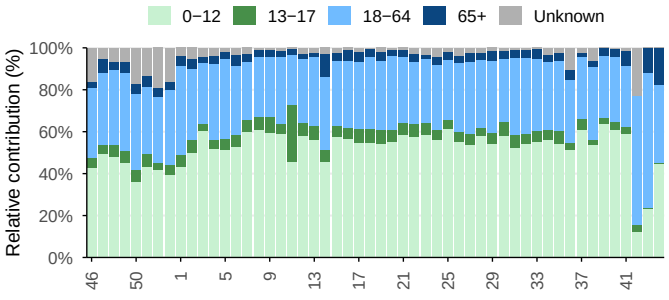



Other respiratory viruses in Central America, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 4.4.A. Weekly ILI cases.

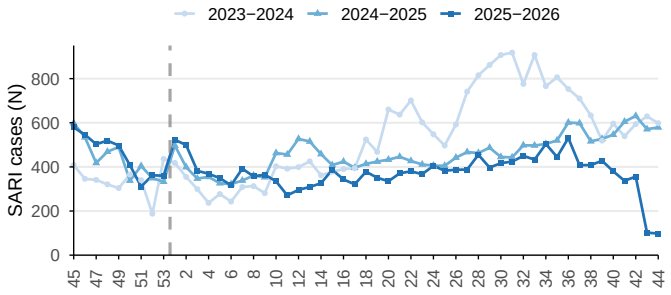



## Figure 4.4.B. Weekly relative contribution by age group.

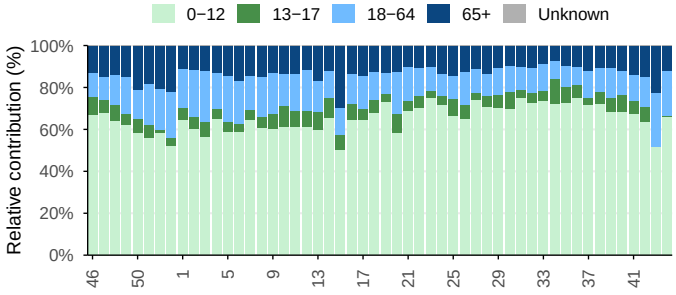



Influenza−like illness (ILI) cases in Central America, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 4.5.A. Weekly SARI cases.

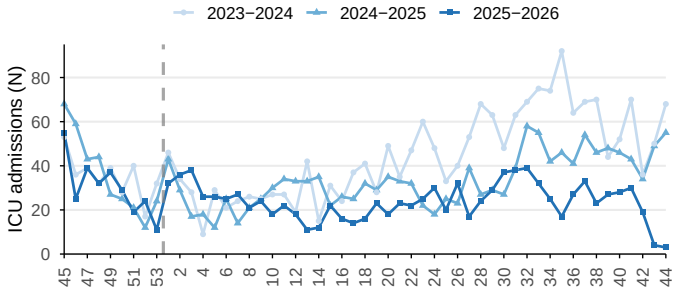



### Figure 4.5.B. Weekly relative contribution by age group.

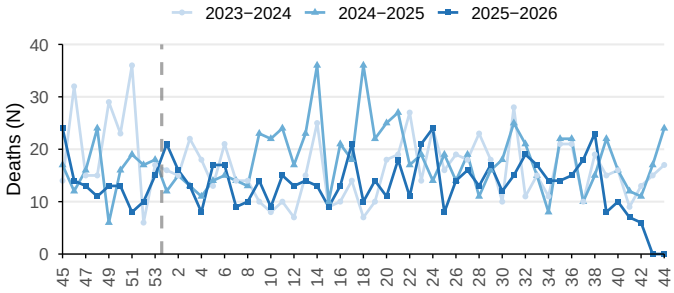



Severe acute respiratory infection (SARI) cases in Central America, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### 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 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

# 4. Central America — Costa Rica

## 4.1 Country

### 4.1.1 Costa Rica

*No data were reported between EW 41 and 44.*

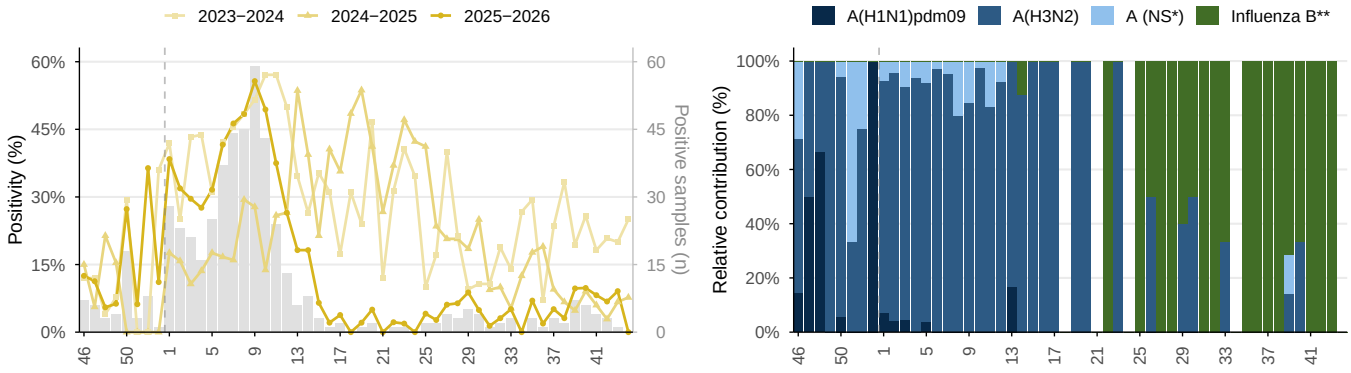
### 4.1.2 Guatemala

During EW 44, sentinel surveillance in Guatemala reported low levels of influenza activity. Similarly, SARS-CoV-2 activity remained low, while RSV continued to circulate at elevated levels (Figure 4.8). Among influenza-positive samples collected between EW 41 and 44, influenza B predominated, accounting for 100.0% of typed samples (Figure 4.7). Among samples tested for other respiratory viruses, rhinovirus predominated (55.9%), followed by metapneumovirus (32.4%) (Figure 4.9).

Between EW 41 and 44, viral detections accounted for 1.2% of total ILI cases, with influenza being the only virus identified among the positive detections (Figure 4.10). During the last four weeks, ILI cases showed a declining trend. Regarding age distribution, 55.7% of cases with known age were reported among children aged 0–12 years, followed by adults aged 18–64 years (33.5%) (Figure 4.10). For SARI, viral detections accounted for 4.5% of total cases, with RSV being the only virus identified among the positive detections (Figure 4.11). During the same period, 18 SARI-related admissions to ICU were reported (Figure 4.12).

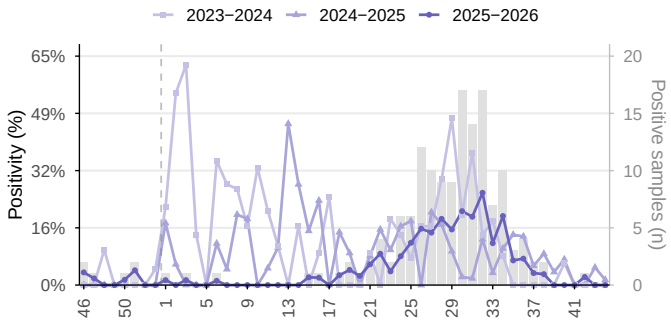
**Figure 4.7.A. Weekly overall influenza positivity.**

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

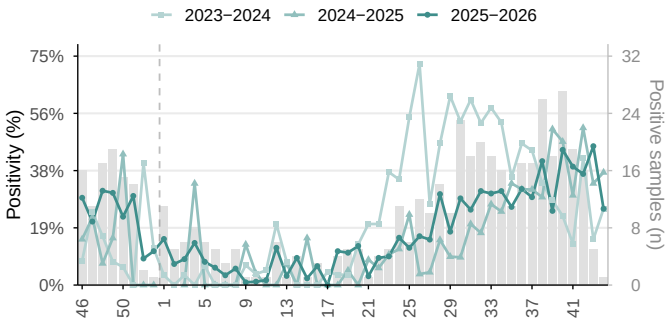



Influenza in Guatemala, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria 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.

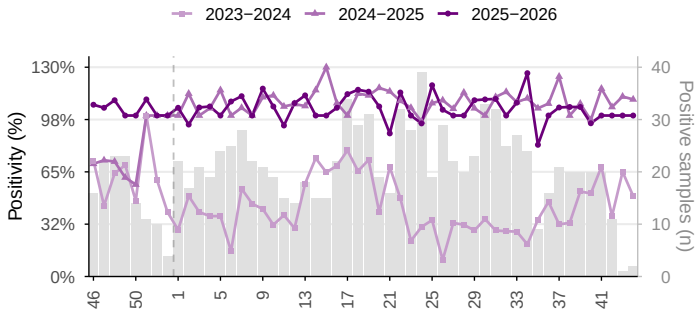



### Figure 4.8.B. Weekly RSV positivity.

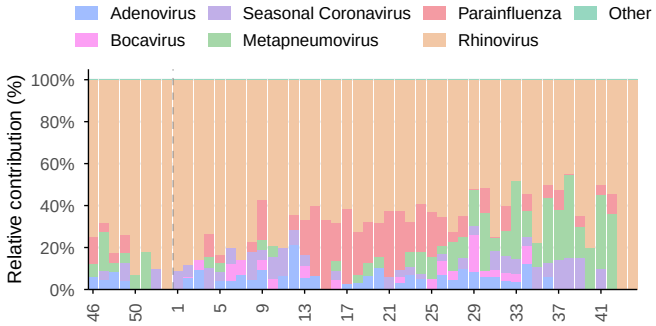



SARS−CoV−2 and RSV in Guatemala, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

### Figure 4.9.A. Overall weekly positivity.

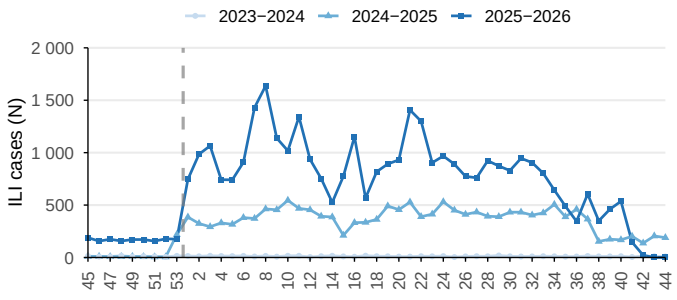



### Figure 4.9.B. Weekly relative contribution by virus.

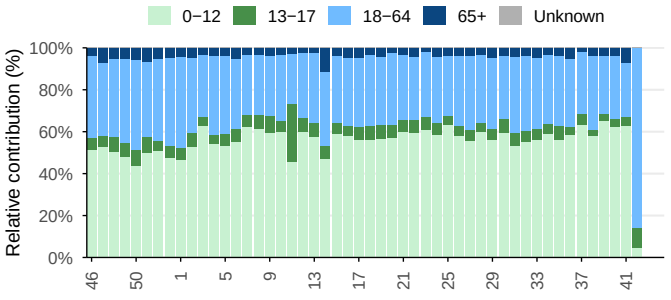



Other respiratory viruses in Guatemala, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

### Figure 4.10.A. Weekly ILI cases.

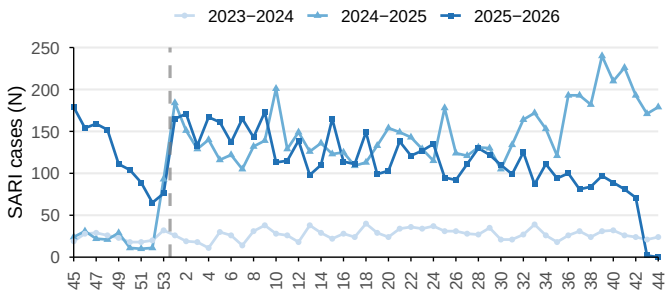



### Figure 4.10.B. Weekly relative contribution by age group.

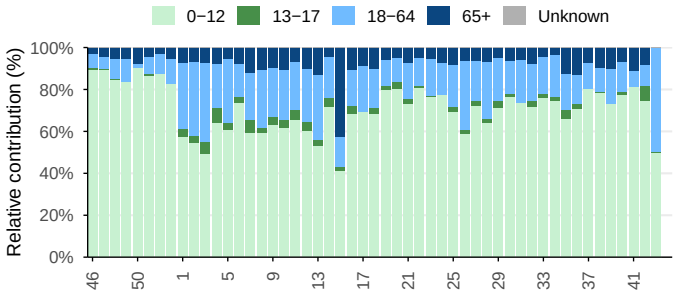



Influenza−like illness (ILI) cases in Guatemala, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 4.11.A. Weekly SARI cases.

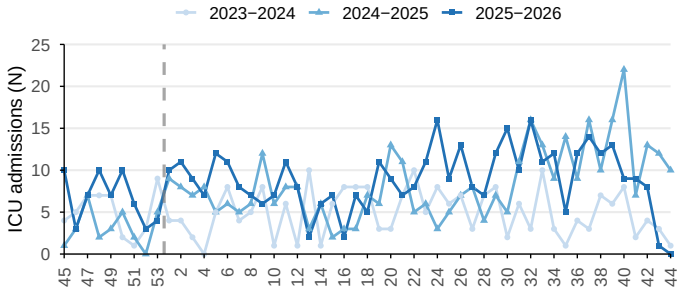



### Figure 4.11.B. Weekly relative contribution by age group.

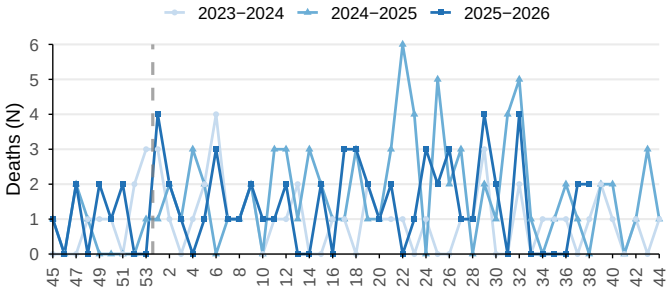



Severe acute respiratory infection (SARI) cases in Guatemala, EW 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

### 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 45/2025–44/2026. *Source: FluID, WHO–GISRS.*

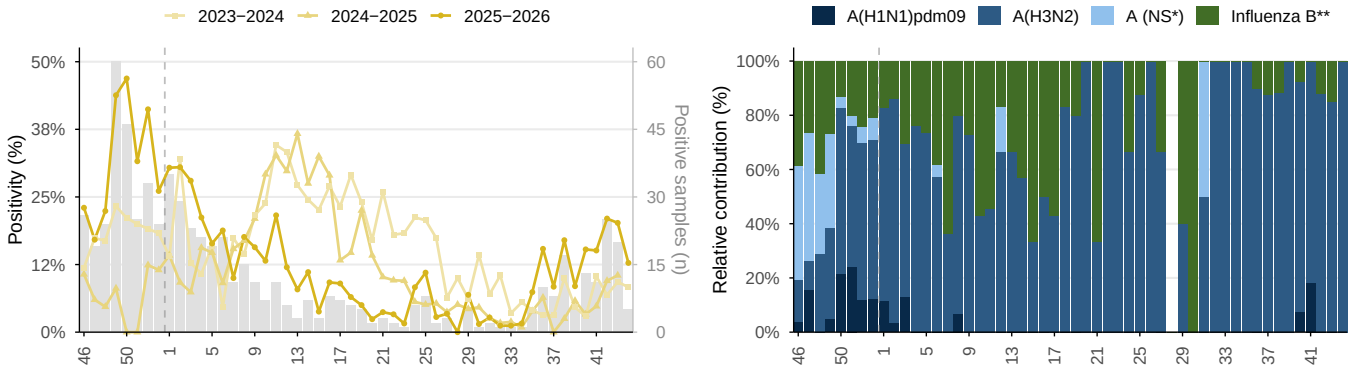
### 4.1.3 Honduras

During EW 44, sentinel surveillance in Honduras reported an influenza positivity of 12.8%, with an increasing trend in influenza activity since EW 34 (Figure 4.13). In contrast, SARS-CoV-2 activity remained at low and stable levels, with a positivity of 2.3% (Figure 4.14). Among influenza-positive samples collected between EW 41 and EW 44, influenza A predominated, accounting for 90.2% of typed samples. Among influenza A samples, A(H3N2) was the predominant subtype (96.4%) (Figure 4.13).

Between EW 41 and 44, viral detections accounted for 17.9% of total ILI cases, with influenza predominating (95.0%) (Figure 4.15). During the last three weeks, ILI cases showed an increasing trend. Regarding age distribution, 56.2% of cases with known age were reported among adults aged 18–64 years, followed by children aged 0–12 years (32.1%) (Figure 4.15). For SARI, viral detections accounted for 16.1% of total cases, with influenza predominating (86.9%) (Figure 4.16). During the same period, 9 SARI-related admissions to ICU were reported and no deaths reported (Figure 4.17).

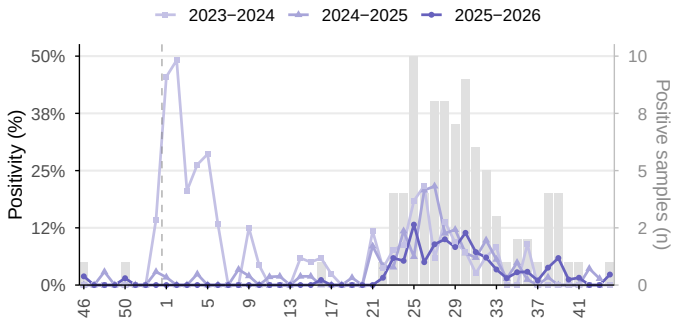
**Figure 4.13.A. Weekly overall influenza positivity.**

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

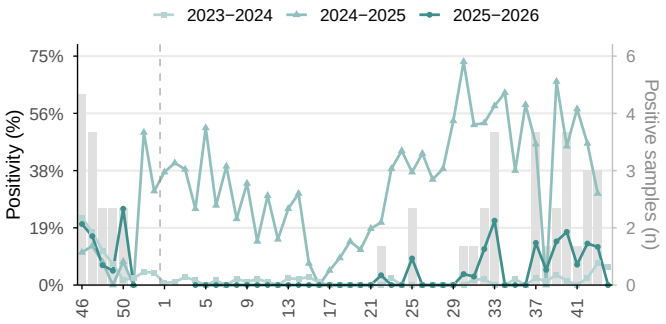



Influenza in Honduras, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria 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.

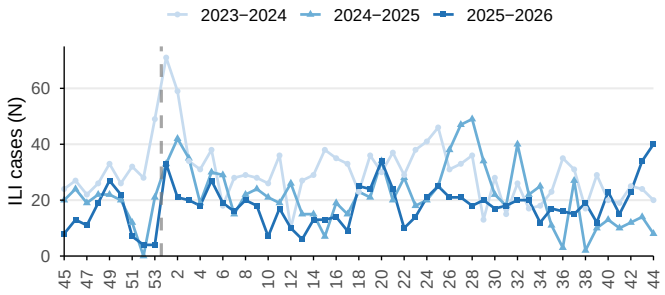



## Figure 4.14.B. Weekly RSV positivity.

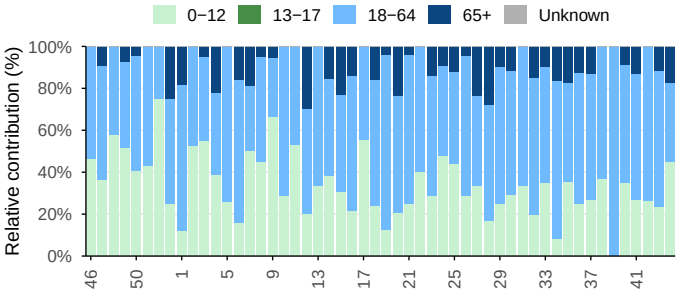



SARS−CoV−2 and RSV in Honduras, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 4.15.A. Weekly ILI cases.

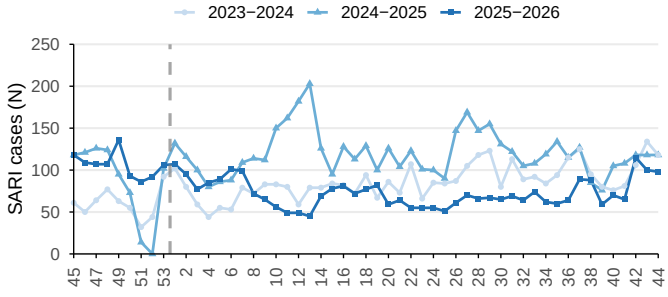



## Figure 4.15.B. Weekly relative contribution by age group.

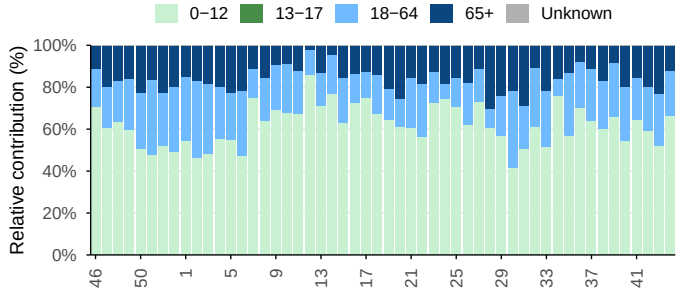



Influenza−like illness (ILI) cases in Honduras, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

## 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 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

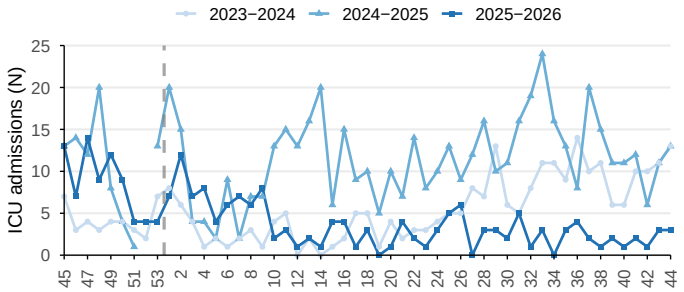
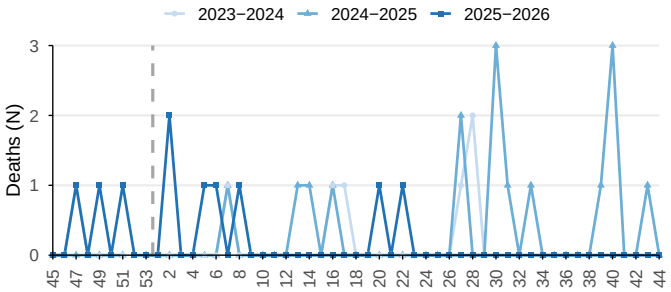



**Figure 4.17.B. Weekly deaths among SARI cases.**




SARI ICU admissions and deaths in Honduras, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

### 4.1.4 Nicaragua

During EW 44, influenza activity in Nicaragua remained stable in recent weeks, with a positivity of 7.7% (Figure 4.18). RSV positivity was 6.5%, showing a sustained declining trend (Figure 4.19). Among influenza-positive samples collected between EW 41 and 44, influenza A predominated (98.3% of typed samples). Of the influenza A samples, 67.8% were subtyped, with A(H3N2) predominating (Figure 4.18). Among samples tested for other respiratory viruses, the positivity rate was 3.9%, with parainfluenza predominating (29.8%) (Figure 4.20).

**Figure 4.18.A. Weekly overall influenza positivity.**

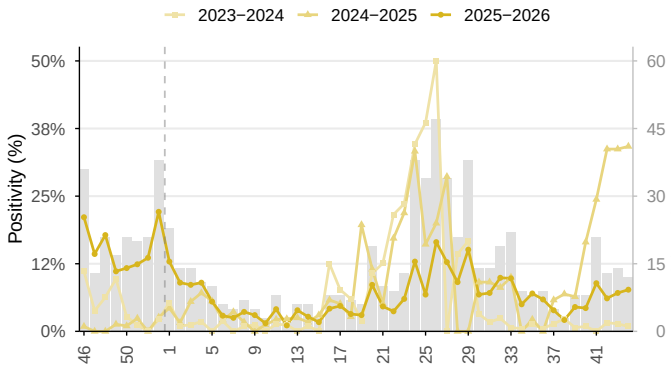
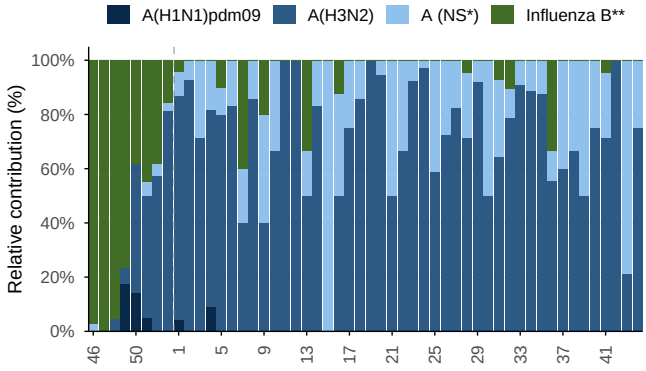



**Figure 4.18.B. Weekly relative contribution by type and subtype.**




Influenza in Nicaragua, EW 46/2025–44/2026. 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.**

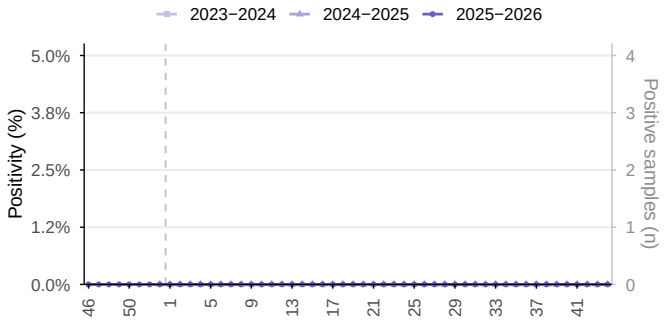
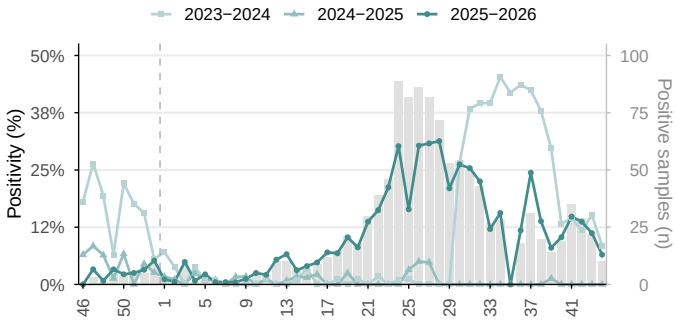


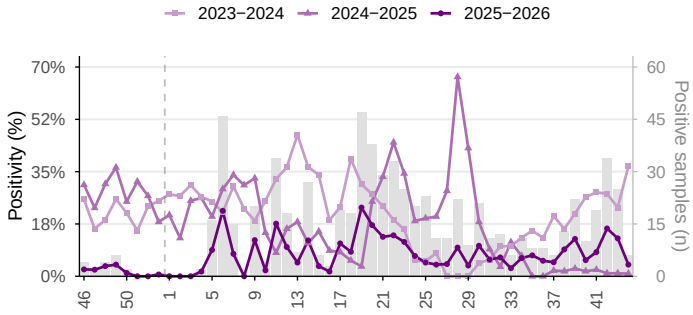

**Figure 4.19.B. Weekly RSV positivity.**



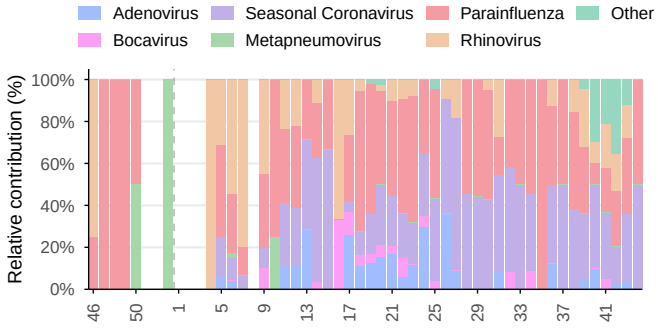

SARS–CoV–2 and RSV in Nicaragua, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

# 4. Central America — Nicaragua

## Figure 4.20.A. Overall weekly positivity.




## Figure 4.20.B. Weekly relative contribution by virus.




Other respiratory viruses in Nicaragua, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

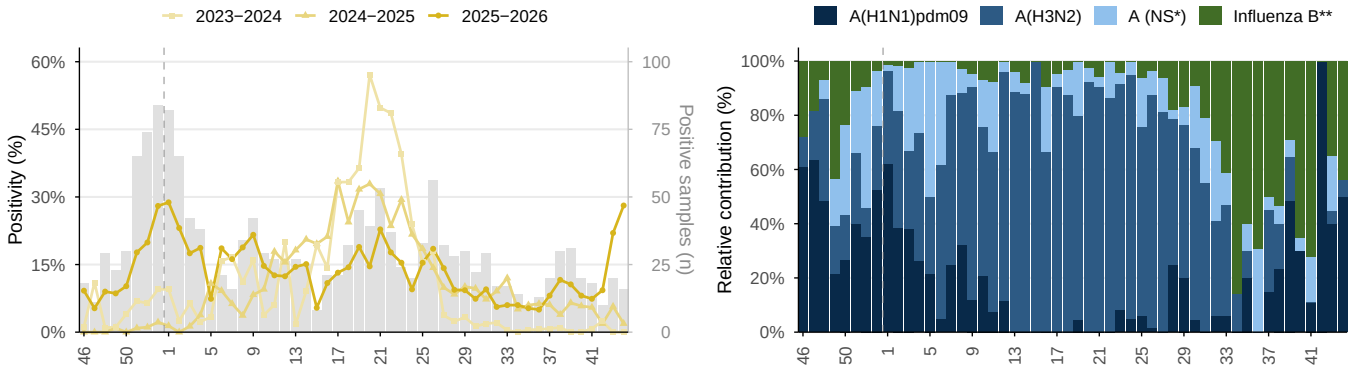
### 4.1.5 Panama

During EW 44, sentinel surveillance in Panama reported an influenza positivity of 28.1%, with an increasing trend over the last three weeks (Figure 4.21). The SARS-CoV-2 positivity was 5.3%, while RSV positivity was 24.6%, remaining at elevated levels despite a declining trend (Figure 4.22). Among influenza-positive samples collected between EW 41 and 44, influenza A predominated (57.8% of typed samples). Of the influenza A samples, 81.1% were subtyped, with A(H1N1)pdm09 predominating (93.3%) (Figure 4.21). Meanwhile, the positivity for other respiratory viruses was 39.3%, with rhinovirus predominating (63.7%), followed by metapneumovirus (16.8%) (Figure 4.23).

Between EW 39 and 42, viral detections accounted for 6.2% of total ILI cases, with RSV being the only virus identified among positive detections (Figure 4.24). Regarding SARI cases, viral detections accounted for 3.4%, with RSV predominating (58.6%) (Figure 4.25). During the same period, 59 SARI-related admissions to ICU and 31 deaths were reported (Figure 4.26).

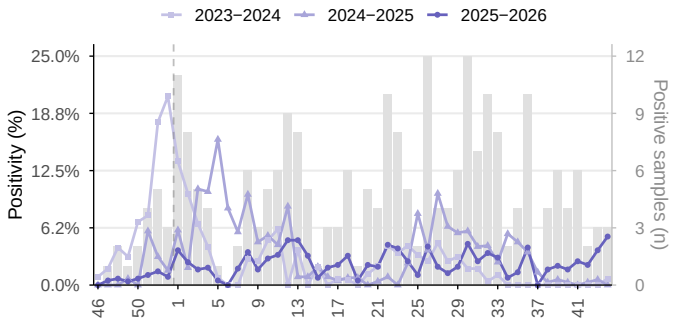
**Figure 4.21.A. Weekly overall influenza positivity.**

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

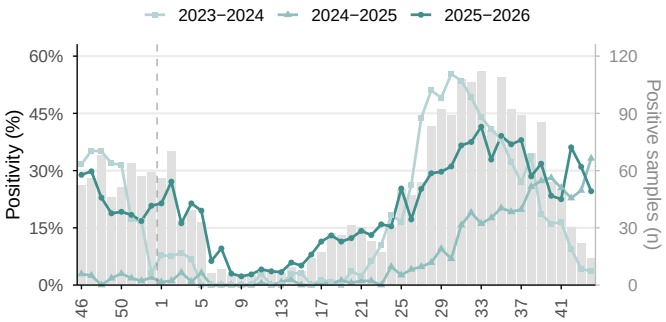



Influenza in Panama, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

### Figure 4.22.A. Weekly SARS-CoV-2 positivity.

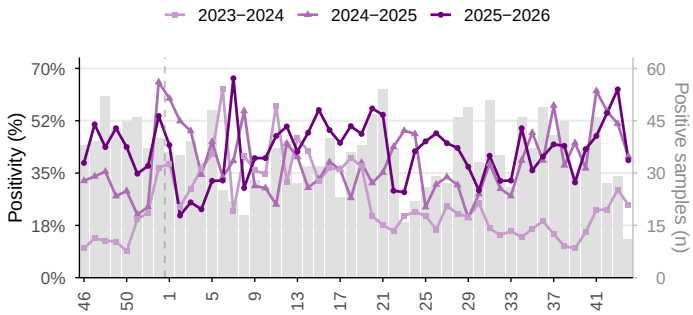



### Figure 4.22.B. Weekly RSV positivity.

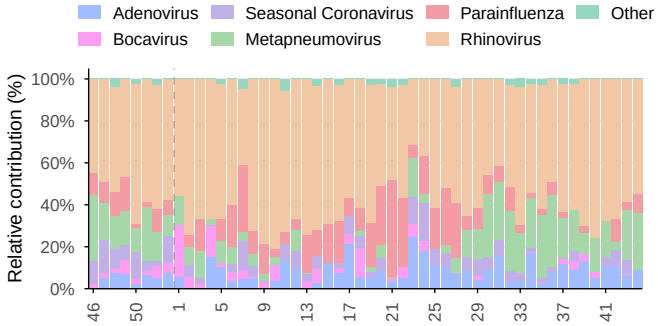



SARS−CoV−2 and RSV in Panama, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

### Figure 4.23.A. Overall weekly positivity.

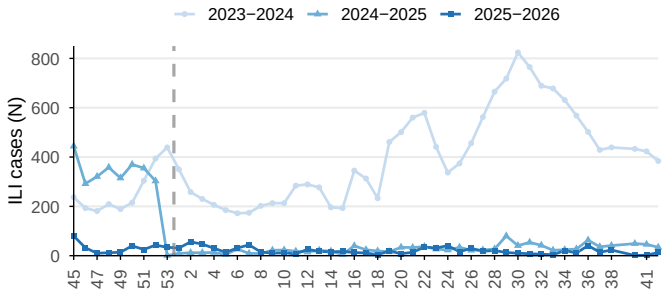



### Figure 4.23.B. Weekly relative contribution by virus.

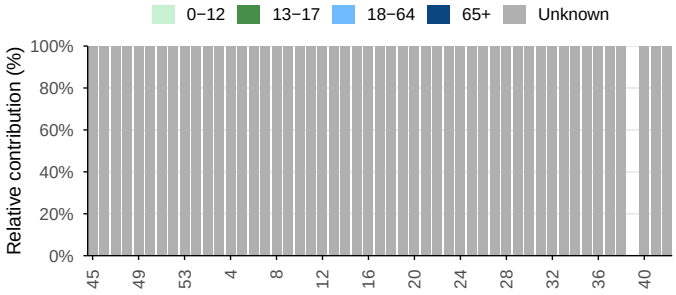



Other respiratory viruses in Panama, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

### Figure 4.24.A. Weekly ILI cases.

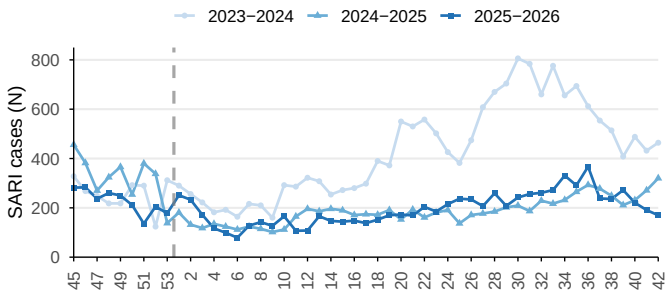



### Figure 4.24.B. Weekly relative contribution by age group.

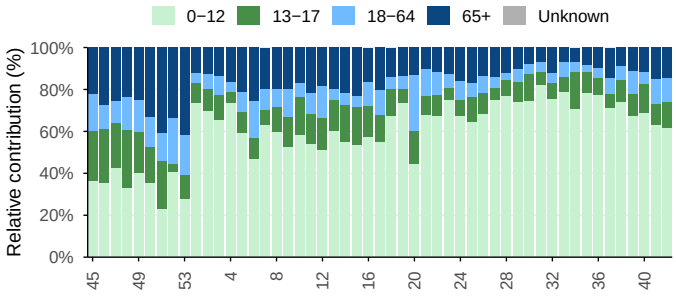



Influenza−like illness (ILI) cases in Panama, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 4.25.A. Weekly SARI cases.

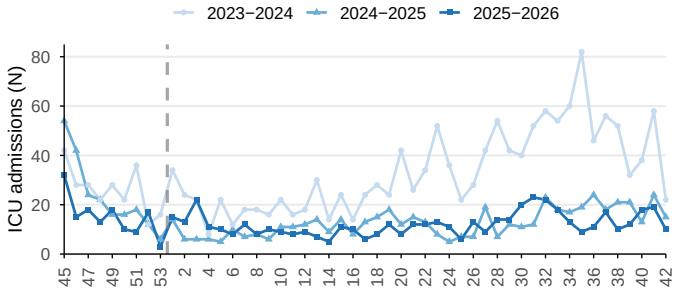



### Figure 4.25.B. Weekly relative contribution by age group.

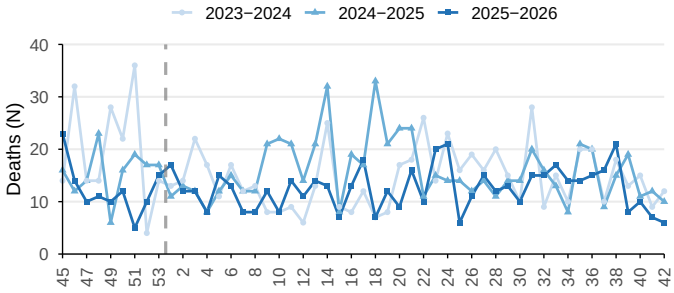



Severe acute respiratory infection (SARI) cases in Panama, EW 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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




### Figure 4.26.B. Weekly deaths among SARI cases.



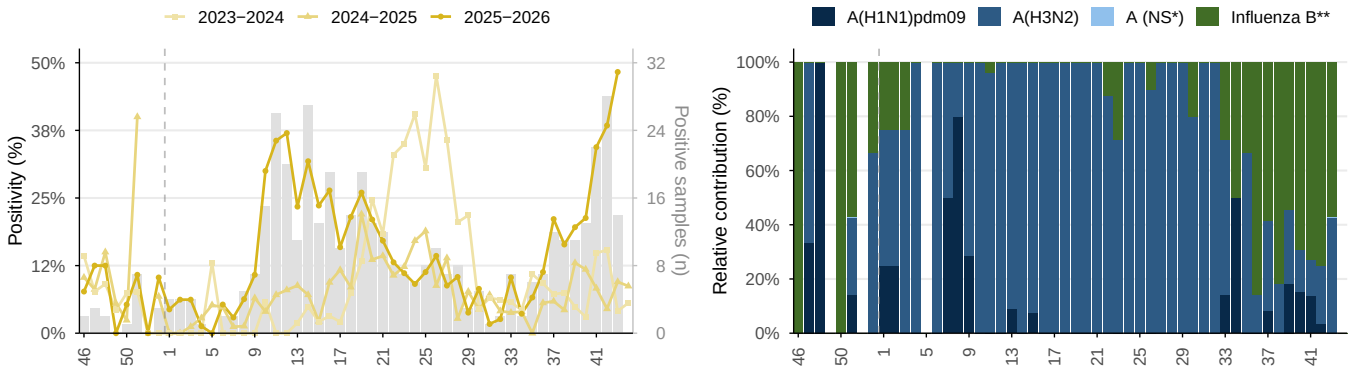

SARI ICU admissions and deaths in Panama, EW 45/2025–44/2026. *Source: FluID, WHO–GISRS.*

### 4.1.6 El Salvador

El Salvador reported an influenza positivity of 48.3%, with activity remaining high and showing a sustained increasing trend since EW 35 (Figure 4.27). SARS-CoV-2 activity showed a declining trend, while RSV positivity reached 6.9% (Figure 4.28). Among influenza-positive samples collected between EW 40 and 43, influenza B predominated (70.1% of typed samples) (Figure 4.27). Among samples tested for other respiratory viruses, the positivity was 24.1%, with rhinovirus predominating (74.6%) (Figure 4.29).

**Figure 4.27.A. Weekly overall influenza positivity.**

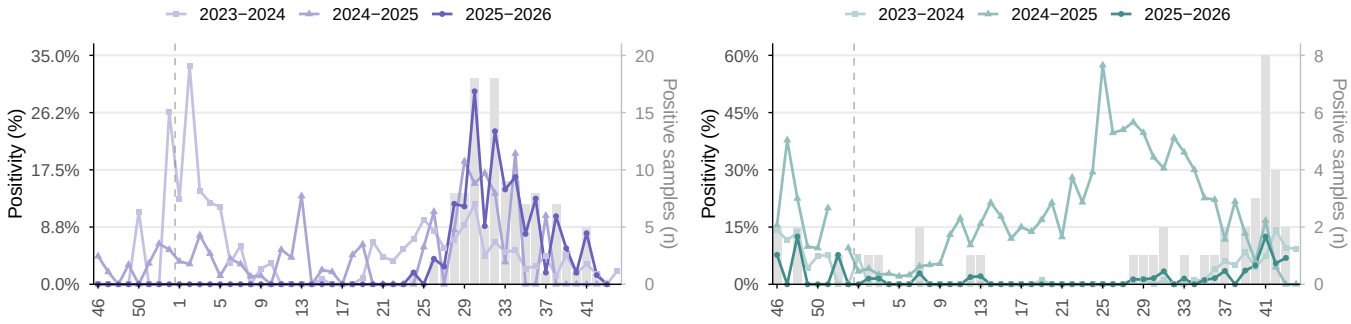
**Figure 4.27.B. Weekly relative contribution by type and subtype.**




Influenza in El Salvador, EW 46/2025–44/2026. 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 46/2025–44/2026. 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.**

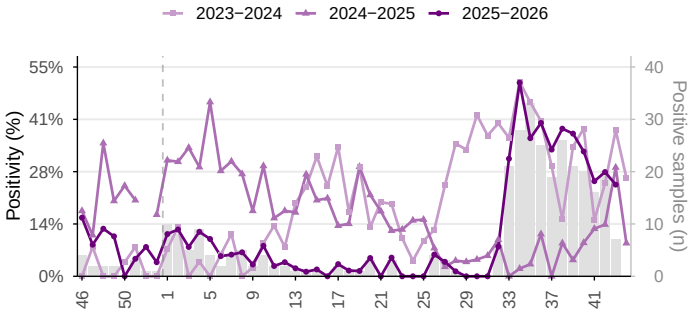
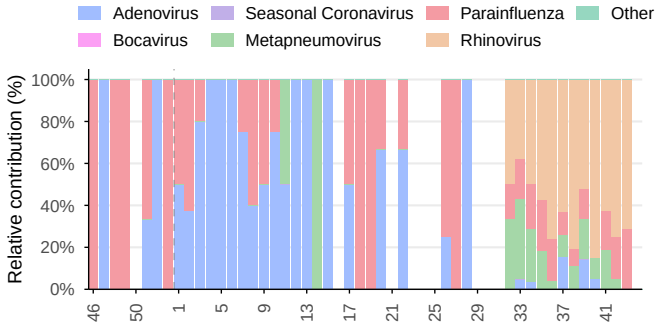



**Figure 4.29.B. Weekly relative contribution by virus.**




Other respiratory viruses in El Salvador, EW 46/2025–44/2026. 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 44, sentinel surveillance in the Andean Subregion reported an influenza positivity of 8.9%, with activity remaining stable in recent weeks (Figure 5.1). SARS-CoV-2 and RSV positivity were 1.9% and 4.5%, respectively, with both viruses remaining at low and stable levels (Figure 5.2). Among influenza-positive samples collected between EW 41 and 44, influenza B predominated (57.9% of typed samples). Of the influenza A samples, 64.1% were subtyped, with A(H3N2) predominating (58.3%) (Figure 5.1). Meanwhile, the positivity for other respiratory viruses was 9.8%, with rhinovirus predominating (41.2%) (Figure 5.3).

Between EW 41 and 44, viral detections accounted for 31.1% of total ILI cases, with influenza predominating (97.3%) (Figure 5.4). Regarding SARI cases, viral detections accounted for 18.1%, with influenza predominating (73.9%) (Figure 5.5). During the same period, 90 SARI-related admissions to ICU and 10 deaths were reported (Figure 5.6).

**Figure 5.1.A. Weekly overall influenza positivity.**

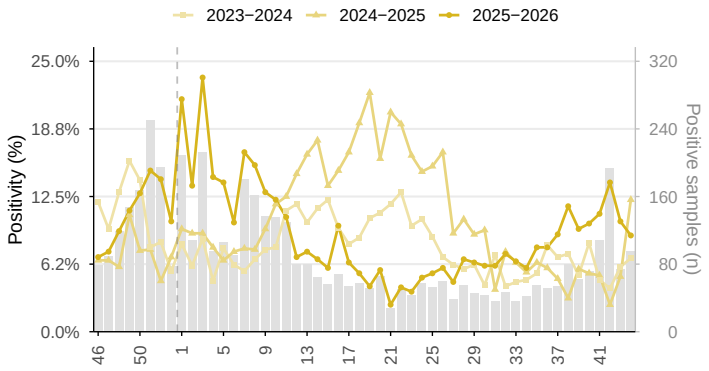
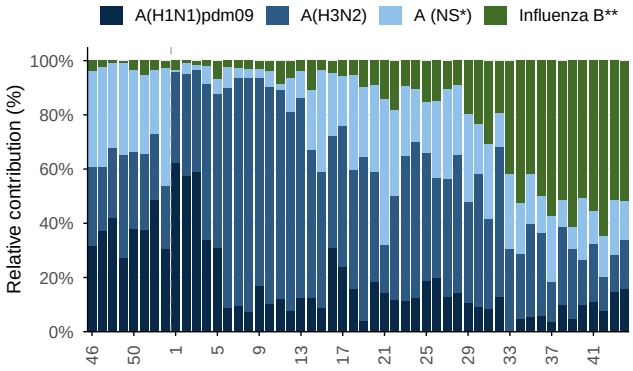



**Figure 5.1.B. Weekly relative contribution by type and subtype.**




Influenza in the Andean Subregion, EW 46/2025–44/2026. 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.**

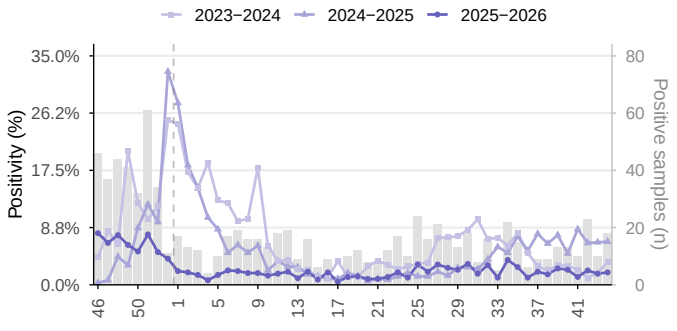
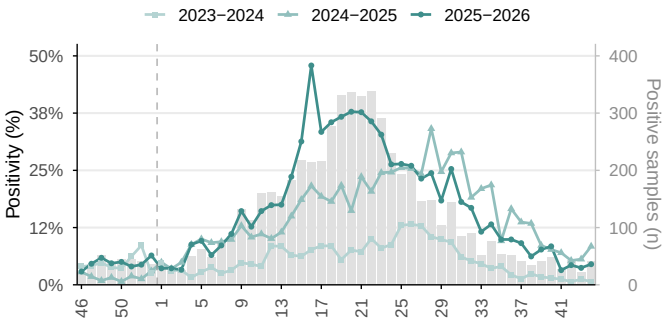
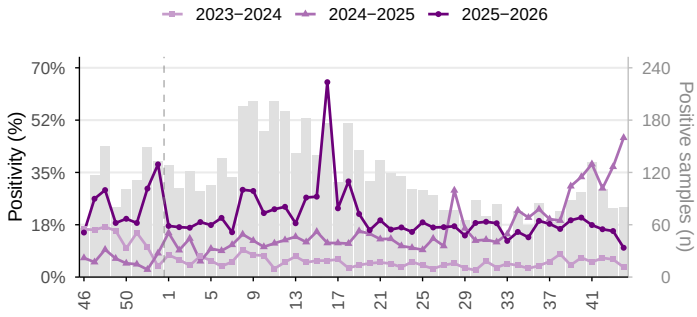



**Figure 5.2.B. Weekly RSV positivity.**

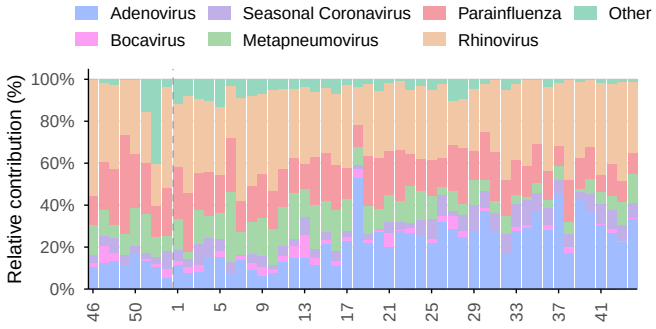



SARS–CoV–2 and RSV in the Andean Subregion, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

## Figure 5.3.A. Overall weekly positivity.

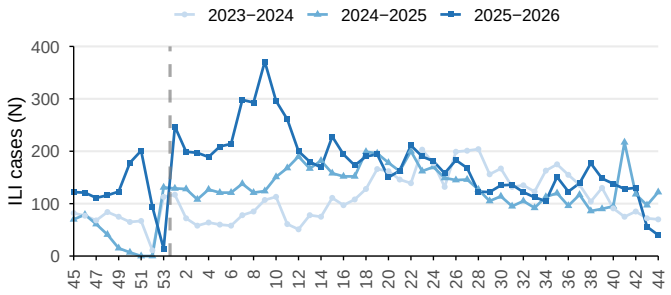



## Figure 5.3.B. Weekly relative contribution by virus.

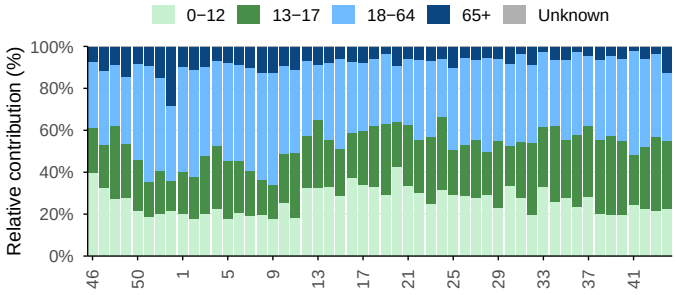



Other respiratory viruses in the Andean Subregion, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

## Figure 5.4.A. Weekly ILI cases.

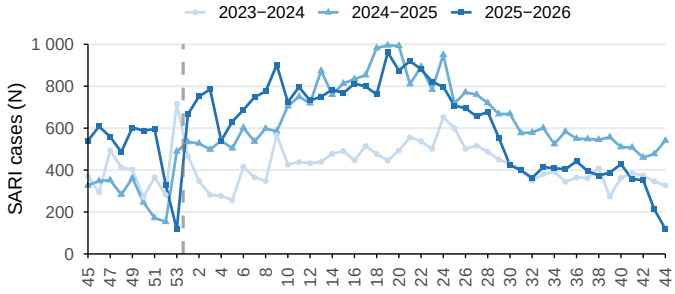



## Figure 5.4.B. Weekly relative contribution by age group.

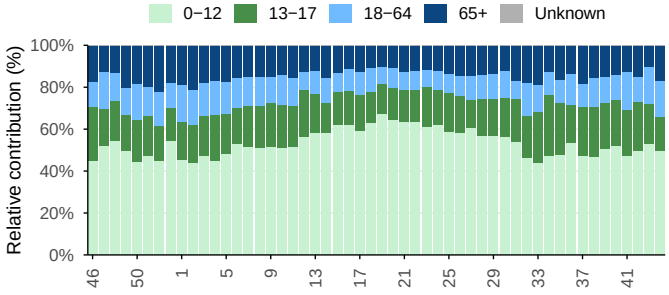



Influenza–like illness (ILI) cases in the Andean Subregion, EW 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

## 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 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

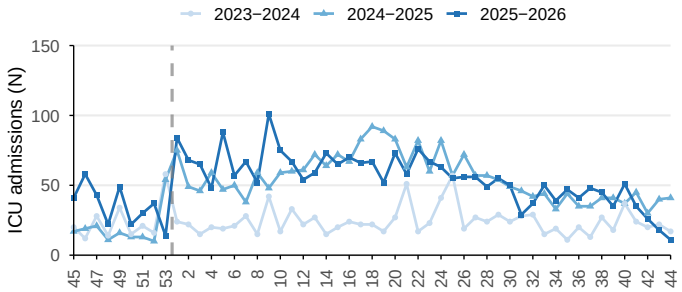
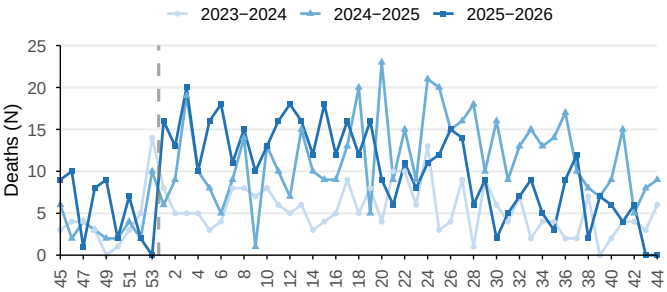



**Figure 5.6.B. Weekly deaths among SARI cases.**




SARI ICU admissions and deaths in the Andean Subregion, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

## 5.1 Country

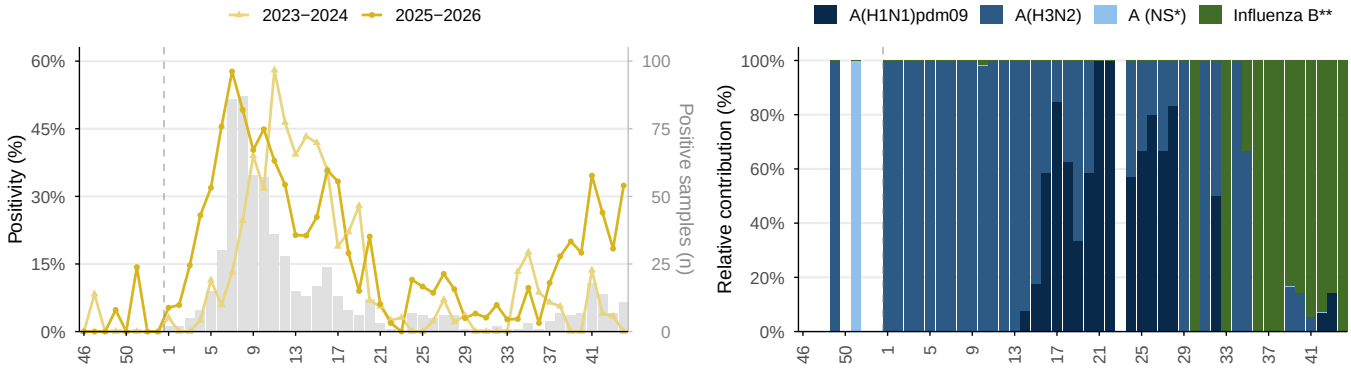
### 5.1.1 Bolivia

During EW 44, influenza positivity in Bolivia reached 32.4%, with an increasing trend observed in recent weeks (Figure 5.7). SARS-CoV-2 positivity was 4.5% (Figure 5.8). Among influenza-positive samples collected between EW 41 and 44, influenza B predominated, accounting for 94.0% of typed samples. Of the influenza A samples, 100.0% were subtyped, with A(H1N1)pdm09 predominating (66.7%) (Figure 5.7). The positivity for other respiratory viruses (ORVs) was 100.0% (Figure 5.9). These percentages should be interpreted with caution, taking into account the number of samples tested.

Between EW 41 and 44, viral detections accounted for 30.8% of total ILI cases, with influenza being the only virus identified among positive detections (Figure 5.10). Regarding age distribution, 53.8% of cases with known age were reported among adults aged 18–64 years, followed by children aged 0–12 years (19.2%) (Figure 5.10). For SARI, viral detections accounted for 28.4% of total cases, with influenza predominating (75.0%) (Figure 5.11). SARI cases showed a slight increasing trend in recent weeks. During the same period, 7 SARI-related admissions to ICU and 3 deaths were reported (Figure 5.12).

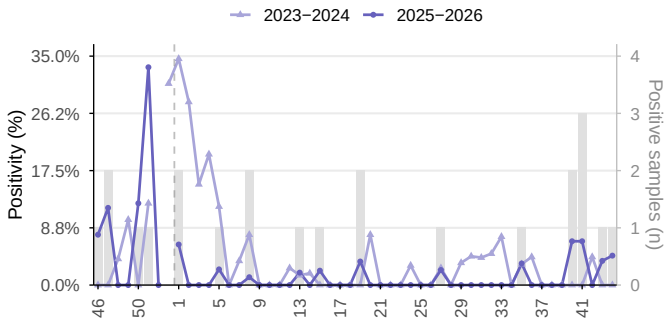
**Figure 5.7.A. Weekly overall influenza positivity.**

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

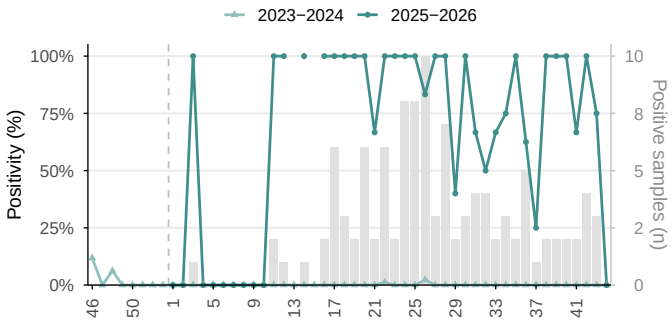



Influenza in Bolivia, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

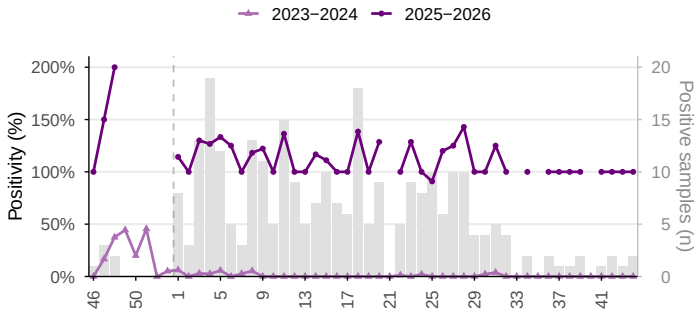



## Figure 5.8.B. Weekly RSV positivity.

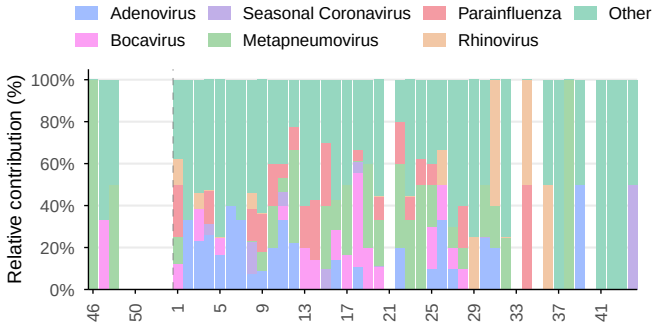



SARS−CoV−2 and RSV in Bolivia, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 5.9.A. Overall weekly positivity.

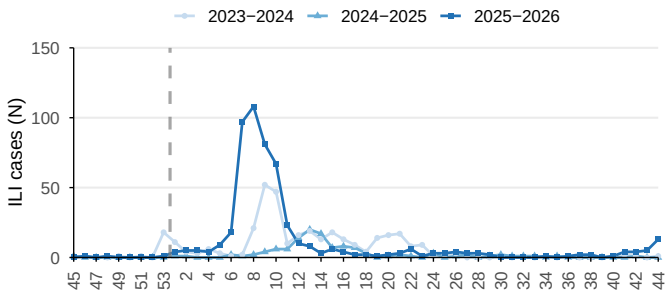



## Figure 5.9.B. Weekly relative contribution by virus.

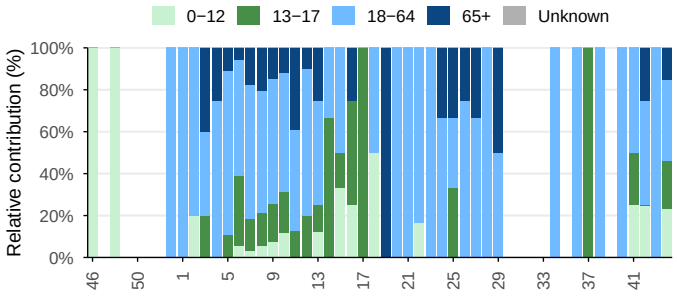



Other respiratory viruses in Bolivia, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 5.10.A. Weekly ILI cases.

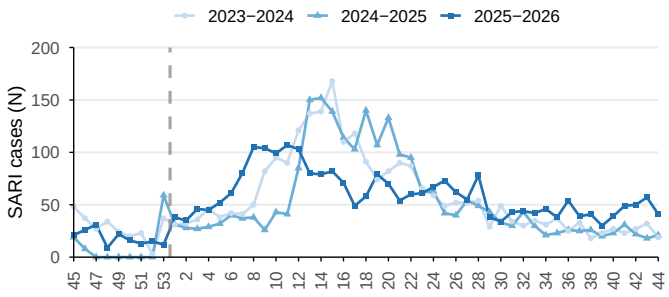



## Figure 5.10.B. Weekly relative contribution by age group.

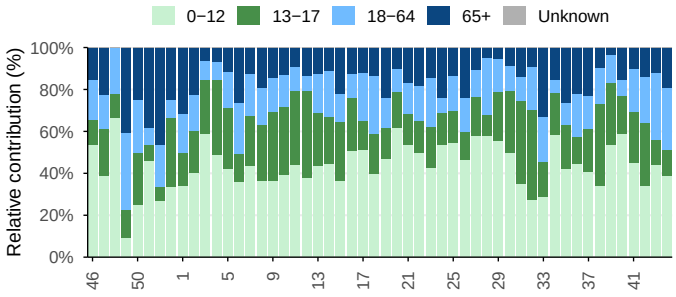



Influenza−like illness (ILI) cases in Bolivia, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

## Figure 5.11.A. Weekly SARI cases.

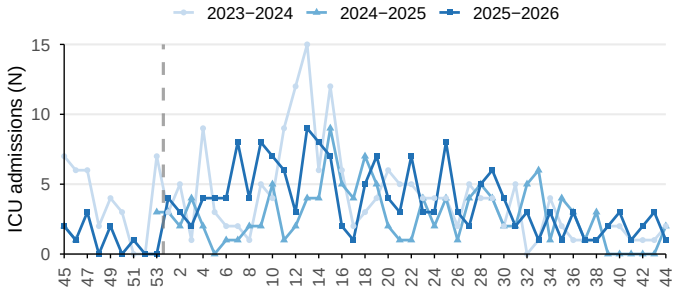



## Figure 5.11.B. Weekly relative contribution by age group.

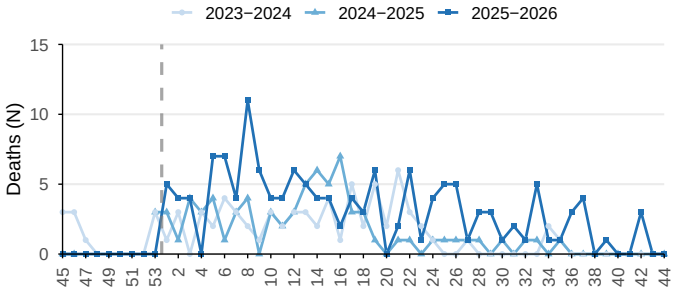



Severe acute respiratory infection (SARI) cases in Bolivia, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

## 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 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

### 5.1.2 Colombia

During EW 44, sentinel surveillance in Colombia reported an influenza positivity of 7.4%, with activity remaining at low and stable levels over the past few weeks (Figure 5.13). The SARS-CoV-2 positivity was 1.0%, while the RSV positivity was 4.1% (Figure 5.14). Among influenza-positive samples collected between EW 41 and EW 44, influenza B predominated, accounting for 56.1% of the typed samples. Of all influenza A samples, 81.9% were subtyped, with A(H3N2) predominating (64.4%) (Figure 5.13). Meanwhile, the positivity for other respiratory viruses was 9.6%, with rhinovirus predominating (42.4%) (Figure 5.15).

Between EW 41 and 44, viral detections accounted for 19.7% of all ILI cases, with influenza predominating (93.3%) (Figure 5.16). The trend in ILI cases showed an increase starting in EW 40. Regarding age distribution, 39.5% of cases with known age occurred in the 18–64-year age group, followed by the 13–17-year age group (28.9%) (Figure 5.16). Viral detections accounted for 17.0% of SARI cases, with influenza predominating (69.9%) (Figure 5.17). During the same period, 53 SARI patients were admitted to ICU, and 2 deaths were reported (Figure 5.18).

**Figure 5.13.A. Weekly overall influenza positivity.**

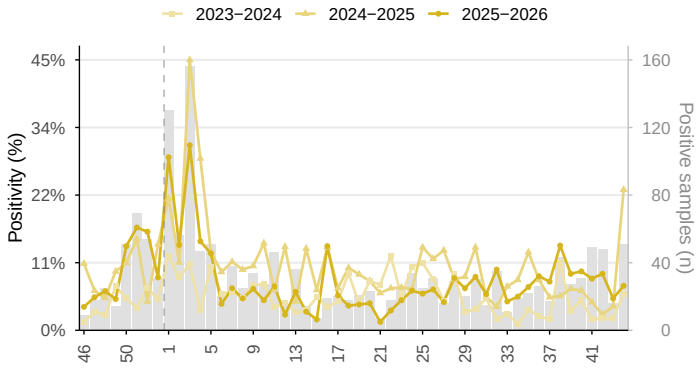
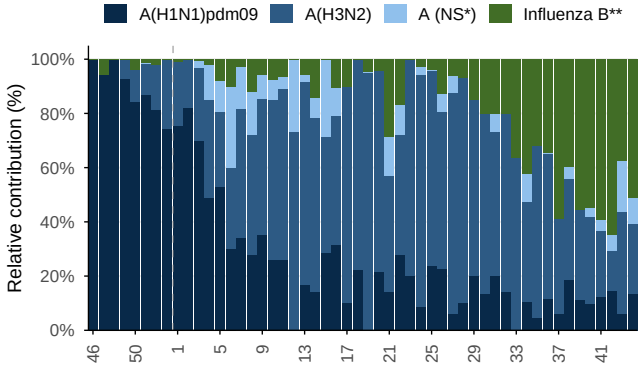
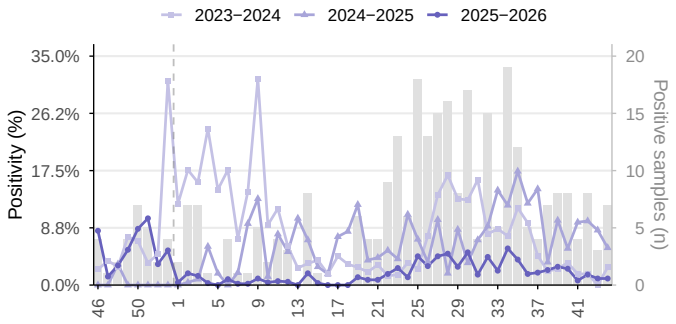



**Figure 5.13.B. Weekly relative contribution by type and subtype.**

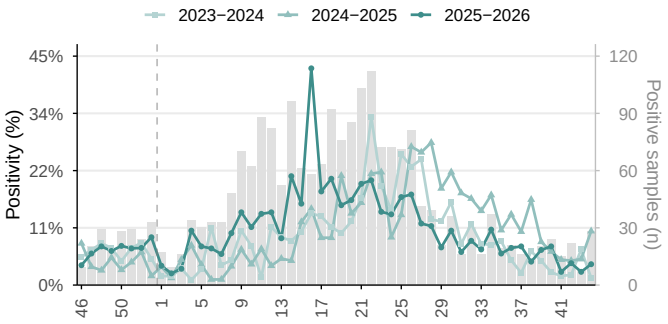



Influenza in Colombia, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria 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.

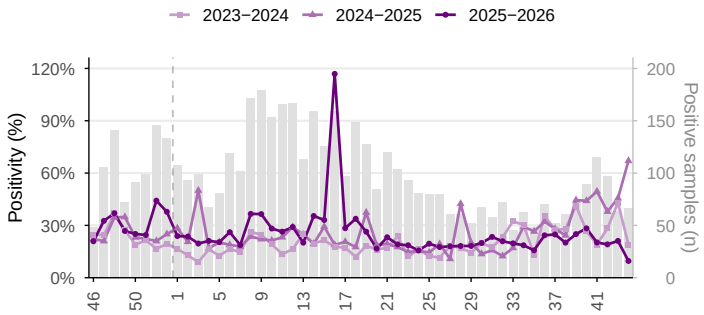



## Figure 5.14.B. Weekly RSV positivity.

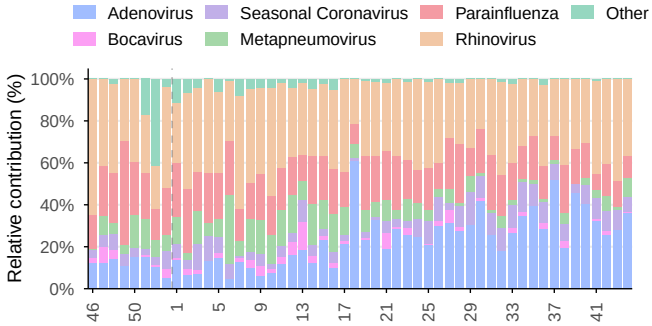



SARS−CoV−2 and RSV in Colombia, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 5.15.A. Overall weekly positivity.

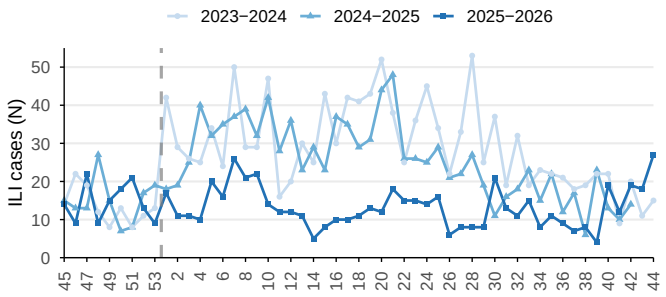



## Figure 5.15.B. Weekly relative contribution by virus.

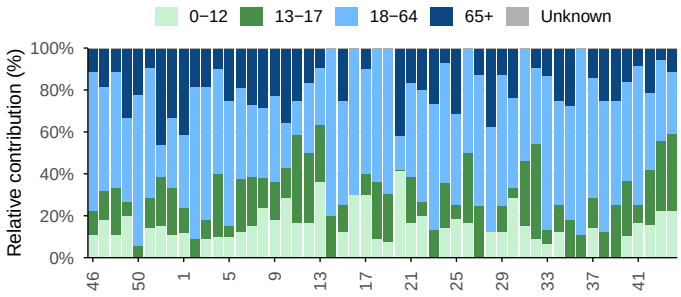



Other respiratory viruses in Colombia, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 5.16.A. Weekly ILI cases.

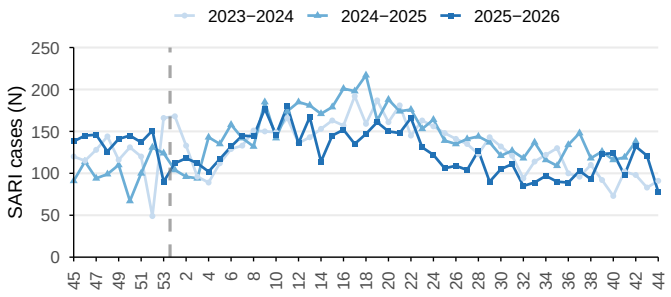



## Figure 5.16.B. Weekly relative contribution by age group.

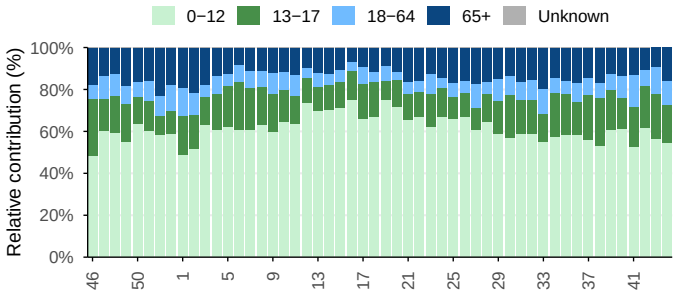



Influenza−like illness (ILI) cases in Colombia, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 5.17.A. Weekly SARI cases.

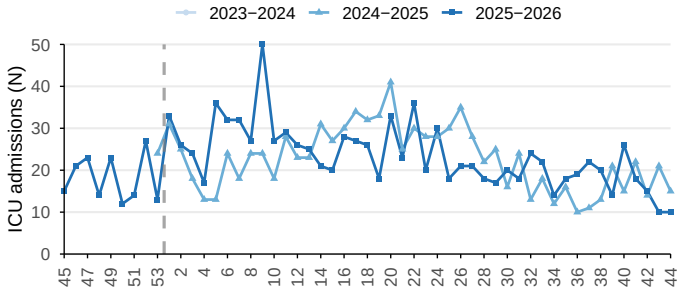



### Figure 5.17.B. Weekly relative contribution by age group.

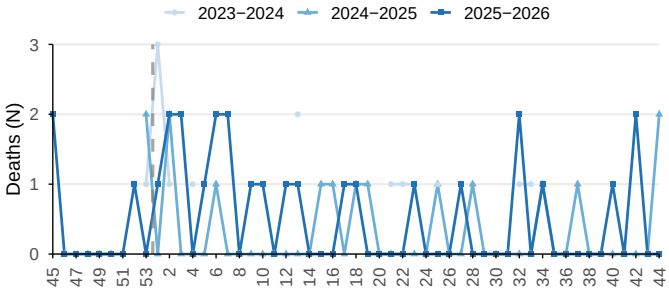



Severe acute respiratory infection (SARI) cases in Colombia, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### 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 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

### 5.1.3 Ecuador

During EW 44, sentinel surveillance in Ecuador reported an influenza positivity of 20.0%, with activity levels remaining stable over the past few weeks (Figure 5.19). The SARS-CoV-2 positivity was 7.1%, with activity levels remaining low, although an increasing trend has been observed over the past three weeks. The RSV positivity was 4.7% (Figure 5.20). Among influenza-positive samples collected between EW 41 and EW 44, influenza A predominated (51.5% of the typed samples). All influenza A samples (100.0%) were subtyped, with A(H1N1)pdm09 predominating (58.0%) (Figure 5.19). Meanwhile, the positivity for other respiratory viruses was 5.9%, with adenovirus and metapneumovirus predominating (43.8% each) (Figure 5.21).

**Figure 5.19.A. Weekly overall influenza positivity.**

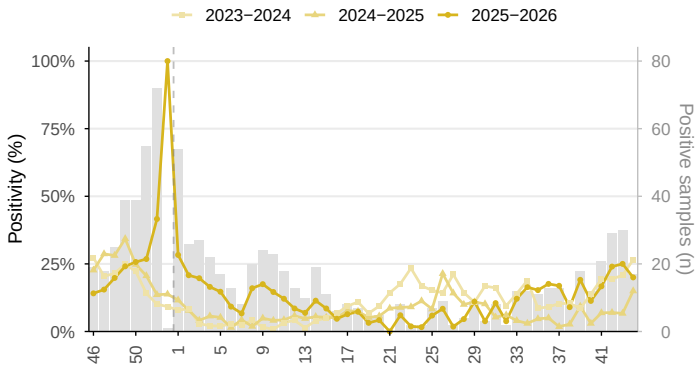
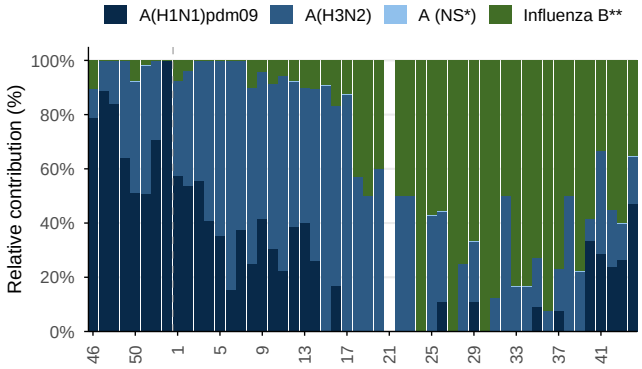



**Figure 5.19.B. Weekly relative contribution by type and subtype.**




Influenza in Ecuador, EW 46/2025–44/2026. 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.**

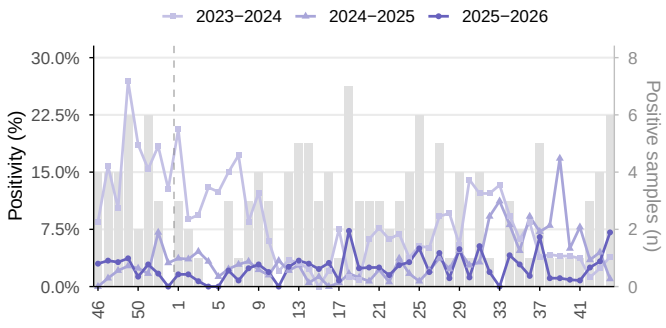
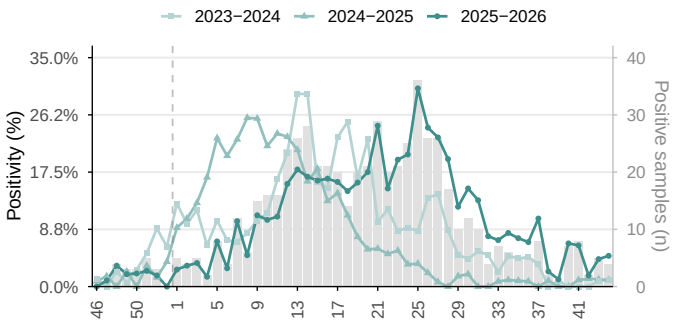



**Figure 5.20.B. Weekly RSV positivity.**




SARS–CoV–2 and RSV in Ecuador, EW 46/2025–44/2026. 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.**

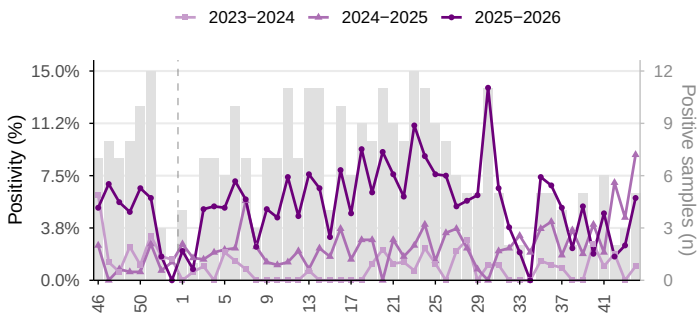
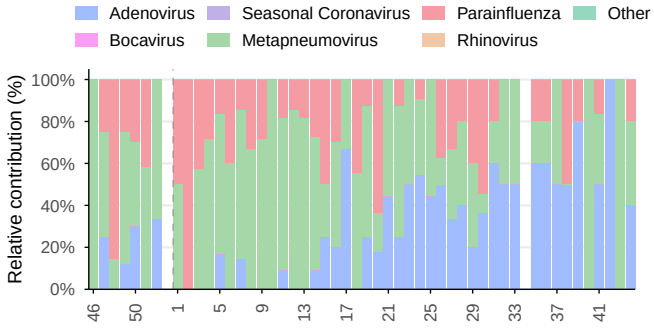



**Figure 5.21.B. Weekly relative contribution by virus.**




Other respiratory viruses in Ecuador, EW 46/2025−44/2026. 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.*

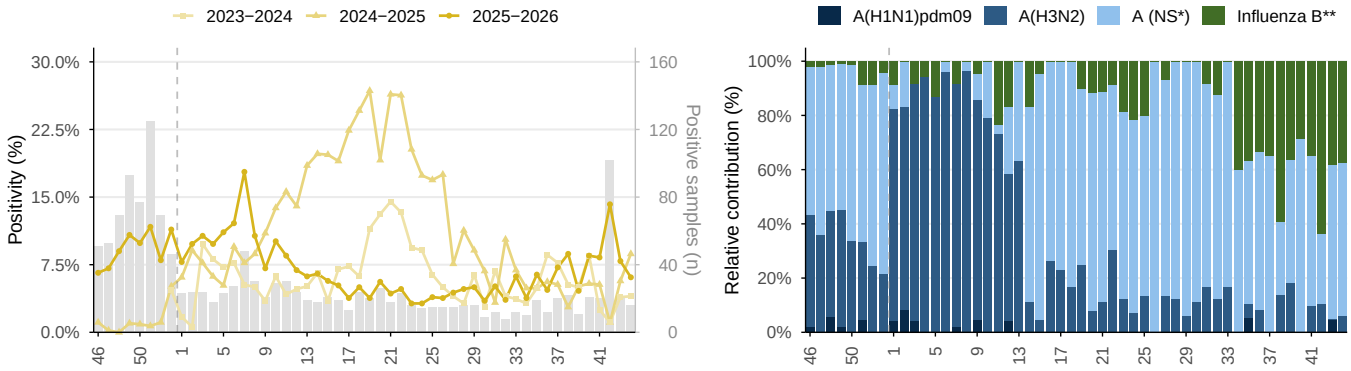
### 5.1.4 Peru

During EW 44, sentinel surveillance in Peru reported an influenza positivity of 6.1%, with activity levels remaining stable over the past few weeks (Figure 5.22). The SARS-CoV-2 positivity was 3.1%, while the RSV positivity was 6.2%, with both viruses remaining at low activity levels (Figure 5.23). Among influenza-positive samples collected between EW 41 and 44, influenza B predominated (54.1% of the typed samples). Of all influenza A samples, 20.5% were subtyped, with A(H3N2) predominating (93.3%) (Figure 5.22). Meanwhile, the positivity for other respiratory viruses was 15.6%, with rhinovirus predominating (59.3%) (Figure 5.24).

Between EW 40 and 43, viral detections accounted for 38.4% of all ILI cases, with influenza predominating (97.2%) (Figure 5.25). Regarding age distribution, 41.1% of ILI cases with known age occurred in the 18–64-year age group, followed by the 13–17-year age group (32.7%) (Figure 5.25). Between EW 41 and 44, viral detections accounted for 14.2% of SARI cases, with influenza predominating (78.0%) (Figure 5.26). During the same period, 30 SARI patients were admitted to ICU, and 5 deaths were reported (Figure 5.27).

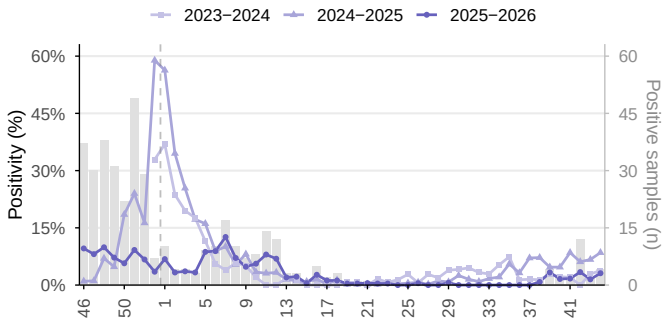
**Figure 5.22.A. Weekly overall influenza positivity.**

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

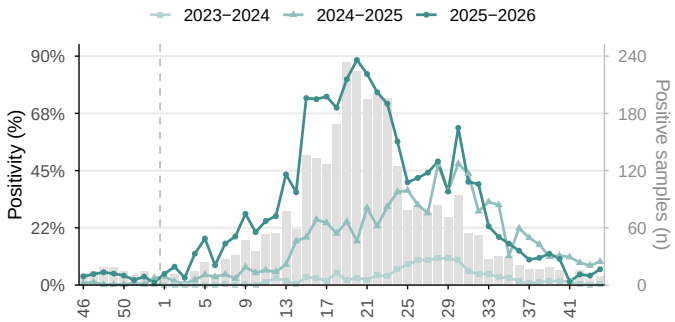



Influenza in Peru, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

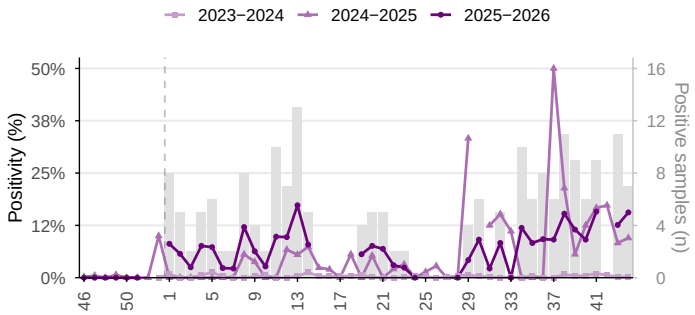



## Figure 5.23.B. Weekly RSV positivity.

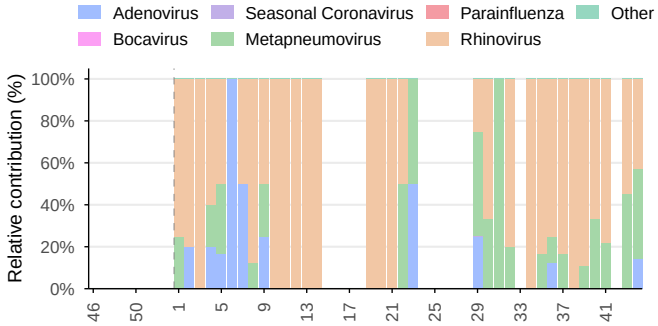



SARS−CoV−2 and RSV in Peru, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 5.24.A. Overall weekly positivity.

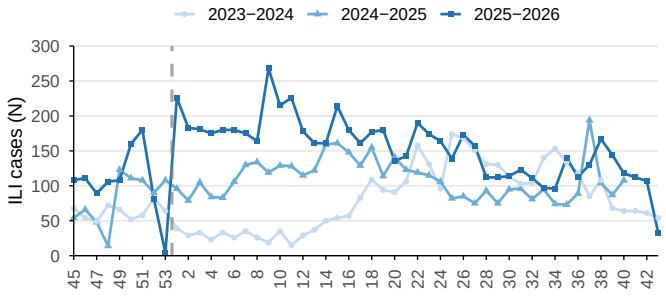



## Figure 5.24.B. Weekly relative contribution by virus.

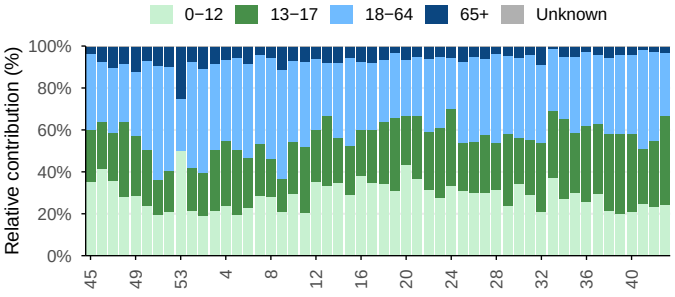



Other respiratory viruses in Peru, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 5.25.A. Weekly ILI cases.

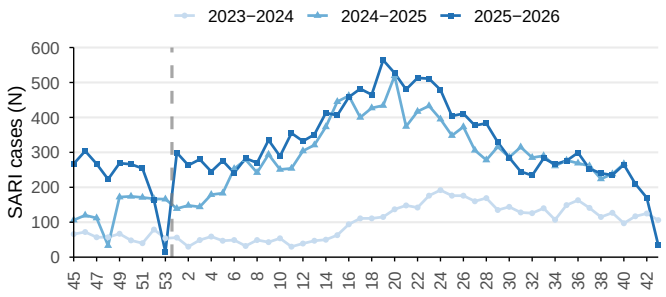



## Figure 5.25.B. Weekly relative contribution by age group.

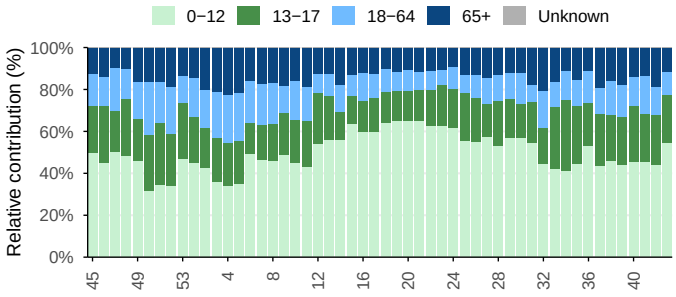



Influenza−like illness (ILI) cases in Peru, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 5.26.A. Weekly SARI cases.

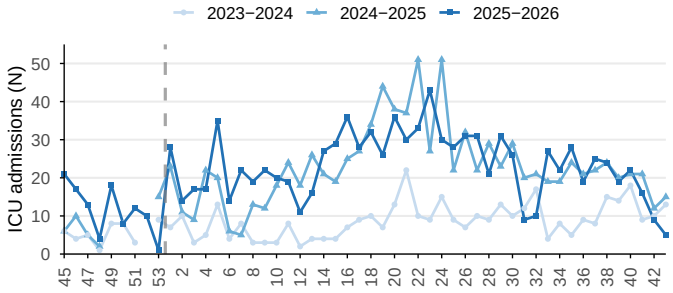



### Figure 5.26.B. Weekly relative contribution by age group.

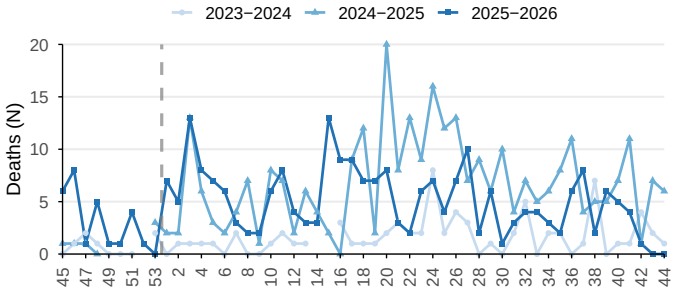



Severe acute respiratory infection (SARI) cases in Peru, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### 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 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

### 5.1.5 Venezuela

*No data were reported between EW 41 and 44.*

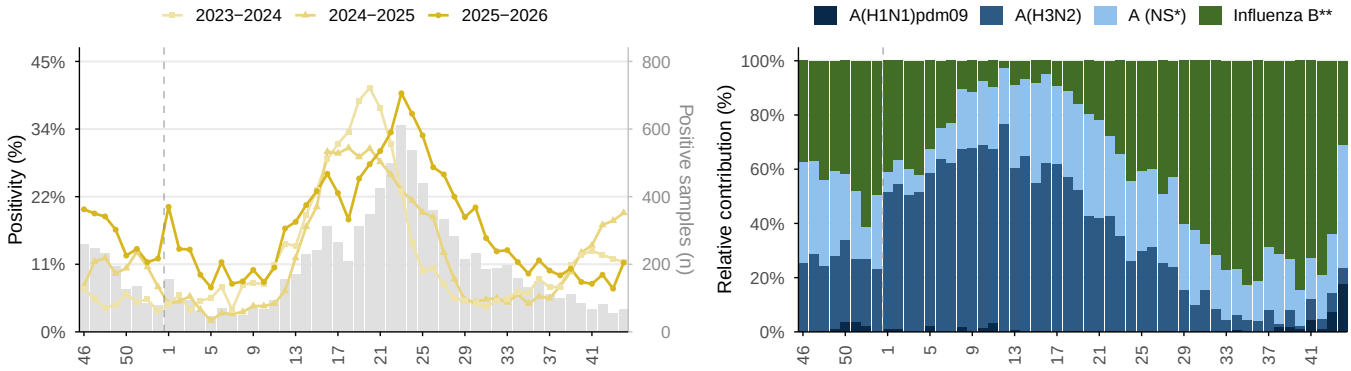
# 6. Brazil and Southern Cone

During EW 44, sentinel surveillance in Brazil and the Southern Cone reported an influenza positivity of 11.5%, with an increase over the past week (Figure 6.1). SARS-CoV-2 positivity was 5.3%, showing an upward trend, although circulation levels remained low. RSV positivity was 3.9%, with low and stable circulation levels (Figure 6.2). Among influenza-positive samples detected between EW 41 and EW 44, influenza B predominated, accounting for 62.1% of typed samples. Of all influenza A-positive samples, 35.3% were subtyped, with A(H1N1)pdm09 predominating (55.6%) (Figure 6.1). Regarding other respiratory viruses (ORVs), the positivity was 45.1%, indicating high circulation, with rhinovirus predominating (61.4%), followed by metapneumovirus (21.2%) (Figure 6.3).

Between EW 41 and 44, viral detections accounted for 9.1% of the total ILI cases, with SARS-CoV-2 predominating (61.1%) (Figure 6.4). During the same period, viral detections accounted for 7.4% of SARI cases, with RSV predominating (57.3%) (Figure 6.5).

**Figure 6.1.A. Weekly overall influenza positivity.**

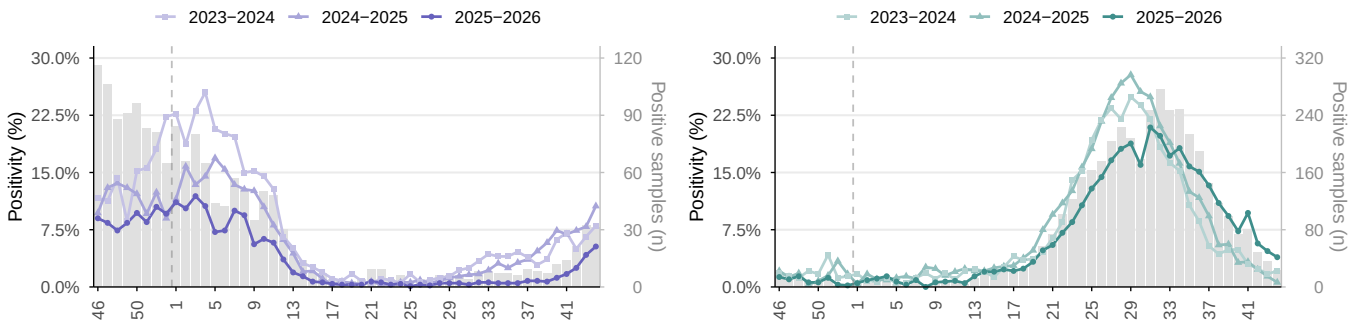
**Figure 6.1.B. Weekly relative contribution by type and subtype.**




Influenza in Brazil and the Southern Cone, EW 46/2025–44/2026. 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.*

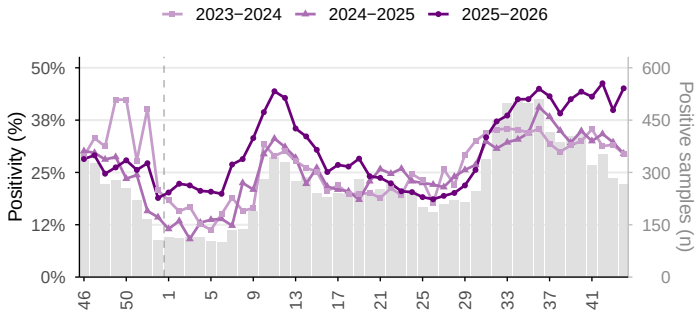
**Figure 6.2.A. Weekly SARS-CoV-2 positivity.**

**Figure 6.2.B. Weekly RSV positivity.**

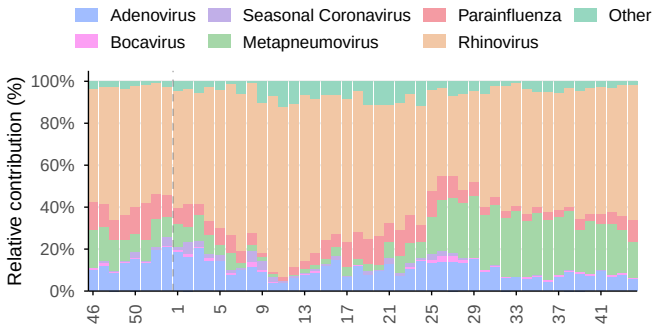



SARS–CoV–2 and RSV in Brazil and the Southern Cone, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

## Figure 6.3.A. Overall weekly positivity.

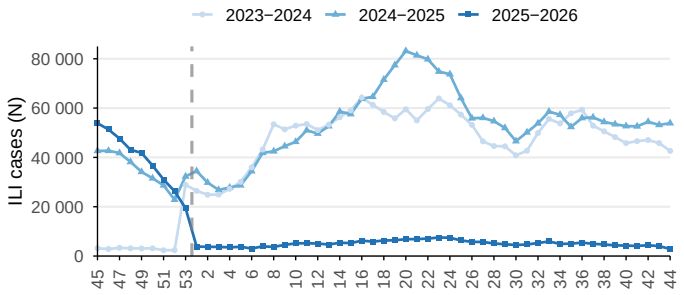



## Figure 6.3.B. Weekly relative contribution by virus.

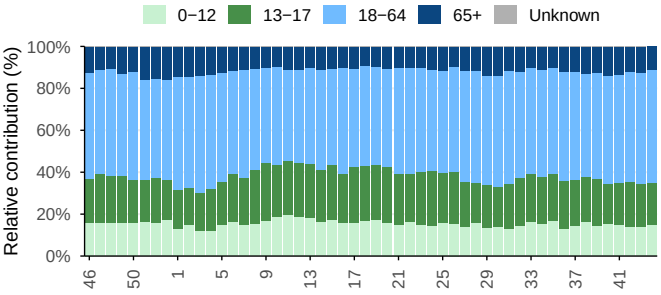



Other respiratory viruses in Brazil and the Southern Cone, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 6.4.A. Weekly ILI cases.

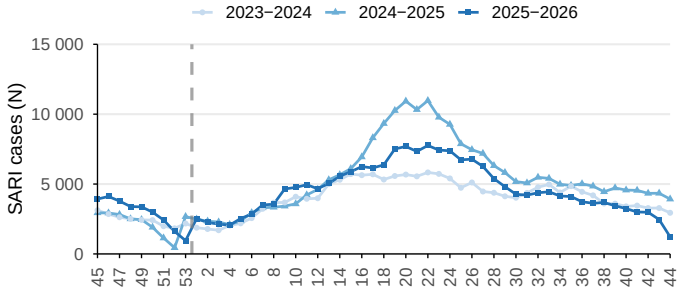



## Figure 6.4.B. Weekly relative contribution by age group.

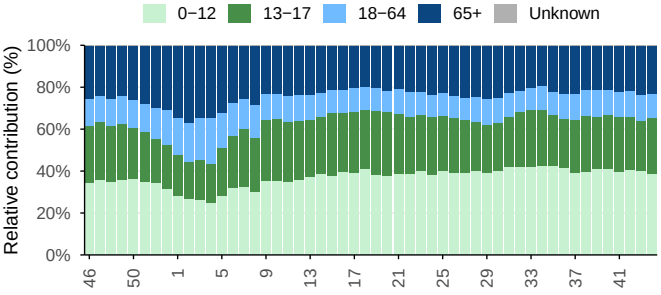



Influenza−like illness (ILI) cases in Brazil and the Southern Cone, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

## 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 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

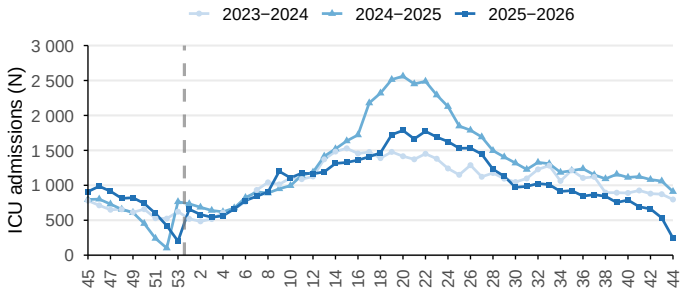
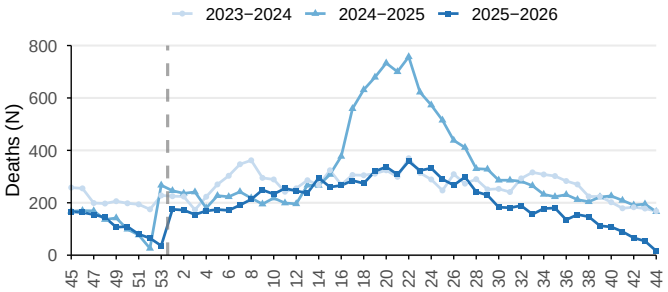



**Figure 6.6.B. Weekly deaths among SARI cases.**




SARI ICU admissions and deaths in Brazil and the Southern Cone, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

## 6.1 Country

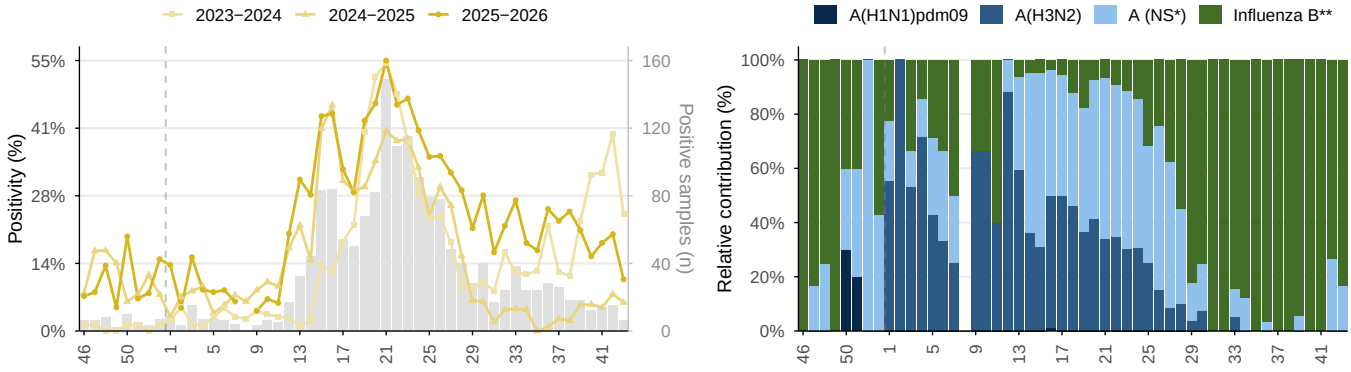
### 6.1.1 Argentina

No laboratory surveillance data were reported for EW 44. In Argentina, between EW 41 and 44, influenza and RSV activity showed a declining trend, while SARS-CoV-2 activity has been increasing since EW 38 (Figure 6.7). The SARS-CoV-2 positivity was 12.5%, while the RSV positivity was 3.5% (Figure 6.8). Among influenza-positive samples collected between EW 40 and EW 43, influenza B predominated, accounting for 89.4% of the typed samples (Figure 6.7).

Viral detections accounted for 25.3% of SARI cases, with RSV predominating (74.5%) (Figure 6.9). During the same period, SARI cases also showed a declining trend. In addition, 21 SARI patients were admitted to intensive care units (ICUs) (Figure 6.10).

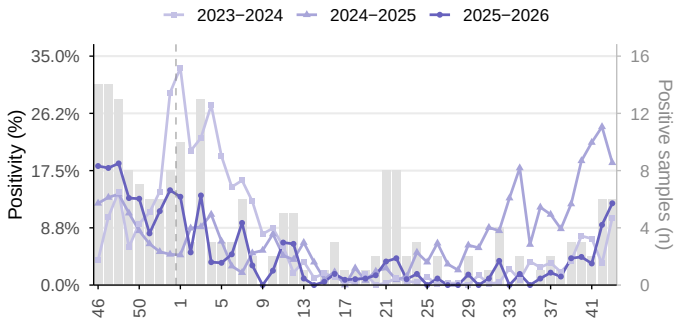
**Figure 6.7.A. Weekly overall influenza positivity.**

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

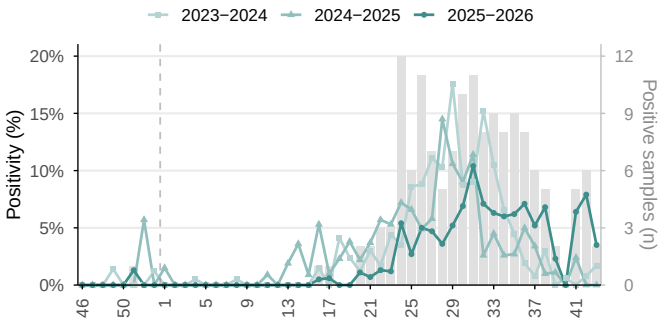



Influenza in Argentina, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria 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.

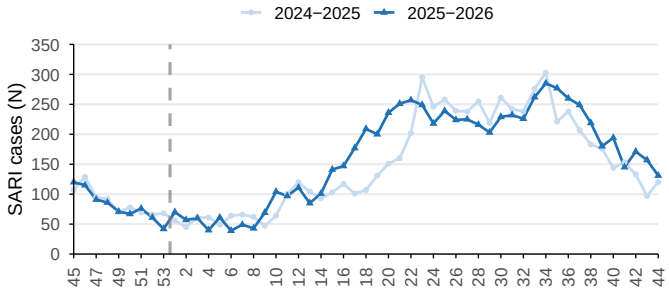



## Figure 6.8.B. Weekly RSV positivity.

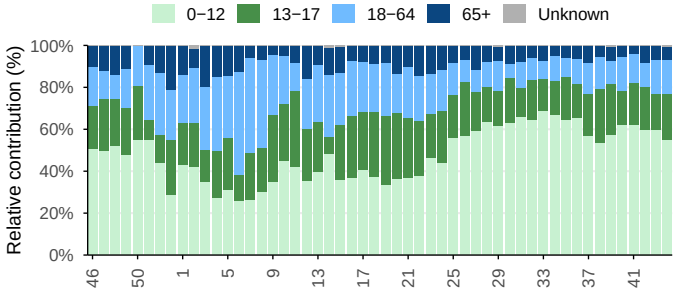



SARS−CoV−2 and RSV in Argentina, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 6.9.A. Weekly SARI cases.

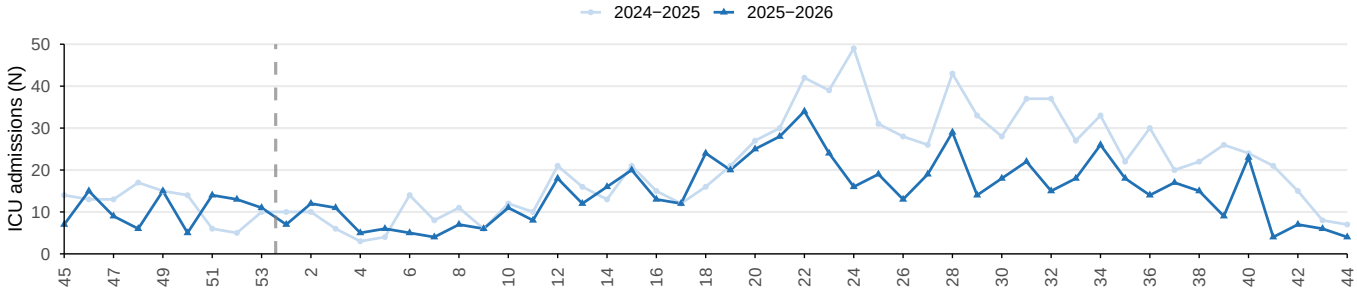



## Figure 6.9.B. Weekly relative contribution by age group.




Severe acute respiratory infection (SARI) cases in Argentina, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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




SARI ICU admissions and deaths in Argentina, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

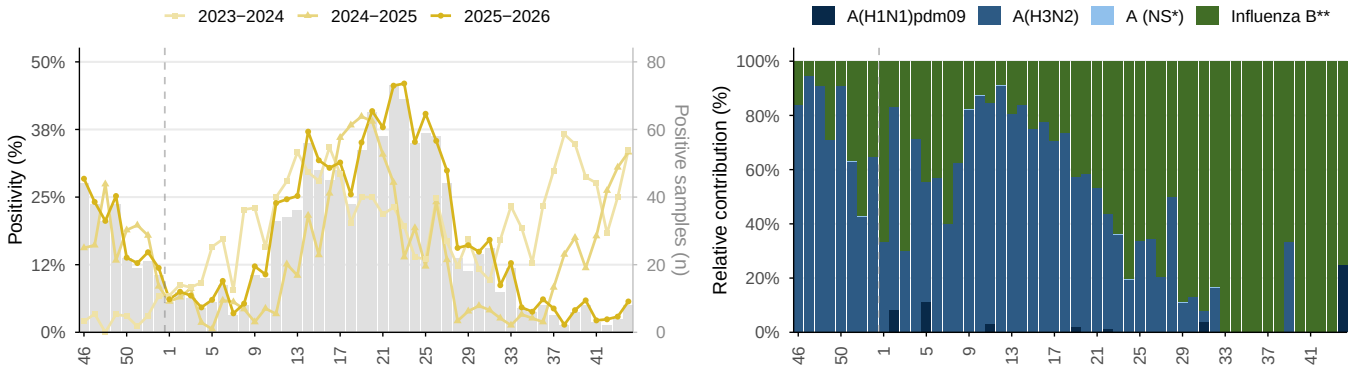
### 6.1.2 Brazil

During EW 44, sentinel surveillance in Brazil reported an influenza positivity of 5.7%, with activity levels remaining low and stable over the past few weeks (Figure 6.11). The SARS-CoV-2 positivity was 7.8%, with an increase in detections observed over the past few weeks. Meanwhile, the RSV positivity was 1.4%, with activity levels remaining low and stable (Figure 6.12). Among influenza-positive samples collected between EW 41 and EW 44, influenza B predominated (88.2% of the typed samples) (Figure 6.11). Regarding other respiratory viruses, the positivity was 36.9%, remaining at elevated levels, with rhinovirus predominating (55.4%), followed by metapneumovirus (31.1%) (Figure 6.13).

Between EW 41 and 44, viral detections accounted for 16.2% of all ILI cases, with SARS-CoV-2 predominating (69.1%), followed by influenza (28.0%) and RSV (2.9%) (Figure 6.14). Regarding age distribution, 52.6% of ILI cases with known age occurred in the 18–64-year age group, followed by the 13–17-year age group (20.5%) (Figure 6.14). During the same period, viral detections accounted for 5.1% of SARI cases, with RSV predominating (51.4%) (Figure 6.15).

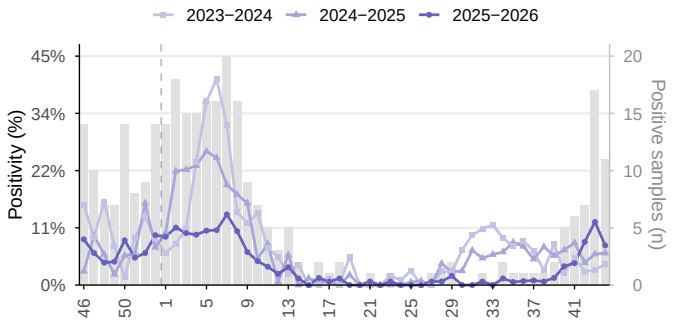
**Figure 6.11.A. Weekly overall influenza positivity.**

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

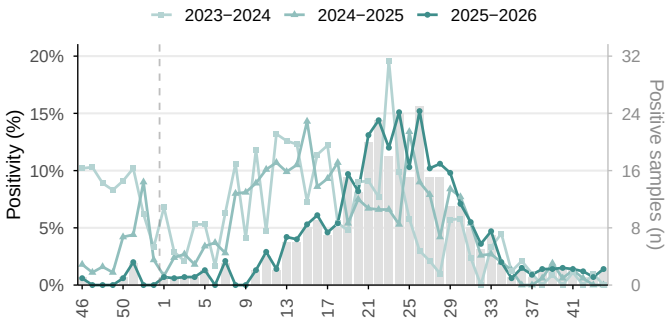



Influenza in Brazil, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

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

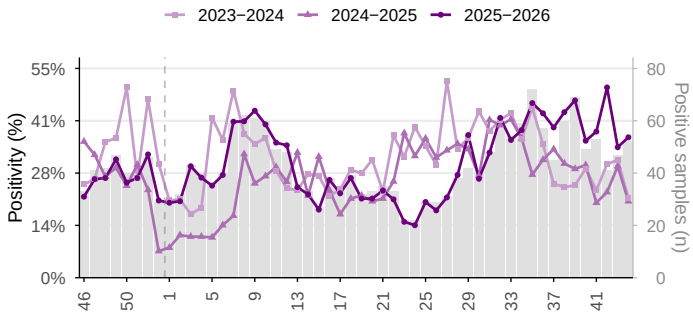



## Figure 6.12.B. Weekly RSV positivity.

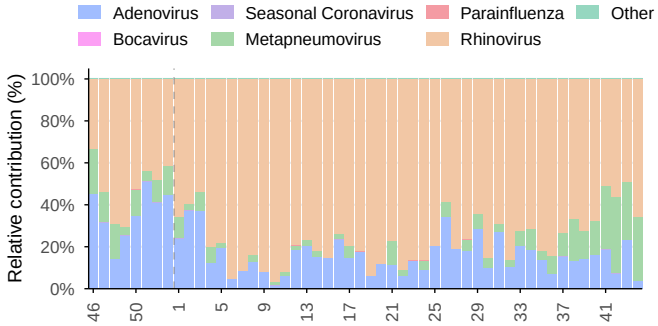



SARS−CoV−2 and RSV in Brazil, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 6.13.A. Overall weekly positivity.

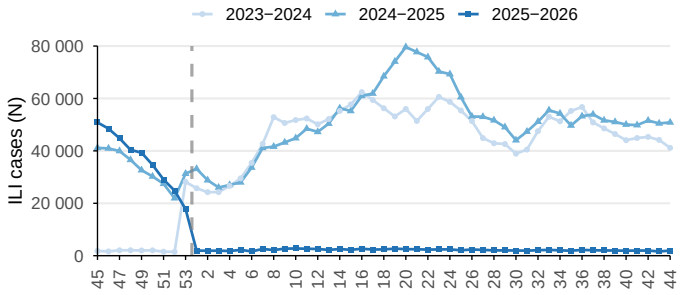



## Figure 6.13.B. Weekly relative contribution by virus.

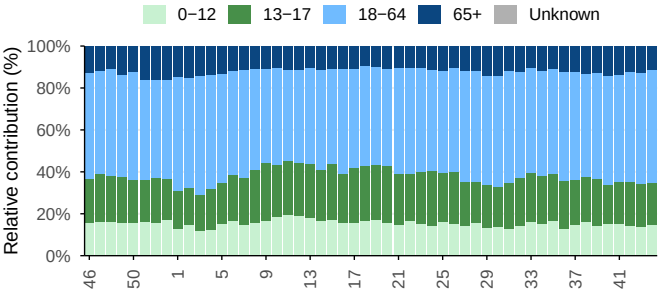



Other respiratory viruses in Brazil, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 6.14.A. Weekly ILI cases.

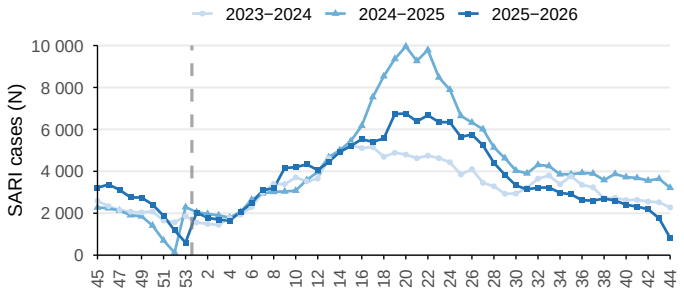



## Figure 6.14.B. Weekly relative contribution by age group.

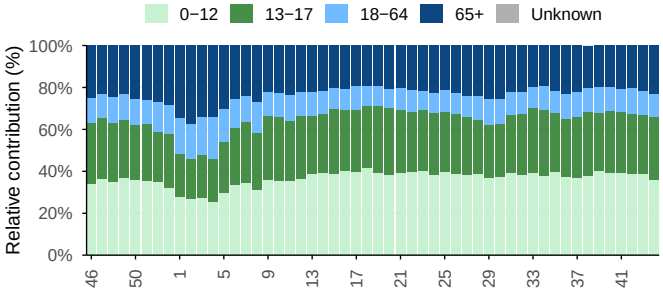



Influenza−like illness (ILI) cases in Brazil, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 6.15.A. Weekly SARI cases.

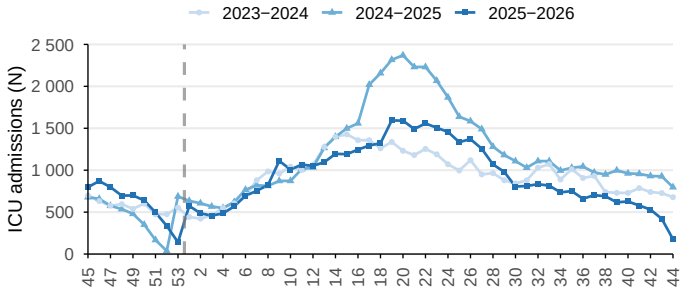



### Figure 6.15.B. Weekly relative contribution by age group.

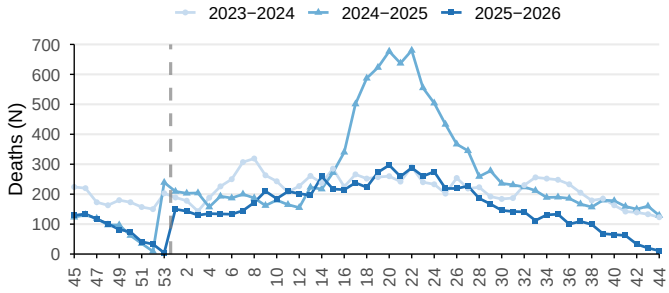



Severe acute respiratory infection (SARI) cases in Brazil, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### 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 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

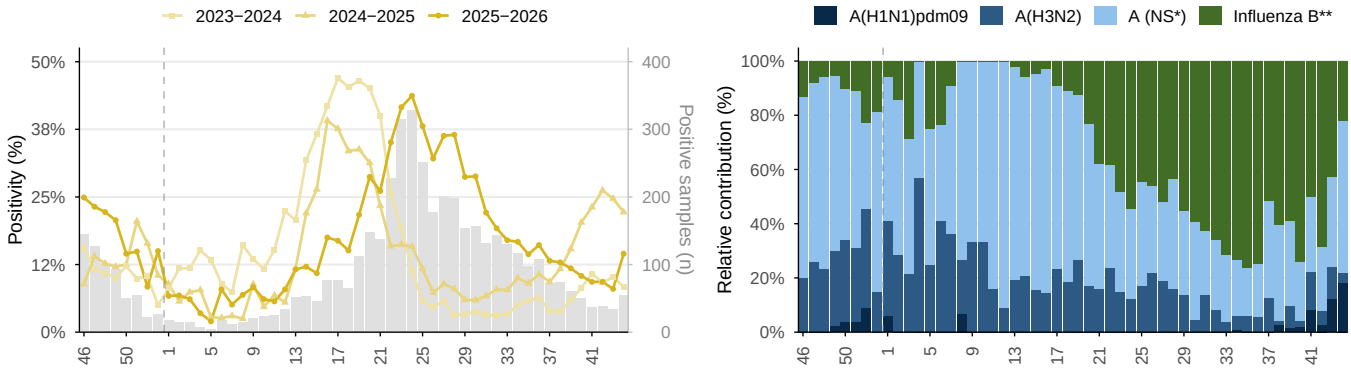
### 6.1.3 Chile

During EW 44, sentinel surveillance in Chile showed that, although influenza activity had generally declined over the past few weeks, an increase was observed in the latest week, with the positivity reaching 14.5% (Figure 6.17). The SARS-CoV-2 positivity was 3.4%, with circulation remaining low and stable, while the RSV positivity was 5.5%, continuing on a declining trend (Figure 6.18). Among influenza-positive samples collected between EW 41 and EW 44, influenza A predominated (56.8% of the typed samples). Of all influenza A samples, 33.7% were subtyped, with A(H1N1)pdm09 predominating (58.1%) (Figure 6.17). Meanwhile, the positivity for other respiratory viruses was 52.1%, remaining at elevated levels, with rhinovirus predominating (61.2%) (Figure 6.19).

Between EW 41 and 44, viral detections accounted for 14.7% of SARI cases, with RSV predominating (61.4%) (Figure 6.20). During the same period, SARI cases showed a declining trend. In addition, 224 SARI patients were admitted to ICU and 28 deaths were reported (Figure 6.21).

**Figure 6.17.A. Weekly overall influenza positivity.**

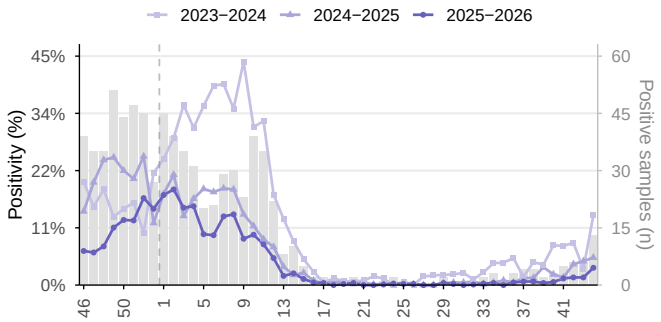
**Figure 6.17.B. Weekly relative contribution by type and subtype.**



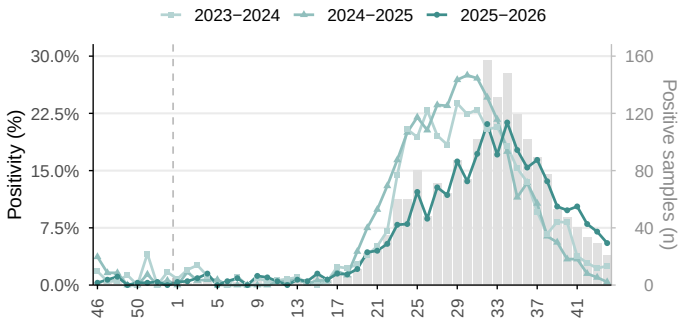

Influenza in Chile, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

# 6. Brazil and Southern Cone — Chile

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

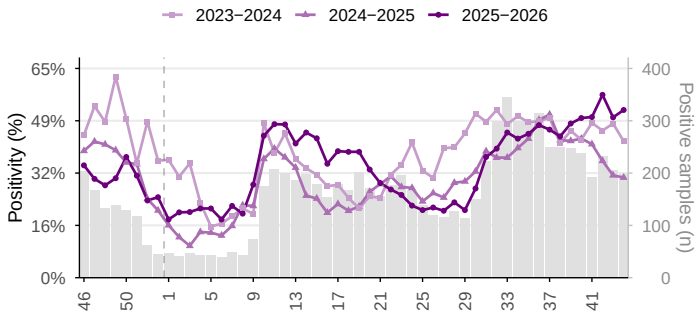



## Figure 6.18.B. Weekly RSV positivity.

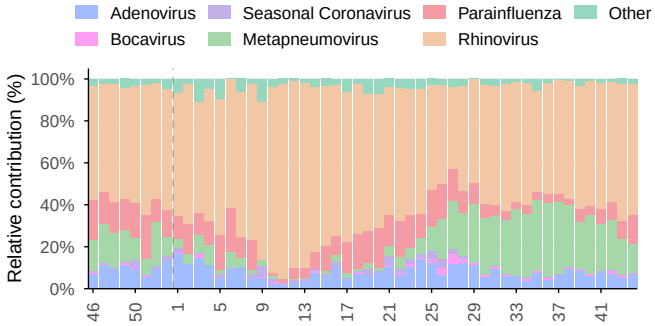



SARS−CoV−2 and RSV in Chile, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## Figure 6.19.A. Overall weekly positivity.

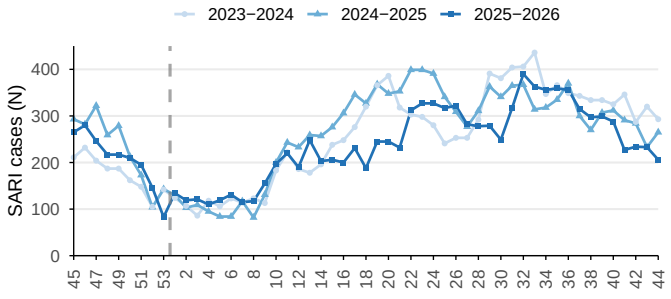



## Figure 6.19.B. Weekly relative contribution by virus.

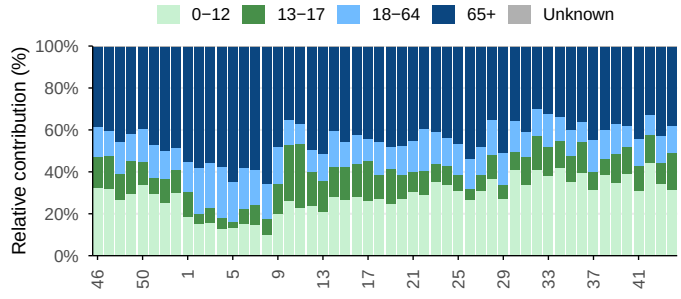



Other respiratory viruses in Chile, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## 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 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

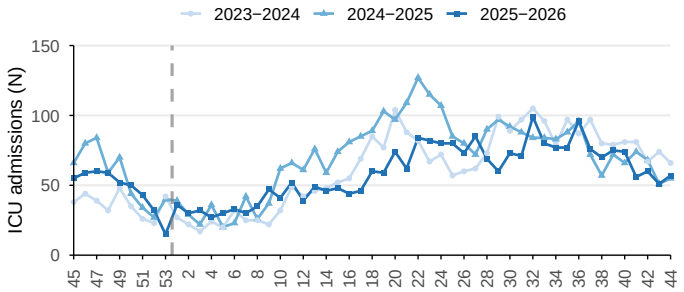
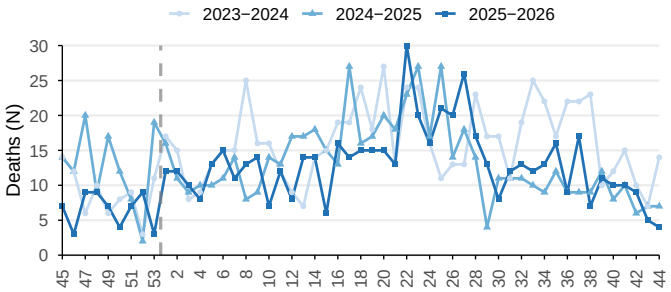



**Figure 6.21.B. Weekly deaths among SARI cases.**




SARI ICU admissions and deaths in Chile, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*

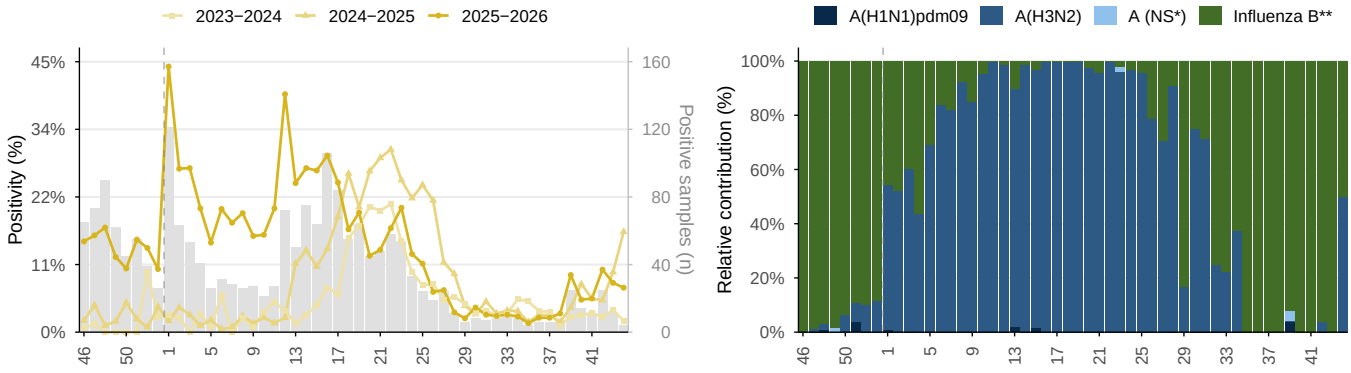
### 6.1.4 Paraguay

During EW 44, sentinel surveillance in Paraguay reported an influenza positivity of 7.4%, with activity levels remaining low and showing a slight upward trend over the past few weeks (Figure 6.22). The SARS-CoV-2 positivity was 11.1%. RSV activity remained at low and stable levels (Figure 6.23). Among influenza-positive samples collected between EW 41 and 44, influenza B predominated (94.2% of the typed samples). Meanwhile, the positivity for other respiratory viruses was 27.8%, with rhinovirus predominating (74.4%) (Figure 6.24).

Between EW 40 and 43, viral detections accounted for 0.3% of all ILI cases, with influenza predominating (50.0%) (Figure 6.25). Regarding age distribution, 48.0% of ILI cases with known age occurred in the 18–64-year age group, followed by the 13–17-year age group (22.0%) (Figure 6.25). During the same period, viral detections accounted for 8.1% of SARI cases, with RSV predominating (44.8%) (Figure 6.26). In addition, 193 SARI patients were admitted to ICU, and 103 deaths were reported (Figure 6.27).

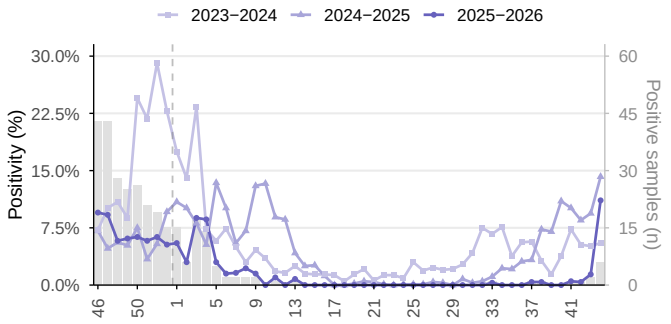
**Figure 6.22.A. Weekly overall influenza positivity.**

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

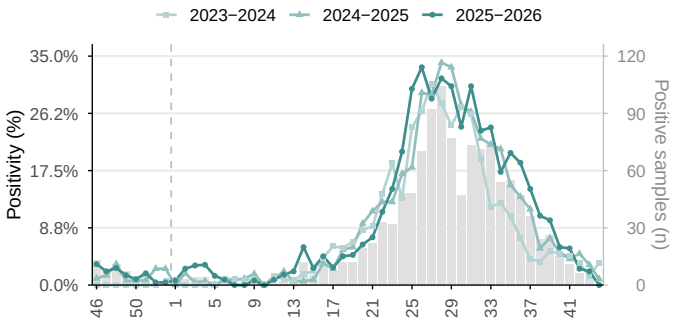



Influenza in Paraguay, EW 46/2025–44/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria 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.

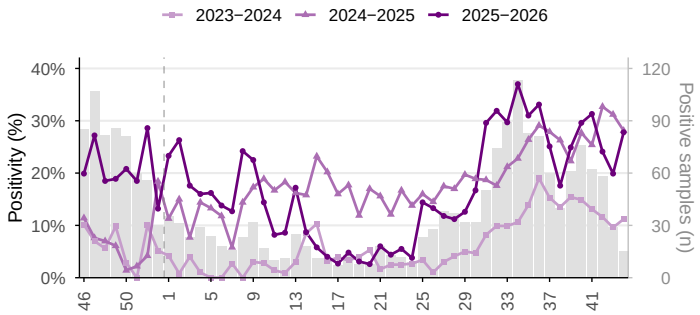



### Figure 6.23.B. Weekly RSV positivity.

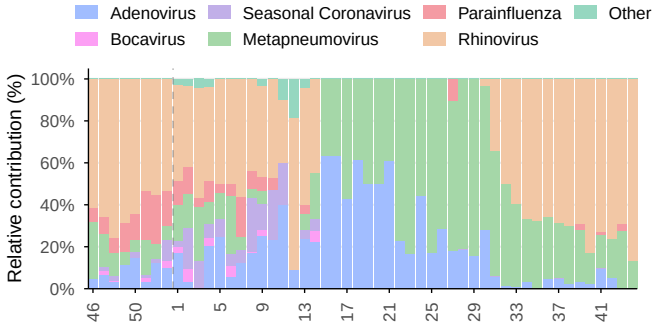



SARS−CoV−2 and RSV in Paraguay, EW 46/2025−44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

### Figure 6.24.A. Overall weekly positivity.

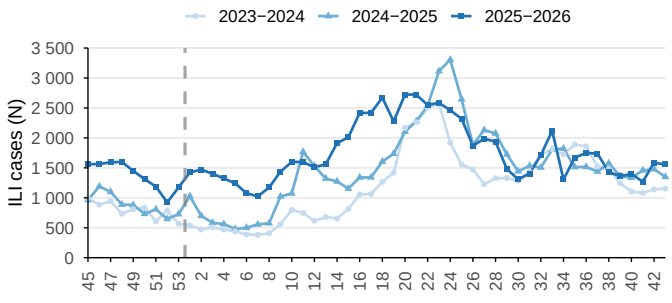



### Figure 6.24.B. Weekly relative contribution by virus.

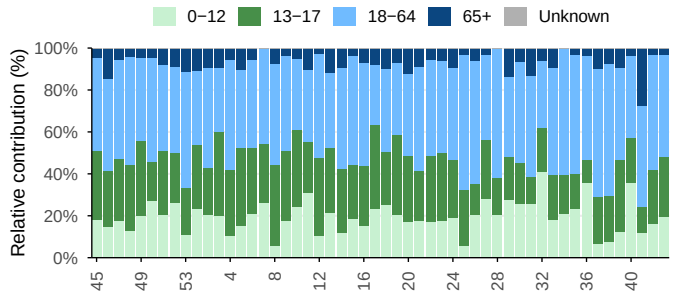



Other respiratory viruses in Paraguay, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

### Figure 6.25.A. Weekly ILI cases.

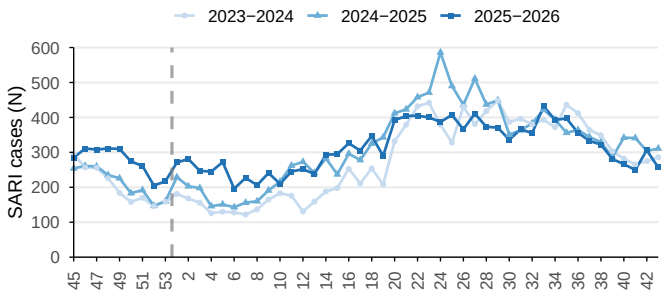



### Figure 6.25.B. Weekly relative contribution by age group.

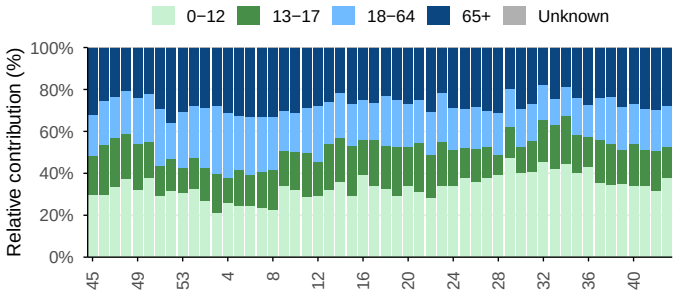



Influenza−like illness (ILI) cases in Paraguay, EW 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

### Figure 6.26.A. Weekly SARI cases.

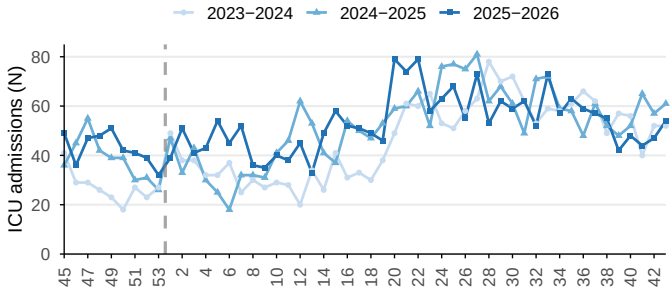



### Figure 6.26.B. Weekly relative contribution by age group.

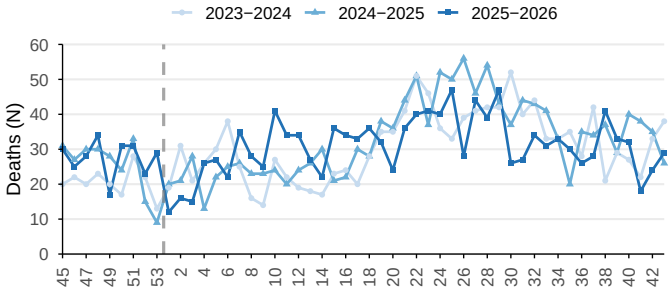



Severe acute respiratory infection (SARI) cases in Paraguay, EW 45/2025–44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

### 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 45/2025–44/2026. *Source: FluID, WHO–GISRS.*

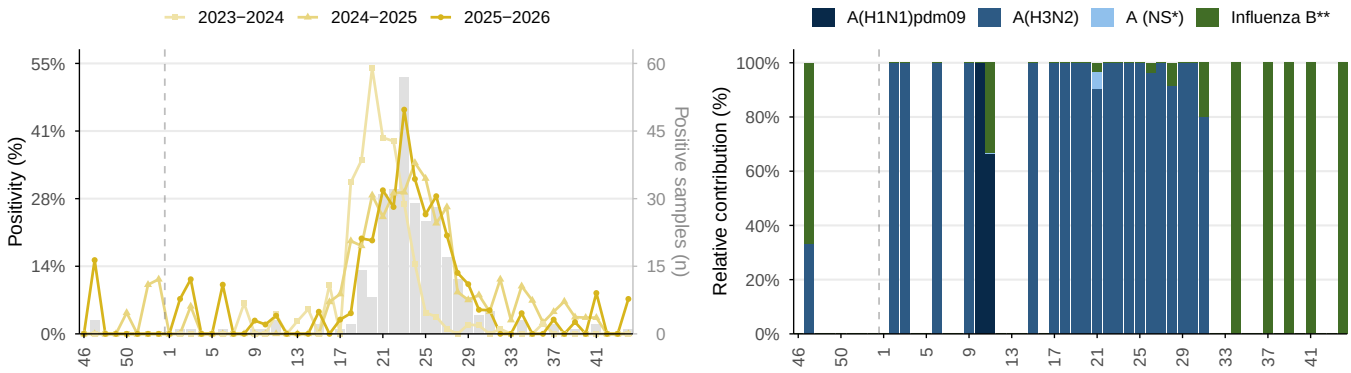
### 6.1.5 Uruguay

During EW 44, sentinel surveillance in Uruguay reported an influenza positivity of 7.1%, with activity levels remaining low and stable (Figure 6.28). The SARS-CoV-2 positivity was 7.1%, with a slight increase in detections observed over the past three weeks (Figure 6.29). Among influenza-positive samples collected between EW 41 and 44, influenza B predominated (100.0% of the typed samples) (Figure 6.28). Among samples tested for other respiratory viruses, rhinovirus and other viruses predominated (38.9% each) (Figure 6.30).

Between EW 41 and 44, viral detections accounted for 3.7% of SARI cases, with RSV predominating (50.0%) (Figure 6.31). During the same period, 36 SARI patients were admitted to ICU, and one death was reported (Figure 6.32).

**Figure 6.28.A. Weekly overall influenza positivity.**

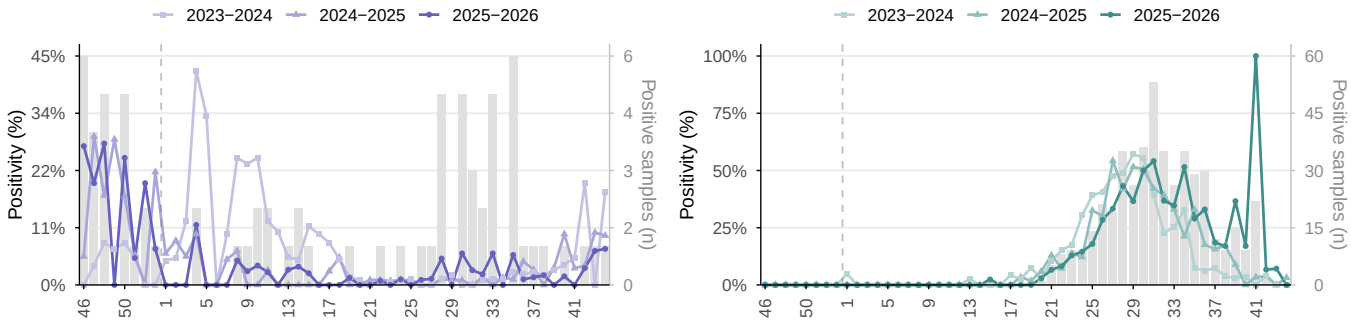
**Figure 6.28.B. Weekly relative contribution by type and subtype.**




Influenza in Uruguay, EW 46/2025–44/2026. 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.*

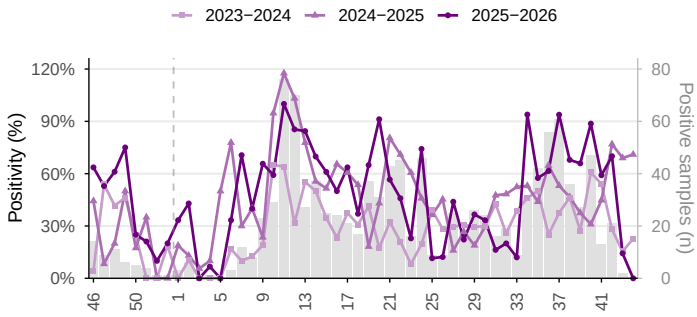
**Figure 6.29.A. Weekly SARS-CoV-2 positivity.**

**Figure 6.29.B. Weekly RSV positivity.**

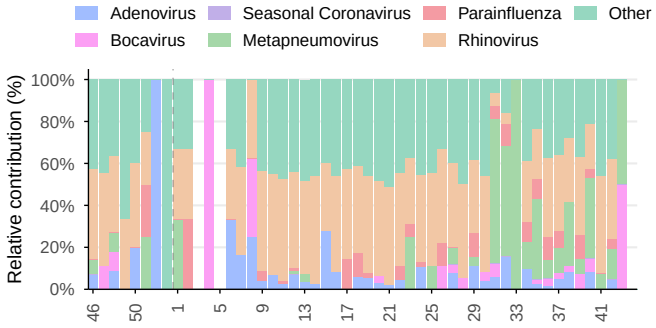



SARS–CoV–2 and RSV in Uruguay, EW 46/2025–44/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

## Figure 6.30.A. Overall weekly positivity.

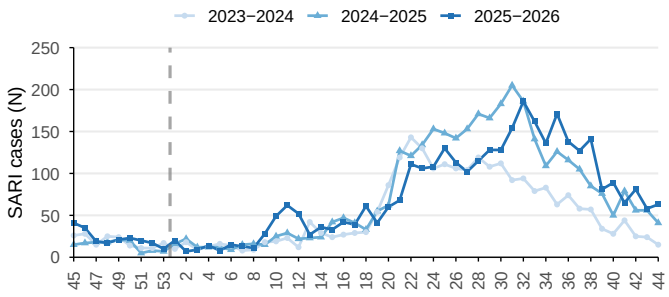



## Figure 6.30.B. Weekly relative contribution by virus.

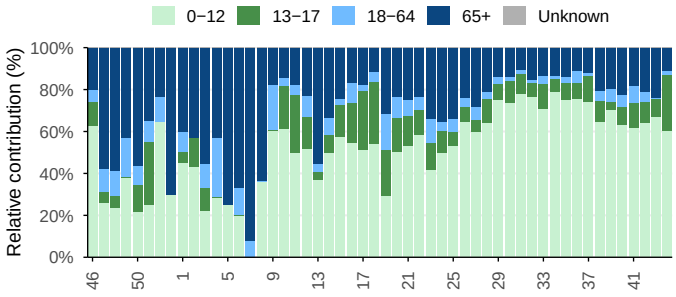



Other respiratory viruses in Uruguay, EW 46/2025−44/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

## 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 45/2025−44/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

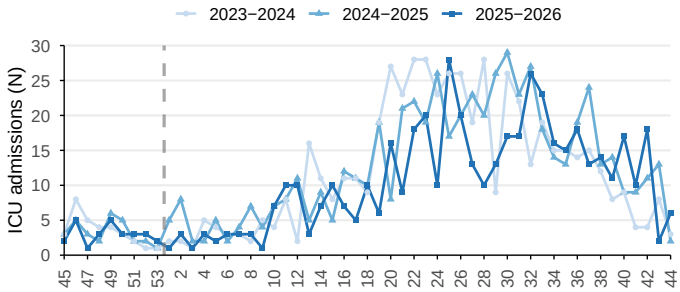
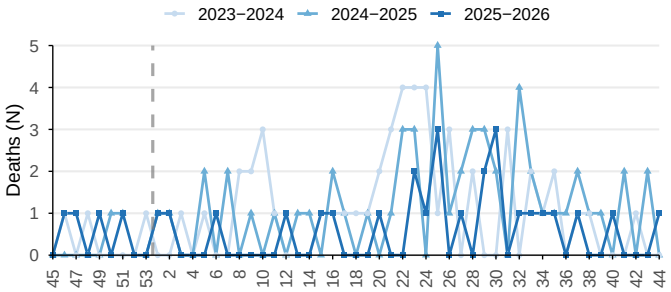



**Figure 6.32.B. Weekly deaths among SARI cases.**




SARI ICU admissions and deaths in Uruguay, EW 45/2025−44/2026. *Source: FluID, WHO−GISRS.*


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