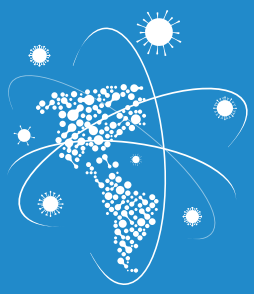

Respiratory viruses surveillance Weekly report

Epidemiological week 2026-45
Data as of 20 November 2026

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

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 20 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

Methodological note

Abbreviations

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

Percentage positivity from FluNet data

The positivity percentages presented from FluNet are calculated from samples of sentinel origin processed and reported by each country. For Canada, non-sentinel surveillance data are shown, combining all reported samples regardless of origin; these data are not included in the totals of their subregion and are presented in the country profile, where a note says so on each figure.

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

ILI and SARI cases from FluID data

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

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

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

Reference weeks in the text

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

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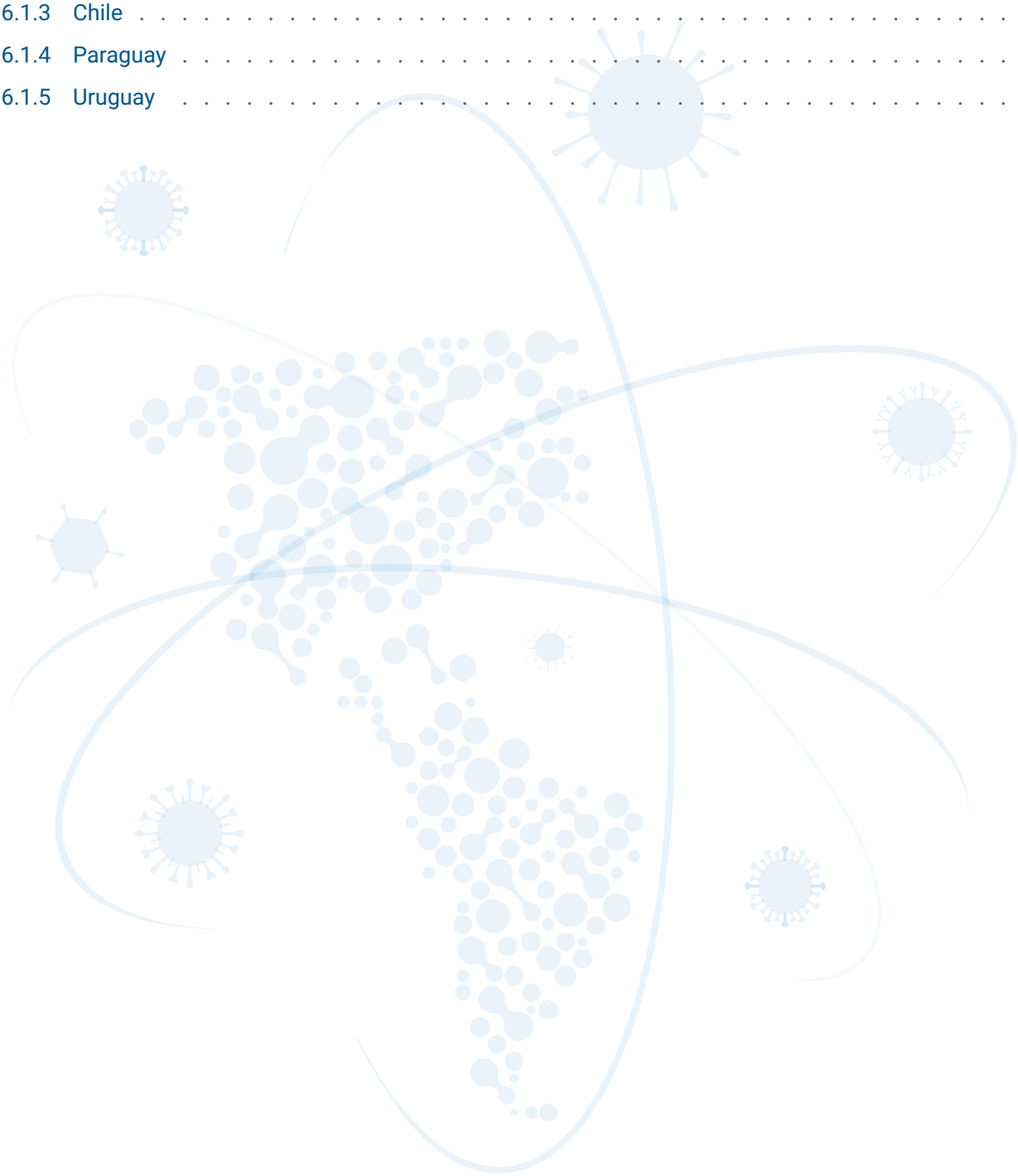


1. Summary

Regional Situation
Respiratory virus activity remained heterogeneous across the Americas in EW 45, with influenza circulation increasing in much of the Region. The rise was most pronounced in North and Central America, while high influenza positivity persisted in the Caribbean and the Andean subregion. A(H1N1)pdm09 predominated among subtyped influenza A viruses in North America and the Caribbean, whereas influenza B remained prominent in several Andean and Southern Cone countries. RSV circulation continued to be elevated in parts of Central America but generally declined in the Southern Cone. SARS-CoV-2 activity remained low in much of the Region, although increases were observed in some South American countries.

North America
Influenza activity remained elevated across all three countries, with sustained increases in Canada and the United States and a continued upward trend in Mexico. A(H1N1)pdm09 predominated in Canada and the United States, while influenza B accounted for most typed samples in Mexico. In EW 44, influenza positivity in the United States reached 53.2% in sentinel surveillance and a separately reported 11.3% in non-sentinel surveillance. RSV remained low in Canada and the United States but rose over recent months in Mexico, where the latest decline warrants caution because of possible reporting delays. SARS-CoV-2 circulation remained generally low, despite a gradual increase in Canada.

Caribbean
Influenza circulation remained elevated, with positivity at 26.0% in EW 45 and A(H1N1)pdm09 predominating among subtyped influenza A samples. The highest levels were reported in Barbados and the Cayman Islands, where positivity exceeded 30%, while the Dominican Republic also reported sustained circulation. RSV activity remained comparatively stable at the subregional level, and SARS-CoV-2 positivity continued to decline. Interpretation of country-level trends remains limited by intermittent laboratory reporting in several territories.

Central America
Influenza activity continued to rise across Central America, reaching 23.8% positivity in EW 45. The increase was particularly marked in Panama and El Salvador, where positivity reached 50.0% and 41.7%, respectively; influenza B predominated in El Salvador, while A(H3N2) predominated among subtyped influenza A samples at the subregional level. RSV circulation also remained elevated, notably in Panama and El Salvador, and accounted for a substantial share of respiratory virus detections among SARI cases. SARS-CoV-2 positivity remained low throughout the subregion.

Andean Subregion
Influenza circulation continued to increase, with positivity reaching 17.1% in EW 45 and influenza B predominating overall. Elevated positivity in Bolivia and Ecuador contributed to the subregional pattern, while Colombia reported relatively stable circulation and Peru continued to show increases. RSV activity remained below the levels observed earlier in the year after several months of decline. Although SARS-CoV-2 positivity was generally low across the subregion, Peru reported a marked increase in recent weeks.

Brazil and the Southern Cone
After several months of declining influenza circulation, the subregion showed a slight rebound over the past two weeks, reaching 13.4% positivity in EW 45. This reflected renewed increases in Chile and Paraguay, while influenza B continued to predominate in Argentina, Brazil and Paraguay. RSV circulation maintained its downward trend following earlier seasonal peaks. In contrast, SARS-CoV-2 activity increased over the past month, with higher positivity reported in Paraguay and Uruguay. Rhinovirus and metapneumovirus accounted for much of the activity of

other respiratory viruses.

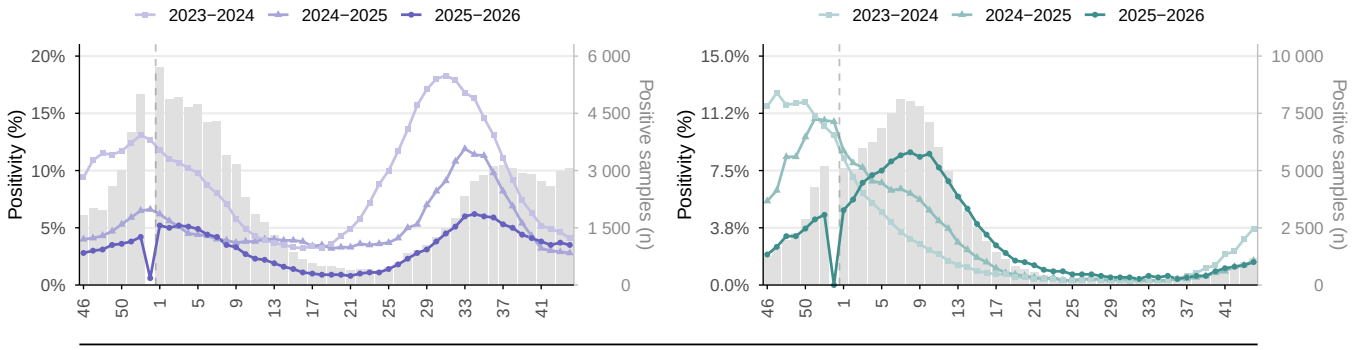
2. North America

In North America, influenza activity remained elevated, with positivity exceeding 10% in all three countries and a sustained upward trend in Mexico. During EWs 41–44, influenza A predominated (87.4% of typed samples), with A(H1N1)pdm09 accounting for 98.3% of subtyped influenza A samples. SARS-CoV-2 activity remained generally low across the subregion, although an upward trend has been observed in Canada over the past two months. RSV activity remained low in Canada and the United States, while circulation in Mexico has increased over recent weeks (Figures 2.1, 2.7, and 2.10).

During EWs 41–44, respiratory virus detections represented 0.3% of reported ILI cases, predominantly influenza (74.1%), followed by RSV (16.7%) and SARS-CoV-2 (9.2%) (Figure 2.3). During EWs 41–44, respiratory virus detections represented 14.8% of reported SARI cases, predominantly RSV (54.4%), followed by influenza (35.8%) and SARS-CoV-2 (9.8%) (Figure 2.4). Subregional estimates exclude Canada, which is presented separately.

Figure 2.1.A. Weekly SARS-CoV-2 positivity.

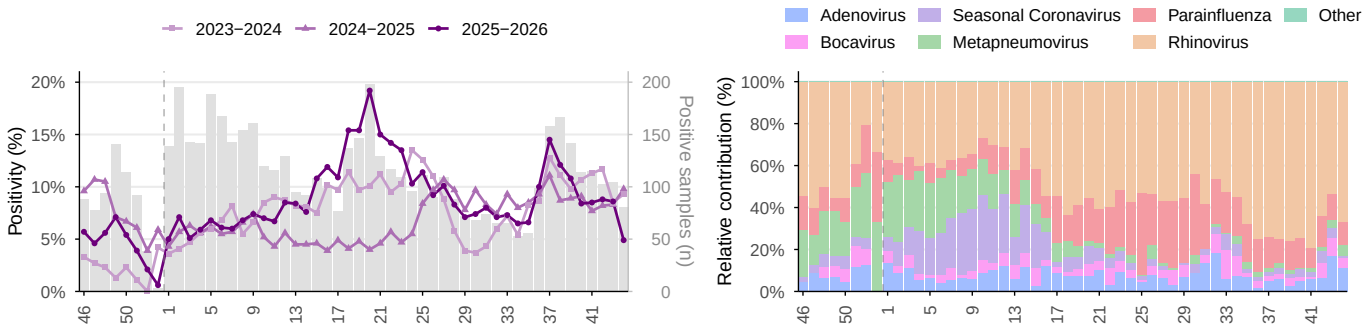
Figure 2.1.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in North 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 2.2.A. Overall weekly positivity.

Figure 2.2.B. Weekly relative contribution by virus.



Other respiratory viruses in North 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 2.3.A. Weekly ILI cases.

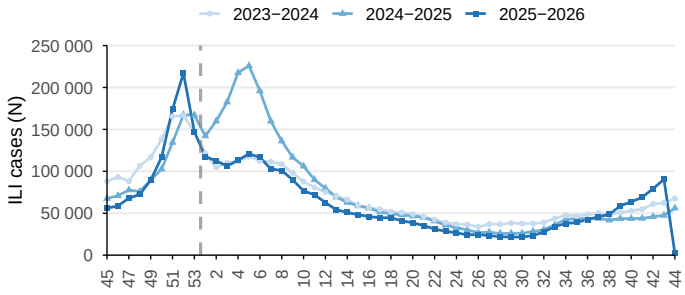
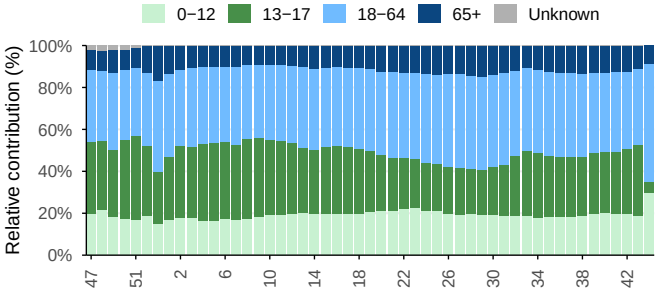


Figure 2.3.B. Weekly relative contribution by age group.



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

Figure 2.4.A. Weekly SARI cases.

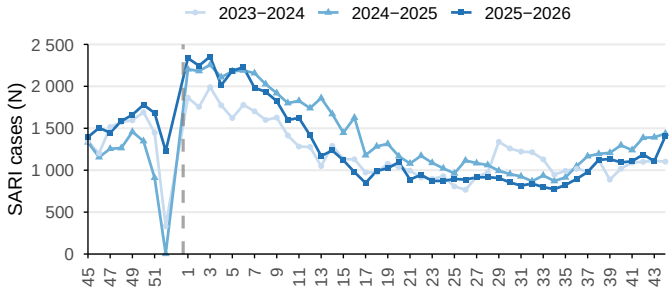
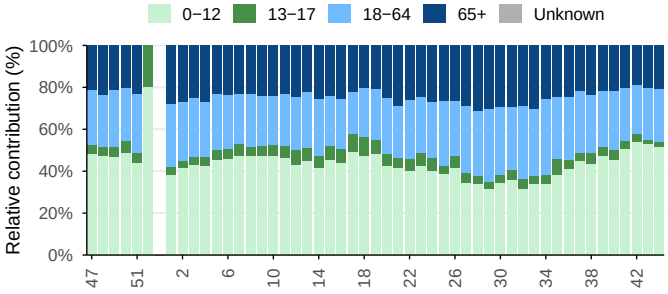


Figure 2.4.B. Weekly relative contribution by age group.



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

Figure 2.5.A. Weekly SARI cases admitted to ICU.

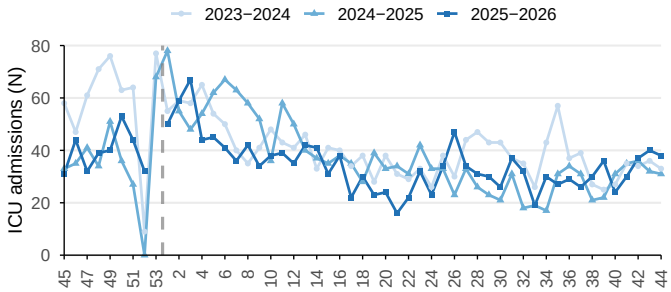
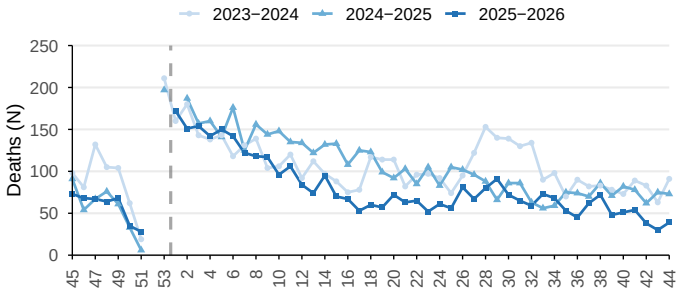


Figure 2.5.B. Weekly deaths among SARI cases.



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

2. North America — Canada

2.1 Country

2.1.1 Canada

In Canada, influenza activity continued to increase, with positivity at 25.2% in EW 45 (Figure 2.6). During EWs 42–45, influenza A predominated (98.6% of typed influenza samples), with A(H1N1)pdm09 accounting for 99.6% of subtyped influenza A samples (Figure 2.6). RSV positivity remained low and stable at 0.3%, while SARS-CoV-2 circulation continued to increase, with positivity at 3.2% (Figure 2.7). Positivity for other respiratory viruses was 5.1%, with rhinovirus predominating (76.7%) (Figure 2.8).

Figure 2.6.A. Weekly overall influenza positivity.

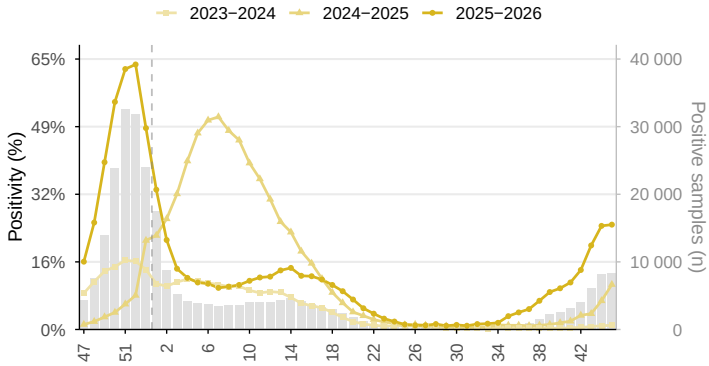
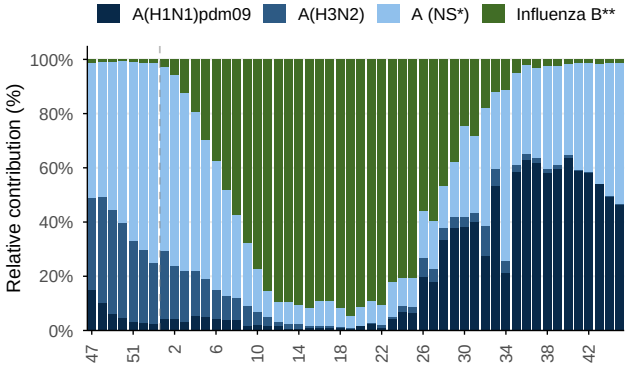


Figure 2.6.B. Weekly relative contribution by type and subtype.



Influenza in Canada, EW 47/2025–45/2026. 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 2.7.A. Weekly SARS-CoV-2 positivity.

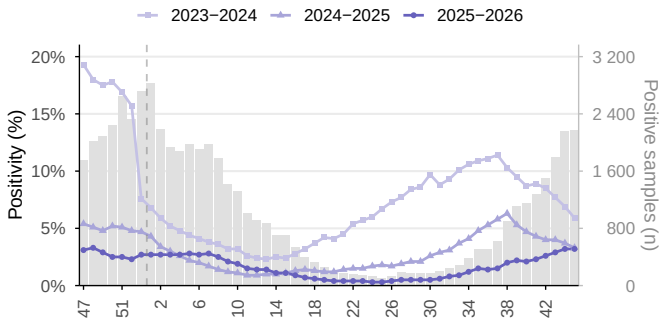
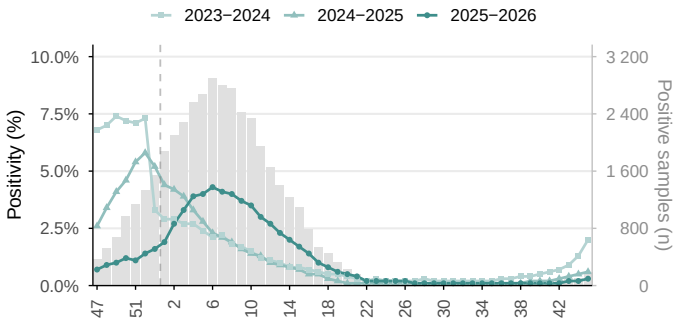


Figure 2.7.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Canada, EW 47/2025–45/2026. 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.*

2. North America — Canada

Figure 2.8.A. Overall weekly positivity.

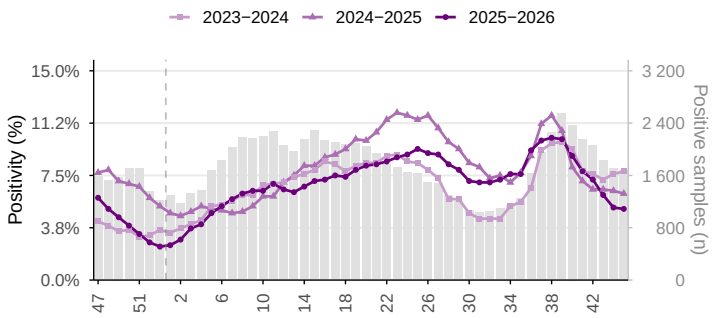
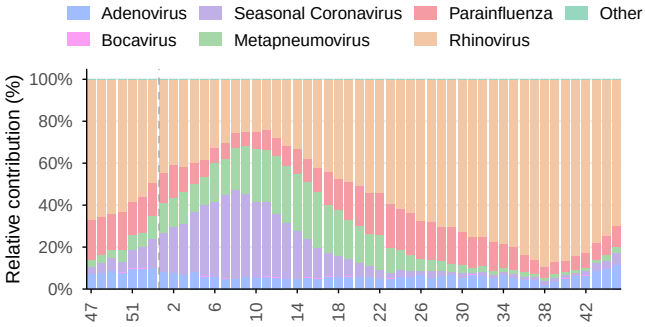


Figure 2.8.B. Weekly relative contribution by virus.



Other respiratory viruses in Canada, EW 47/2025–45/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). Note: data obtained from non–sentinel surveillance. *Source: FluNet, WHO–GISRS.*

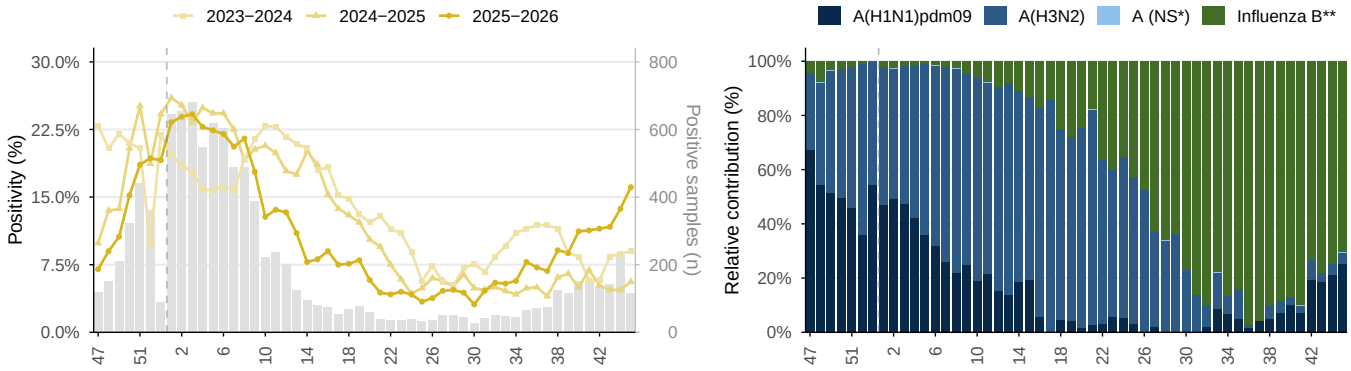
2.1.2 Mexico

In Mexico, influenza activity continued to increase, reaching 16.1% positivity in EW 45. During EWs 42–45, influenza B predominated (74.2% of typed samples), while A(H1N1)pdm09 accounted for 81.3% of subtyped influenza A samples (Figure 2.9). RSV activity has shown an overall upward trend since mid-year, reaching 10.7% positivity in EW 43, followed by a decline over the past two weeks to 8.0% in EW 45, which should be interpreted with caution due to potential reporting delays. SARS-CoV-2 activity remained low and stable, with positivity at 1.4% (Figure 2.10). Positivity for other respiratory viruses was 6.7%, with rhinovirus predominating (59.9%) (Figure 2.11).

During EWs 42–45, respiratory virus detections represented 7.0% of reported ILI cases, predominantly influenza (74.4%), followed by RSV (18.9%) and SARS-CoV-2 (6.7%) (Figure 2.12). Among ILI cases with known age, 56.4% were aged 18–64 years, followed by those aged 0–12 years (30.0%) (Figure 2.12). During EWs 42–45, respiratory virus detections represented 14.1% of reported SARI cases, predominantly RSV (52.7%), followed by influenza (38.8%) and SARS-CoV-2 (8.5%) (Figure 2.13).

Figure 2.9.A. Weekly overall influenza positivity.

Figure 2.9.B. Weekly relative contribution by type and subtype.



Influenza in Mexico, EW 47/2025–45/2026. 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 2.10.A. Weekly SARS-CoV-2 positivity.

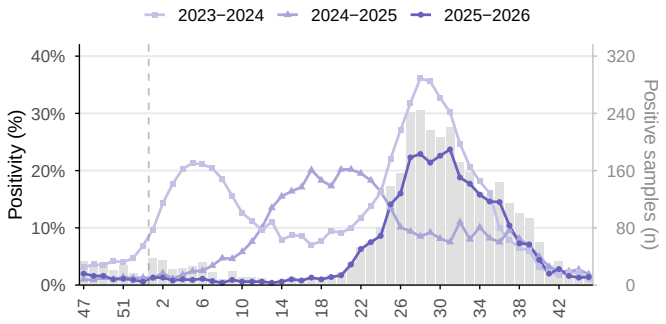
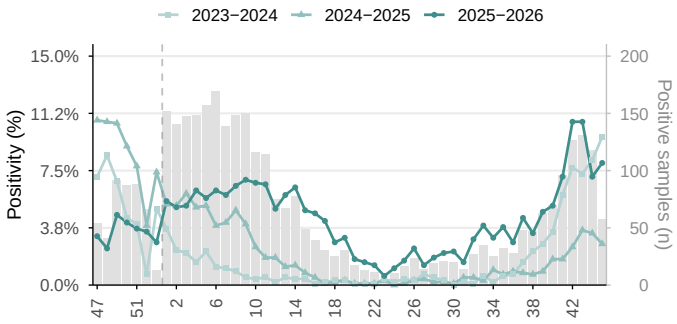


Figure 2.10.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Mexico, EW 47/2025−45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 2.11.A. Overall weekly positivity.

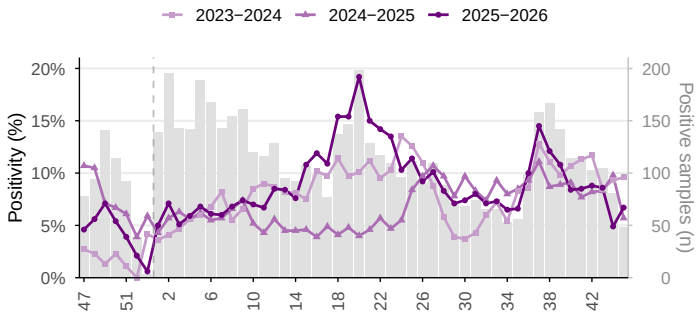
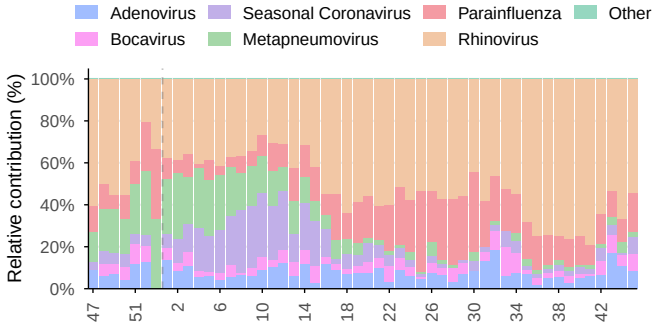


Figure 2.11.B. Weekly relative contribution by virus.



Other respiratory viruses in Mexico, EW 47/2025−45/2026. 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 2.12.A. Weekly ILI cases.

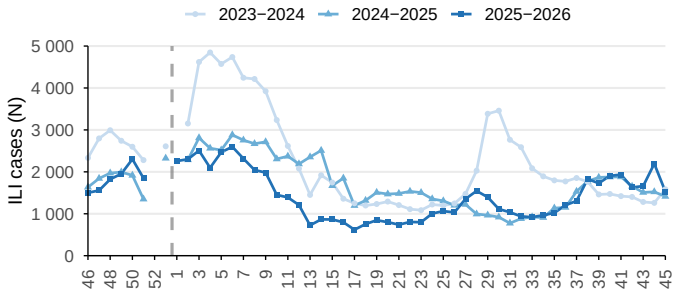
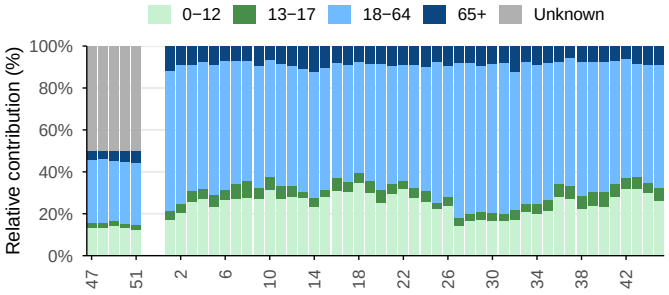


Figure 2.12.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Mexico, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 2.13.A. Weekly SARI cases.

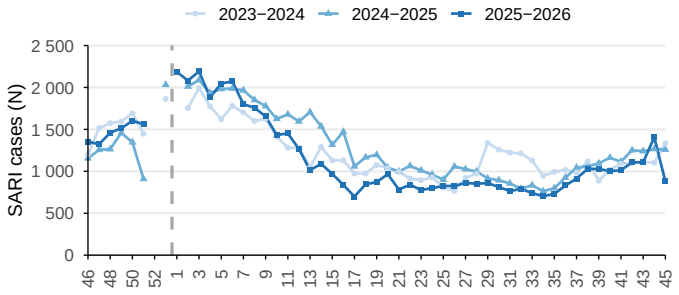
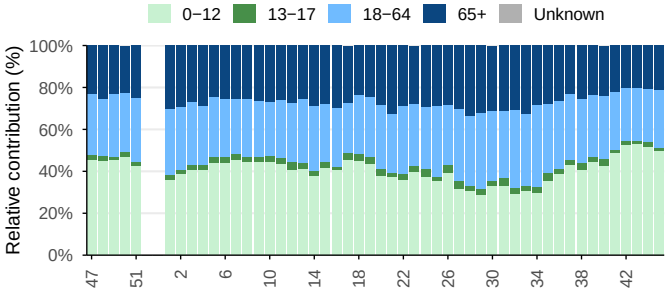


Figure 2.13.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Mexico, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 2.14.A. Weekly SARI cases admitted to ICU.

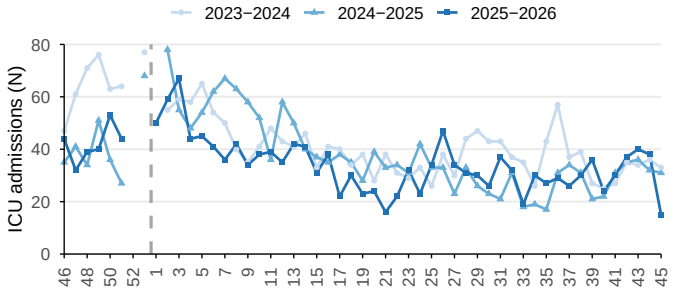
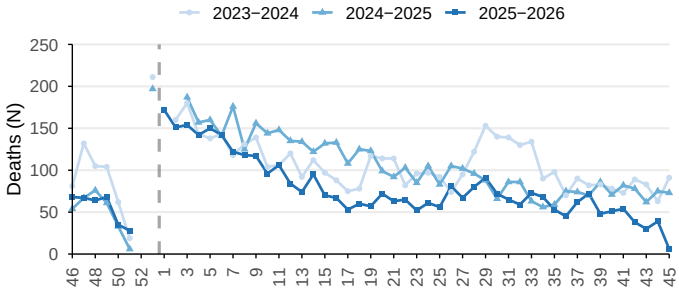


Figure 2.14.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Mexico, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

2.1.3 United States of America

In the United States, influenza activity continued to increase over the past two months, with influenza positivity reaching 53.2% in sentinel surveillance and a separately reported 11.3% in non-sentinel surveillance in EW 44. During EWs 41–44, influenza A predominated (98.5% of typed samples), with A(H1N1)pdm09 accounting for 99.1% of subtyped influenza A samples (Figure 2.15). RSV and SARS-CoV-2 activity remained low, with positivity at 1.6% and 3.7%, respectively, in EW 45 (Figure 2.16).

ILI cases continued to increase over recent weeks. During EWs 40–43, adults aged 18–64 years accounted for 36.5% of ILI cases with known age, followed by adolescents aged 13–17 years (31.8%) (Figure 2.17).

Figure 2.15.A. Weekly overall influenza positivity.

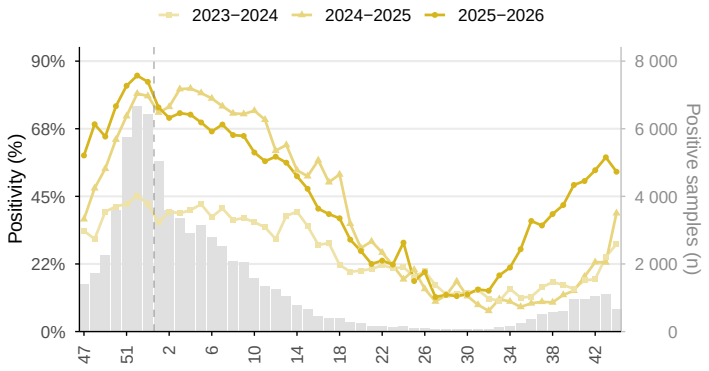
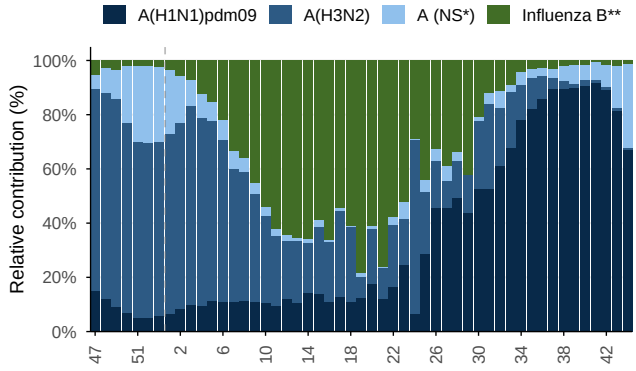


Figure 2.15.B. Weekly relative contribution by type and subtype.



Influenza in United States of America, EW 47/2025–45/2026. 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 2.16.A. Weekly SARS-CoV-2 positivity.

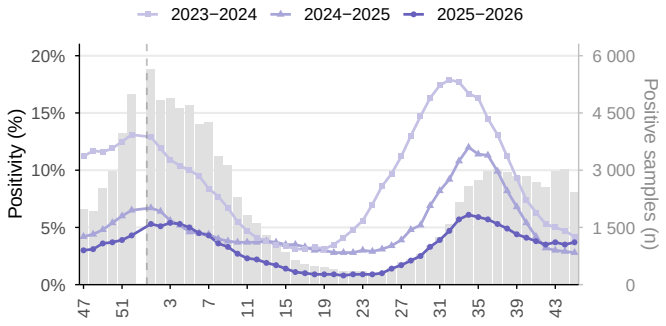
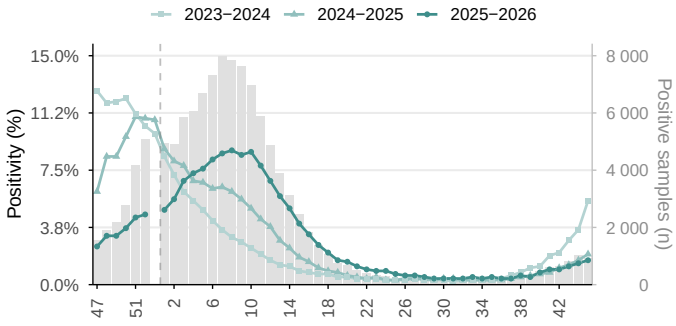


Figure 2.16.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in United States of America, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 2.17.A. Weekly ILI cases.

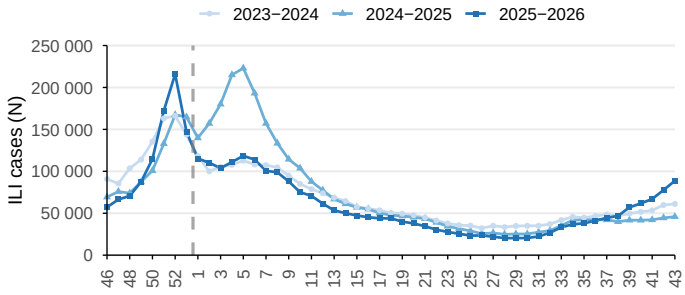
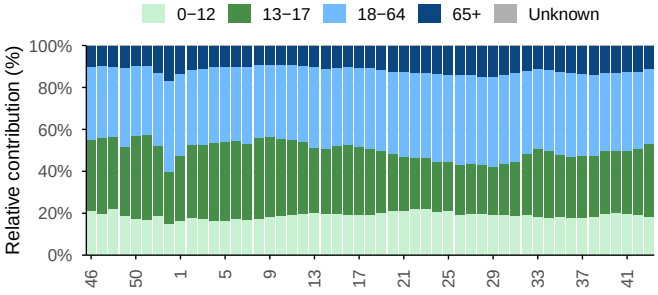


Figure 2.17.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in United States of America, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 2.18.A. Weekly SARI cases.

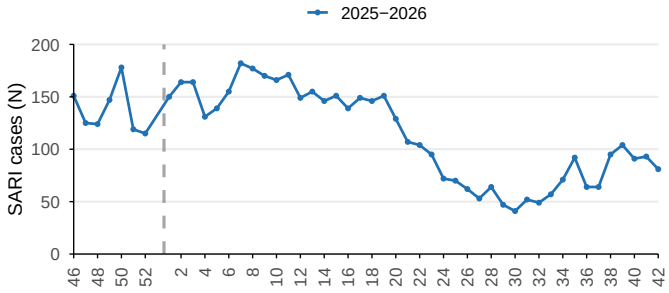
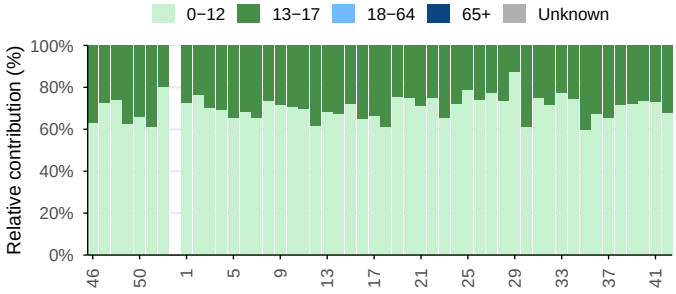


Figure 2.18.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in United States of America, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks.
Source: FluID, WHO−GISRS.

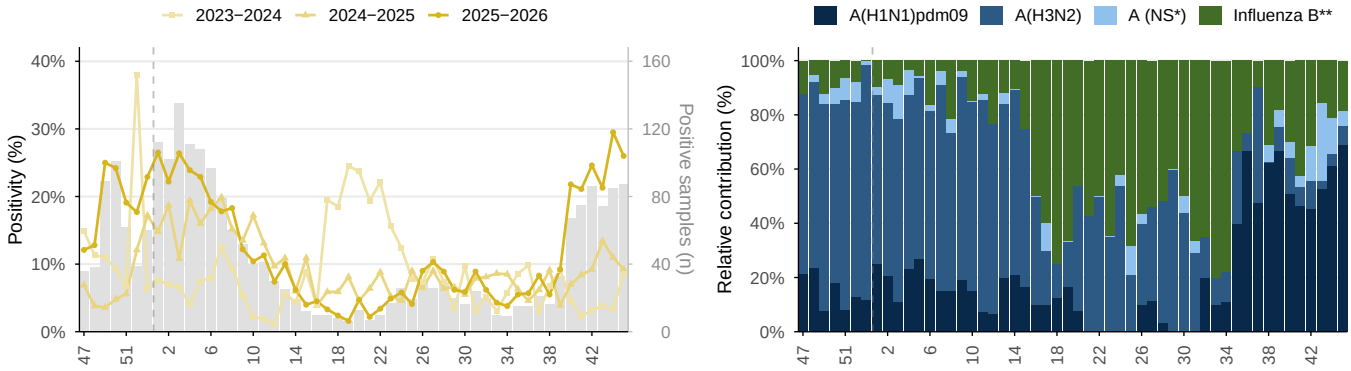
3. Caribbean

In the Caribbean, influenza activity remained elevated, with positivity at 26.0% in EW 45 (Figure 3.1). During EWs 42–45, influenza A predominated (78.0% of typed influenza samples), with A(H1N1)pdm09 accounting for 90.0% of subtyped influenza A samples (Figure 3.1). RSV positivity remained stable at 7.0%, while SARS-CoV-2 circulation declined over the past two months, with positivity at 4.5% (Figure 3.2). Positivity for other respiratory viruses was 16.2%; rhinovirus (59.9%) and parainfluenza (15.6%) accounted for most detections (Figure 3.3).

During EWs 42–45, respiratory virus detections represented 11.7% of reported ILI cases, predominantly SARS-CoV-2 (97.2%), followed by influenza (2.3%) and RSV (0.5%) (Figure 3.4). During EWs 42–45, respiratory virus detections represented 3.0% of reported SARI cases, predominantly RSV (41.9%), followed by SARS-CoV-2 (30.2%), and influenza (27.9%) (Figure 3.5).

Figure 3.1.A. Weekly overall influenza positivity.

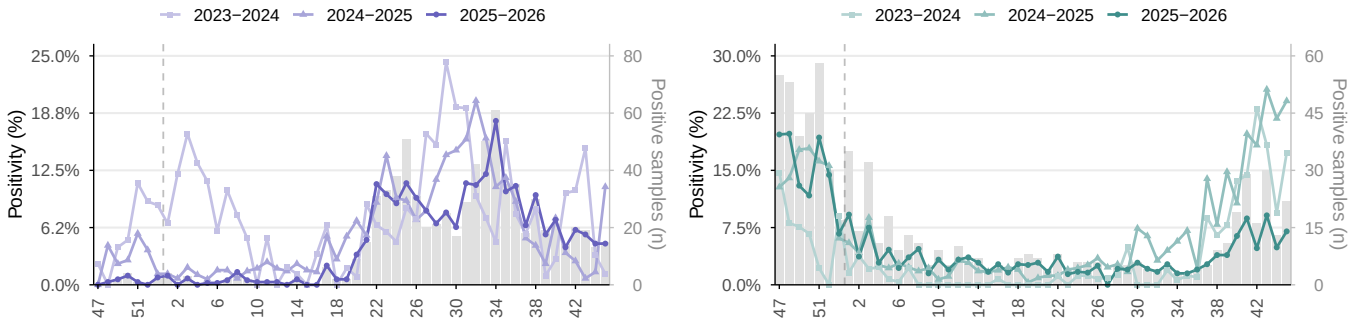
Figure 3.1.B. Weekly relative contribution by type and subtype.



Influenza in the Caribbean, EW 47/2025–45/2026. 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 47/2025–45/2026. 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.

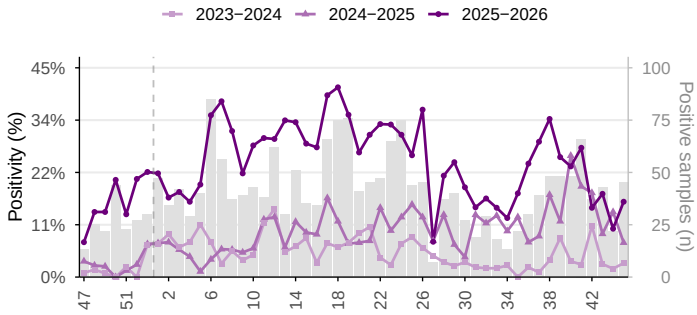
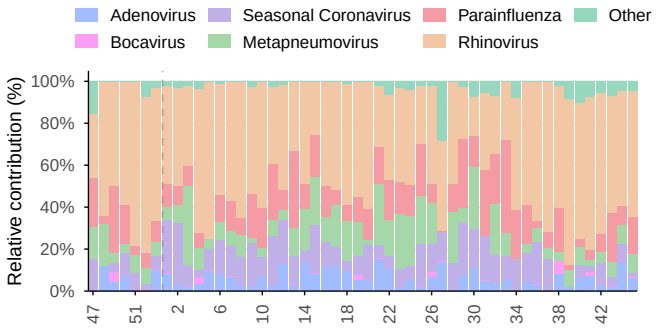


Figure 3.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Caribbean, EW 47/2025–45/2026. 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.

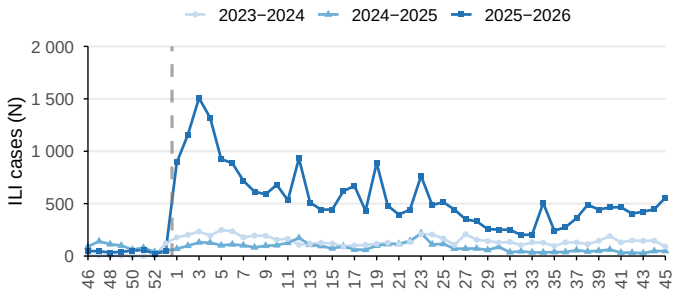
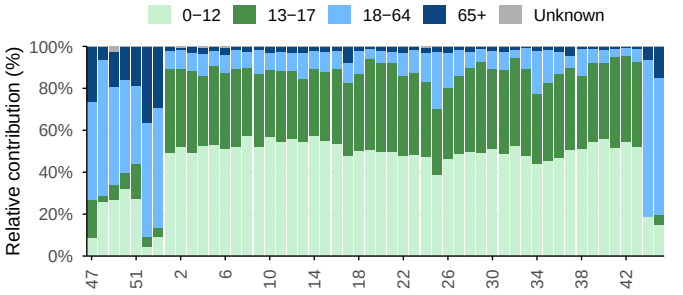


Figure 3.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in the Caribbean, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.5.A. Weekly SARI cases.

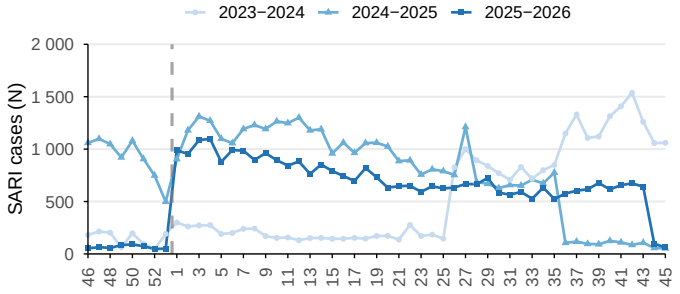
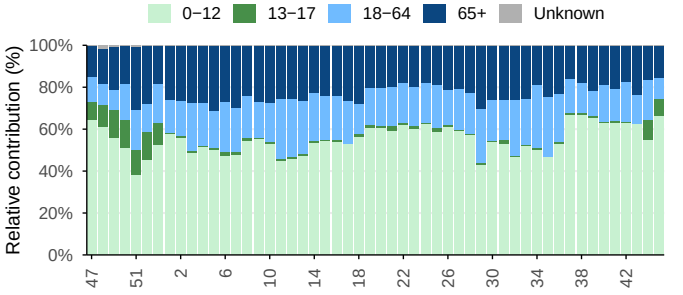


Figure 3.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Caribbean, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3. Caribbean

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

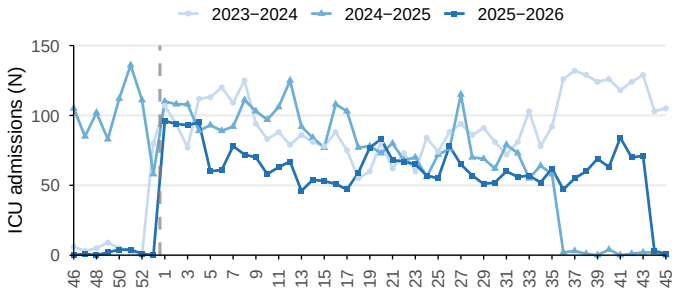
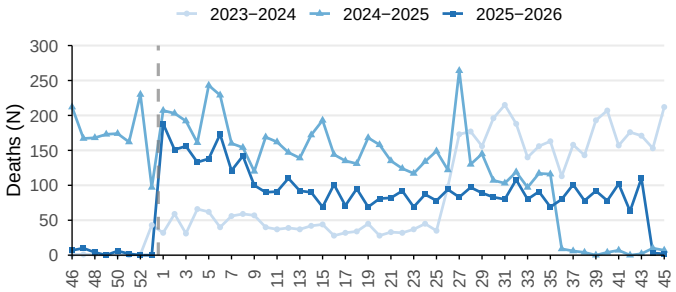


Figure 3.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Caribbean, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

3. Caribbean — Belize

3.1 Country

3.1.1 Belize

No laboratory surveillance data were reported for EW 45. The latest available influenza positivity was 0.0% in EW 44 (Figure 3.7).

Figure 3.7.A. Weekly overall influenza positivity.

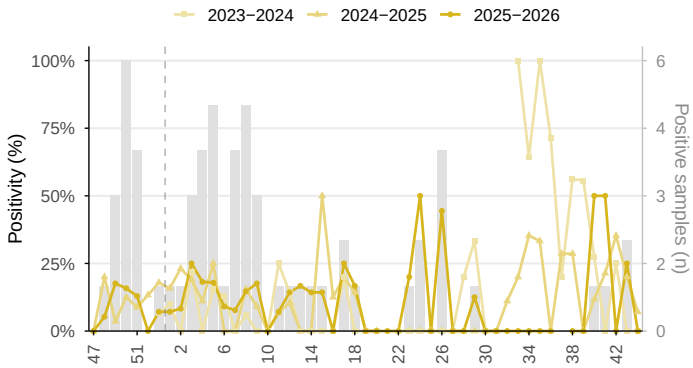
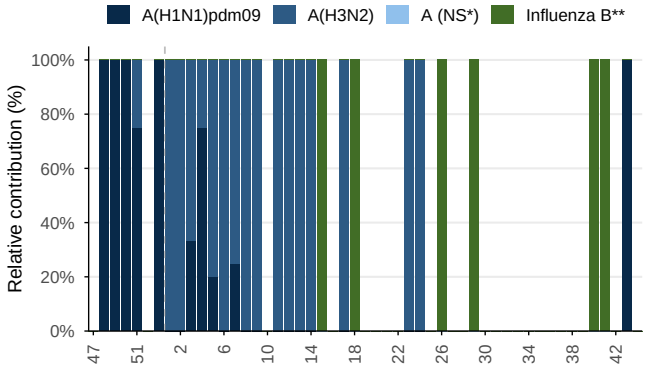


Figure 3.7.B. Weekly relative contribution by type and subtype.



Influenza in Belize, EW 47/2025–45/2026. 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.

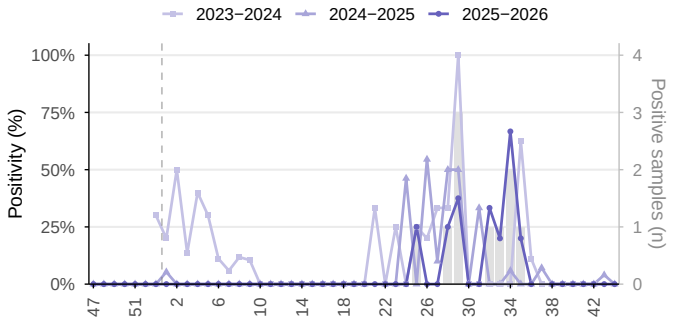
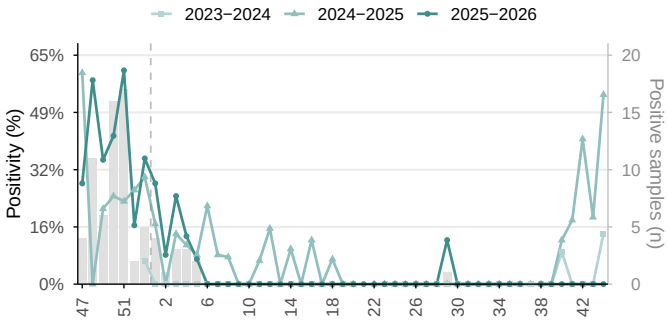


Figure 3.8.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Belize, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

3.1.2 Barbados

In Barbados, influenza activity increased, with positivity at 38.5% in EW 45 (Figure 3.9). During EWs 42–45, influenza A predominated (97.7% of typed influenza samples), with A(H1N1)pdm09 accounting for 100.0% of subtyped influenza A samples (Figure 3.9). RSV and SARS-CoV-2 positivity were 9.6% and 5.8%, respectively (Figure 3.10). Positivity for other respiratory viruses was 19.2%; rhinovirus (79.4%) and other viruses (20.6%) accounted for most detections (Figure 3.11).

During EWs 41–44, respiratory virus detections represented 23.7% of reported SARI cases (Figure 3.12).

Figure 3.9.A. Weekly overall influenza positivity.

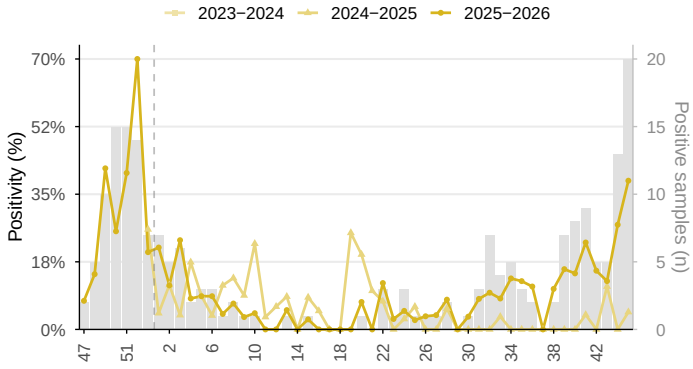
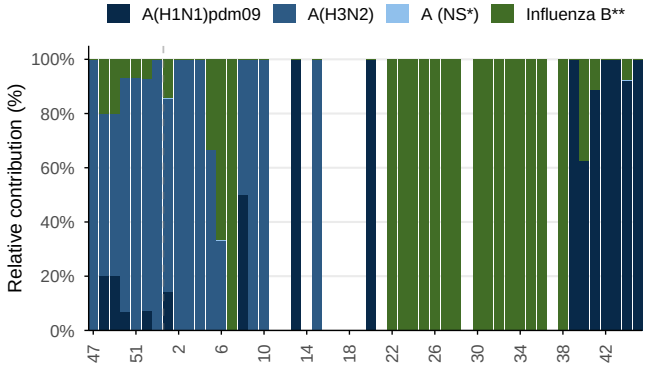


Figure 3.9.B. Weekly relative contribution by type and subtype.



Influenza in Barbados, EW 47/2025–45/2026. 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.

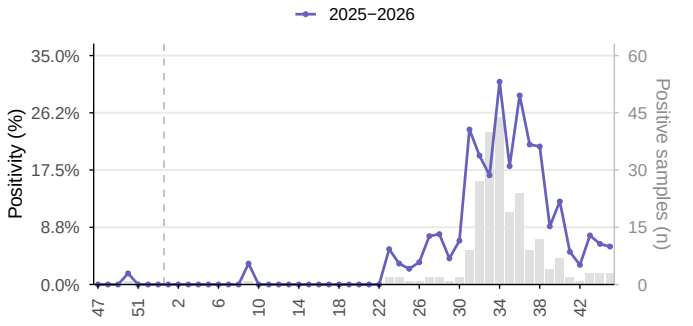
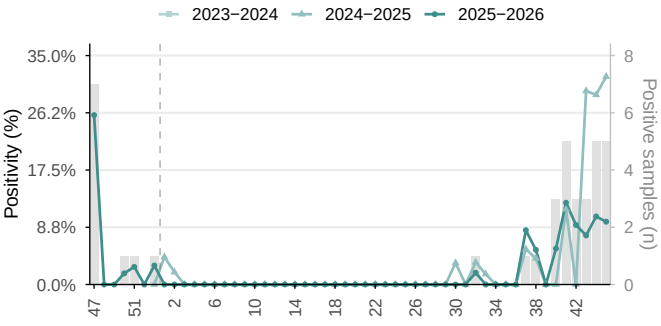


Figure 3.10.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Barbados, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.11.A. Overall weekly positivity.

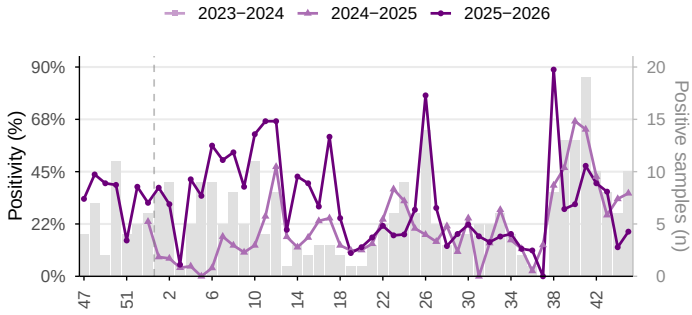
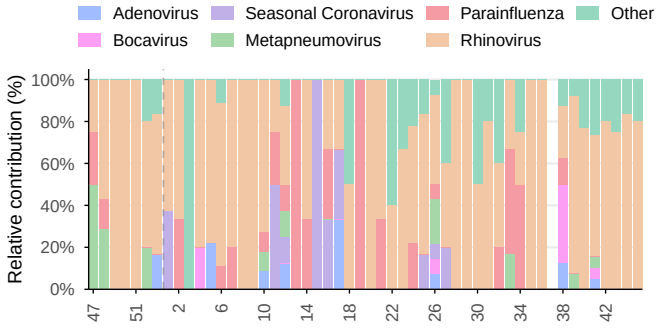


Figure 3.11.B. Weekly relative contribution by virus.



Other respiratory viruses in Barbados, EW 47/2025–45/2026. 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 3.12.A. Weekly SARI cases.

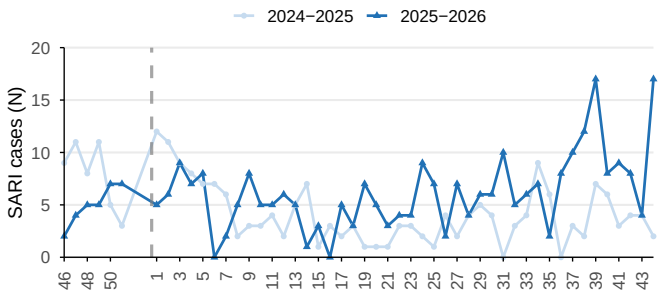
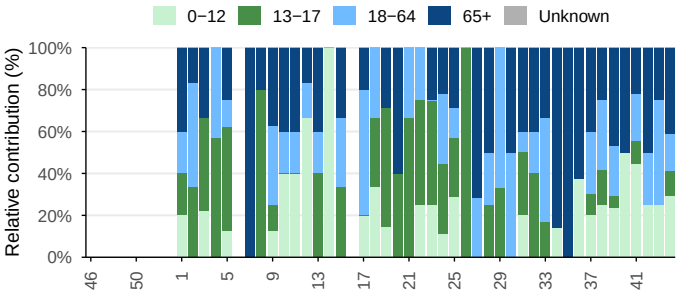


Figure 3.12.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Barbados, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3. Caribbean — Barbados

Figure 3.13.A. Weekly SARI cases admitted to ICU.

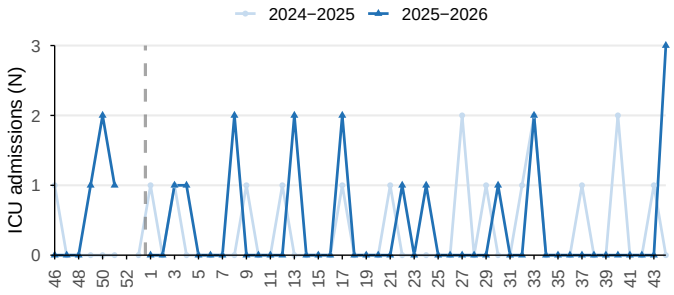
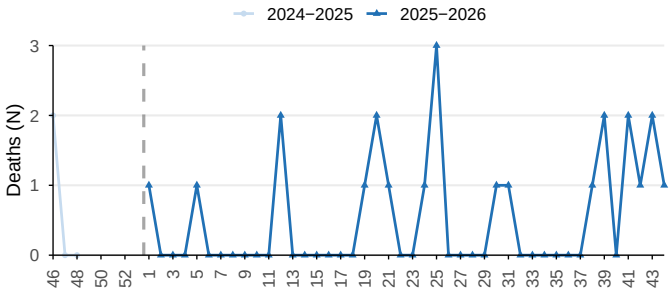


Figure 3.13.B. Weekly deaths among SARI cases.



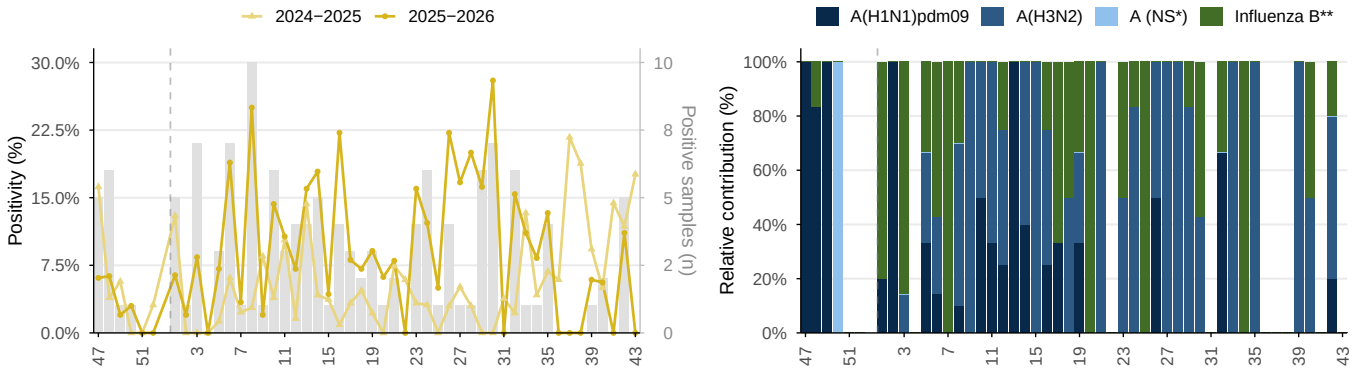
SARI ICU admissions and deaths in Barbados, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

3.1.3 Cuba

No laboratory surveillance data were reported for EW 45. The latest available influenza positivity was 0.0% in EW 43; RSV and SARS-CoV-2 positivity were 23.9% and 7.0%, respectively, in that week (Figures 3.14–3.15).

Figure 3.14.A. Weekly overall influenza positivity.

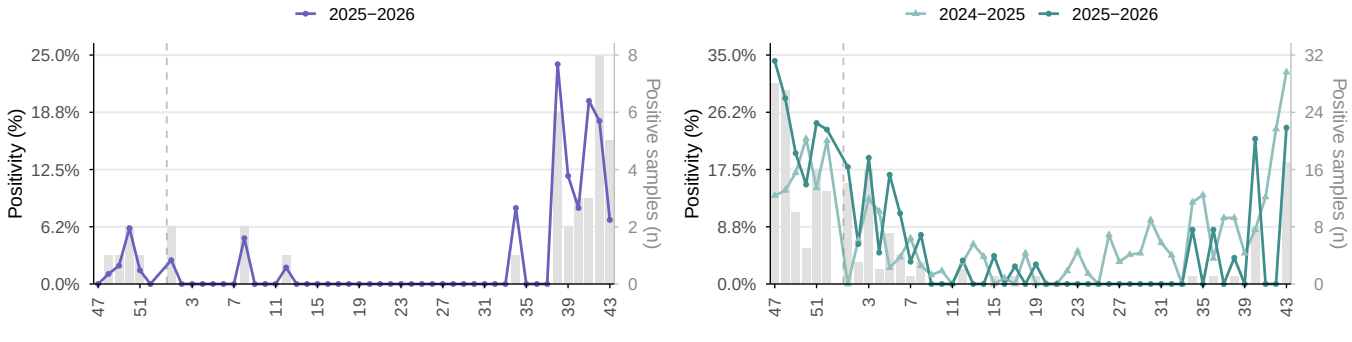
Figure 3.14.B. Weekly relative contribution by type and subtype.



Influenza in Cuba, EW 47/2025–45/2026. 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 3.15.A. Weekly SARS-CoV-2 positivity.

Figure 3.15.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Cuba, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.16.A. Overall weekly positivity.

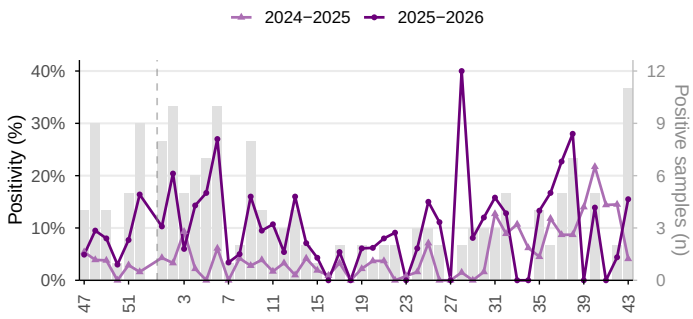
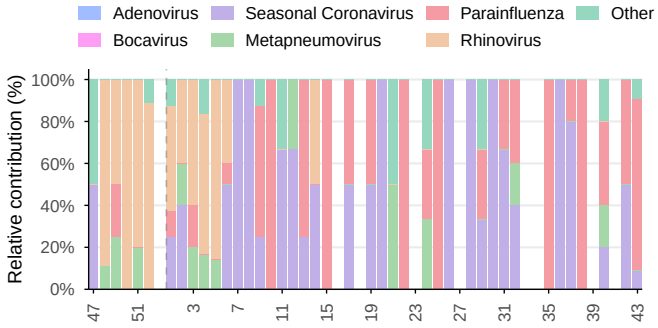


Figure 3.16.B. Weekly relative contribution by virus.



Other respiratory viruses in Cuba, EW 47/2025−45/2026. 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 3.17.A. Weekly ILI cases.

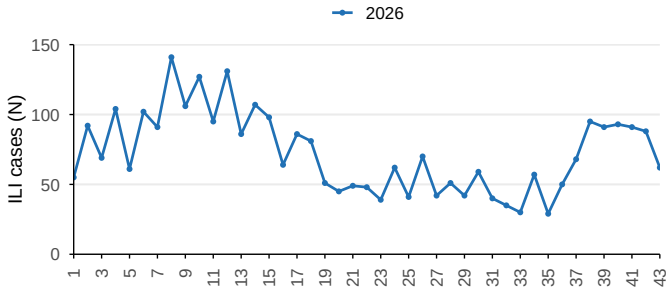
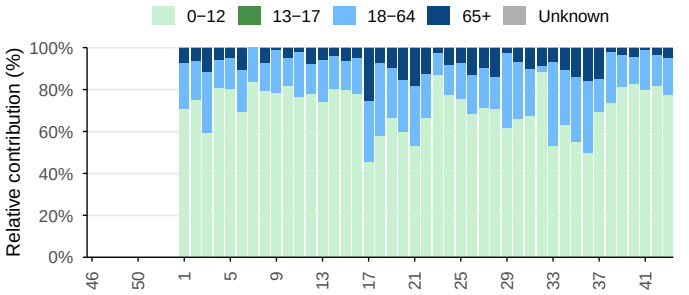


Figure 3.17.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Cuba, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

3. Caribbean — Cuba

Figure 3.18.A. Weekly SARI cases.

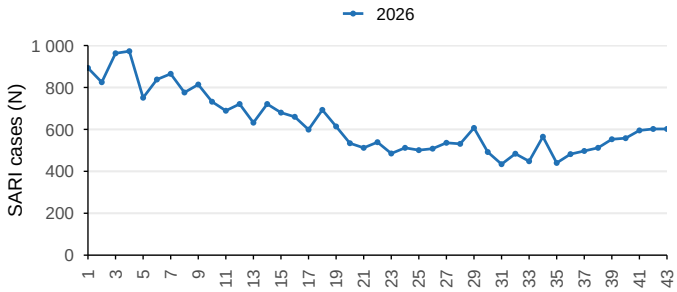
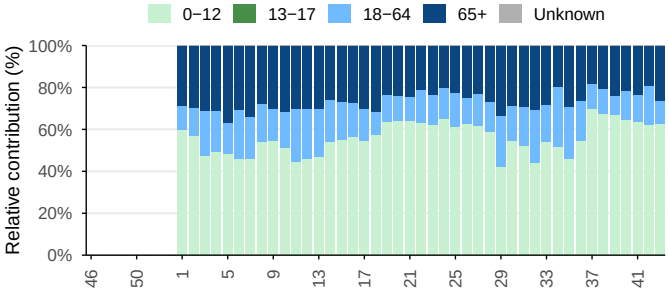


Figure 3.18.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Cuba, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.19.A. Weekly SARI cases admitted to ICU.

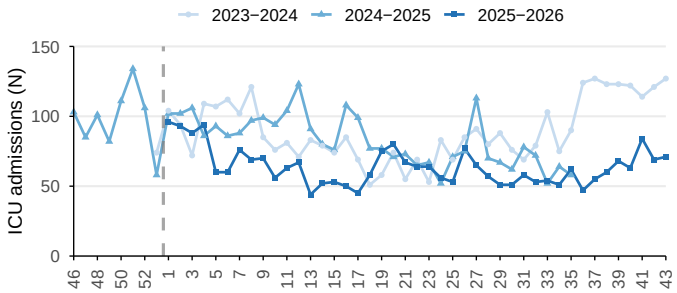
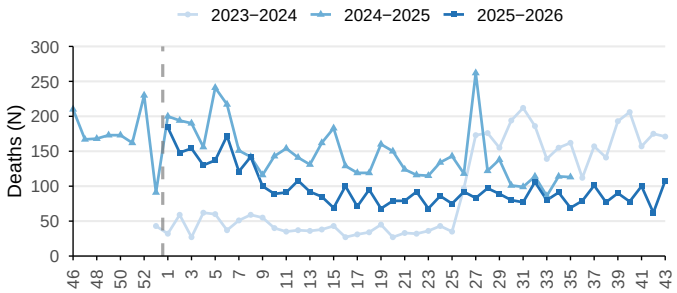


Figure 3.19.B. Weekly deaths among SARI cases.



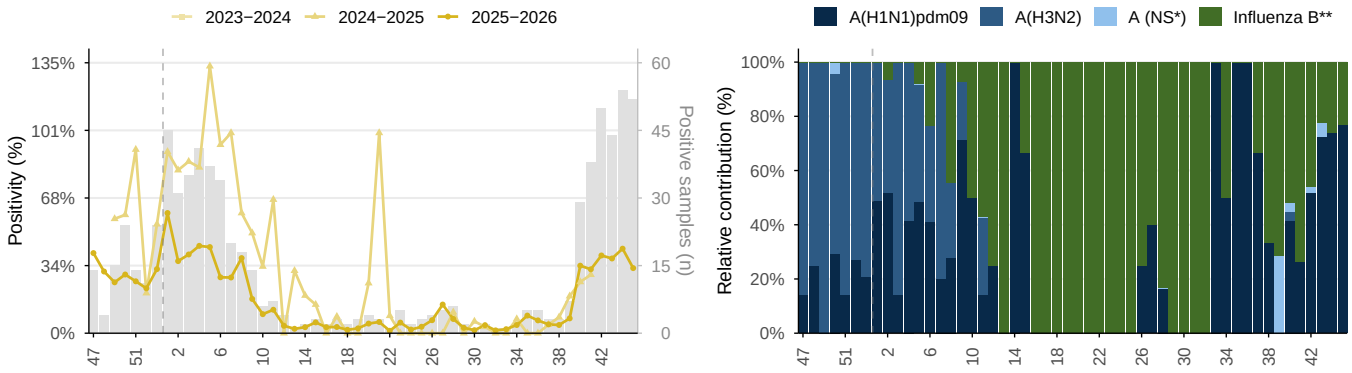
SARI ICU admissions and deaths in Cuba, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

3.1.4 Cayman Islands

In the Cayman Islands, influenza positivity reached 32.5% in EW 45 (Figure 3.20). During EWs 42–45, influenza A predominated (70.4% of typed influenza samples), with A(H1N1)pdm09 accounting for 100.0% of subtyped influenza A samples (Figure 3.20). RSV and SARS-CoV-2 positivity were 6.9% and 3.8%, respectively (Figure 3.21). Positivity for other respiratory viruses was 21.2%; rhinovirus (62.9%) predominated (Figure 3.22).

Figure 3.20.A. Weekly overall influenza positivity.

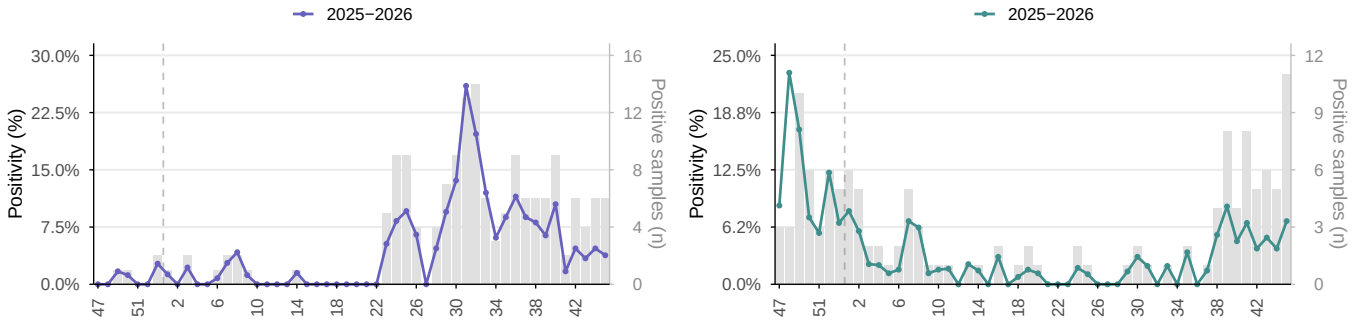
Figure 3.20.B. Weekly relative contribution by type and subtype.



Influenza in Cayman Islands, EW 47/2025–45/2026. 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 3.21.A. Weekly SARS-CoV-2 positivity.

Figure 3.21.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Cayman Islands, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.22.A. Overall weekly positivity.

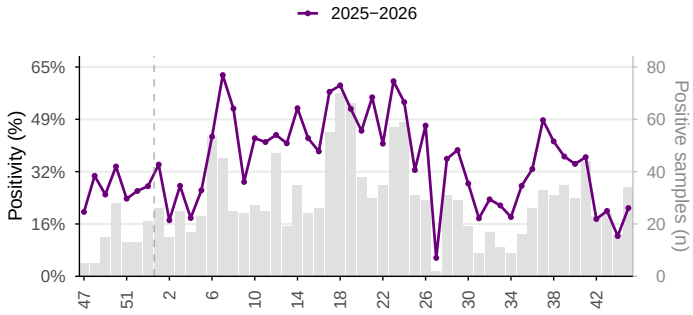
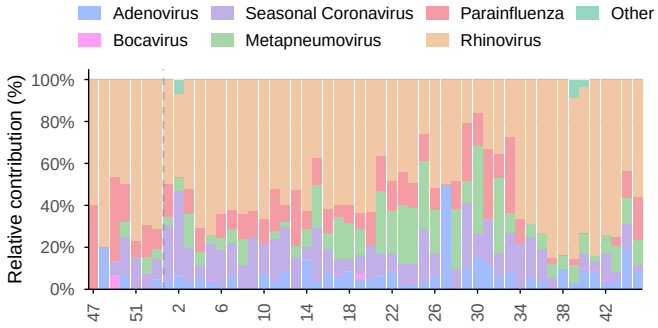


Figure 3.22.B. Weekly relative contribution by virus.



Other respiratory viruses in Cayman Islands, EW 47/2025−45/2026. 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 surveillance data were reported during EWs 42–45.

3.1.6 Dominican Republic

In the Dominican Republic, influenza positivity was 15.2% in EW 45 (Figure 3.23). During EWs 42–45, influenza A predominated (61.3% of typed influenza samples), with A(H3N2) accounting for 94.7% of subtyped influenza A samples (Figure 3.23). RSV positivity was 4.5% (Figure 3.24). Positivity for other respiratory viruses was 1.5%, with parainfluenza accounting for all detections (Figure 3.25).

Figure 3.23.A. Weekly overall influenza positivity.

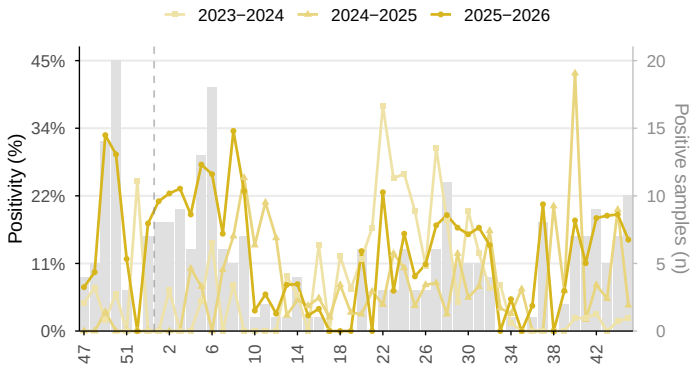
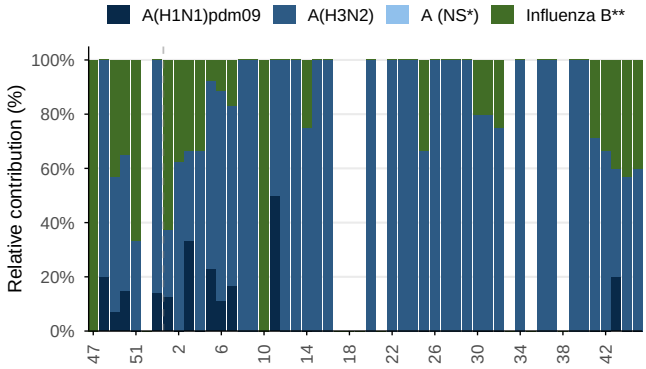


Figure 3.23.B. Weekly relative contribution by type and subtype.



Influenza in Dominican Republic, EW 47/2025–45/2026. 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 3.24.A. Weekly SARS-CoV-2 positivity.

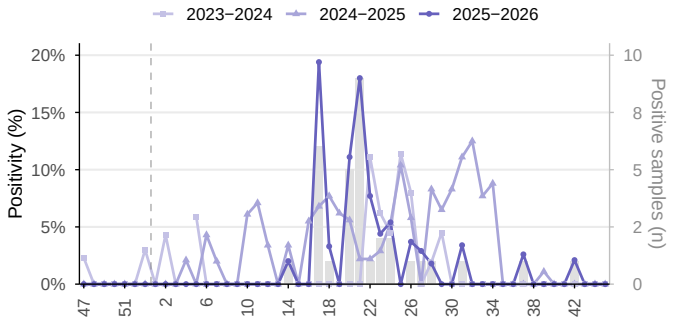
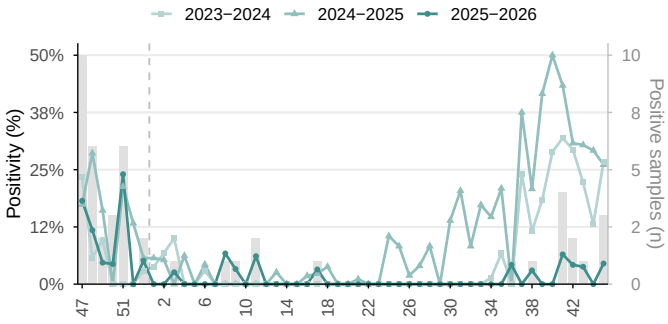


Figure 3.24.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Dominican Republic, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.25.A. Overall weekly positivity.

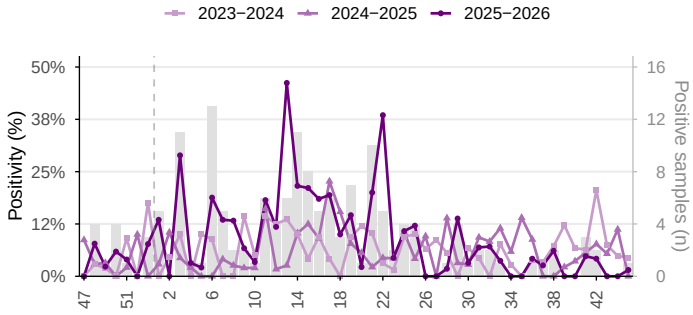
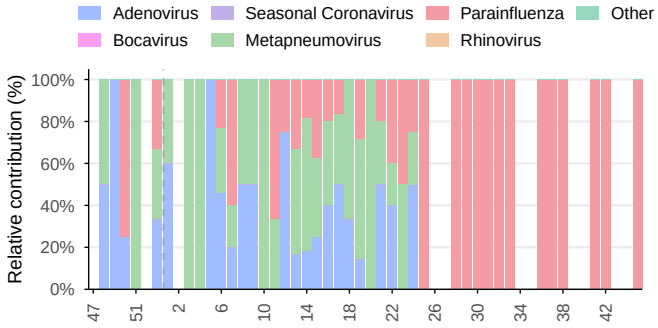


Figure 3.25.B. Weekly relative contribution by virus.



Other respiratory viruses in Dominican Republic, EW 47/2025–45/2026. 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 3.26.A. Weekly ILI cases.

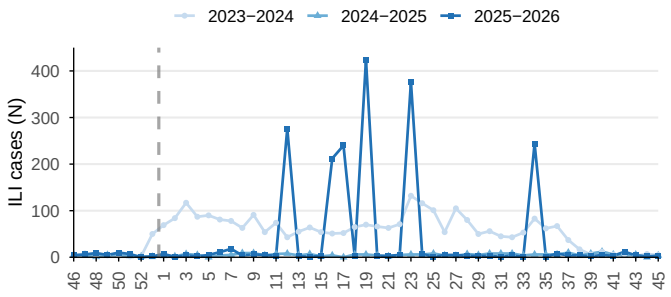
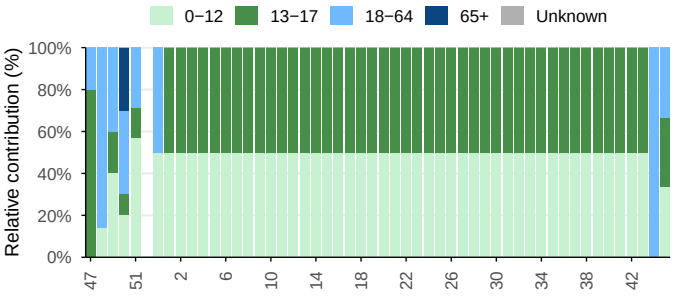


Figure 3.26.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Dominican Republic, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3. Caribbean — Dominican Republic

Figure 3.27.A. Weekly SARI cases.

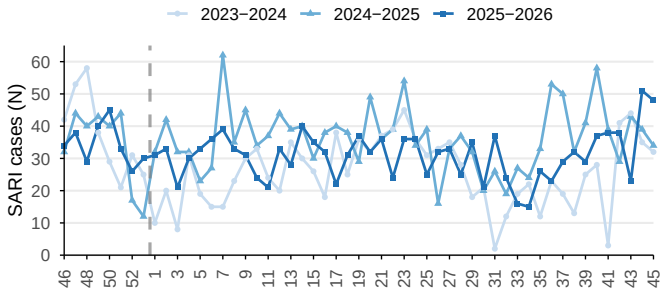
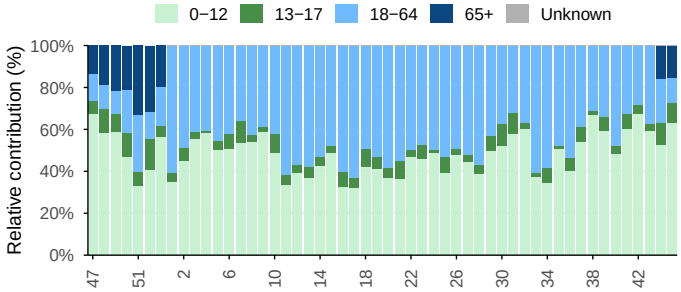


Figure 3.27.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Dominican Republic, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

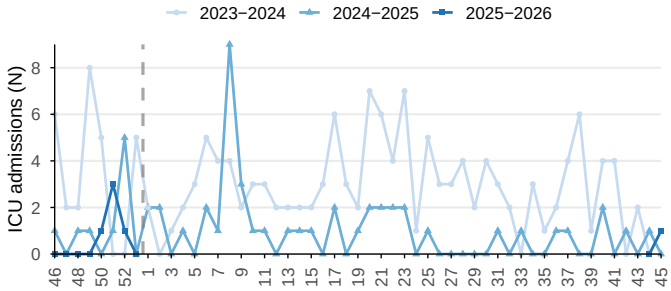
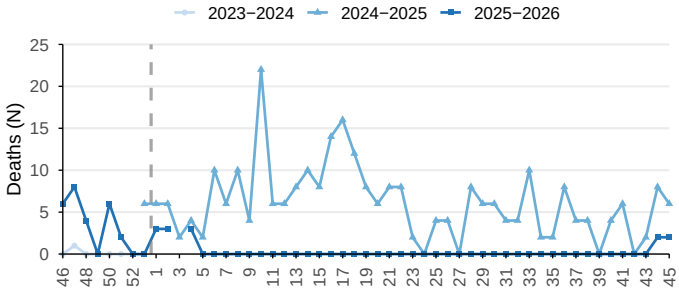


Figure 3.28.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Dominican Republic, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

3.1.7 Grenada

No surveillance data were reported during EWs 42–45.

3.1.8 Guyana

In Guyana, influenza positivity was 0.0% and RSV positivity was 5.9% in EW 45 (Figures 3.29–3.30).

Figure 3.29.A. Weekly overall influenza positivity.

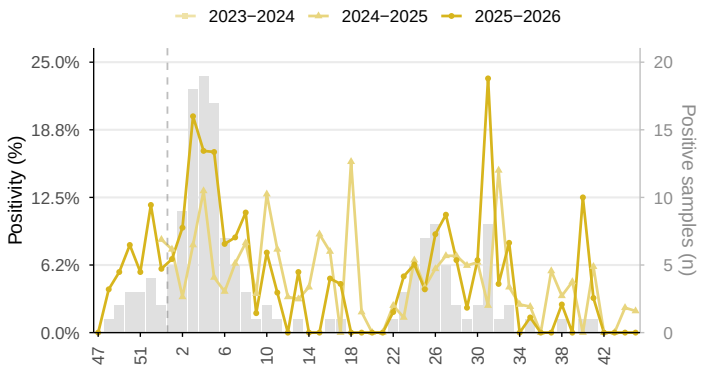
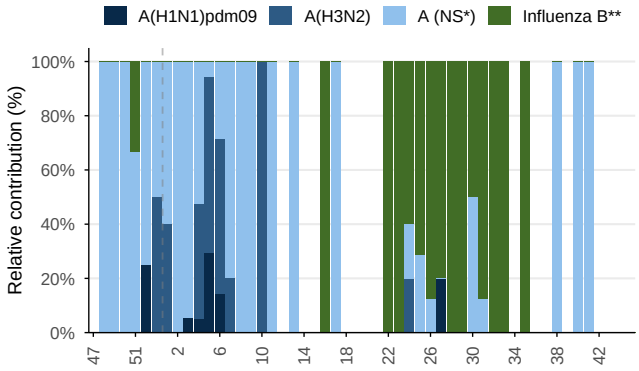


Figure 3.29.B. Weekly relative contribution by type and subtype.



Influenza in Guyana, EW 47/2025–45/2026. 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.

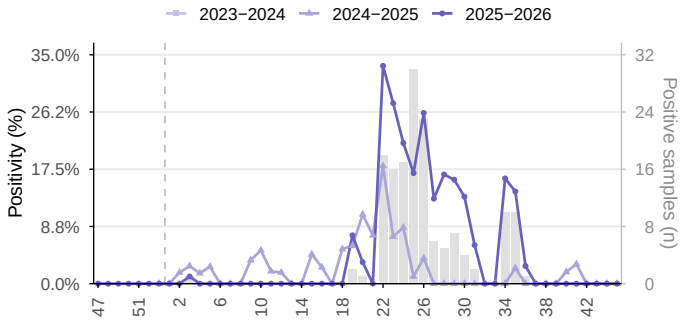
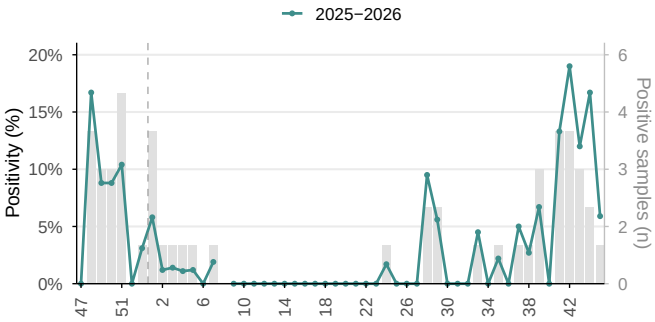


Figure 3.30.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Guyana, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.31.A. Weekly ILI cases.

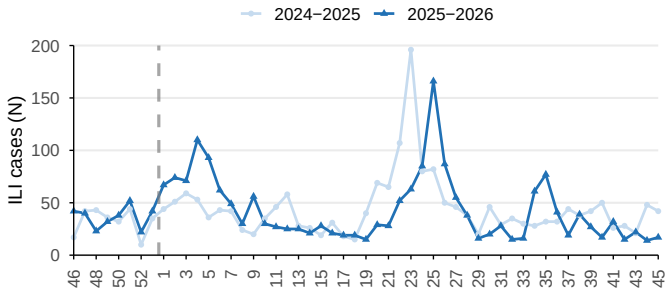
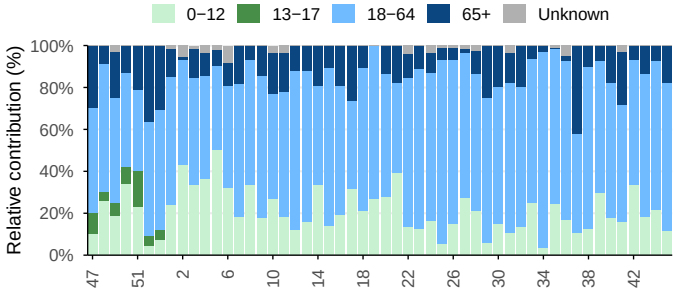


Figure 3.31.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Guyana, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.32.A. Weekly SARI cases.

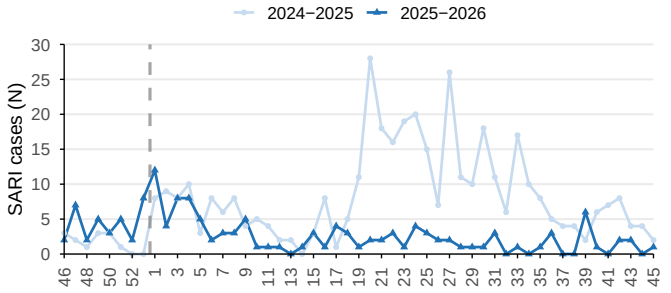
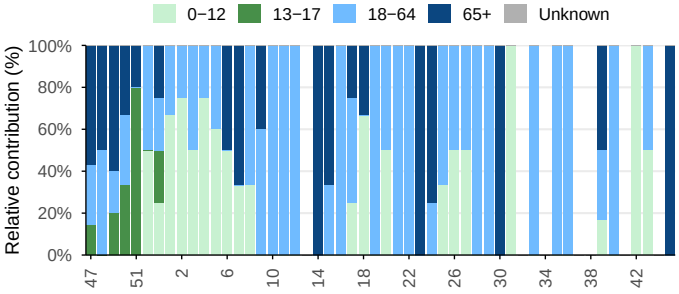


Figure 3.32.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guyana, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 3.33.A. Weekly SARI cases admitted to ICU.

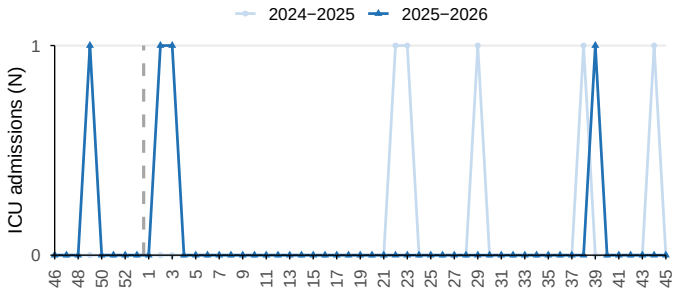
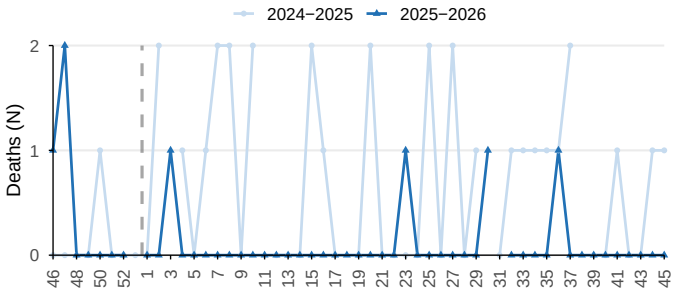


Figure 3.33.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guyana, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

3.1.9 Haiti

No influenza samples were processed during EWs 42–45 (Figure 3.34).

Figure 3.34.A. Weekly overall influenza positivity.

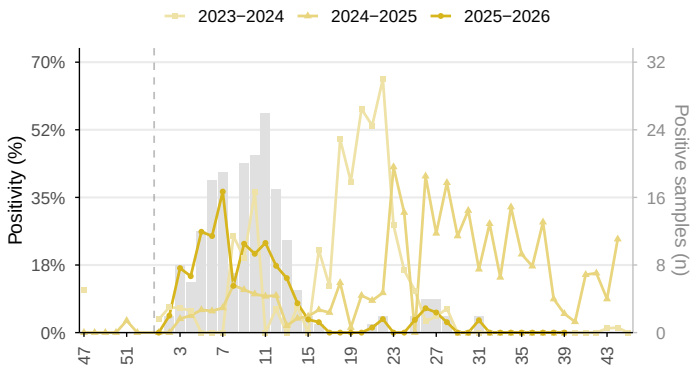
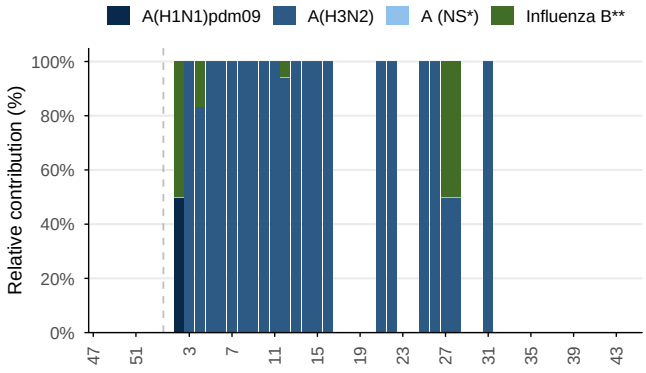


Figure 3.34.B. Weekly relative contribution by type and subtype.



Influenza in Haiti, EW 47/2025–45/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.35.A. Weekly SARS-CoV-2 positivity.

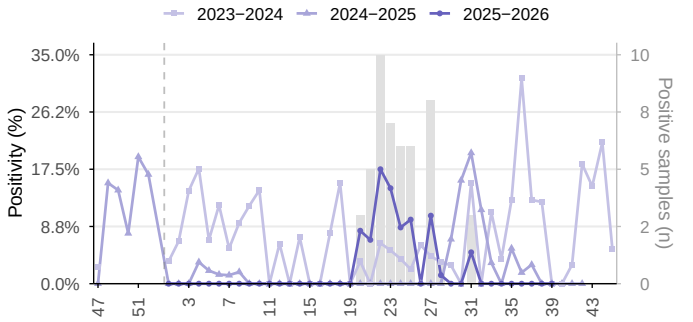
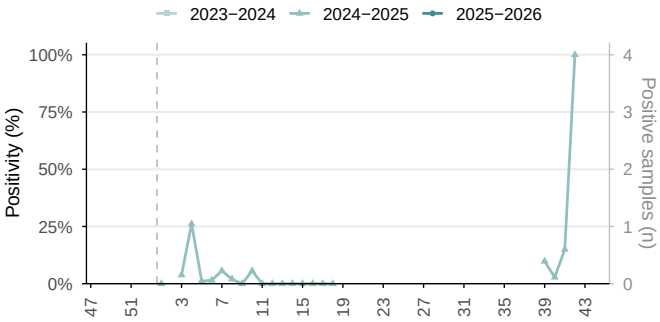


Figure 3.35.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Haiti, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.36.A. Weekly SARI cases.

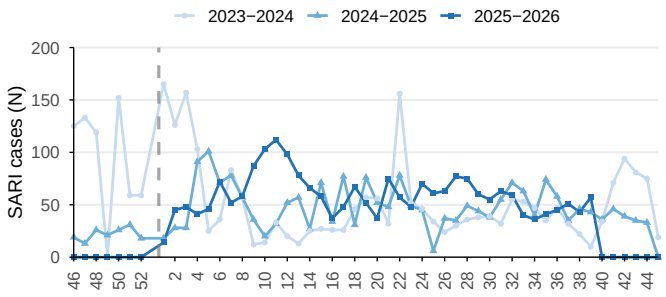
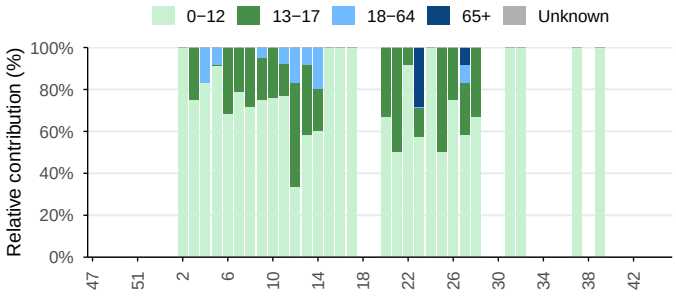


Figure 3.36.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Haiti, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.10 Jamaica

In Jamaica, influenza positivity was 0.0% in EW 45 (Figure 3.37). No respiratory virus detections were recorded among SARI cases during EWs 42–45 (Figure 3.39).

Figure 3.37.A. Weekly overall influenza positivity.

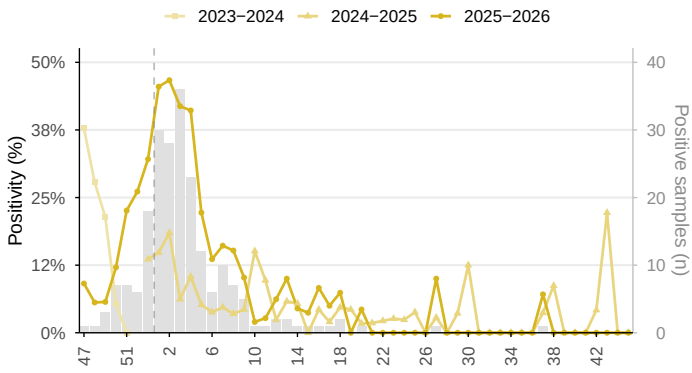
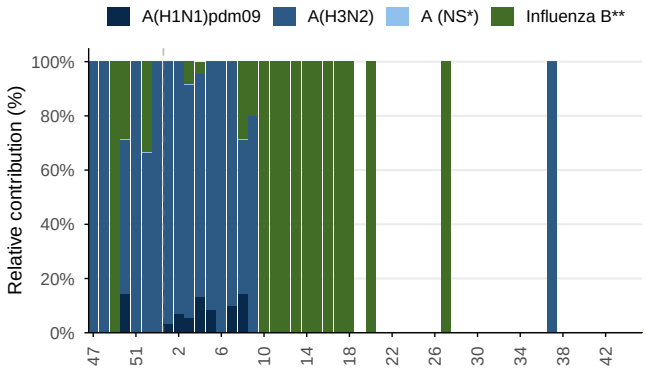


Figure 3.37.B. Weekly relative contribution by type and subtype.



Influenza in Jamaica, EW 47/2025–45/2026. Overall positivity and historical periods; relative contribution of influenza types and subtypes in stacked bars, in the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). * NS: Not subtyped. ** Influenza B Victoria has been the only lineage of influenza B detected in the region. *Source: FluNet, WHO–GISRS.*

Figure 3.38.A. Weekly SARS-CoV-2 positivity.

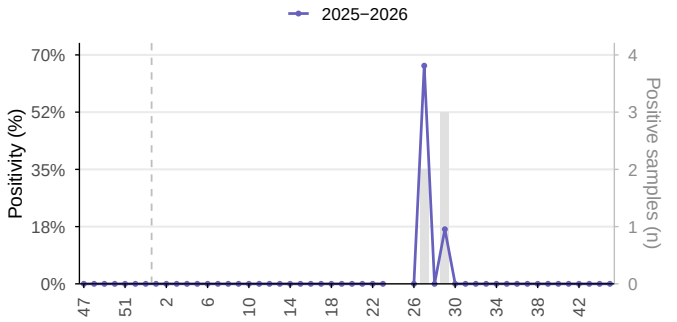
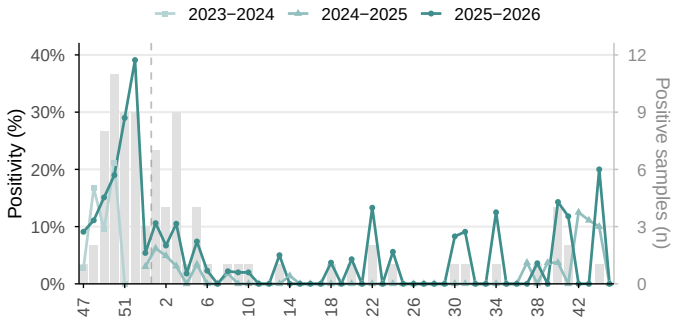


Figure 3.38.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Jamaica, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.39.A. Weekly SARI cases.

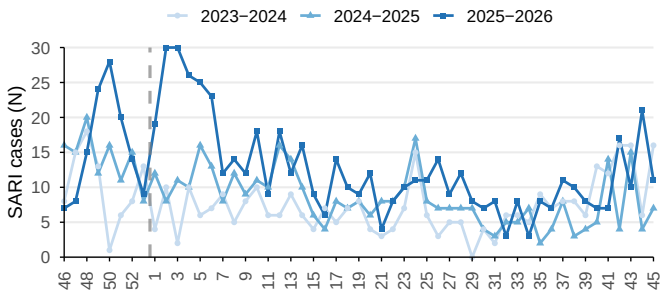
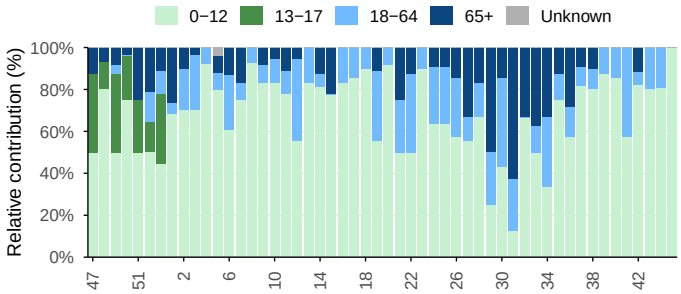


Figure 3.39.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Jamaica, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.11 Saint Lucia

In Saint Lucia, influenza positivity was 0.0% and SARS-CoV-2 positivity was 10.0% in EW 45 (Figures 3.40–3.41). During EWs 42–45, respiratory virus detections represented 71.4% of reported SARI cases, predominantly SARS-CoV-2 (80.0%), followed by influenza (20.0%) (Figure 3.42).

Figure 3.40.A. Weekly overall influenza positivity.

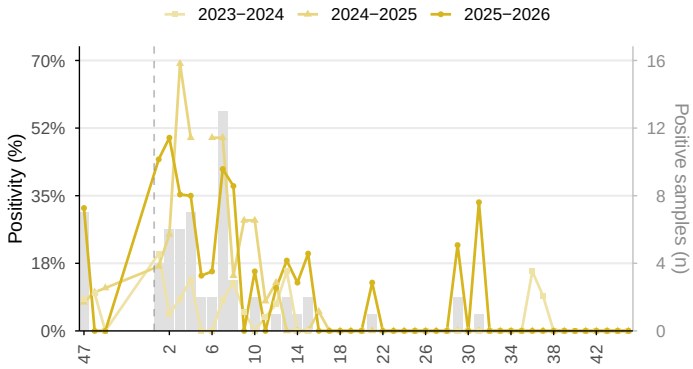
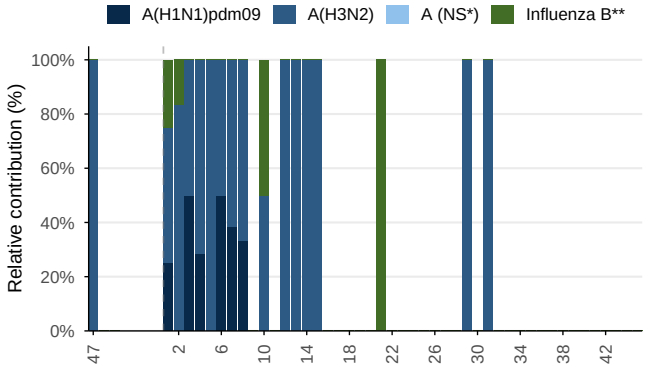


Figure 3.40.B. Weekly relative contribution by type and subtype.



Influenza in Saint Lucia, EW 47/2025–45/2026. 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 3.41.A. Weekly SARS-CoV-2 positivity.

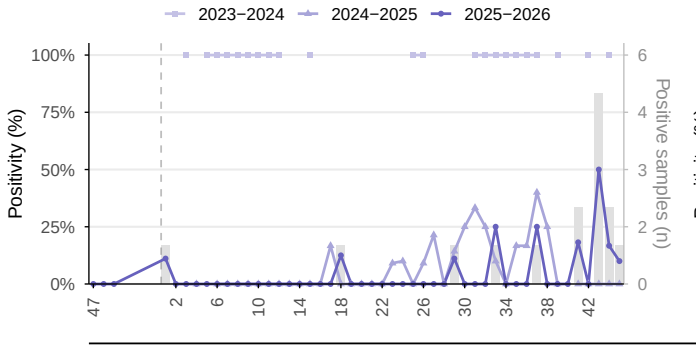
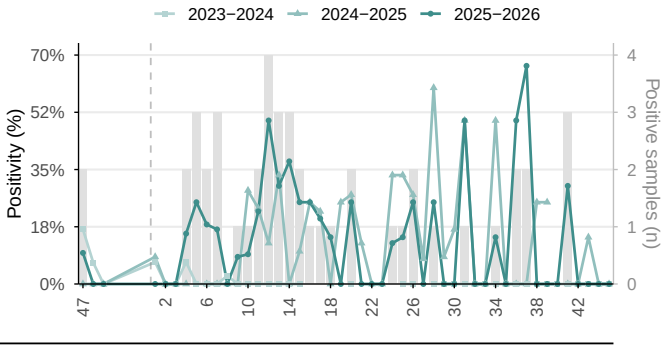


Figure 3.41.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Saint Lucia, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.42.A. Weekly SARI cases.

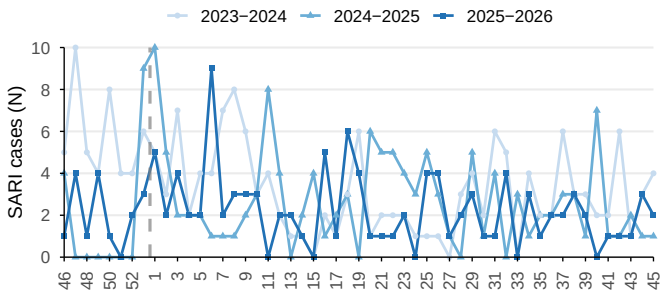
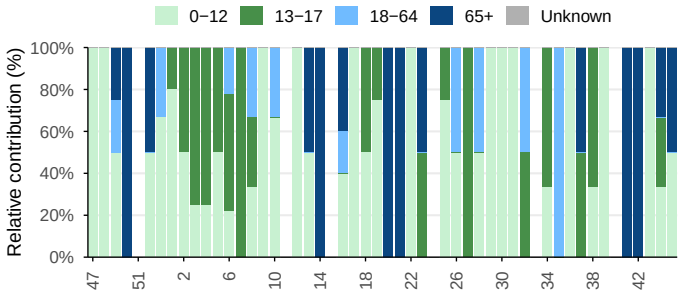


Figure 3.42.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Saint Lucia, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3.1.12 Suriname

No laboratory samples were reported during EW 45 (Figure 3.43)

Figure 3.43.A. Weekly overall influenza positivity.

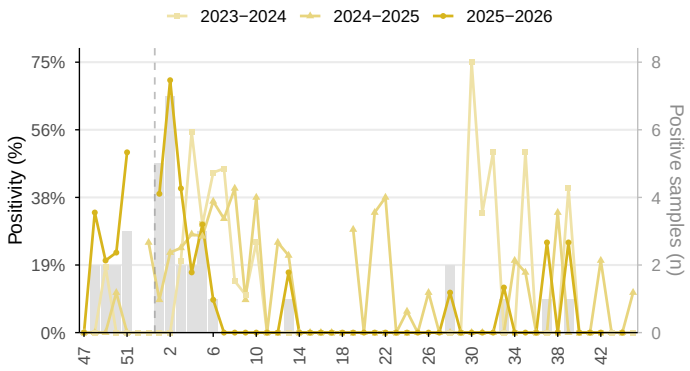
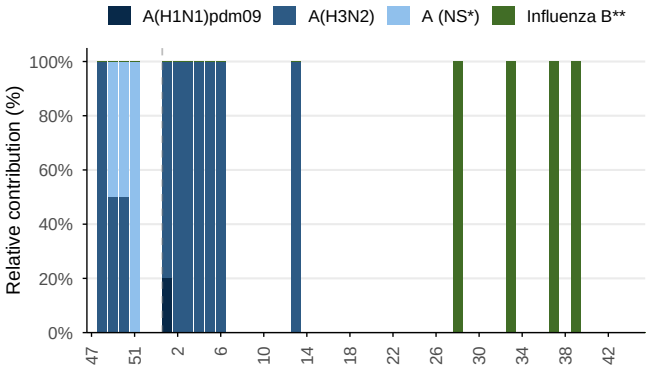


Figure 3.43.B. Weekly relative contribution by type and subtype.



Influenza in Suriname, EW 47/2025–45/2026. 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 3.44.A. Weekly SARS-CoV-2 positivity.

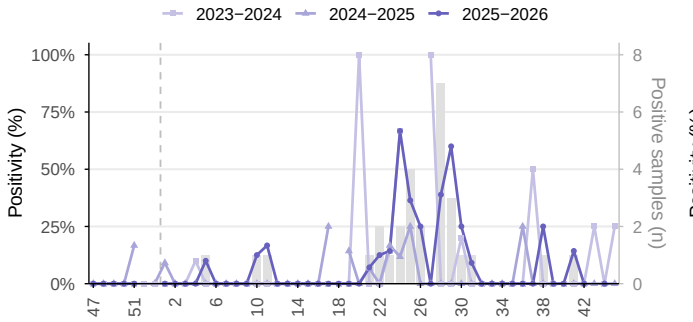
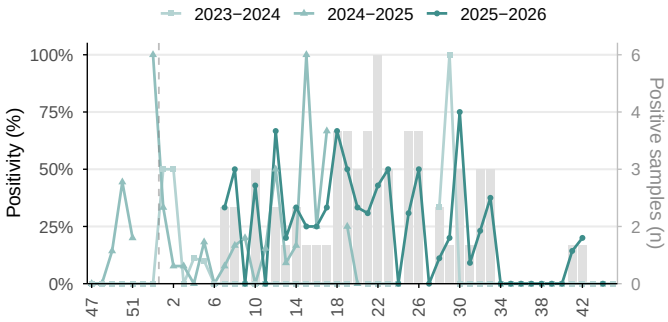


Figure 3.44.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Suriname, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 3.45.A. Overall weekly positivity.

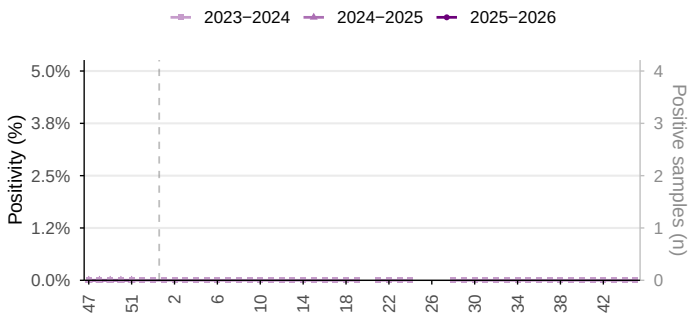
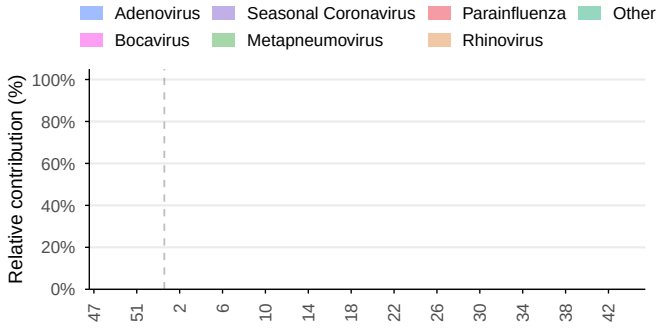


Figure 3.45.B. Weekly relative contribution by virus.



Other respiratory viruses in Suriname, EW 47/2025–45/2026. 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 3.46.A. Weekly ILI cases.

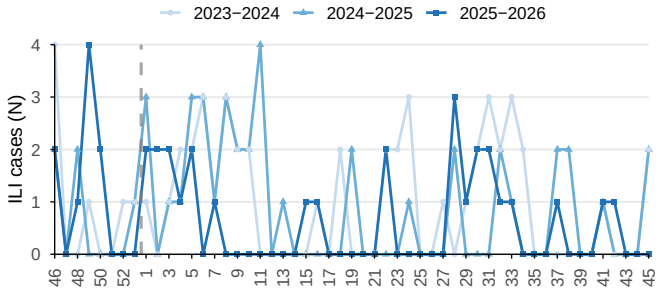
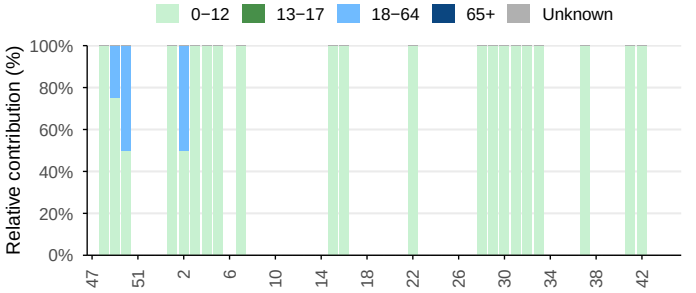


Figure 3.46.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Suriname, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

3. Caribbean — Suriname

Figure 3.47.A. Weekly SARI cases.

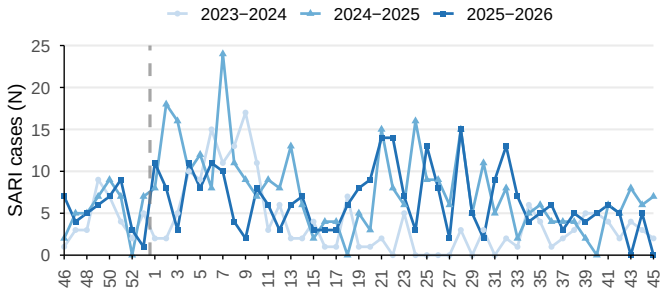
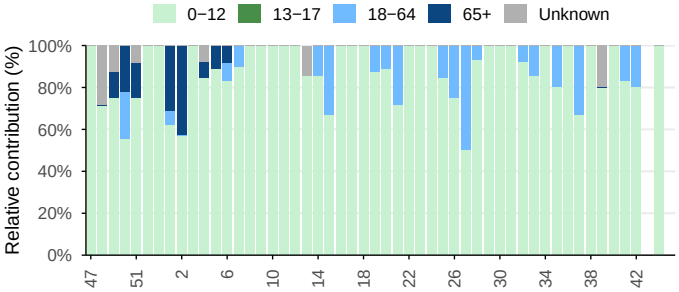


Figure 3.47.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Suriname, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 3.48.A. Weekly SARI cases admitted to ICU.

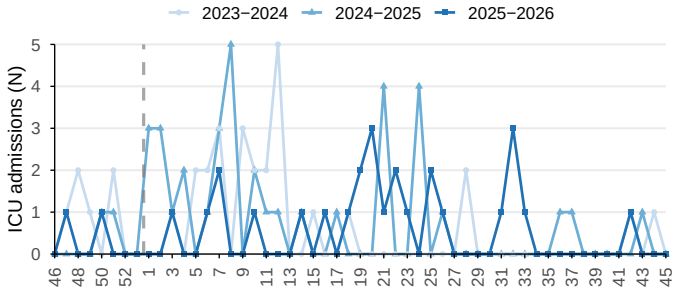
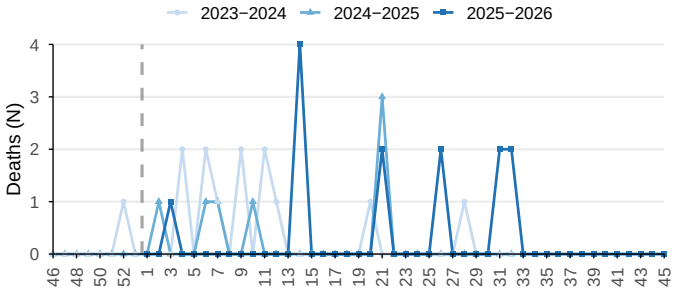


Figure 3.48.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Suriname, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

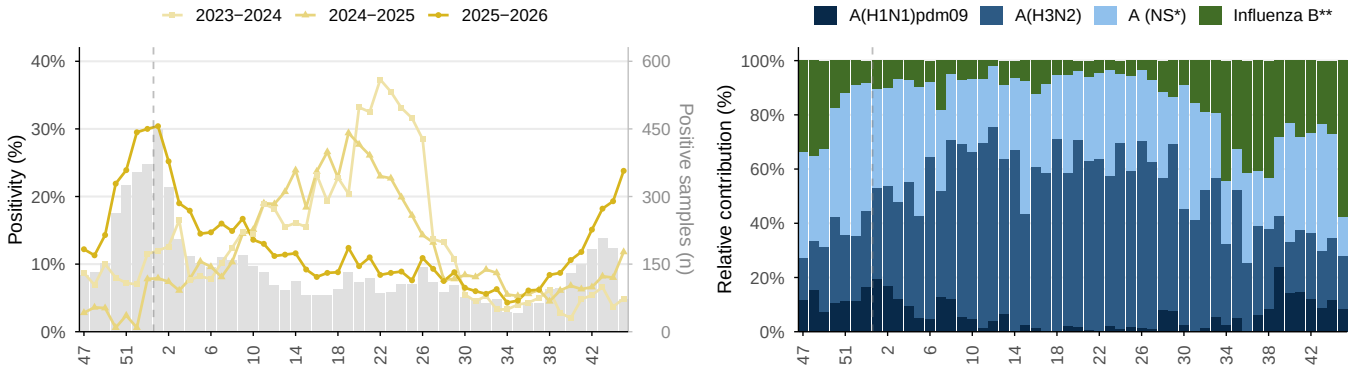
4. Central America

In Central America, influenza activity continued to increase, with positivity reaching 23.8% in EW 45 (Figure 4.1). During EWs 42–45, influenza A predominated (70.9% of typed influenza samples), with A(H3N2) accounting for 68.1% of subtyped influenza A samples (Figure 4.1). SARS-CoV-2 circulation remained at interseasonal levels, with positivity at 0.3%, while RSV activity remained elevated, with positivity at 15.2% (Figure 4.2). Positivity for other respiratory viruses was 11.5%; rhinovirus (62.3%) predominated (Figure 4.3).

During EWs 42–45, respiratory virus detections represented 24.4% of reported ILI cases, predominantly influenza (55.5%), followed by RSV (34.6%) and SARS-CoV-2 (10.0%) (Figure 4.4). During EWs 42–45, respiratory virus detections represented 20.1% of reported SARI cases, predominantly influenza (51.4%), followed by RSV (42.3%) and SARS-CoV-2 (6.2%) (Figure 4.5).

Figure 4.1.A. Weekly overall influenza positivity.

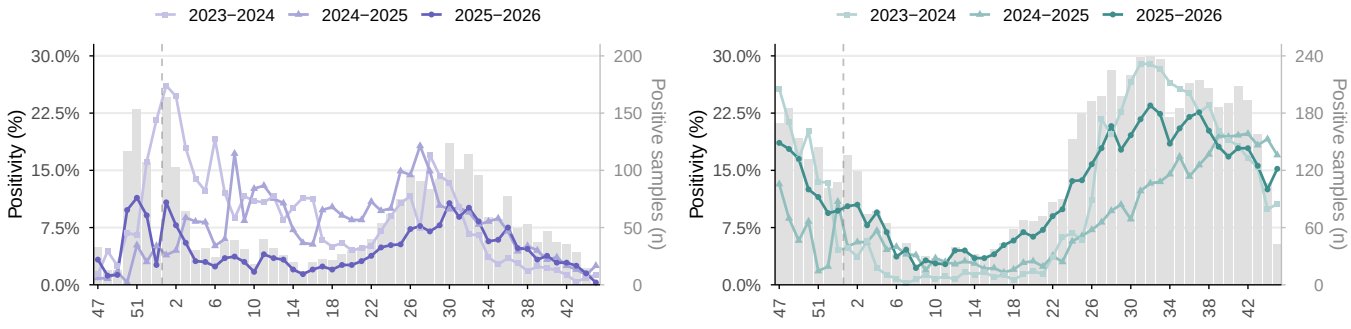
Figure 4.1.B. Weekly relative contribution by type and subtype.



Influenza in Central America, EW 47/2025–45/2026. 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 47/2025–45/2026. 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.

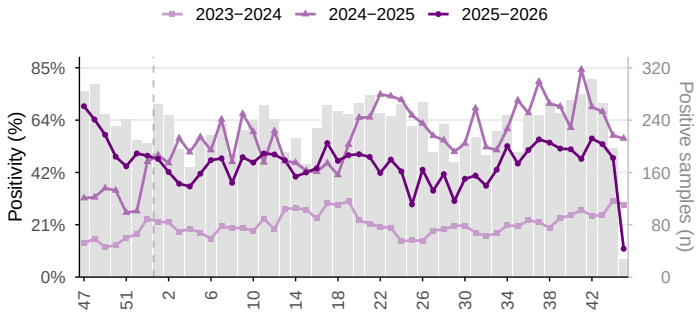
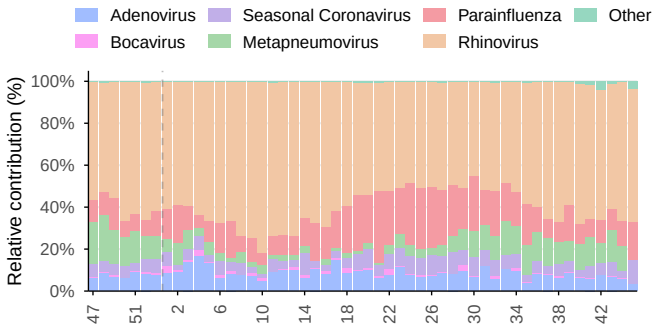


Figure 4.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Central America, EW 47/2025–45/2026. 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.

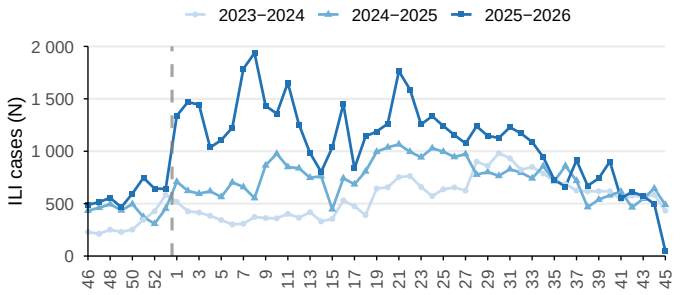
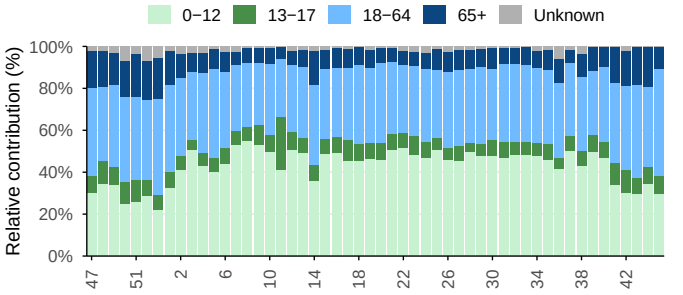


Figure 4.4.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Central America, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.5.A. Weekly SARI cases.

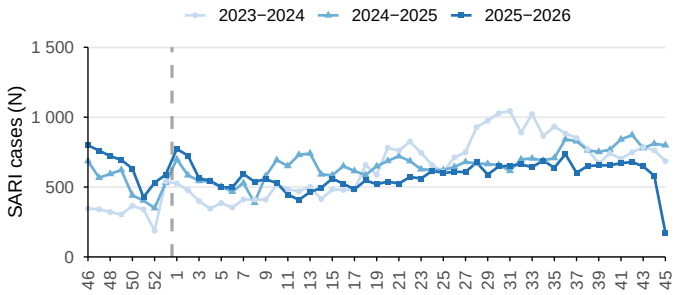
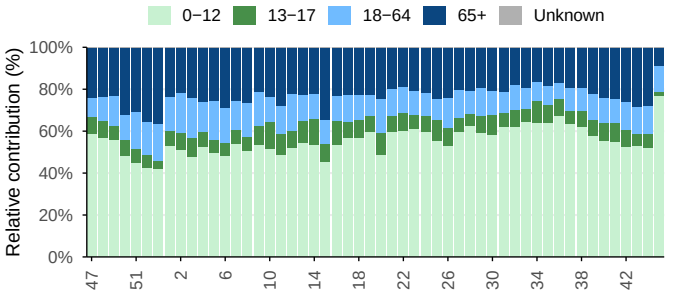


Figure 4.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Central America, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

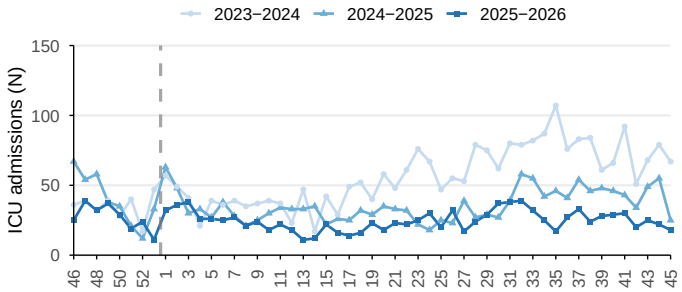
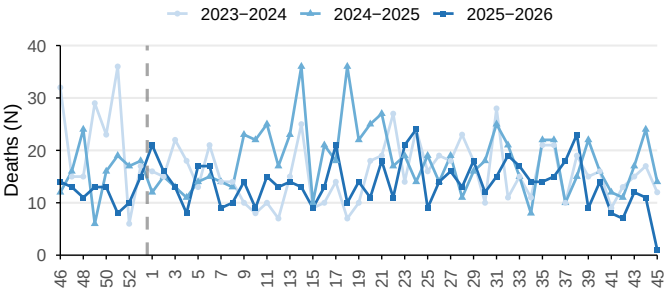


Figure 4.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Central America, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

4. Central America — Costa Rica

4.1 Country

4.1.1 Costa Rica

Influenza activity increased over recent weeks, with the latest positivity at 20.5% in EW 44 (Figure 4.7). During EWs 41–44, influenza A predominated (84.9% of typed influenza samples), with A(H1N1)pdm09 accounting for 68.1% of subtyped influenza A samples (Figure 4.7). SARS-CoV-2 activity remained low and stable, with positivity at 1.6%, while RSV activity remained elevated with positivity at 11.9% (Figure 4.8).

During EWs 42–45, respiratory virus detections represented 35.3% of reported ILI cases, predominantly influenza (53.0%), followed by RSV (36.3%) and SARS-CoV-2 (10.7%) (Figure 4.10). Among ILI cases with known age, 40.5% were aged 18–64 years, followed by those aged 65 years and older (25.1%) (Figure 4.10). During EWs 42–45, respiratory virus detections represented 34.1% of reported SARI cases, predominantly influenza (45.8%), followed by RSV (45.8%) and SARS-CoV-2 (8.3%) (Figure 4.11).

Figure 4.7.A. Weekly overall influenza positivity.

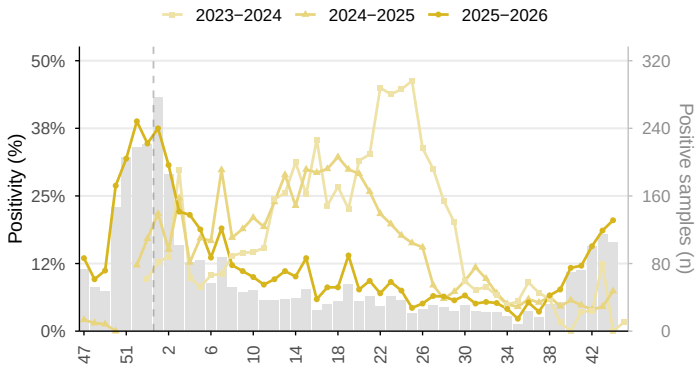
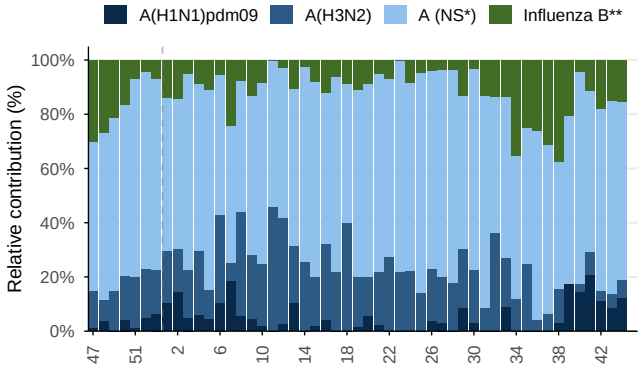


Figure 4.7.B. Weekly relative contribution by type and subtype.



Influenza in Costa Rica, EW 47/2025–45/2026. 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.*

4. Central America — Costa Rica

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

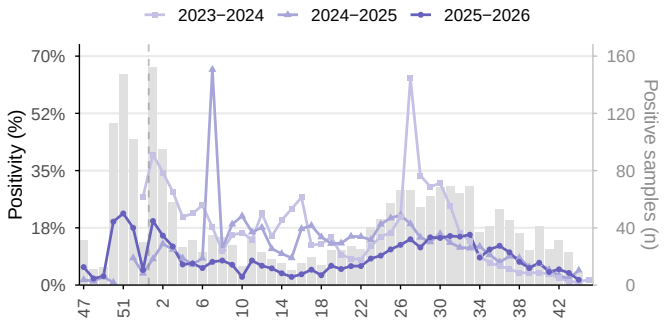
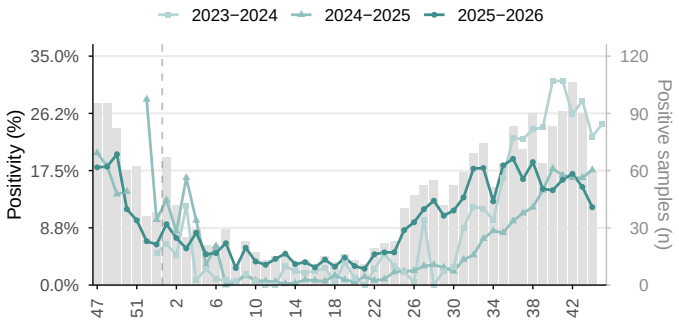


Figure 4.8.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Costa Rica, EW 47/2025−45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 4.9.A. Overall weekly positivity.

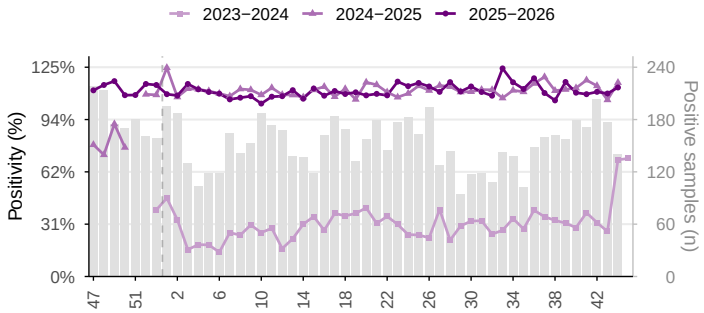
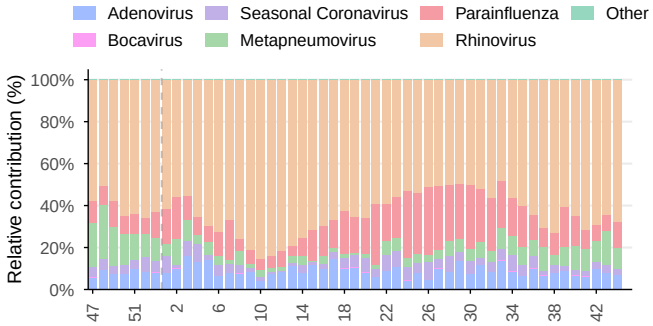


Figure 4.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Costa Rica, EW 47/2025−45/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 4.10.A. Weekly ILI cases.

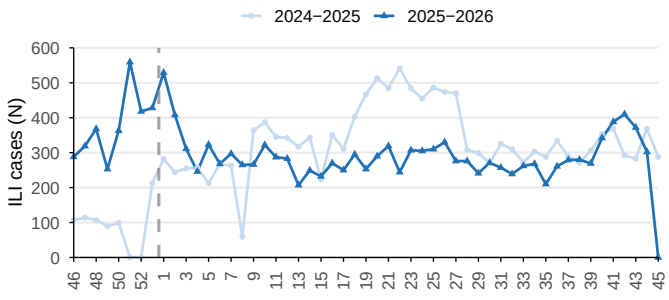
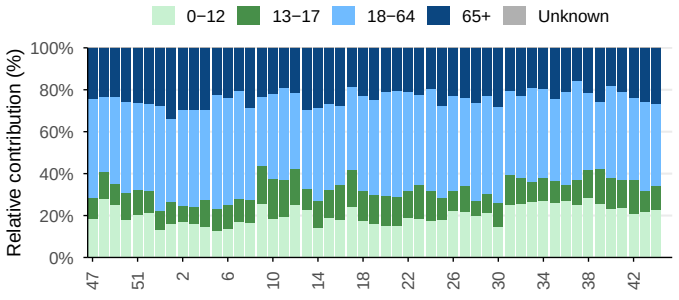


Figure 4.10.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Costa Rica, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.11.A. Weekly SARI cases.

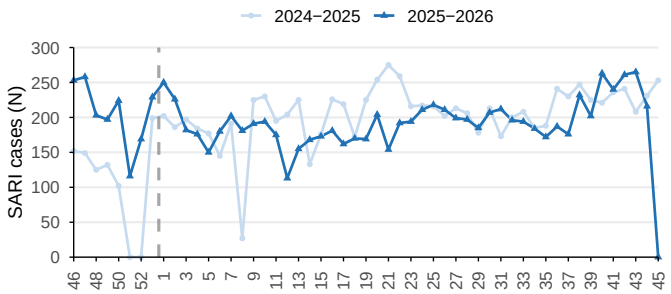
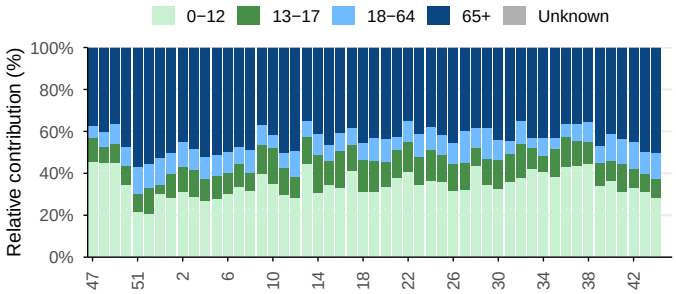


Figure 4.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Costa Rica, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

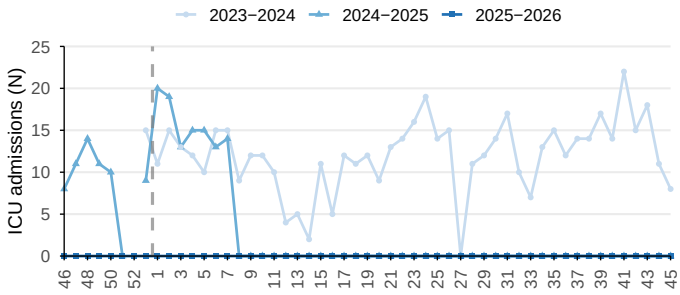
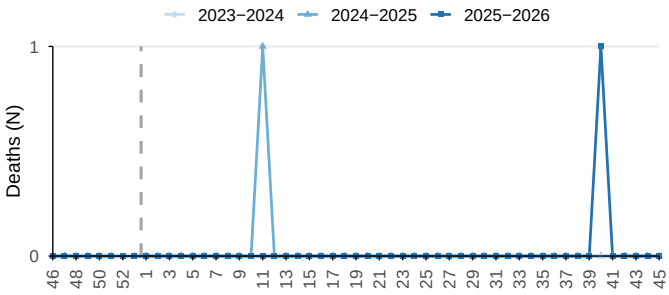


Figure 4.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Costa Rica, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

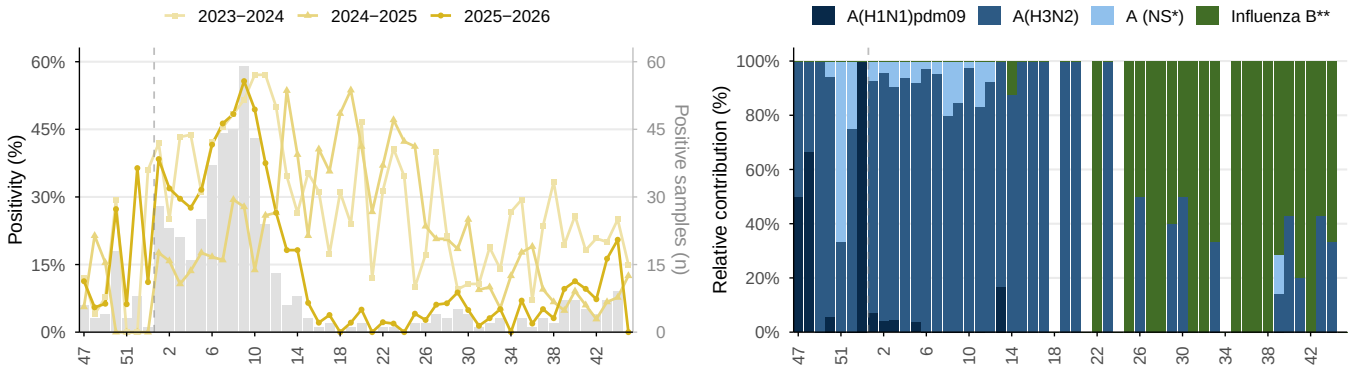
4.1.2 Guatemala

In Guatemala, influenza positivity was 0.0% in EW 45, following 20.5% in EW 44 (Figure 4.13). During EWs 42–45, influenza B predominated (70.0% of typed influenza samples), with A(H3N2) accounting for 100.0% of subtyped influenza A samples (Figure 4.13). RSV positivity increased markedly over recent weeks, reaching 66.7% (Figure 4.14). SARS-CoV-2 circulation remained at interseasonal levels. Positivity for other respiratory viruses was 100.0%; rhinovirus (65.3%) and metapneumovirus (20.4%) accounted for most detections (Figure 4.15).

During EWs 42–45, respiratory virus detections represented 3.0% of reported ILI cases, predominantly influenza (60.0%), followed by RSV (40.0%) (Figure 4.16). Among ILI cases with known age, 51.6% were aged 0–12 years, followed by those aged 18–64 years (40.2%) (Figure 4.16). During EWs 42–45, respiratory virus detections represented 14.4% of reported SARI cases, predominantly RSV (80.4%), followed by influenza (17.9%) and SARS-CoV-2 (1.8%) (Figure 4.17).

Figure 4.13.A. Weekly overall influenza positivity.

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



Influenza in Guatemala, EW 47/2025–45/2026. 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.

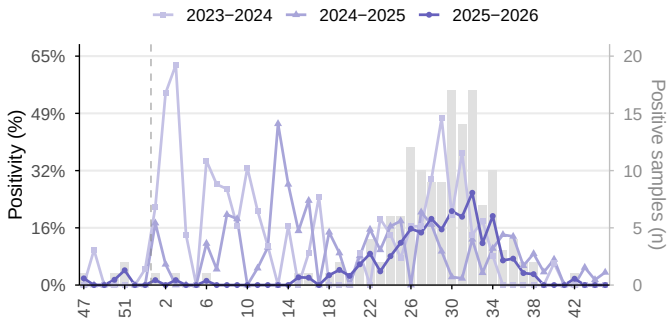
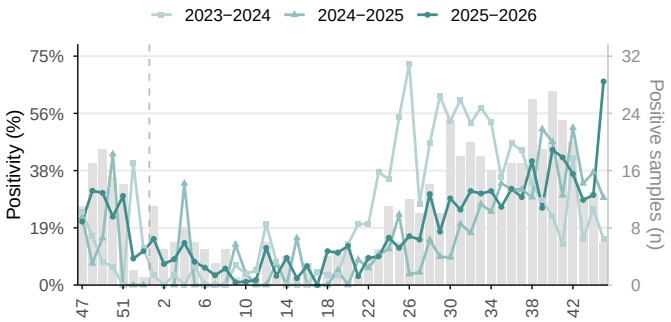


Figure 4.14.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Guatemala, EW 47/2025−45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 4.15.A. Overall weekly positivity.

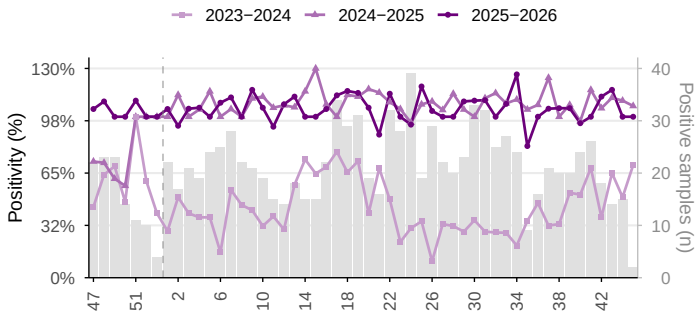
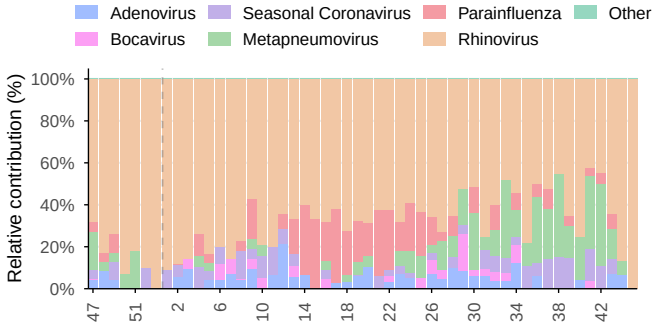


Figure 4.15.B. Weekly relative contribution by virus.



Other respiratory viruses in Guatemala, EW 47/2025−45/2026. 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 4.16.A. Weekly ILI cases.

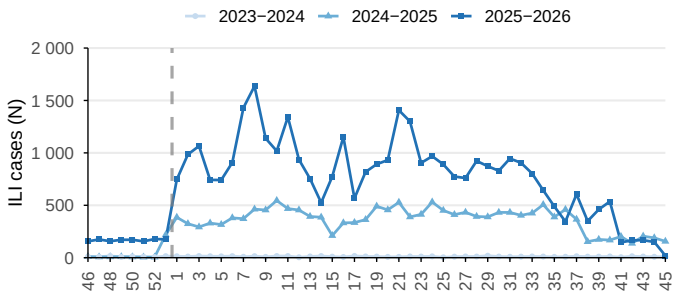
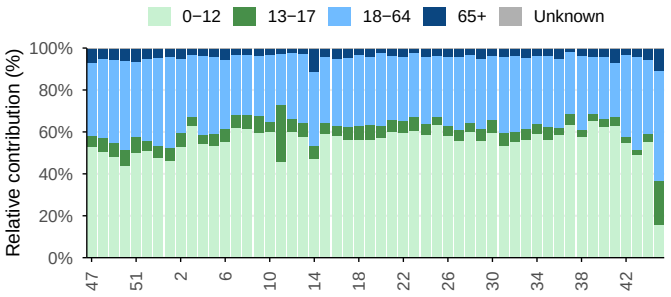


Figure 4.16.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Guatemala, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.17.A. Weekly SARI cases.

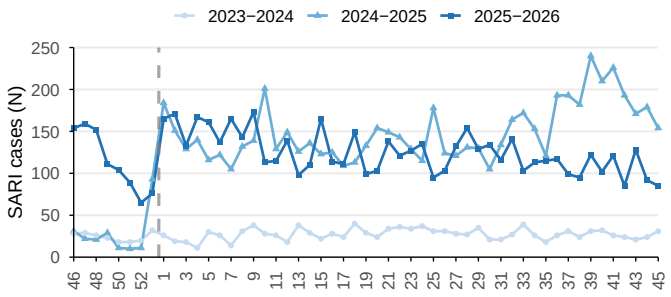
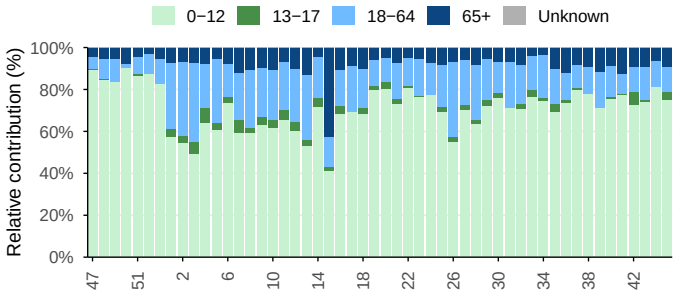


Figure 4.17.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Guatemala, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.18.A. Weekly SARI cases admitted to ICU.

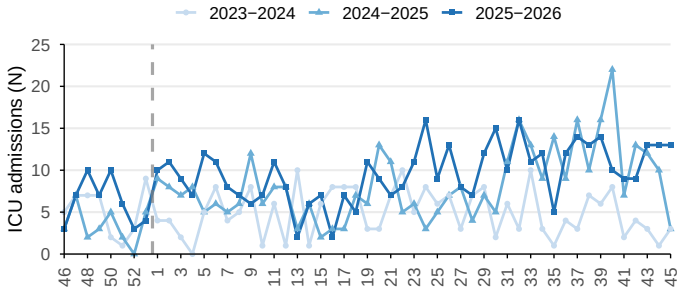
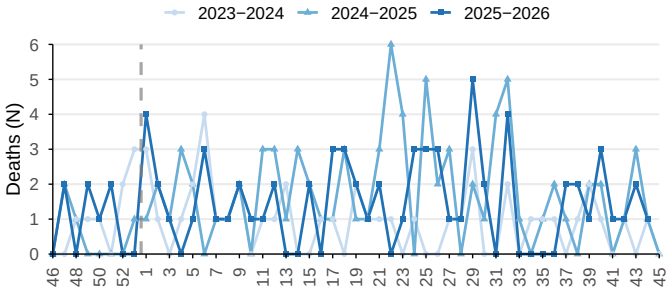


Figure 4.18.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Guatemala, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

4.1.3 Honduras

In Honduras, influenza activity continued to increase, with positivity at 19.2% in EW 45 (Figure 4.19). During EWs 42–45, influenza A predominated (84.7% of typed influenza samples), with A(H3N2) accounting for 100.0% of subtyped influenza A samples (Figure 4.19).

During EWs 42–45, respiratory virus detections represented 17.7% of reported ILI cases, predominantly influenza (95.7%), followed by SARS-CoV-2 (4.3%) (Figure 4.21). Among ILI cases with known age, 54.6% were aged 18–64 years, followed by those aged 0–12 years (33.8%) (Figure 4.21). During EWs 42–45, respiratory virus detections represented 18.8% of reported SARI cases, predominantly influenza (88.8%), followed by RSV (7.5%) and SARS-CoV-2 (3.8%) (Figure 4.22).

Figure 4.19.A. Weekly overall influenza positivity.

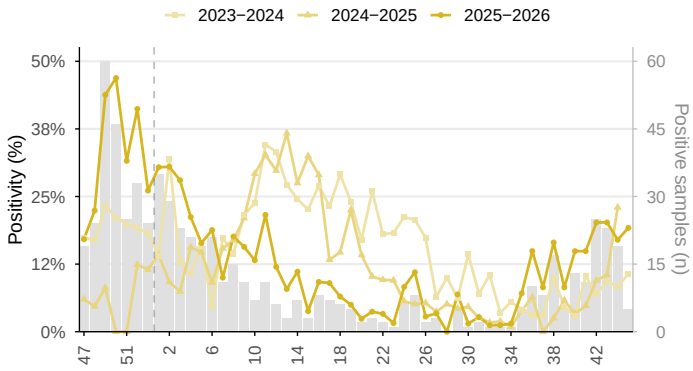
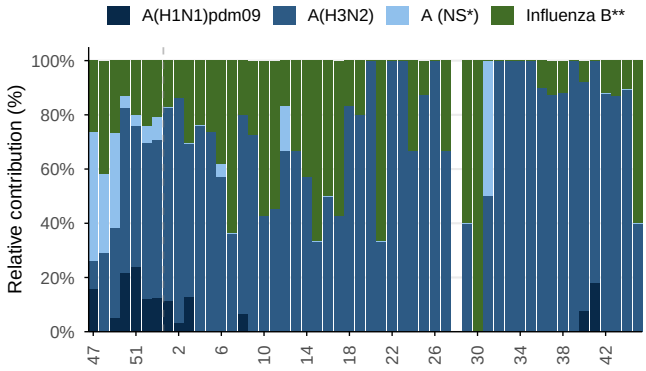


Figure 4.19.B. Weekly relative contribution by type and subtype.



Influenza in Honduras, EW 47/2025–45/2026. 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 4.20.A. Weekly SARS-CoV-2 positivity.

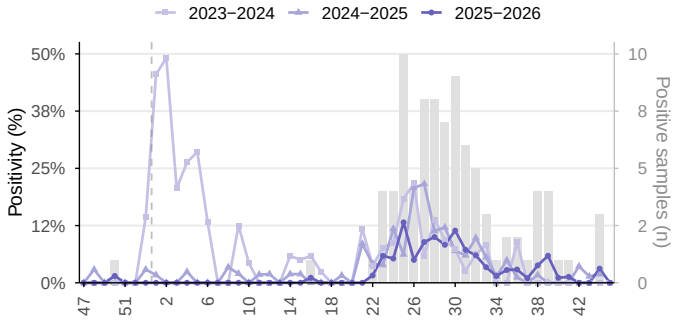
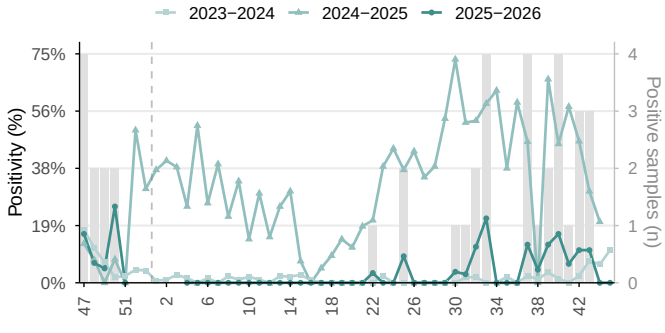


Figure 4.20.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Honduras, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.21.A. Weekly ILI cases.

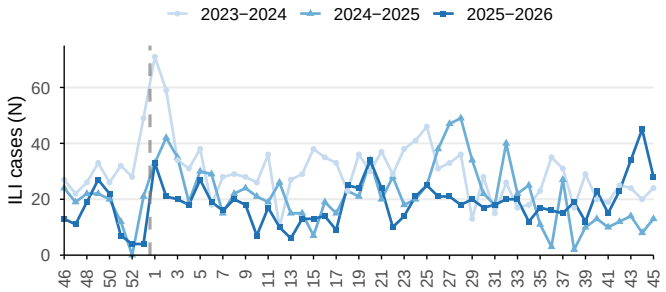
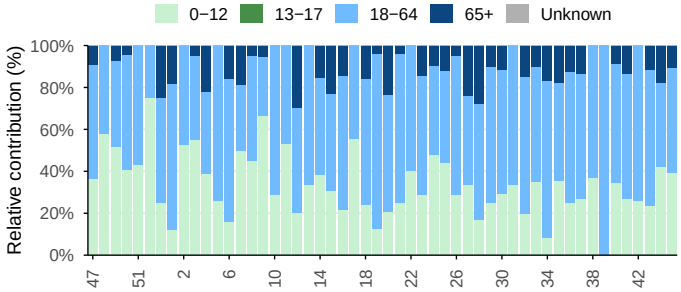


Figure 4.21.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Honduras, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.22.A. Weekly SARI cases.

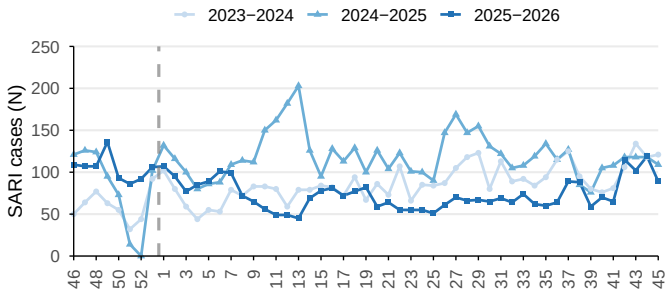
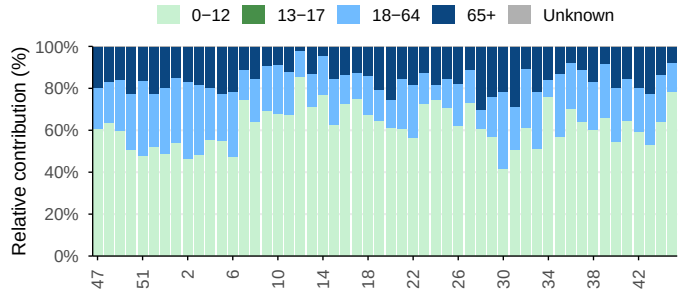


Figure 4.22.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Honduras, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

4. Central America — Honduras

Figure 4.23.A. Weekly SARI cases admitted to ICU.

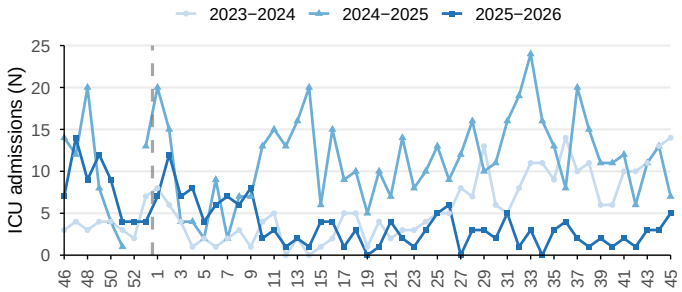
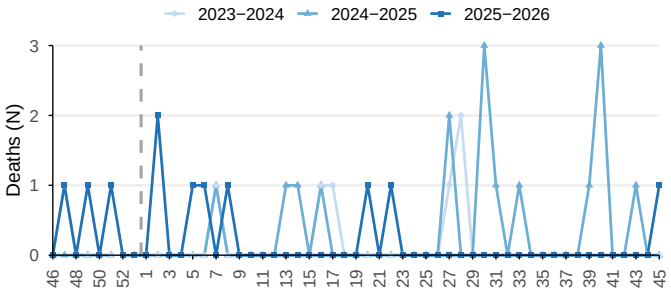


Figure 4.23.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Honduras, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

4.1.4 Nicaragua

In Nicaragua, influenza positivity was 12.7% in EW 45 (Figure 4.24). During EWs 42–45, influenza A predominated (98.3% of typed influenza samples), with A(H3N2) accounting for 100.0% of subtyped influenza A samples (Figure 4.24). RSV positivity was 9.7% (Figure 4.25). Positivity for other respiratory viruses was 4.2%; parainfluenza (33.3%), seasonal coronavirus (27.8%), and other viruses (22.2%) accounted for most detections (Figure 4.26).

Figure 4.24.A. Weekly overall influenza positivity.

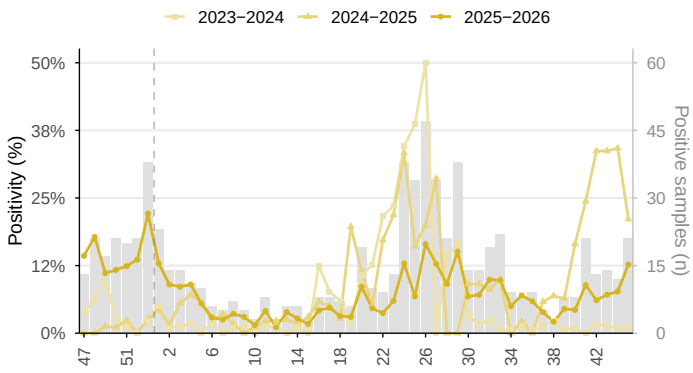
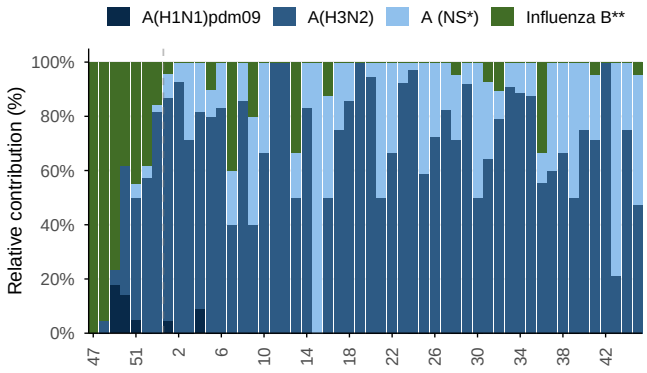


Figure 4.24.B. Weekly relative contribution by type and subtype.



Influenza in Nicaragua, EW 47/2025–45/2026. 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 4.25.A. Weekly SARS-CoV-2 positivity.

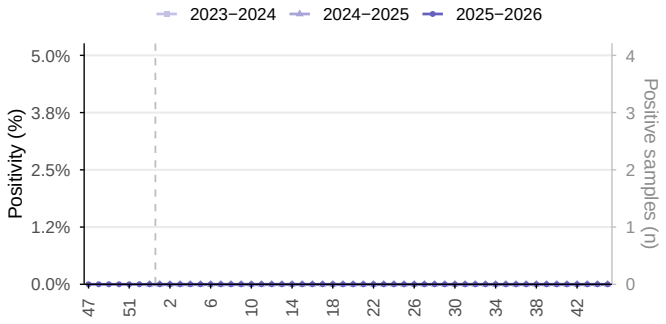
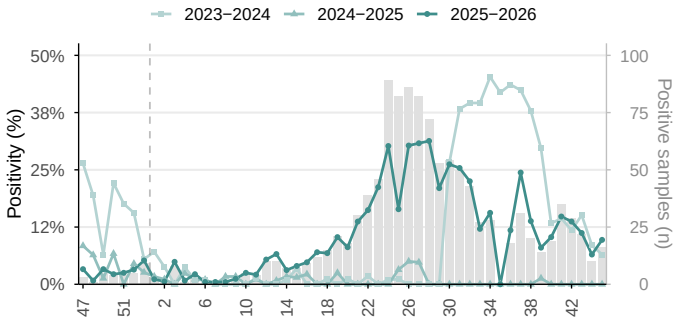


Figure 4.25.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Nicaragua, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.26.A. Overall weekly positivity.

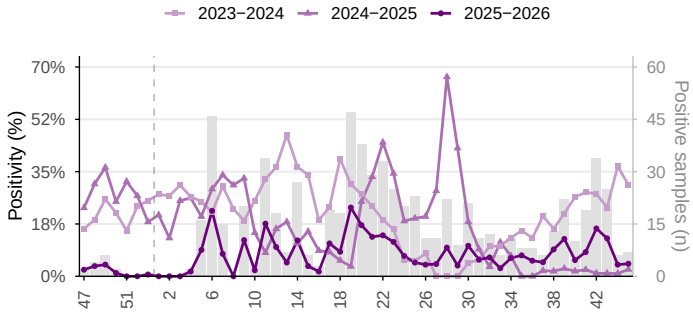
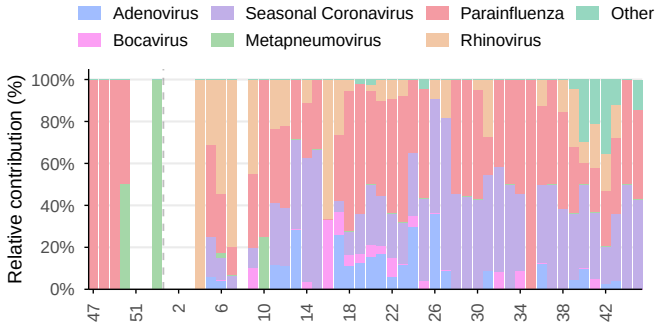


Figure 4.26.B. Weekly relative contribution by virus.



Other respiratory viruses in Nicaragua, EW 47/2025−45/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

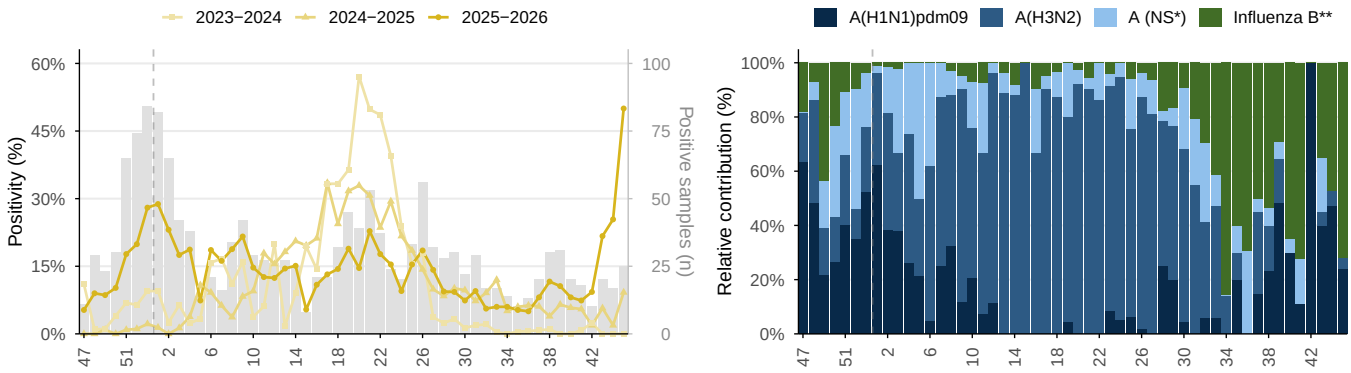
4.1.5 Panama

In Panama, influenza circulation increased sharply, reaching 50.0% in EW 45 (Figure 4.27). During EWs 42–45, influenza A predominated (54.2% of typed influenza samples), with A(H1N1)pdm09 accounting for 91.4% of subtyped influenza A samples (Figure 4.27). RSV activity continued to decline but remained elevated, with positivity at 20.0% (Figure 4.28). SARS-CoV-2 circulation remained at interseasonal levels (Figure 4.28). Positivity for other respiratory viruses was 40.0%; rhinovirus (65.4%) predominated (Figure 4.29).

During EWs 39–42, respiratory virus detections represented 6.2% of reported ILI cases, predominantly RSV (100.0%) (Figure 4.30). During EWs 41–44, respiratory virus detections represented 4.4% of reported SARI cases, predominantly influenza (52.9%), followed by RSV (35.3%) and SARS-CoV-2 (11.8%) (Figure 4.31).

Figure 4.27.A. Weekly overall influenza positivity.

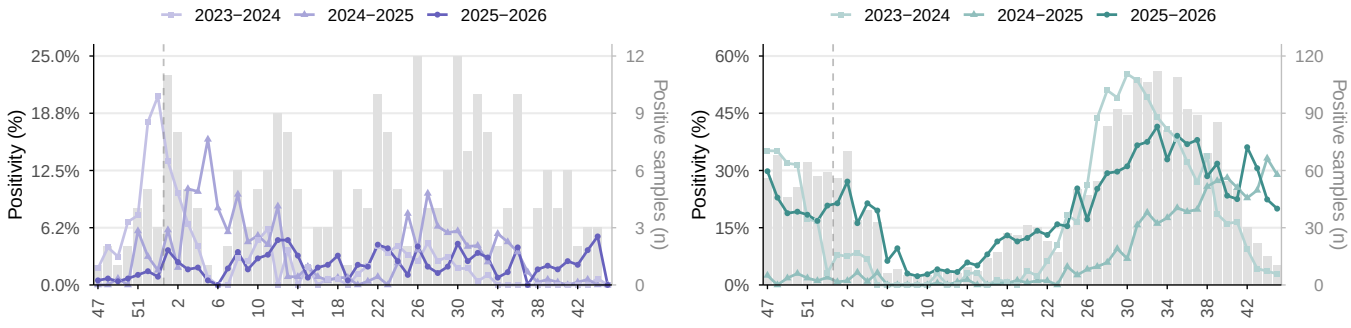
Figure 4.27.B. Weekly relative contribution by type and subtype.



Influenza in Panama, EW 47/2025–45/2026. 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 Panama, EW 47/2025–45/2026. 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.

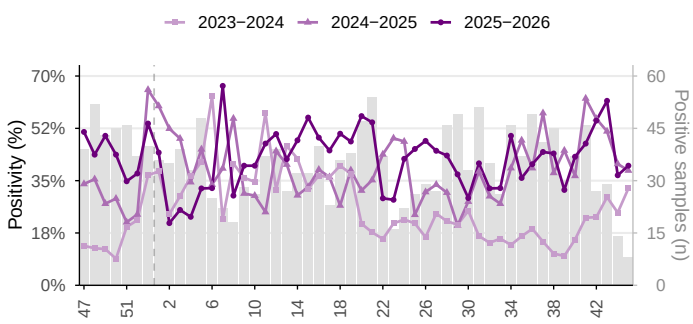
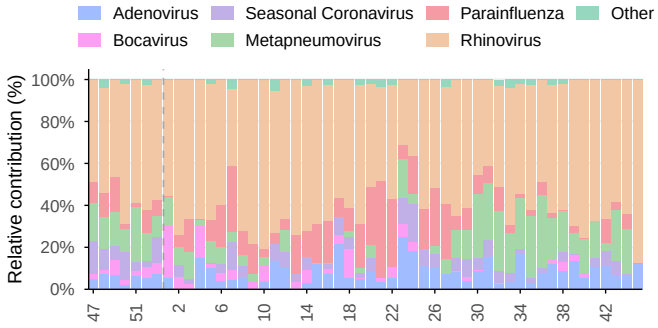


Figure 4.29.B. Weekly relative contribution by virus.



Other respiratory viruses in Panama, EW 47/2025−45/2026. 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 4.30.A. Weekly ILI cases.

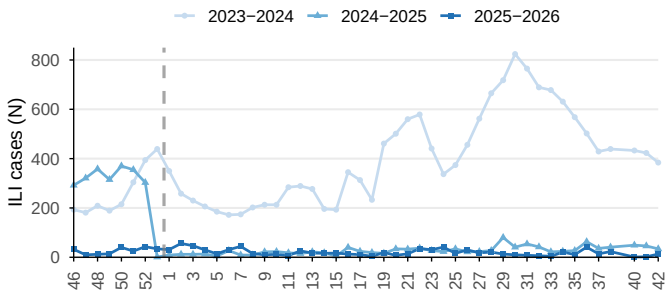
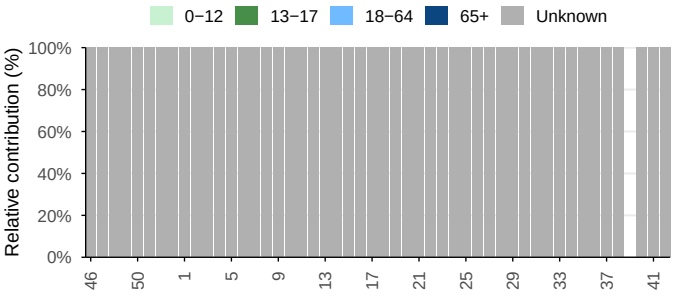


Figure 4.30.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Panama, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 4.31.A. Weekly SARI cases.

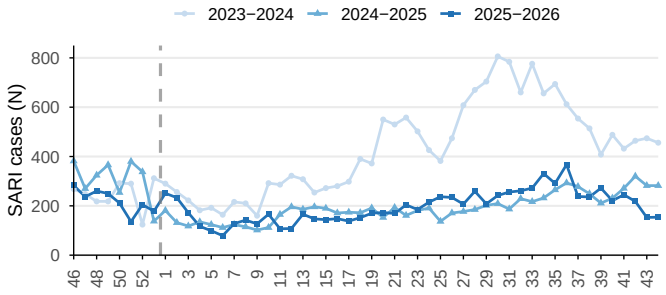
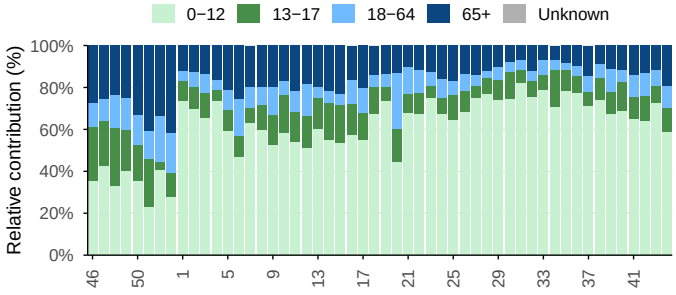


Figure 4.31.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Panama, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 4.32.A. Weekly SARI cases admitted to ICU.

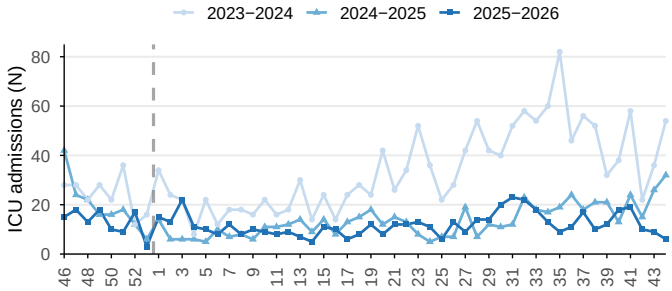
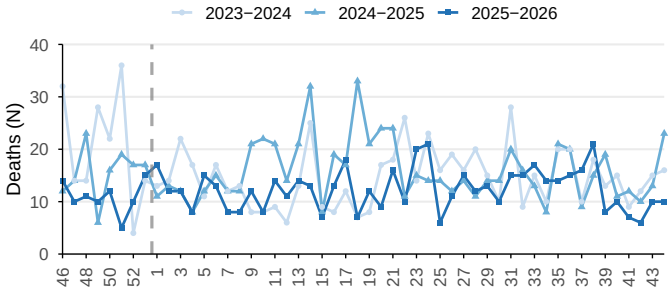


Figure 4.32.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Panama, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

4.1.6 El Salvador

Influenza circulation increased steadily over the past two months, reaching 41.7% in EW 45 (Figure 4.33). During EWs 42–45, influenza B predominated (75.7% of typed influenza samples), with A(H3N2) accounting for 92.0% of subtyped influenza A samples (Figure 4.33). RSV circulation also increased, with positivity at 20.8%, while SARS-CoV-2 activity remained at interseasonal levels, with positivity at 2.1% (Figure 4.34). Positivity for other respiratory viruses was 20.8%; rhinovirus (70.4%) and parainfluenza (15.5%) accounted for most detections (Figure 4.35).

Figure 4.33.A. Weekly overall influenza positivity.

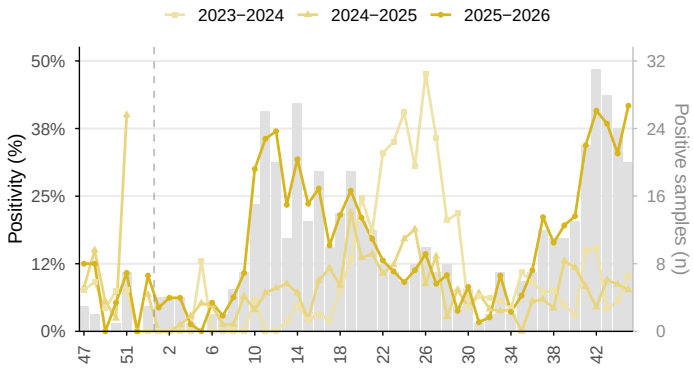
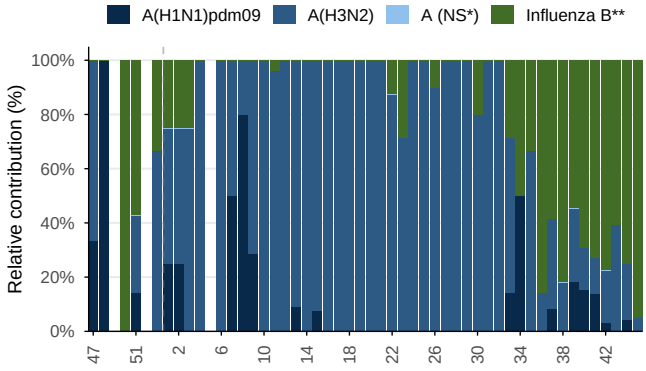


Figure 4.33.B. Weekly relative contribution by type and subtype.



Influenza in El Salvador, EW 47/2025–45/2026. 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 4.34.A. Weekly SARS-CoV-2 positivity.

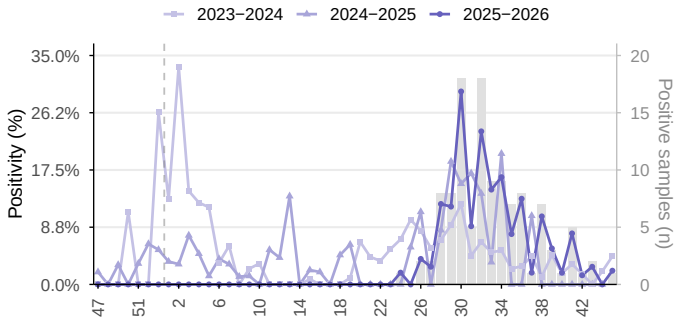
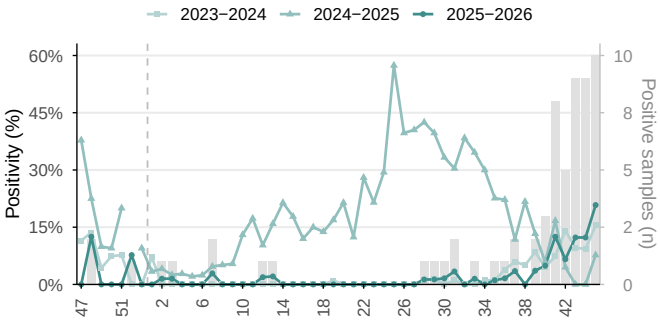


Figure 4.34.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in El Salvador, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 4.35.A. Overall weekly positivity.

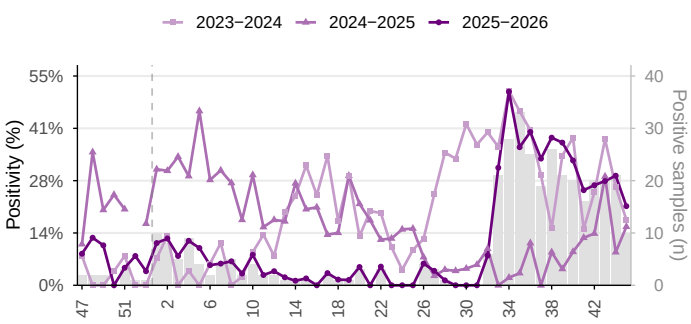
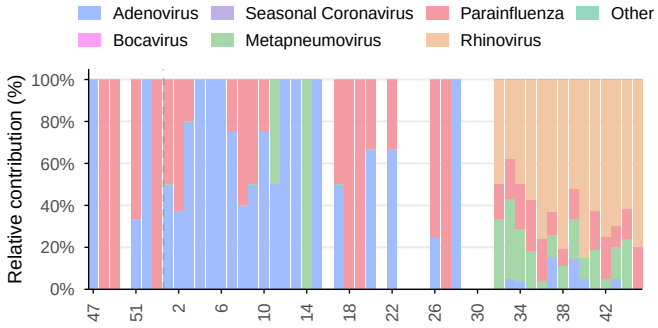


Figure 4.35.B. Weekly relative contribution by virus.



Other respiratory viruses in El Salvador, EW 47/2025–45/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

5. Andean Subregion

In the Andean subregion, influenza activity continued to increase, with positivity at 17.1% in EW 45 (Figure 5.1). During EWs 42–45, influenza B predominated (57.0% of typed influenza samples), with A(H3N2) accounting for 50.3% of subtyped influenza A samples (Figure 5.1). SARS-CoV-2 circulation remained at interseasonal levels, with positivity at 3.5%, and RSV positivity was 6.6%, following several months of declining activity (Figure 5.2). Positivity for other respiratory viruses was 14.8%; rhinovirus (41.9%) and adenovirus (26.8%) accounted for most detections (Figure 5.3).

During EWs 42–45, respiratory virus detections represented 43.6% of reported ILI cases, predominantly influenza (90.3%), followed by SARS-CoV-2 (7.3%) and RSV (2.4%) (Figure 5.4). During EWs 42–45, respiratory virus detections represented 16.8% of reported SARI cases, predominantly influenza (70.8%), followed by RSV (21.9%) and SARS-CoV-2 (7.3%) (Figure 5.5).

Figure 5.1.A. Weekly overall influenza positivity.

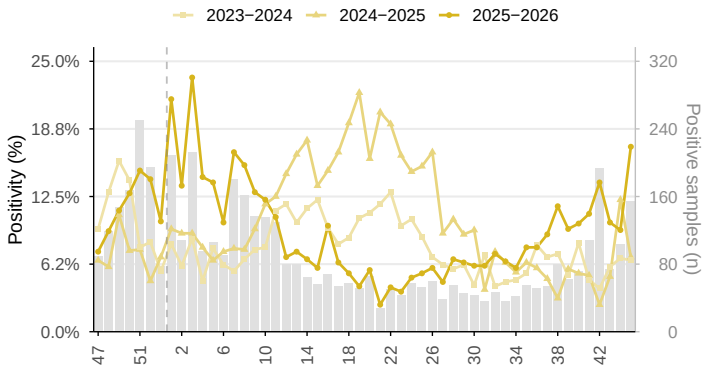
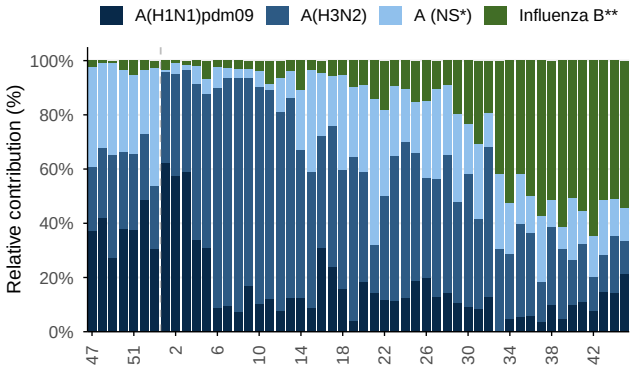


Figure 5.1.B. Weekly relative contribution by type and subtype.



Influenza in the Andean Subregion, EW 47/2025–45/2026. 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.

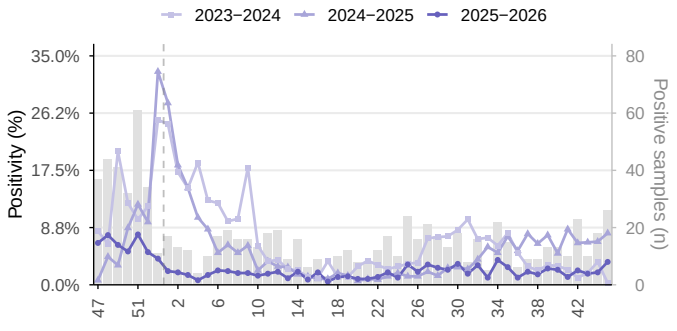
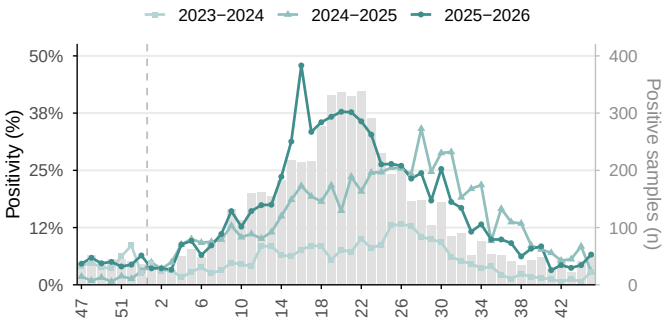


Figure 5.2.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in the Andean Subregion, EW 47/2025–45/2026. 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.

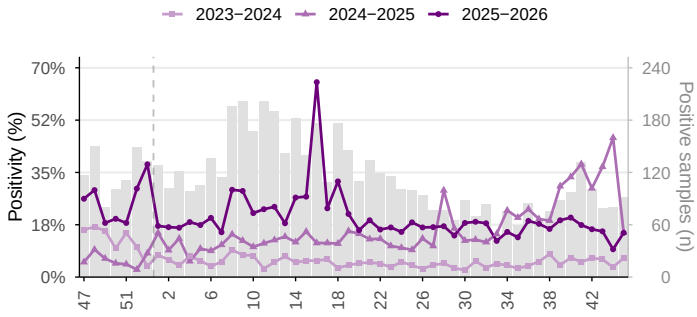
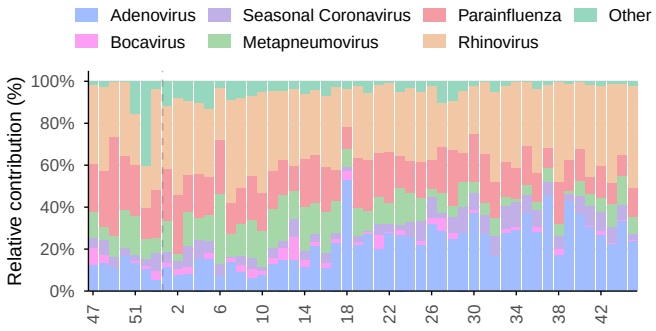


Figure 5.3.B. Weekly relative contribution by virus.



Other respiratory viruses in the Andean Subregion, EW 47/2025−45/2026. 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.

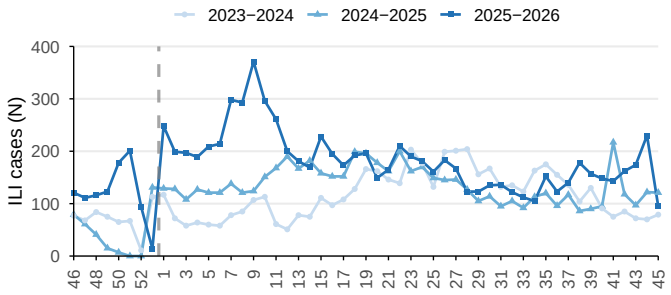
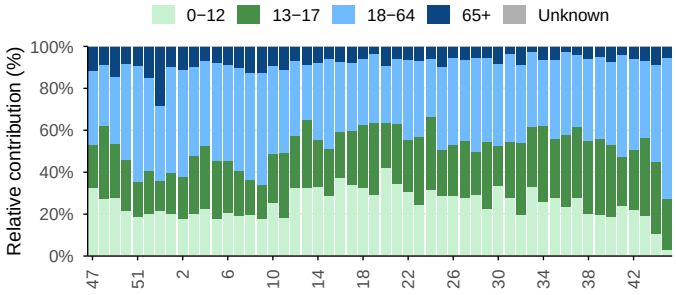


Figure 5.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in the Andean Subregion, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.5.A. Weekly SARI cases.

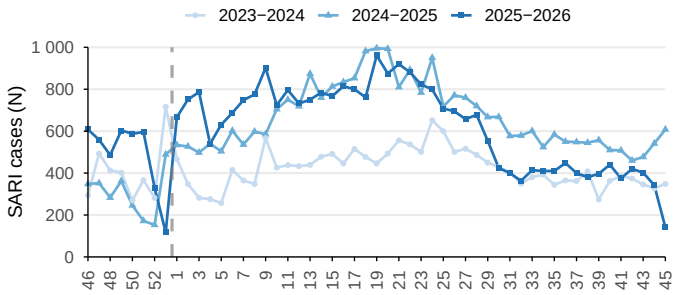
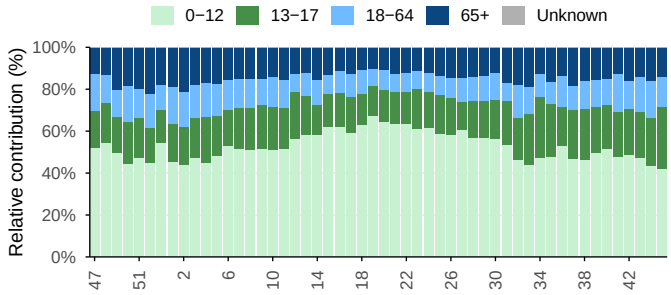


Figure 5.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in the Andean Subregion, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

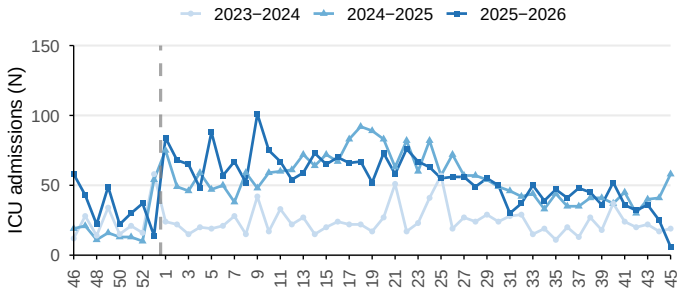
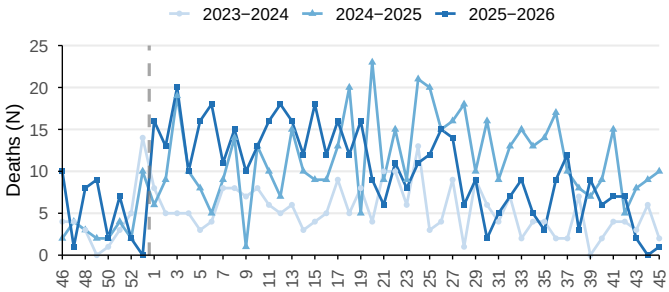


Figure 5.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in the Andean Subregion, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

5.1 Country

5.1.1 Bolivia

In Bolivia, influenza activity reached a positivity of 33.3% in EW 45 (Figure 5.7). During EWs 42–45, influenza B predominated (94.3% of typed influenza samples), with A(H1N1)pdm09 accounting for 100.0% of subtyped influenza A samples (Figure 5.7).

During EWs 42–45, respiratory virus detections represented 32.1% of reported ILI cases (Figure 5.10). Among ILI cases with known age, 60.7% were aged 18–64 years, followed by those aged 0–12 years (17.9%) (Figure 5.10). During EWs 42–45, respiratory virus detections represented 22.3% of reported SARI cases, predominantly influenza (74.3%), followed by RSV (20.0%) and SARS-CoV-2 (5.7%) (Figure 5.11).

Figure 5.7.A. Weekly overall influenza positivity.

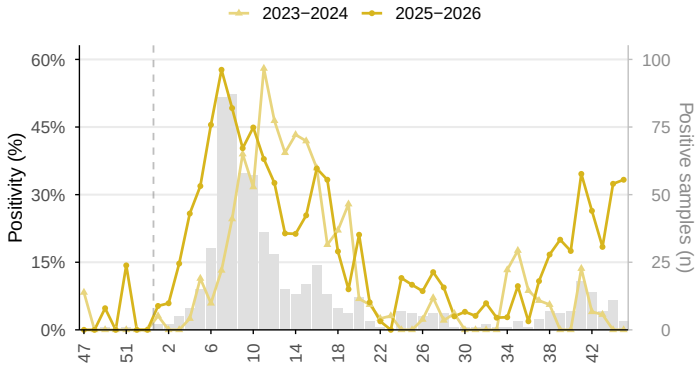
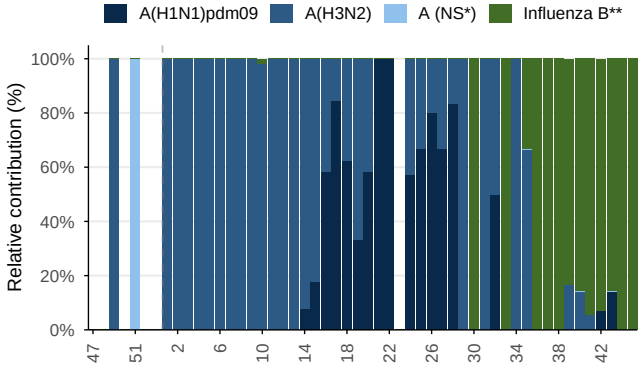


Figure 5.7.B. Weekly relative contribution by type and subtype.



Influenza in Bolivia, EW 47/2025–45/2026. 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.

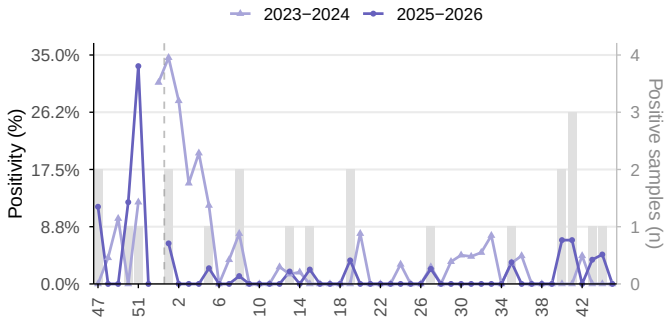
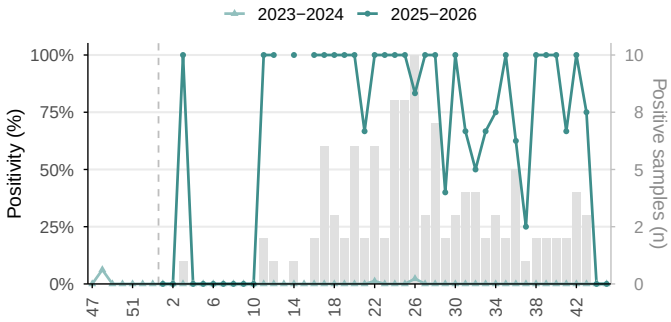


Figure 5.8.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Bolivia, EW 47/2025–45/2026. 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.

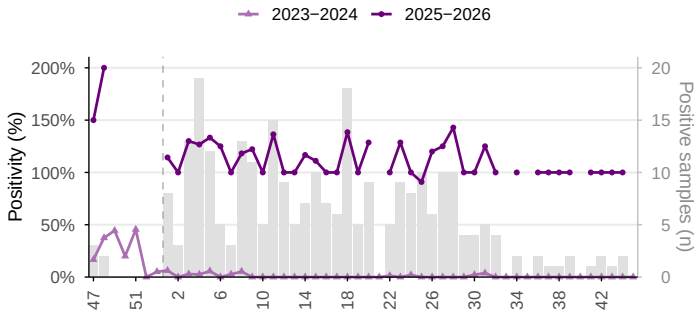
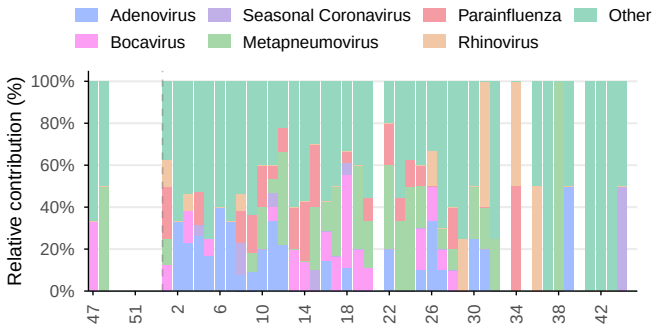


Figure 5.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Bolivia, EW 47/2025–45/2026. 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.

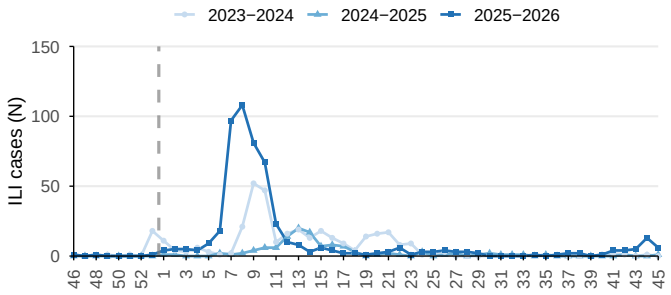
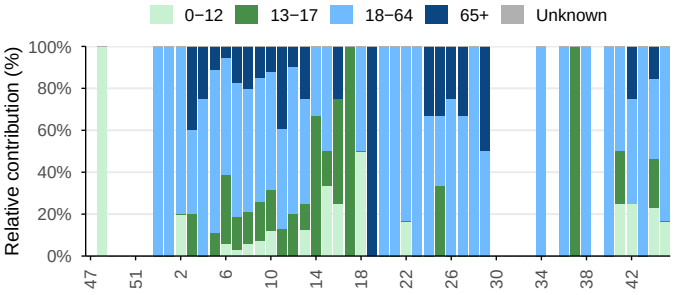


Figure 5.10.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Bolivia, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 5.11.A. Weekly SARI cases.

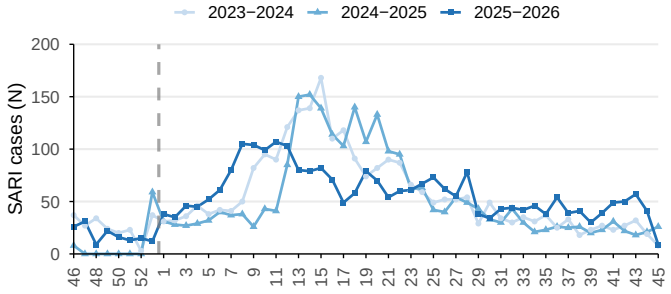
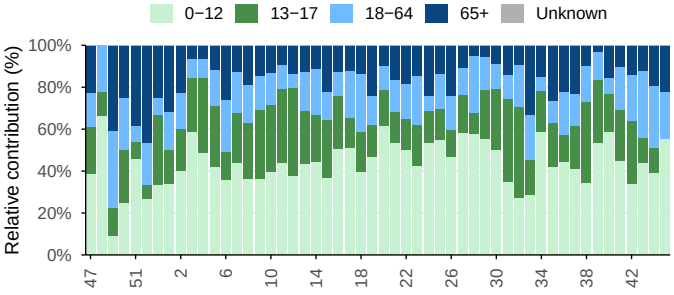


Figure 5.11.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Bolivia, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

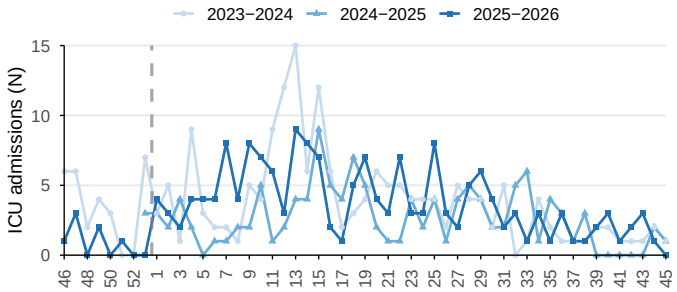
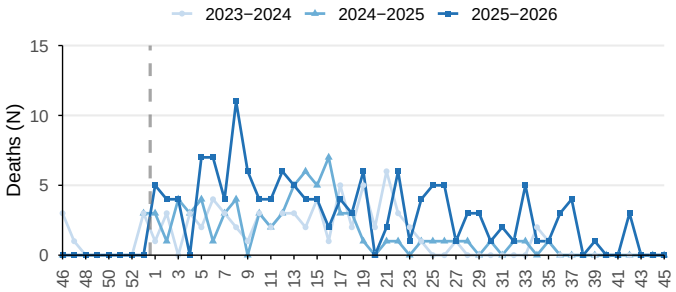


Figure 5.12.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Bolivia, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

5.1.2 Colombia

In Colombia, influenza activity remained stable, with positivity at 14.6% in EW 45 (Figure 5.13). During EWs 42–45, influenza B predominated (52.5% of typed influenza samples), with A(H3N2) accounting for 55.4% of subtyped influenza A samples (Figure 5.13). RSV and SARS-CoV-2 positivity were 7.5% and 1.4%, respectively (Figure 5.14). Positivity for other respiratory viruses was 18.8%; rhinovirus (43.6%) and adenovirus (28.3%) accounted for most detections (Figure 5.15).

During EWs 41–44, respiratory virus detections represented 19.7% of reported ILI cases, predominantly influenza (93.3%), followed by RSV (6.7%) (Figure 5.16). Among ILI cases with known age, 39.5% were aged 18–64 years, followed by those aged 13–17 years (28.9%) (Figure 5.16). During EWs 41–44, respiratory virus detections represented 17.0% of reported SARI cases, predominantly influenza (69.9%), followed by RSV (28.8%) and SARS-CoV-2 (1.4%) (Figure 5.17).

Figure 5.13.A. Weekly overall influenza positivity.

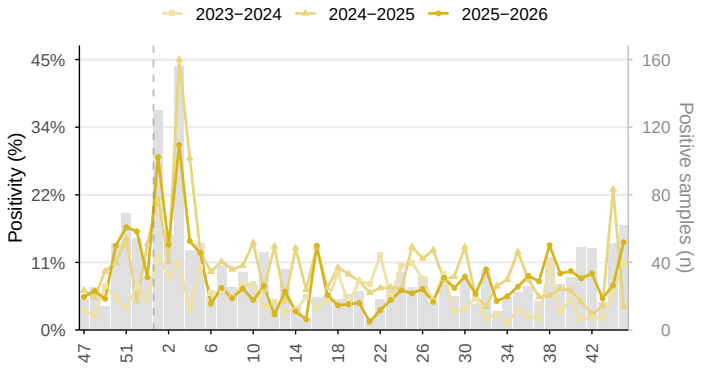
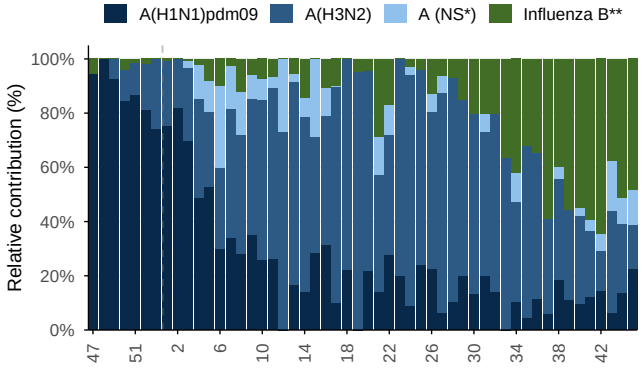


Figure 5.13.B. Weekly relative contribution by type and subtype.



Influenza in Colombia, EW 47/2025–45/2026. 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.

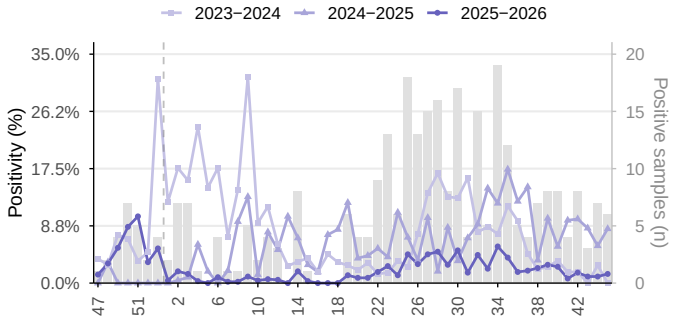
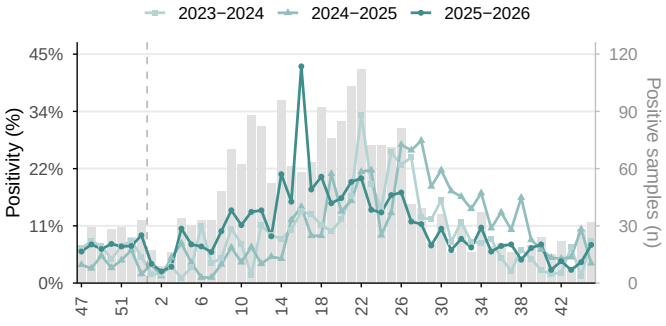


Figure 5.14.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Colombia, EW 47/2025−45/2026. 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.

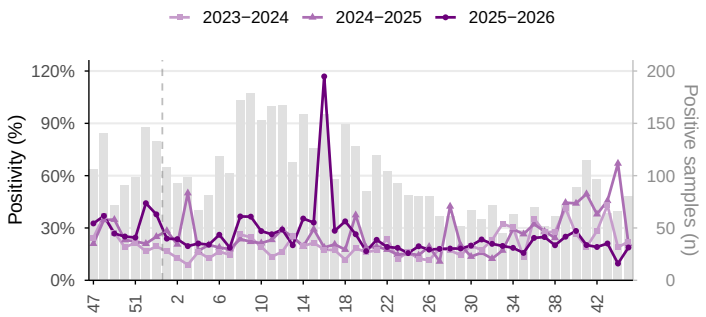
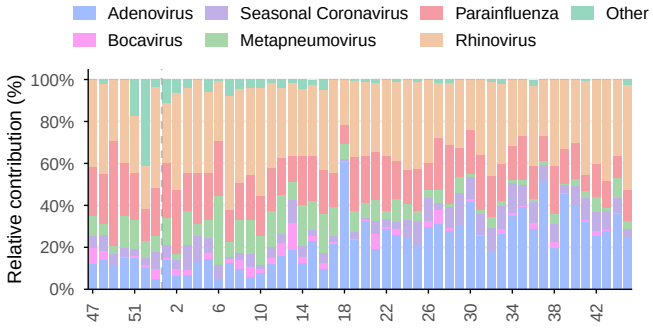


Figure 5.15.B. Weekly relative contribution by virus.



Other respiratory viruses in Colombia, EW 47/2025–45/2026. 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.

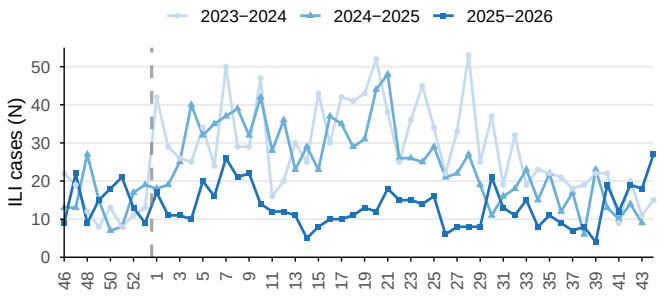
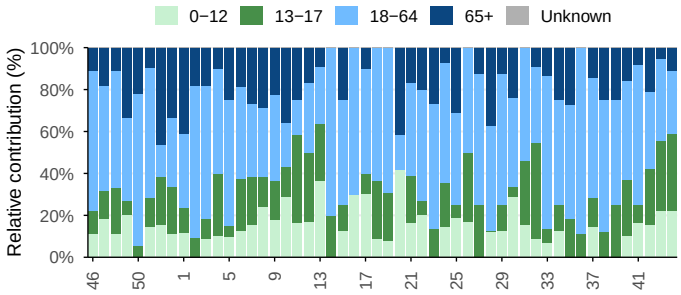


Figure 5.16.B. Weekly relative contribution by age group.



Influenza–like illness (ILI) cases in Colombia, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 5.17.A. Weekly SARI cases.

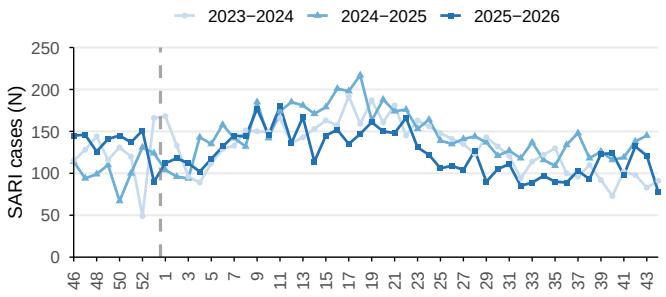
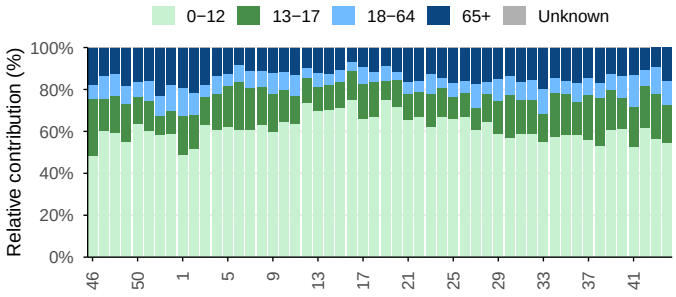


Figure 5.17.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Colombia, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

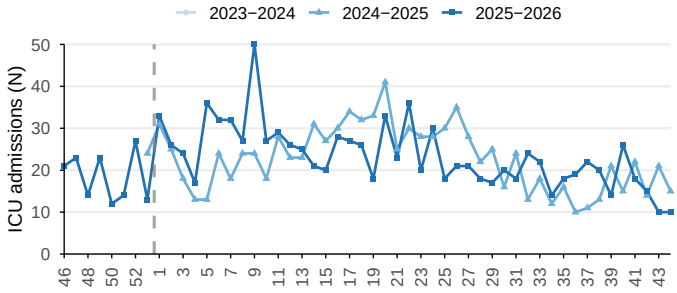
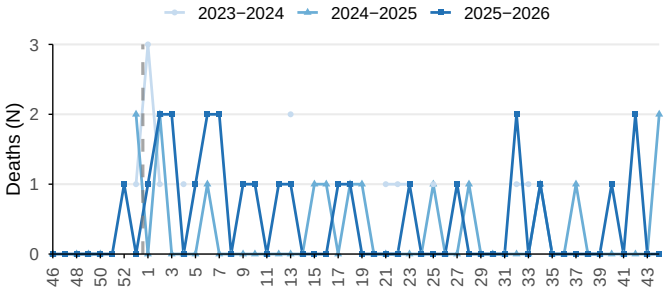


Figure 5.18.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Colombia, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

5.1.3 Ecuador

In Ecuador, influenza activity continued to increase, reaching a positivity of 30.6% in EW 45 (Figure 5.19). During EWs 42–45, influenza A predominated (54.8% of typed influenza samples), with A(H1N1)pdm09 accounting for 60.9% of subtyped influenza A samples (Figure 5.19). RSV circulation continued to decline, with positivity at 6.7%, while SARS-CoV-2 activity remained at interseasonal levels (1.5%) (Figure 5.20). Positivity for other respiratory viruses was 2.2%; adenovirus (46.2%), metapneumovirus (38.5%), and parainfluenza (15.4%) accounted for most detections (Figure 5.21).

Figure 5.19.A. Weekly overall influenza positivity.

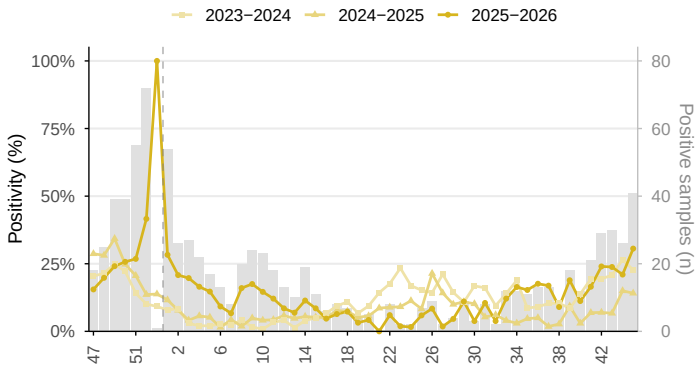
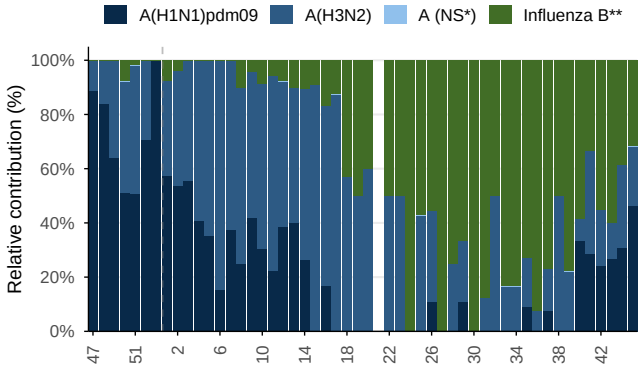


Figure 5.19.B. Weekly relative contribution by type and subtype.



Influenza in Ecuador, EW 47/2025–45/2026. 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.

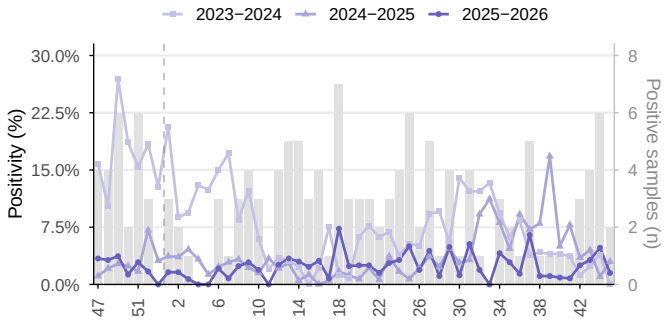
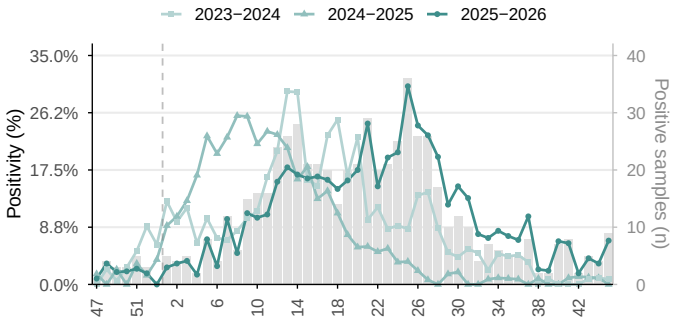


Figure 5.20.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Ecuador, EW 47/2025–45/2026. 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.

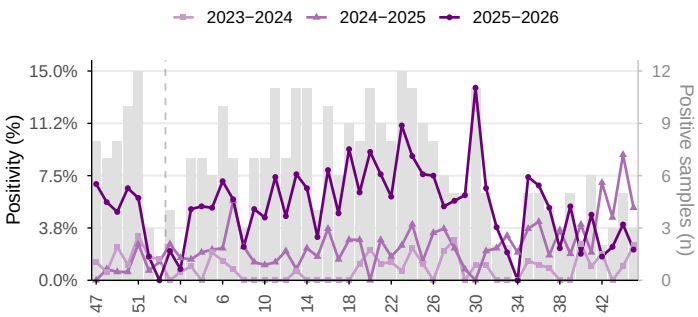
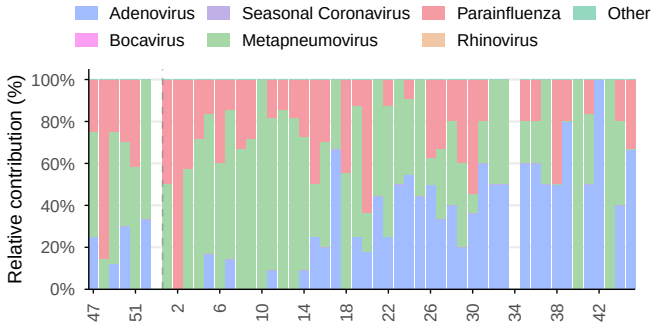


Figure 5.21.B. Weekly relative contribution by virus.



Other respiratory viruses in Ecuador, EW 47/2025−45/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

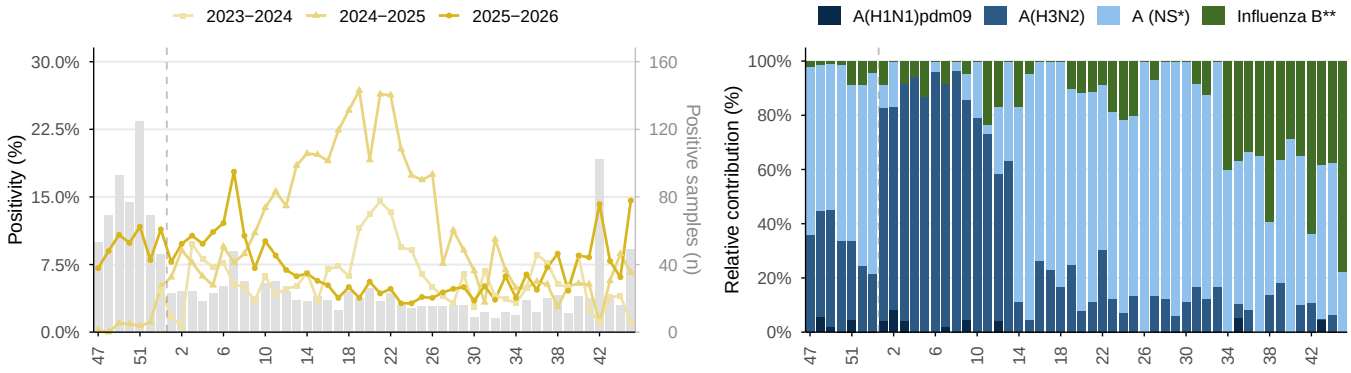
5.1.4 Peru

In Peru, influenza activity continued to increase, reaching a positivity of 14.6% in EW 45 (Figure 5.22). During EWs 42–45, influenza B predominated (62.2% of typed influenza samples), with A(H3N2) accounting for 92.3% of subtyped influenza A samples (Figure 5.22). SARS-CoV-2 positivity increased rapidly over the past four weeks, reaching 10.7%, while RSV activity continued to decline, reaching positivity of 4.3% (Figure 5.23). Positivity for other respiratory viruses was 14.0%; rhinovirus (50.0%) and metapneumovirus (46.2%) accounted for most detections (Figure 5.24).

During EWs 42–45, respiratory virus detections represented 46.7% of reported ILI cases, predominantly influenza (89.8%), followed by SARS-CoV-2 (7.9%) and RSV (2.3%) (Figure 5.25). Among ILI cases with known age, 46.7% were aged 18–64 years, followed by those aged 13–17 years (32.9%) (Figure 5.25). During EWs 42–45, respiratory virus detections represented 16.3% of reported SARI cases, predominantly influenza (71.4%), followed by RSV (18.8%) and SARS-CoV-2 (9.8%) (Figure 5.26).

Figure 5.22.A. Weekly overall influenza positivity.

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



Influenza in Peru, EW 47/2025–45/2026. 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.

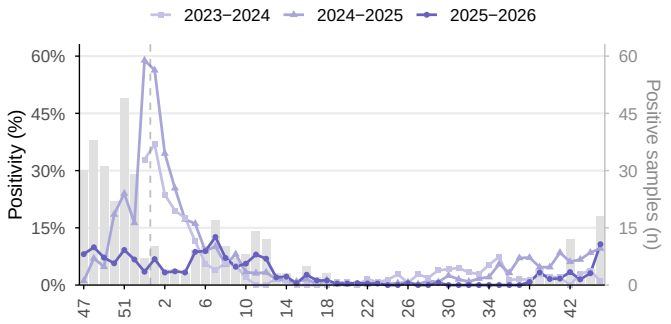
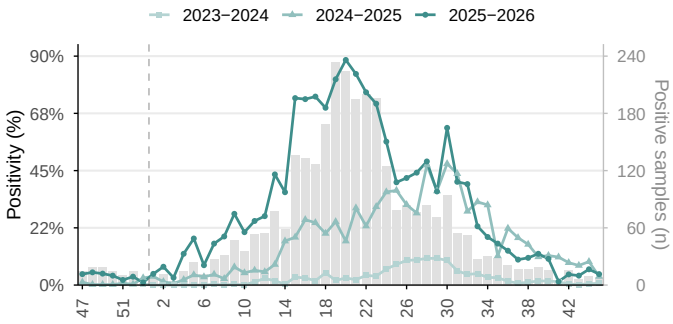


Figure 5.23.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Peru, EW 47/2025−45/2026. 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.

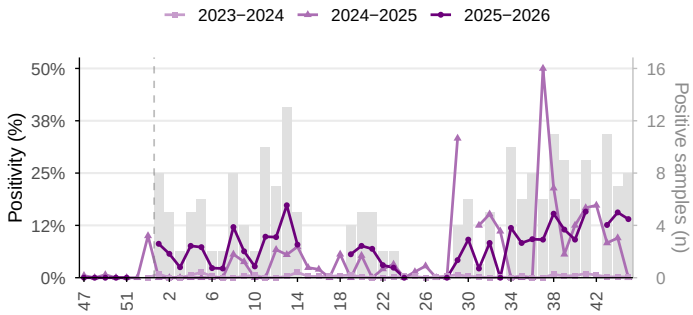
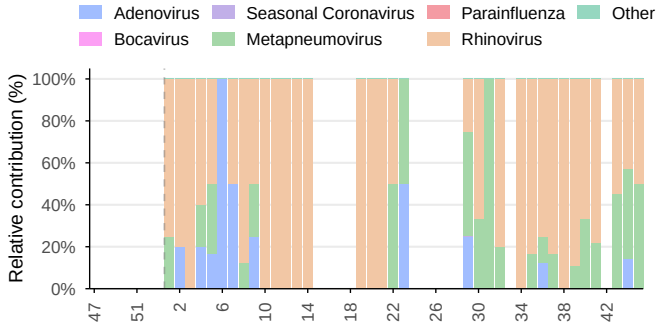


Figure 5.24.B. Weekly relative contribution by virus.



Other respiratory viruses in Peru, EW 47/2025−45/2026. 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.

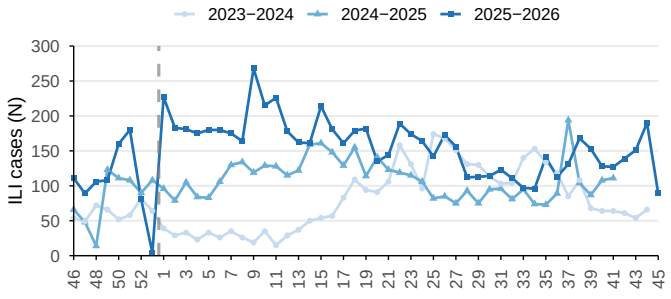
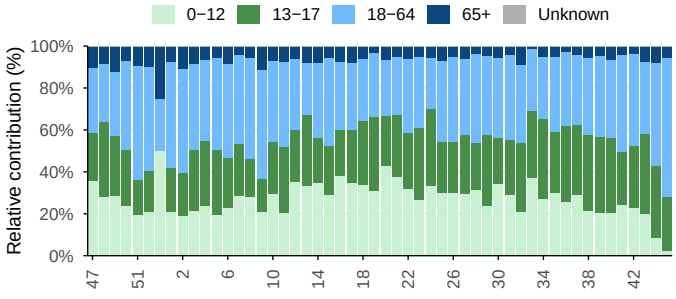


Figure 5.25.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Peru, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 5.26.A. Weekly SARI cases.

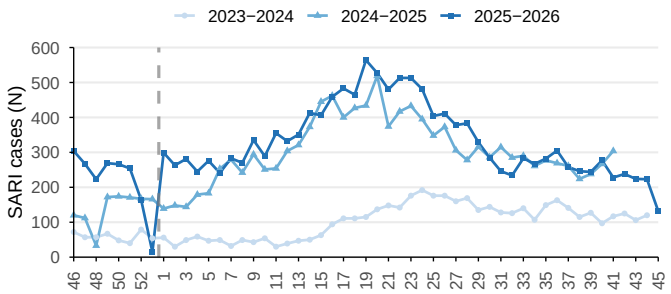
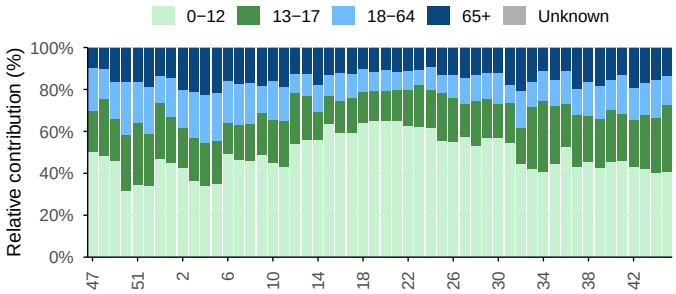


Figure 5.26.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Peru, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

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

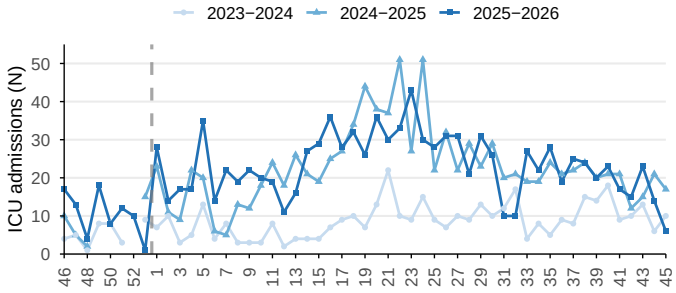
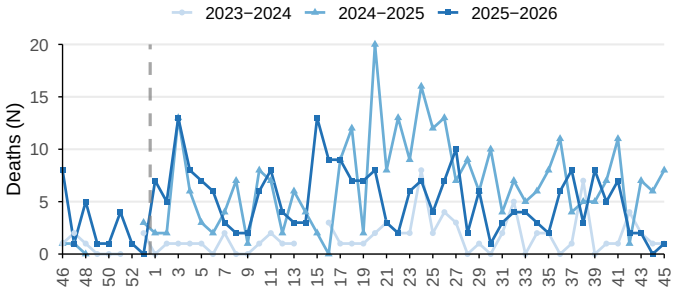


Figure 5.27.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Peru, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

5.1.5 Venezuela

No surveillance data were reported during EWs 42–45.

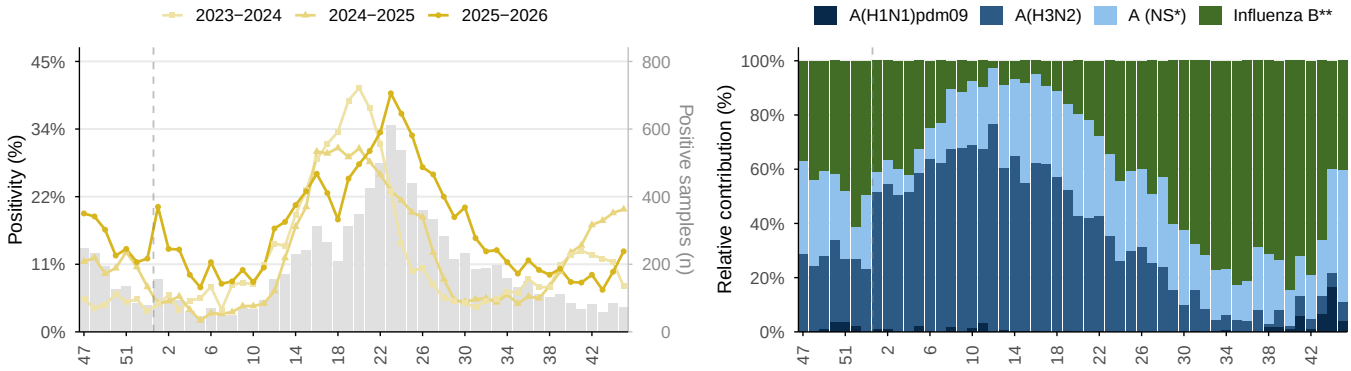
6. Brazil and Southern Cone

In Brazil and the Southern Cone, influenza activity increased slightly over the past two weeks, reaching positivity of 13.4% in EW 45, after four months of decline (Figure 6.1). During EWs 42–45, influenza B predominated (55.8% of typed influenza samples), with A(H1N1)pdm09 accounting for 57.9% of subtyped influenza A samples (Figure 6.1). RSV circulation continued to decline since September, reaching 6.2%, while SARS-CoV-2 circulation increased over the past month, with positivity at 7.4% (Figure 6.2). Positivity for other respiratory viruses was 46.0%; rhinovirus (62.3%) and metapneumovirus (19.5%) accounted for most detections (Figure 6.3).

During EWs 42–45, respiratory virus detections represented 8.3% of reported ILI cases, predominantly SARS-CoV-2 (64.0%), followed by influenza (30.8%) and RSV (5.1%) (Figure 6.4). During EWs 42–45, respiratory virus detections represented 7.9% of reported SARI cases, predominantly RSV (50.7%), followed by influenza (32.0%) and SARS-CoV-2 (17.3%) (Figure 6.5).

Figure 6.1.A. Weekly overall influenza positivity.

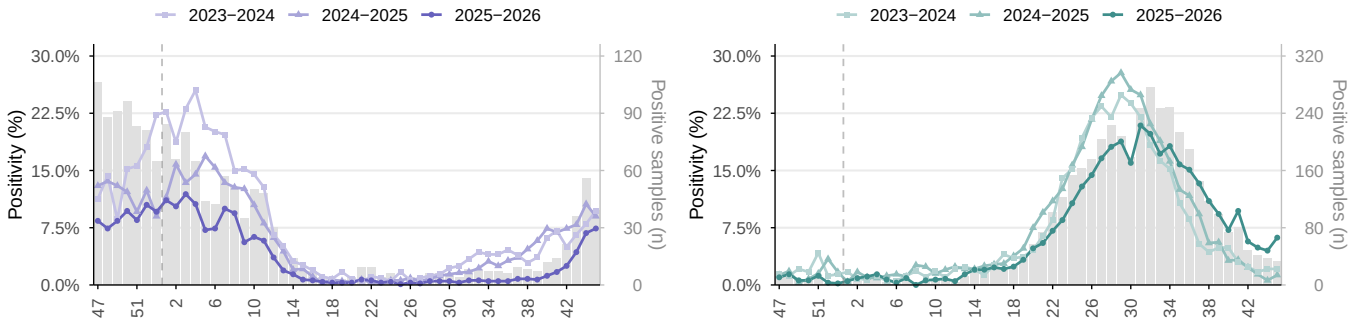
Figure 6.1.B. Weekly relative contribution by type and subtype.



Influenza in Brazil and the Southern Cone, EW 47/2025–45/2026. 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 47/2025–45/2026. 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.

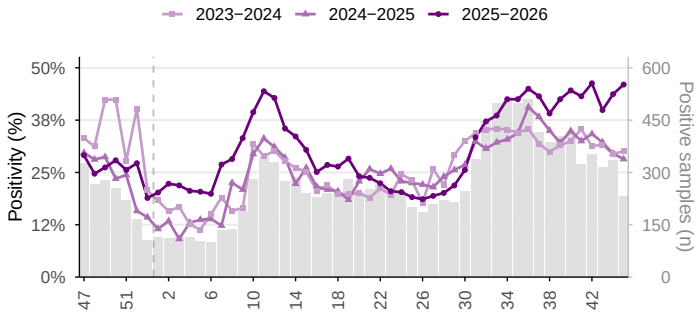
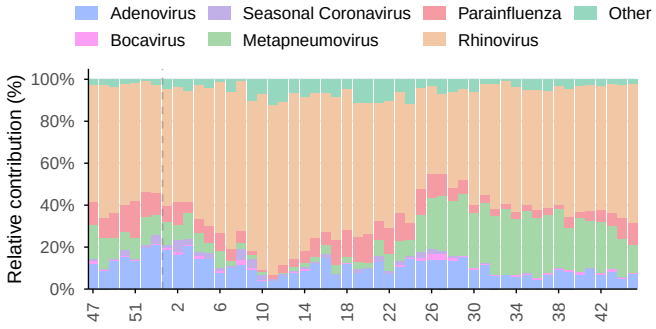


Figure 6.3.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil and the Southern Cone, EW 47/2025−45/2026. 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.

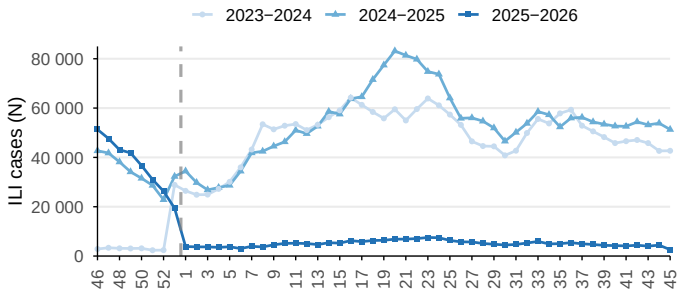
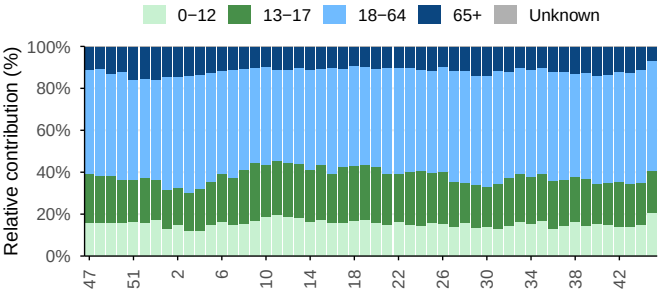


Figure 6.4.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil and the Southern Cone, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.5.A. Weekly SARI cases.

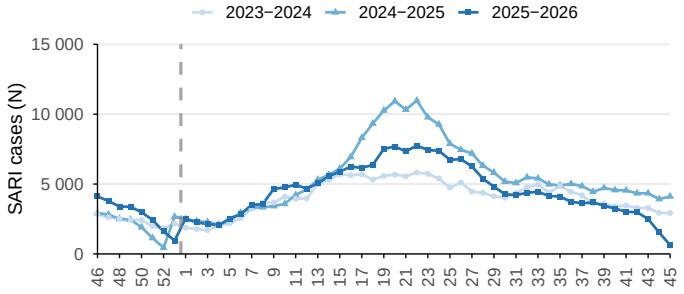
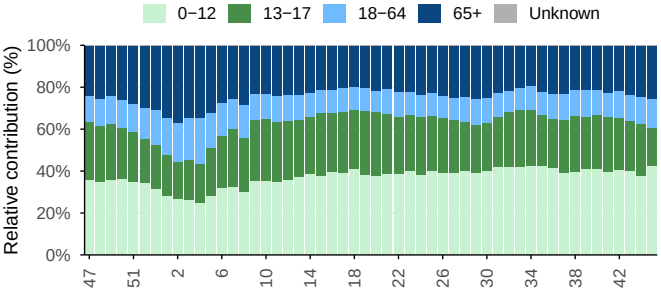


Figure 6.5.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil and the Southern Cone, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

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

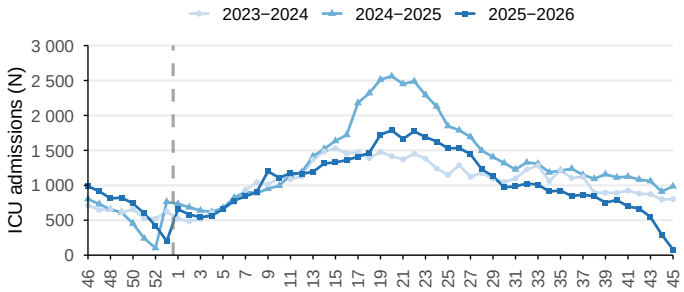
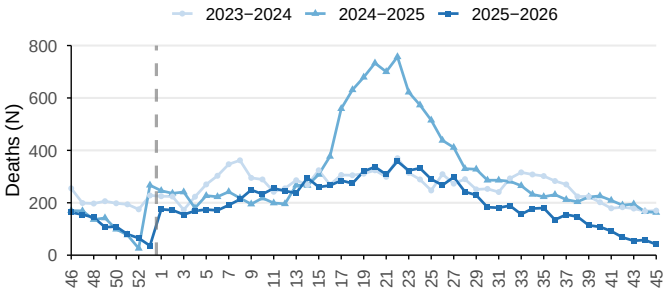


Figure 6.6.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil and the Southern Cone, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

6.1 Country

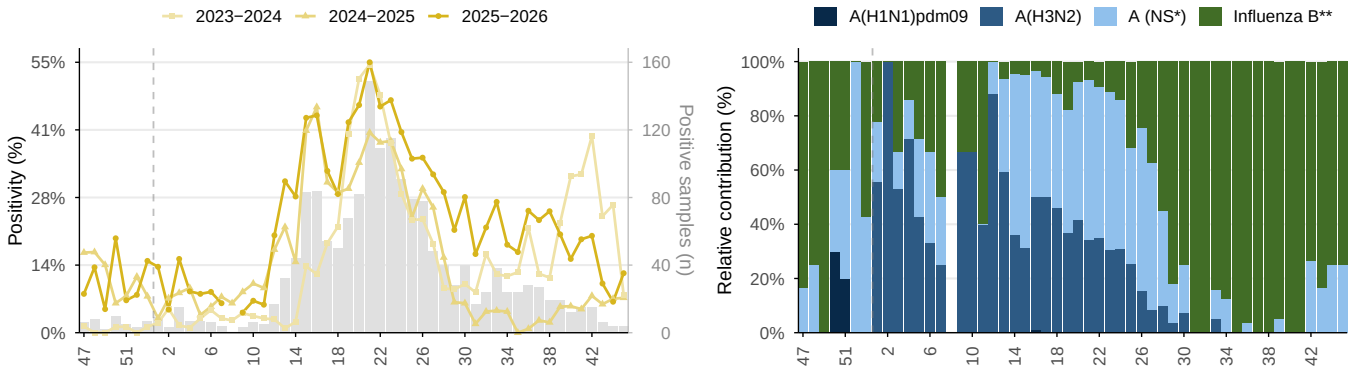
6.1.1 Argentina

In Argentina, influenza positivity declined toward interseasonal levels, reaching 12.1% in EW 45, after four months of sustained decline (Figure 6.7). During EWs 42–45, influenza B predominated (75.9% of typed influenza samples) (Figure 6.7). RSV and SARS-CoV-2 positivity were 6.1% and 4.8%, respectively (Figure 6.8).

During EWs 42–45, respiratory virus detections represented 24.3% of reported SARI cases, predominantly RSV (65.6%), followed by SARS-CoV-2 (22.3%), and influenza (12.1%) (Figure 6.10).

Figure 6.7.A. Weekly overall influenza positivity.

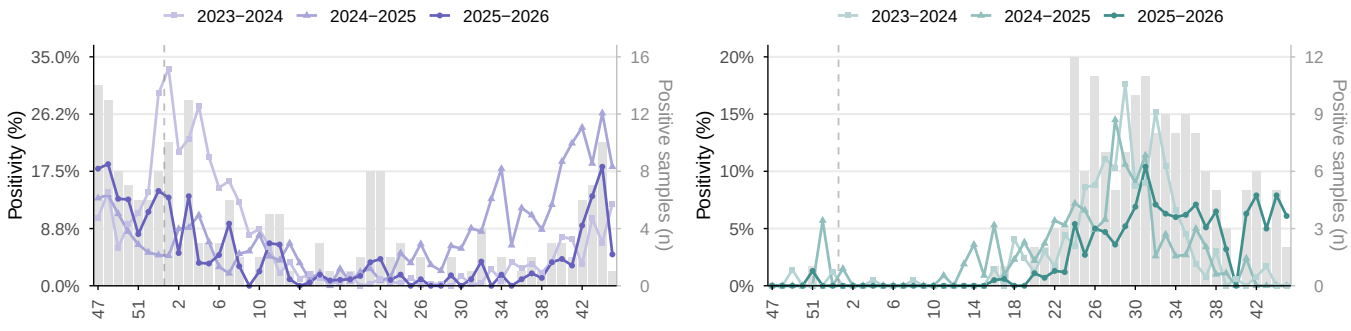
Figure 6.7.B. Weekly relative contribution by type and subtype.



Influenza in Argentina, EW 47/2025–45/2026. 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.

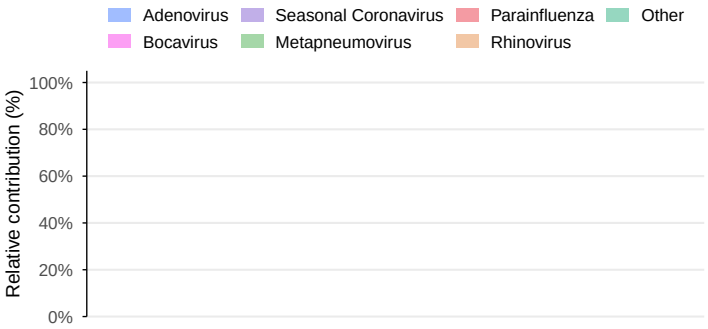
Figure 6.8.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Argentina, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.9.A. Overall weekly positivity.

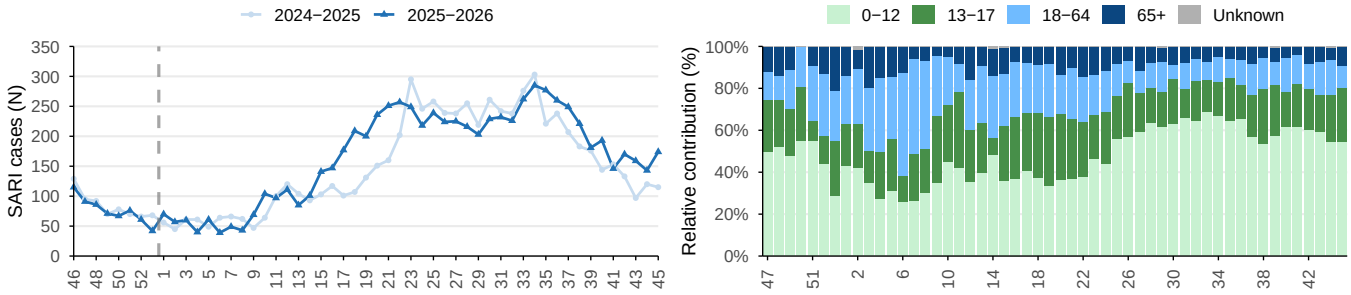
Figure 6.9.B. Weekly relative contribution by virus.



Other respiratory viruses in Argentina, EW 47/2025−45/2026. Overall positivity and historical periods; relative contribution of identified viruses during the last 52 epidemiological weeks. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

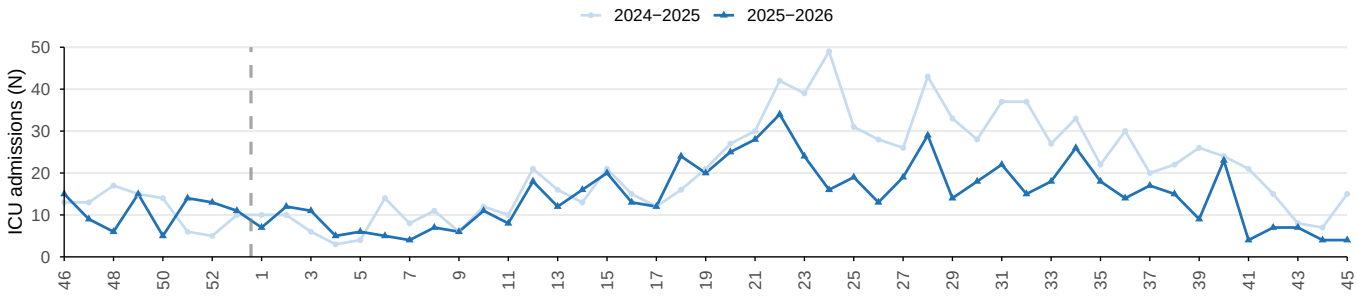
Figure 6.10.A. Weekly SARI cases.

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



Severe acute respiratory infection (SARI) cases in Argentina, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.11. Weekly SARI cases admitted to ICU.



SARI ICU admissions and deaths in Argentina, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

6.1.2 Brazil

No laboratory surveillance data were reported for EW 45. The latest influenza positivity was 5.7% in EW 44 (Figure 6.12). During EWs 41–44, influenza B predominated (88.2% of typed influenza samples), with A(H1N1)pdm09 accounting for 100.0% of subtyped influenza A samples (Figure 6.12). RSV and SARS-CoV-2 positivity were 1.4% and 7.8%, respectively (Figure 6.13). Positivity for other respiratory viruses was 36.9%; rhinovirus (55.4%) and metapneumovirus (31.1%) accounted for most detections (Figure 6.14).

During EWs 41–44, respiratory virus detections represented 16.2% of reported ILI cases, predominantly SARS-CoV-2 (69.1%), followed by influenza (28.0%) and RSV (2.9%) (Figure 6.15). Among ILI cases with known age, 52.6% were aged 18–64 years, followed by those aged 13–17 years (20.5%) (Figure 6.15). During EWs 41–44, respiratory virus detections represented 5.1% of reported SARI cases, predominantly RSV (51.4%), followed by influenza (48.6%) (Figure 6.16).

Figure 6.12.A. Weekly overall influenza positivity.

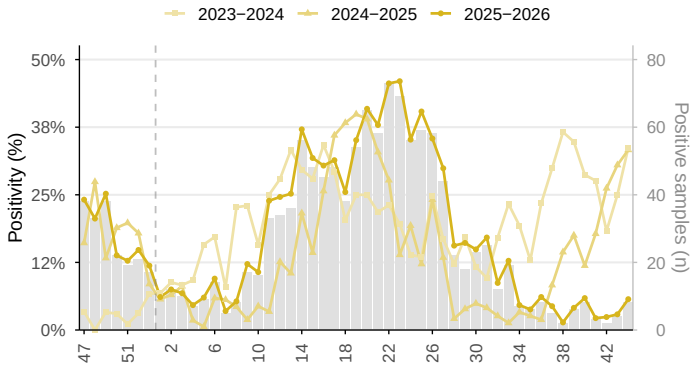
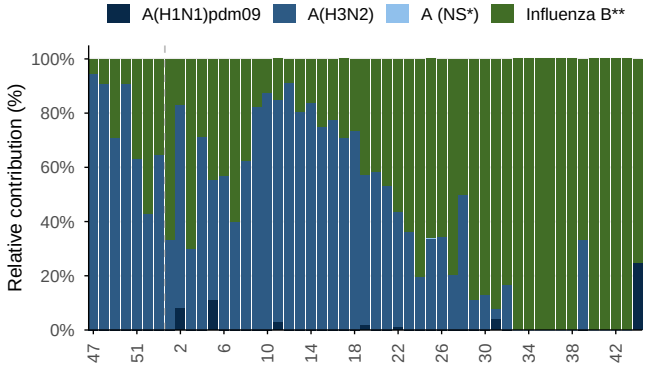


Figure 6.12.B. Weekly relative contribution by type and subtype.



Influenza in Brazil, EW 47/2025–45/2026. 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 6.13.A. Weekly SARS-CoV-2 positivity.

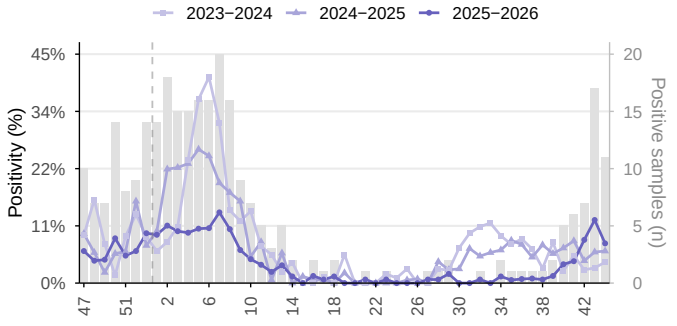
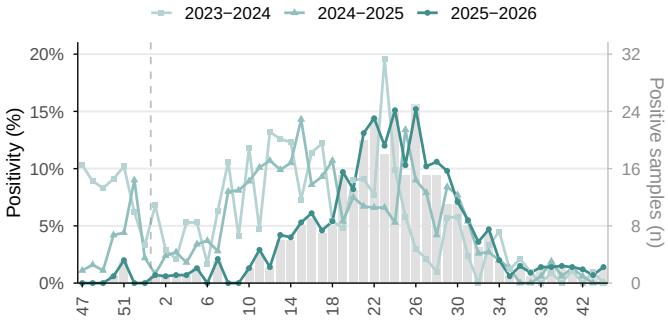


Figure 6.13.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Brazil, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.14.A. Overall weekly positivity.

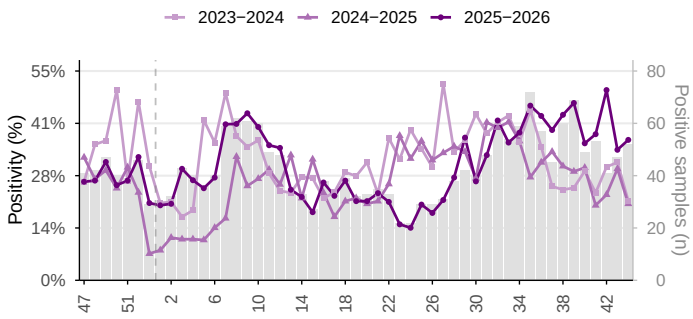
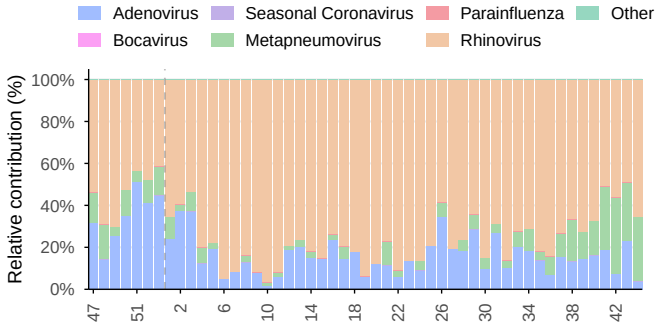


Figure 6.14.B. Weekly relative contribution by virus.



Other respiratory viruses in Brazil, EW 47/2025−45/2026. 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 6.15.A. Weekly ILI cases.

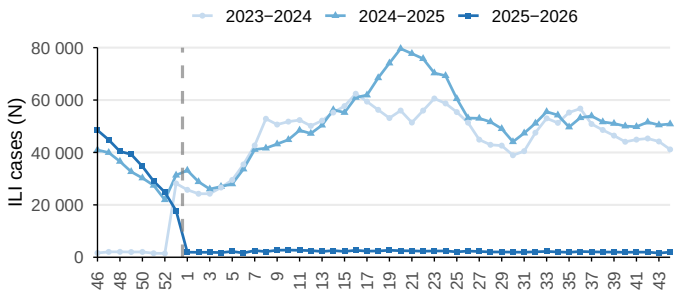
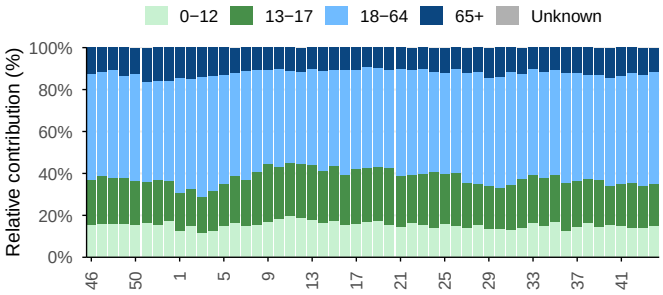


Figure 6.15.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Brazil, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.16.A. Weekly SARI cases.

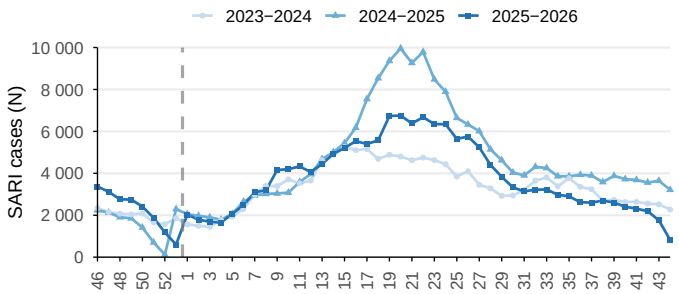
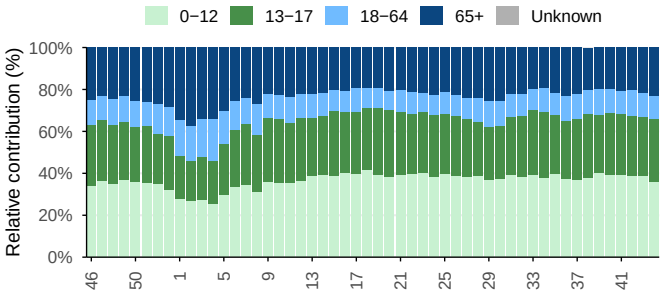


Figure 6.16.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Brazil, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.17.A. Weekly SARI cases admitted to ICU.

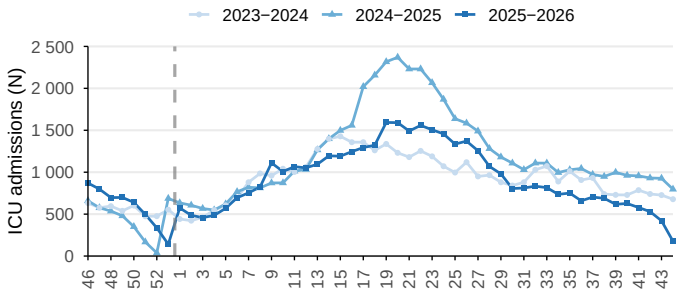
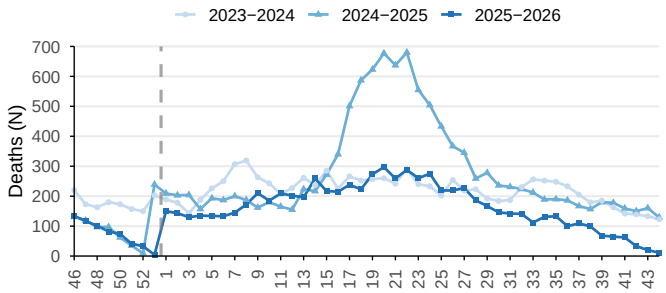


Figure 6.17.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Brazil, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

6.1.3 Chile

In Chile, influenza activity increased over the past two weeks, reaching 14.4% positivity in EW 45, following a sustained decline over the preceding four months. During EWs 42–45, influenza A predominated (64.4% of typed samples), with A(H1N1)pdm09 accounting for 69.0% of subtyped influenza A samples (Figure 6.18). RSV activity continued to decline after peaking approximately two months ago, with positivity at 7.3%, while SARS-CoV-2 activity remained low but increased slightly over the past two weeks, reaching 4.4% positivity (Figure 6.19). Positivity for other respiratory viruses was 52.5%, predominantly rhinovirus (61.5%) and metapneumovirus (18.0%) (Figure 6.20).

During EWs 42–45, respiratory virus detections represented 13.5% of reported SARI cases, predominantly RSV (57.1%), followed by influenza (33.6%) and SARS-CoV-2 (9.2%) (Figure 6.21).

Figure 6.18.A. Weekly overall influenza positivity.

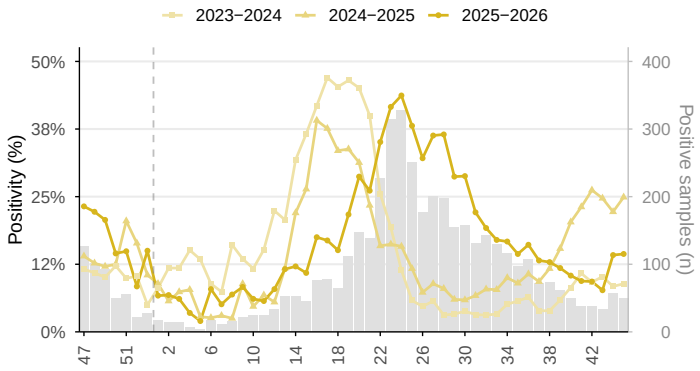
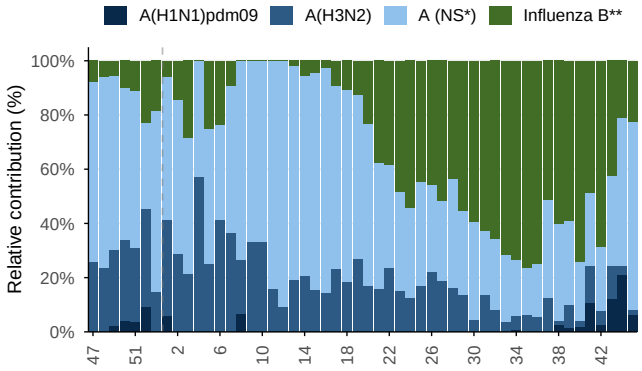


Figure 6.18.B. Weekly relative contribution by type and subtype.



Influenza in Chile, EW 47/2025–45/2026. 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 6.19.A. Weekly SARS-CoV-2 positivity.

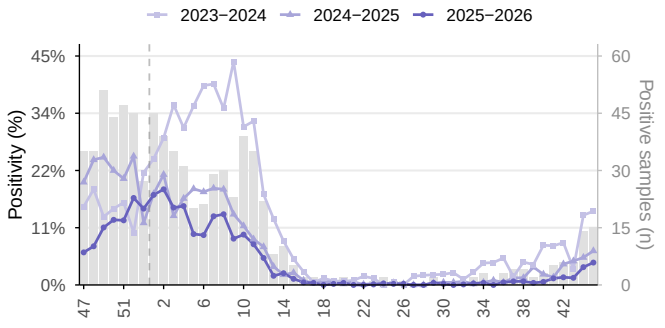
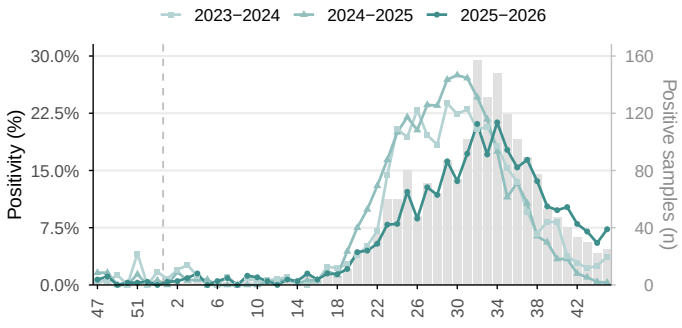


Figure 6.19.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Chile, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.20.A. Overall weekly positivity.

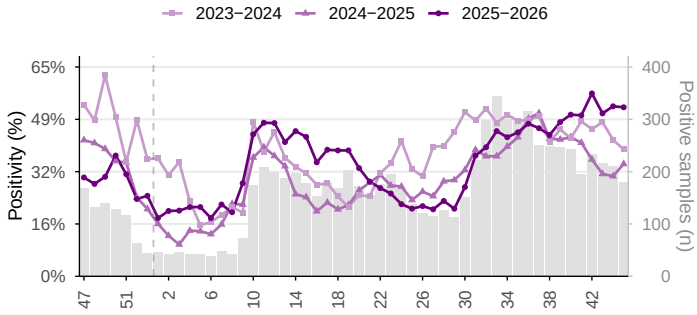
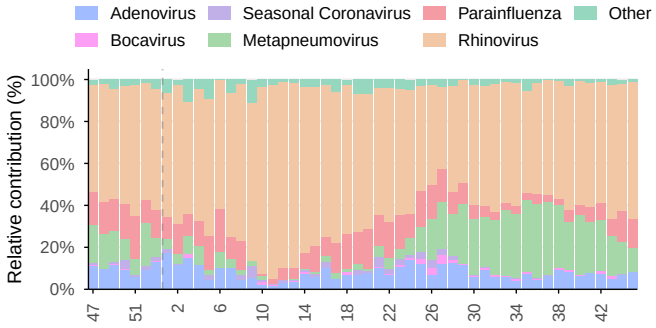


Figure 6.20.B. Weekly relative contribution by virus.



Other respiratory viruses in Chile, EW 47/2025–45/2026. 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 6.21.A. Weekly SARI cases.

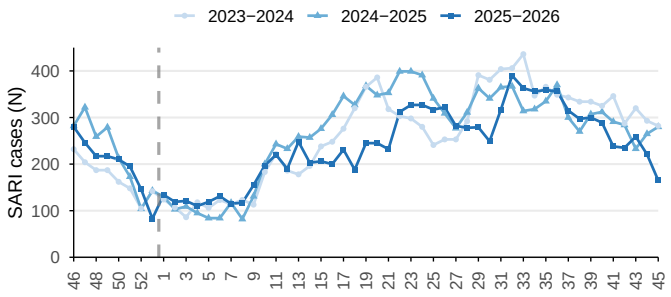
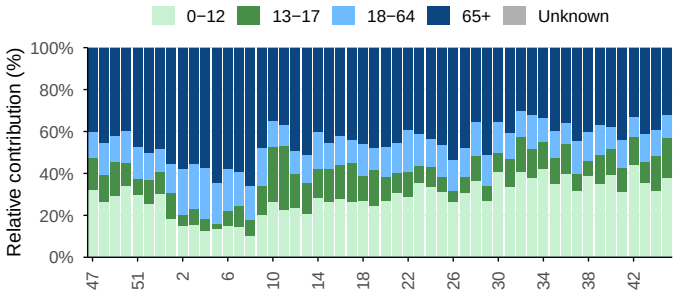


Figure 6.21.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Chile, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.22.A. Weekly SARI cases admitted to ICU.

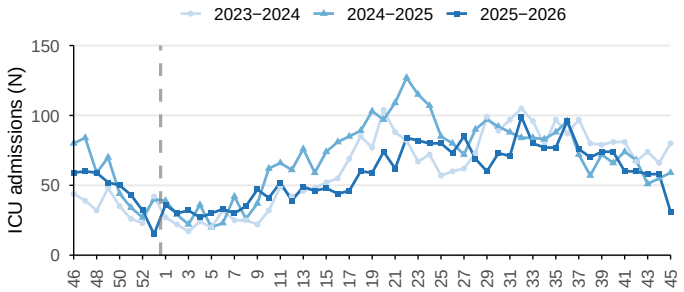
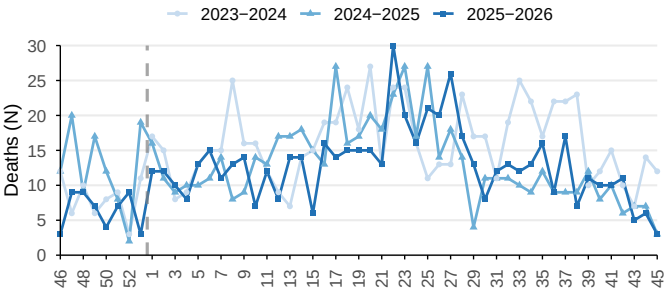


Figure 6.22.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Chile, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

6.1.4 Paraguay

In Paraguay, influenza positivity continued to increase, reaching 13.5% in EW 45 (Figure 6.23). During EWs 42–45, influenza B predominated (90.4% of typed influenza samples), with A(H3N2) accounting for 100.0% of subtyped influenza A samples (Figure 6.23). RSV circulation remained low and stable at 4.3%, while SARS-CoV-2 activity increased over the past two EWs, with positivity at 14.9% (Figure 6.24). Positivity for other respiratory viruses was 29.8%; rhinovirus (73.9%) and metapneumovirus (18.8%) accounted for most detections (Figure 6.25).

During EWs 42–45, respiratory virus detections represented 0.7% of reported ILI cases, predominantly influenza (55.3%), followed by SARS-CoV-2 (42.6%) and RSV (2.1%) (Figure 6.26). Among ILI cases with known age, 52.4% were aged 18–64 years, followed by those aged 13–17 years (22.4%) (Figure 6.26). During EWs 42–45, respiratory virus detections represented 10.4% of reported SARI cases, predominantly SARS-CoV-2 (47.8%), followed by RSV (28.7%), and influenza (23.5%) (Figure 6.27).

Figure 6.23.A. Weekly overall influenza positivity.

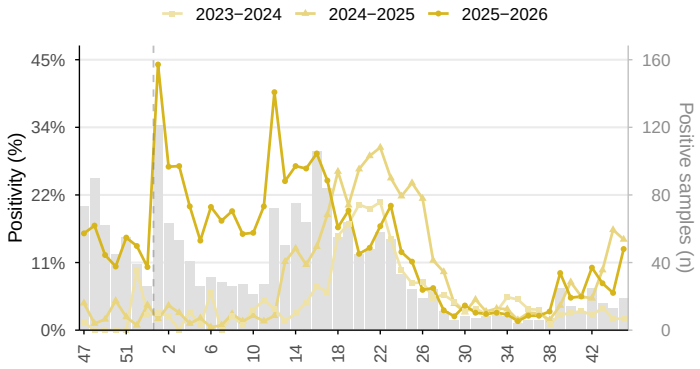
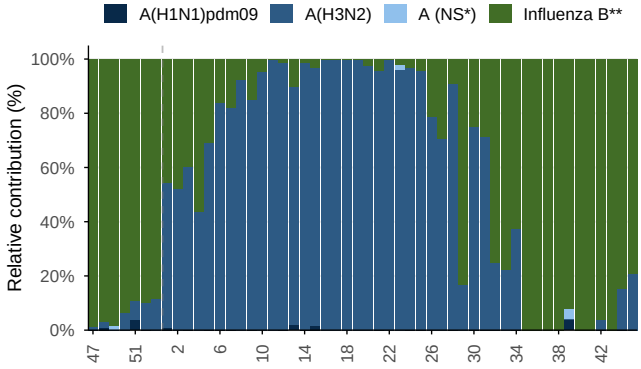


Figure 6.23.B. Weekly relative contribution by type and subtype.



Influenza in Paraguay, EW 47/2025–45/2026. 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 6.24.A. Weekly SARS-CoV-2 positivity.

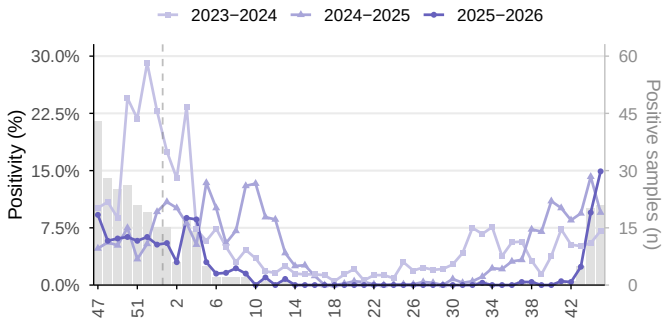
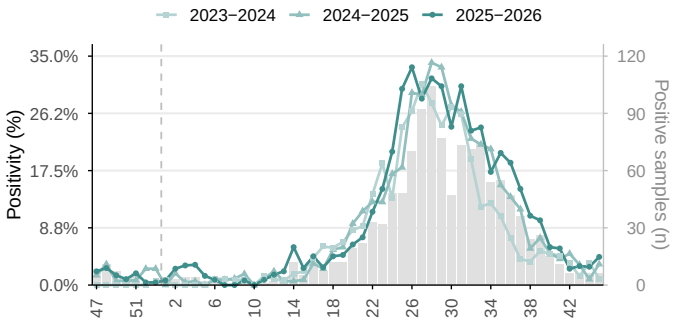


Figure 6.24.B. Weekly RSV positivity.



SARS−CoV−2 and RSV in Paraguay, EW 47/2025−45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025−2026 (right axis). *Source: FluNet, WHO−GISRS.*

Figure 6.25.A. Overall weekly positivity.

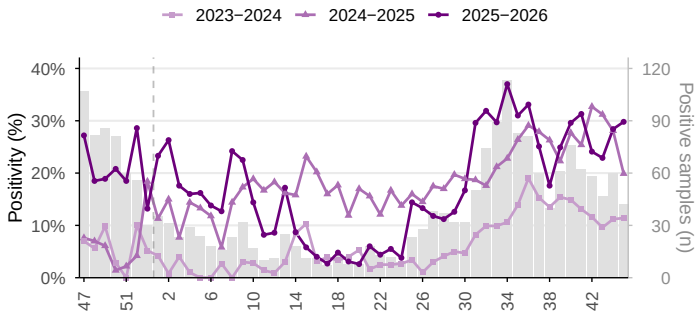
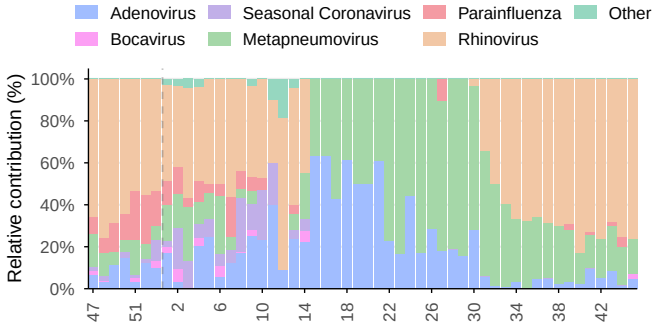


Figure 6.25.B. Weekly relative contribution by virus.



Other respiratory viruses in Paraguay, EW 47/2025−45/2026. 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 6.26.A. Weekly ILI cases.

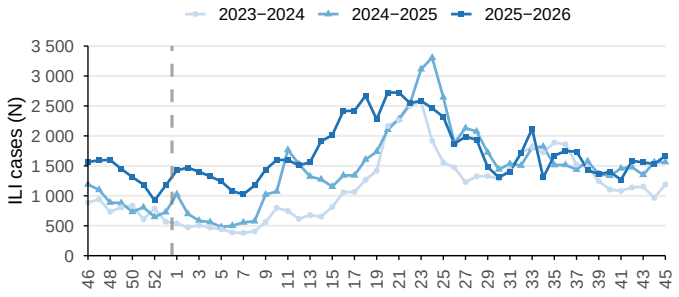
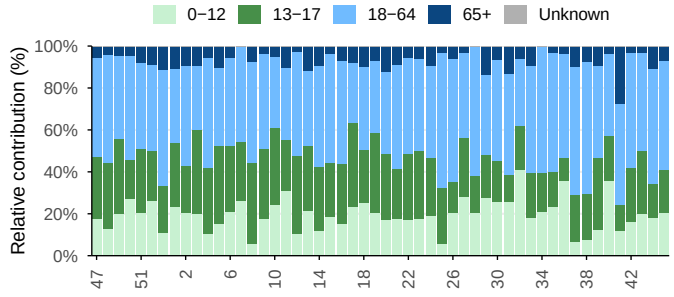


Figure 6.26.B. Weekly relative contribution by age group.



Influenza−like illness (ILI) cases in Paraguay, EW 46/2025−45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO−GISRS.*

Figure 6.27.A. Weekly SARI cases.

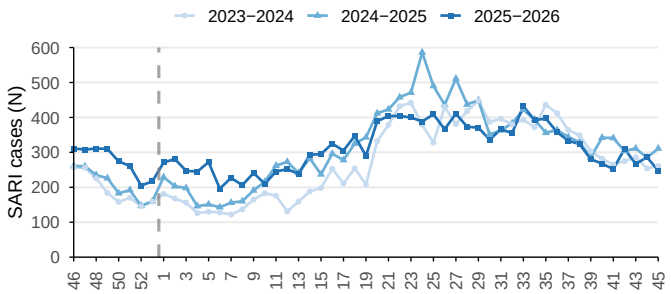
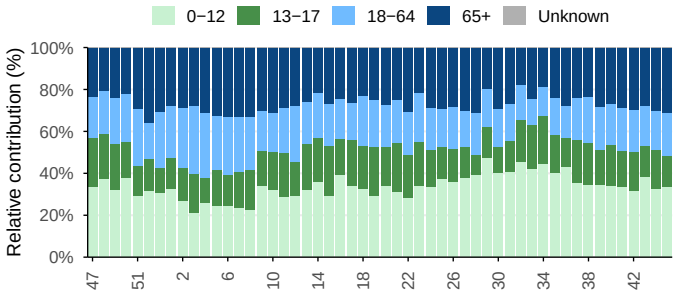


Figure 6.27.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Paraguay, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.28.A. Weekly SARI cases admitted to ICU.

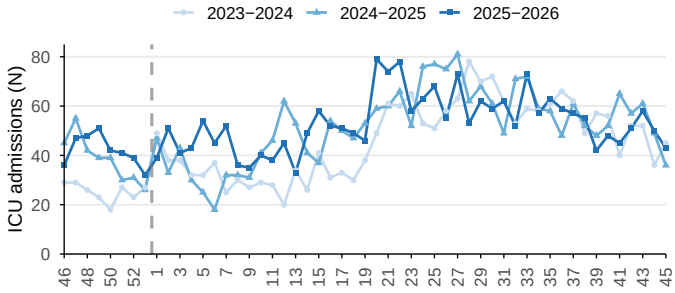
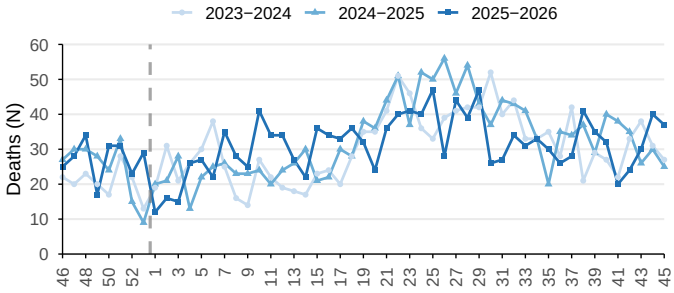


Figure 6.28.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Paraguay, EW 46/2025–45/2026. *Source: FluID, WHO–GISRS.*

6.1.5 Uruguay

In Uruguay, influenza positivity was 0.0% in EW 45, while no RSV result was reported for that week (Figures 6.29–6.30). During EWs 42–44, influenza B predominated (100.0% of typed influenza samples) (Figure 6.29). SARS-CoV-2 positivity increased, reaching 9.5% (Figure 6.30). Positivity for other respiratory viruses was 50.0%; rhinovirus (37.2%) and other viruses (34.9%) accounted for most detections (Figure 6.31).

During EWs 42–45, respiratory virus detections represented 2.8% of reported SARI cases, predominantly SARS-CoV-2 (57.1%), followed by RSV (28.6%), and influenza (14.3%) (Figure 6.32).

Figure 6.29.A. Weekly overall influenza positivity.

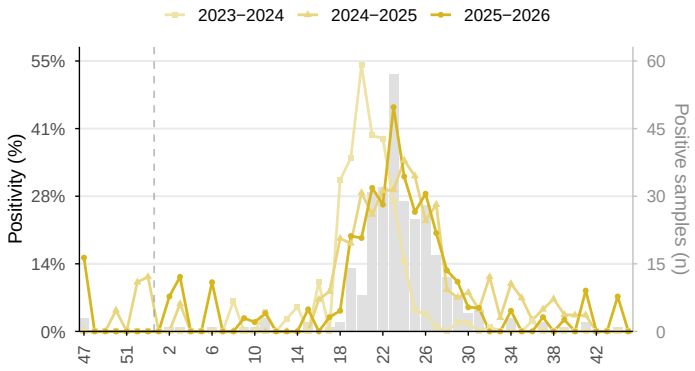
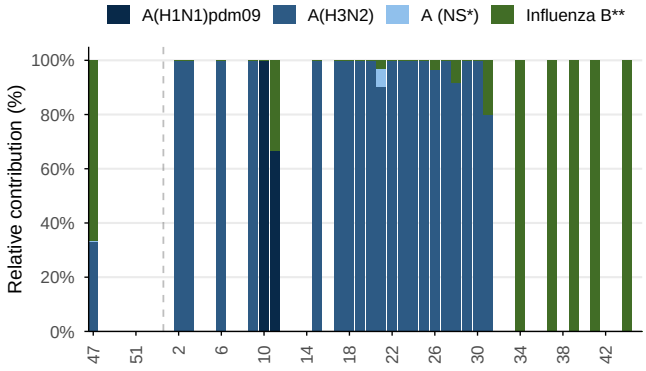


Figure 6.29.B. Weekly relative contribution by type and subtype.



Influenza in Uruguay, EW 47/2025–45/2026. 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 6.30.A. Weekly SARS-CoV-2 positivity.

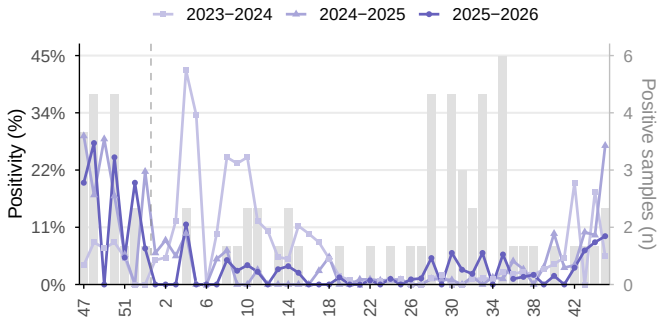
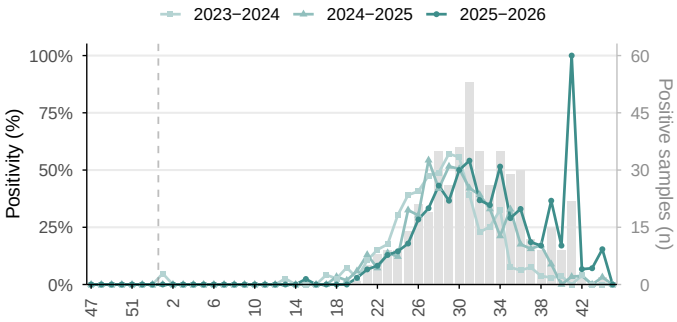


Figure 6.30.B. Weekly RSV positivity.



SARS–CoV–2 and RSV in Uruguay, EW 47/2025–45/2026. Weekly positivity and historical periods. Grey bars: positive samples per week, 2025–2026 (right axis). *Source: FluNet, WHO–GISRS.*

Figure 6.31.A. Overall weekly positivity.

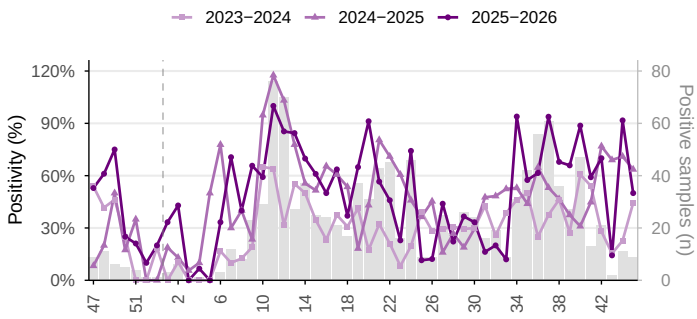
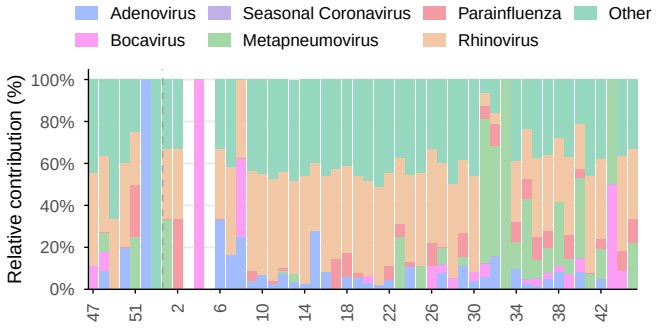


Figure 6.31.B. Weekly relative contribution by virus.



Other respiratory viruses in Uruguay, EW 47/2025–45/2026. 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 6.32.A. Weekly SARI cases.

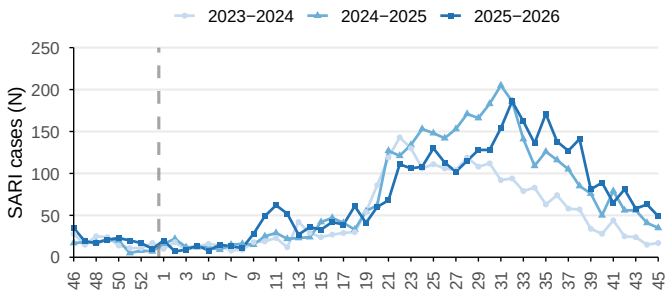
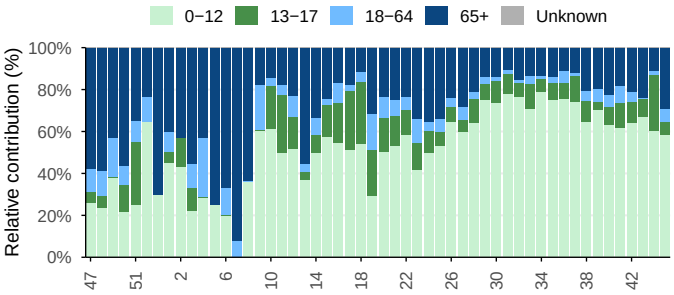


Figure 6.32.B. Weekly relative contribution by age group.



Severe acute respiratory infection (SARI) cases in Uruguay, EW 46/2025–45/2026. Relative contribution by age group over the last 53 weeks. *Source: FluID, WHO–GISRS.*

Figure 6.33.A. Weekly SARI cases admitted to ICU.

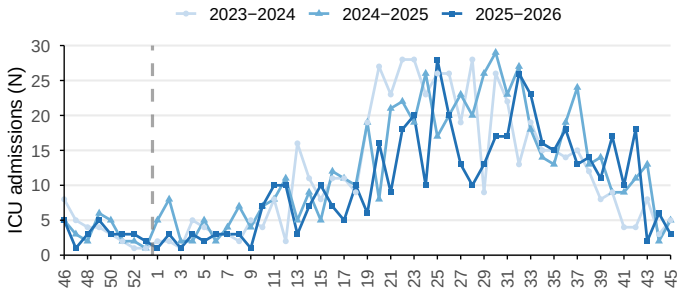
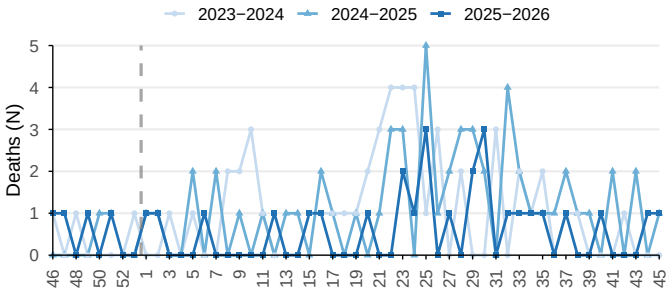


Figure 6.33.B. Weekly deaths among SARI cases.



SARI ICU admissions and deaths in Uruguay, EW 46/2025−45/2026. *Source: FluID, WHO−GISRS.*

The Pan American Health Organization (PAHO) *Weekly Report on Influenza, SARS-CoV-2, RSV and Other Respiratory Viruses* presents the epidemiological and virological situation of respiratory viruses in the Region of the Americas. It is intended for national and subnational health authorities, epidemiologists, surveillance teams, national reference laboratories and decision-makers.

The report brings together the information that Member States report weekly to the FluNet and FluID platforms of the World Health Organization (WHO) Global Influenza Surveillance and Response System (GISRS). For each subregion and country, it describes the positivity rate and the distribution of influenza types and subtypes, the circulation of SARS-CoV-2, RSV and other respiratory viruses, and trends in cases of influenza-like illness (ILI) and severe acute respiratory infection (SARI), intensive care unit admissions and deaths, compared with previous seasons.

The data are provisional and may change because of late reporting or retrospective updates by countries. When interpreting them, account should be taken of differences in surveillance coverage, representativeness and timeliness in each country.

PAHO thanks Member States for their regular and timely reporting, which allows changes in viral circulation to be detected early and guides preparedness and response measures in the Region, within the framework of the International Health Regulations.

PAHO Pan American Health Organization World Health Organization Regional Office for the Americas

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