Regional Update EW 27



(July 19, 2011 - 17 h GMT; 12 h EST)

PAHO interactive influenza data: http://ais.paho.org/phip/viz/ed_flu.asp
Influenza Regional Reports: http://new.paho.org/hq/index.php?option=com_content&task=view&id=3352&Itemid=2469&to=2246

The information presented in this update is based on data provided by Ministries of Health and National Influenza Centers of Member States to the Pan American Health Organization (PAHO) or from updates on the Member States' Ministry of Health web pages.

- In North America, influenza activity remains low.
- In Central America and the Caribbean, even though low detection levels remain in these sub-regions, in the Dominican Republic, the sustained circulation of influenza A/H1N1 2009 persist. Moreover, it was observed an increase in the detection of respiratory syncytial virus (RSV) in some countries of Central America (El Salvador, Guatemala, and Panama).
- In the Southern Cone, even though influenza activity is lower than expected for this time of year, some indicators of severe acute respiratory infections has increased (Uruguay) and a slight increase in the number of influenza viruses detected was reported (Chile). RSV continues to be the primary respiratory virus in circulation in the Southern Cone.

Epidemiologic and virologic influenza update

North America

In the United States¹, in EW 27, at the national level, the proportion of consultations for Influenza-like Illness (ILI) (0.7%) remained below the national baseline. The proportion of deaths attributed to pneumonia and influenza (6.3%) was below its epidemic threshold. This week one pediatric death associated to influenza A/H3 was reported. During EW 27, the percentage of positive samples to influenza among those tested, was less than 1%.

In Mexico, in EW 27, the percentage of samples positive to influenza, among those tested was 8.1%, with predominance of influenza B as the respiratory virus in circulation.

Caribbean

 CAREC^* , in EW 27, reported that the proportion of Severe Acute Respiratory Infections (SARI) hospitalizations was similar to the previous week (~2%). No SARI deaths have been reported since EW 22. Between EWs 21-25, RSV and rhinovirus were the primary viruses in circulation.

In Cuba, in EW 27, among all samples tested, the percentage of samples positive to respiratory viruses remained high at ~65%; rhinovirus, RSV, and parainfluenza have been the predominant respiratory viruses in circulation. Among all samples tested, 7% were positive to influenza (influenza A/H3N2).

In the Dominican Republic, in EW 28, among all samples tested, the percentage of samples positive to influenza (58%) increased compared to the previous weeks. Influenza A/H1N1 2009 has been the predominant virus in circulation since EW 13, followed by influenza B. No other respiratory viruses were detected.

In Jamaica, in EW 27, the proportion of consultations for Acute Respiratory Illness (ARI) was 0.5% less than that reported for the previous week. The proportion of admissions due to SARI was less than 1% and remained stable compared to the previous week. In EW 27, no SARI deaths were reported. According to laboratory data, no influenza cases have been detected since EW 21.

* Includes Barbados, Dominica, Jamaica, St Vincent and the Grenadines, St Lucia, and Trinidad and Tobago

Central America

In Honduras², in EW 27, at the national level, the percent of outpatient consultations for ILI was similar to the previous week, remaining <10%, and lower than compared to 2010 for this time of year. The percent of SARI admissions increased slightly but also remained less <10% and similar to the level observed in 2010. In EW 27, the percent of samples positive for respiratory viruses increased to ~15%. A few samples of influenza viruses were detected (influenza B and influenza A/H3N2).

In El Salvador, in EW 26, the percent of samples positive for respiratory viruses remained in ~40%. The predominant respiratory virus in circulation was RSV, followed by influenza B.

In Guatemala, in EW 26, the percent of samples positive for respiratory viruses slightly decreased to ~40%. The predominant respiratory virus in circulation was RSV, followed by influenza A unsubtyped.

In Panama, in EW 27, the circulation of respiratory viruses was low (~15% among all samples tested). The predominant respiratory virus in circulation was RSV and there has been no influenza detection since EW 23.

South America - Andean

In Bolivia, in EW 27, in the department of La Paz (west of the country), the percentage of samples positive to influenza was 28%, with predominant circulation of influenza A/H3N2 as the only influenza virus from EWs 16-27. In the department of Santa Cruz (east of the country), in EW 27, in the last 3 weeks, rhinovirus has been detection the predominant virus in circulation, with sporadic detection of influenza A/H1N1 2009.

In Colombia, throughout 2011 up to EW 26, a constant co-circulation of influenza A/H1N1 2009 and influenza A/H3N2 was evidenced. In EW 27, no positive samples to respiratory viruses were detected.

In Ecuador, in EW 27, at the national level, the percentage of SARI hospitalizations, SARI ICU admissions and SARI deaths remained below 10%. This week, the percentage of positive samples for respiratory viruses slightly increased to ~15%. No influenza viruses have been detected since EW 11. RSV has been the predominant respiratory virus in circulation since EW 9, especially in children less than 5 years of age.

In Peru³, in EW 26, ARI and pneumonia activity indicators (number of ARI cases in children less than 5 years old and the number of pneumonia cases in children less than 5 years old, respectively) showed a decreasing trend in the last 6 weeks, being this week below its endemic channel for this time of year. To date in 2011, 157 deaths associated with pneumonia were reported in children less than 5 years old, which represents a lower recount than observed during 2008-2010, for this time of year. Regionally, during 2011, some forest departments (Loreto, Amazonas and part of Junin) had higher numbers of death children less than 5 years old associated to pneumonia as compared to the previous years.

South America - Southern Cone

In Argentina⁴, the ILI endemic channel up to EW 24, showed a decreasing trend of the number of ILI cases, and lower than observed in the year 2010. Concerning the endemic channel of pneumonias up to EW 23, at the national level, the number of pneumonia cases was within the expected level and similar to previous weeks; with greatest activity in the Southern region and Cuyo region. According to national laboratory data, for EW 27, the predominance of RSV as the primary respiratory virus continued; however, the number of positive cases to respiratory viruses remained decreasing since its peak in EW 23. Concerning influenza virus, a slight increase of positive cases to influenza was registered between EWs 22 to 26.

In Brazil, according to laboratory data for EWs 26 and 27, the primary virus in circulation was influenza A/H3N2, followed by influenza A/H1N1 2009 and influenza B. Among other respiratory viruses, RSV was also detected in circulation.

In Chile⁵, in EW 27, ILI activity (6.9 consultations per 100,000 inhabitants) at the national level was slightly lower than the previous week (7.6 per 100,000 inhabitants) and remained within the expected levels for this time of year and lower than observed during 2009 and 2010. This week, the percentage of emergency department admissions for respiratory cases in children less than 15 years old (46%), was slightly inferior to

the previous week. In EW 27, no deaths associated to influenza have been registered. The number of cases positive to respiratory viruses continued to decrease since EW 24. RSV continued to be the primary virus in circulation (80% of positive cases), followed by adenovirus and parainfluenza. Even though, influenza continued at a low level compared to the expected for this time of year, an increase of positive cases to influenza A/H1N1 2009 were reported in Santiago (n=31), followed by detection of influenza A/H3N2 (5 cases),

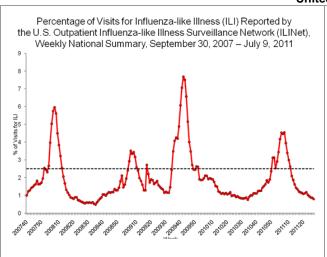
In Paraguay⁶, in EW 27, the proportion of ILI consultations among all consultations increased to 11.7%, being the highest this year to the present date. Among SARI hospitalizations, the proportion of SARI admissions among all admissions and SARI ICU admissions among all ICU admissions remained similar to the previous week and below 15%. A slight increase in the proportion of SARI deaths (~5%) was registered. In EW 27, the percentage of samples positive to respiratory viruses was ~10%, with few detections of parainfluenza as the only isolated virus. Up to date, RSV was the primary respiratory virus detected. No influenza virus has been detected since EW 13.

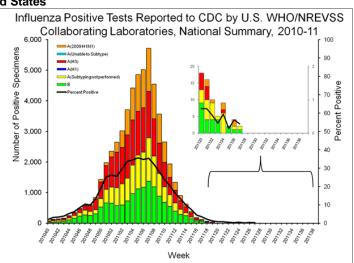
In Uruguay⁷, in EWs 28 and 29, an increase was registered in the proportion of SARI hospitalizations among all hospitalizations (~5%), ICU admissions among all ICU admissions (~22%) and the proportion of SARI deaths among deaths for all causes (~6%).

Graphs

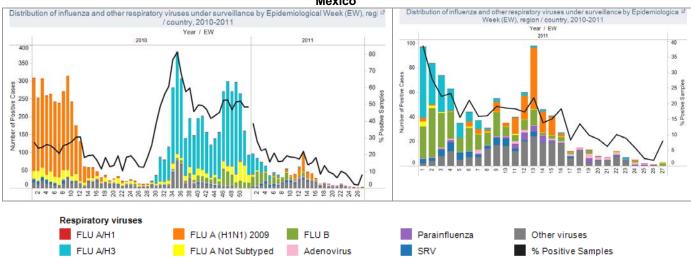
North America





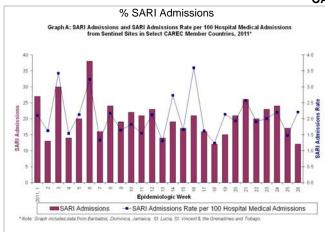


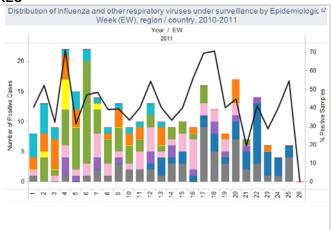
Mexico



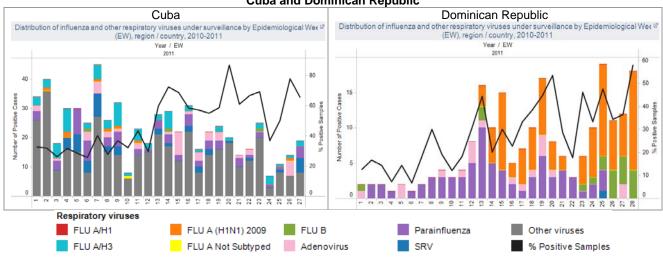
Caribbean



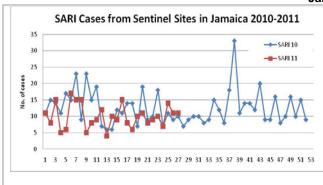


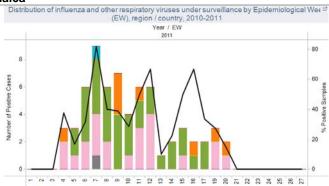


Cuba and Dominican Republic



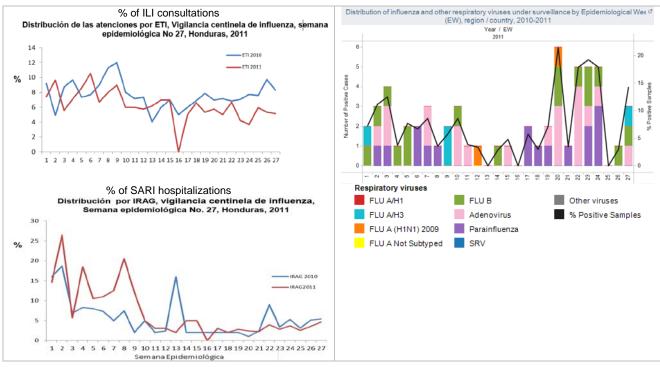
Jamaica

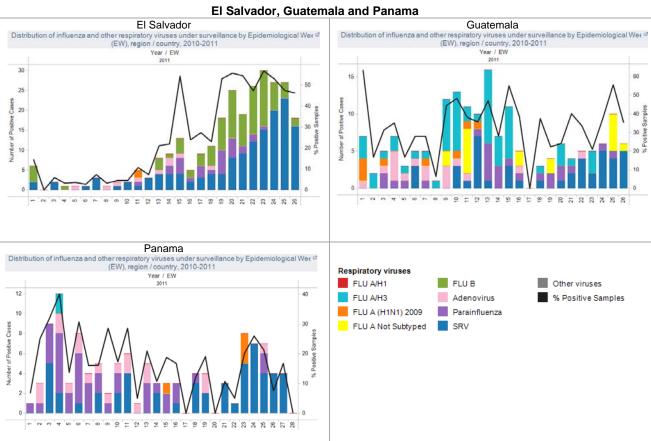




Central America

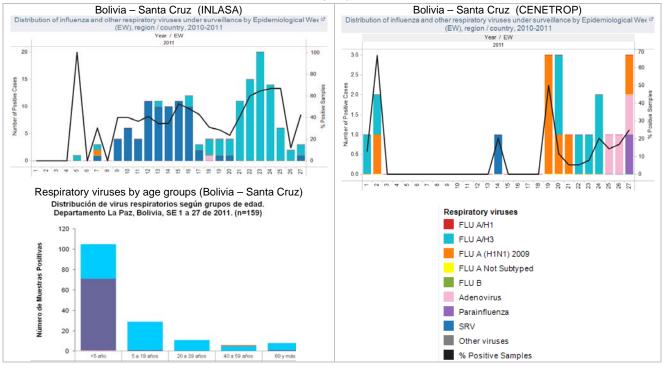
Honduras



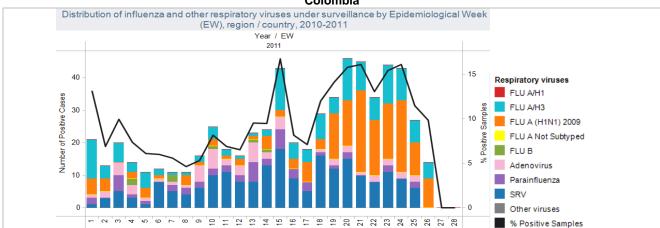


South America - Andean

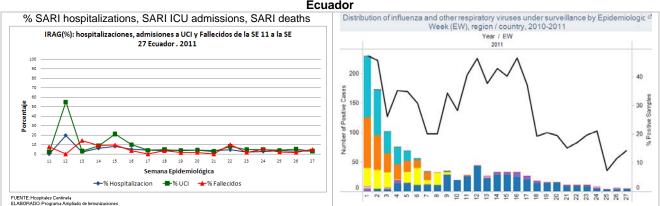
Bolivia



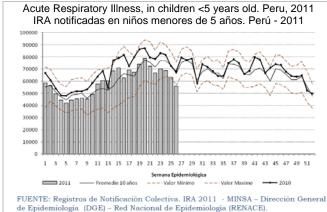
Colombia

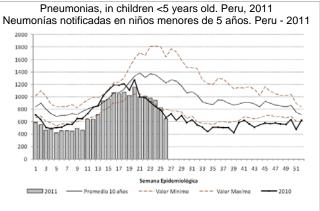


Ecuador



Peru

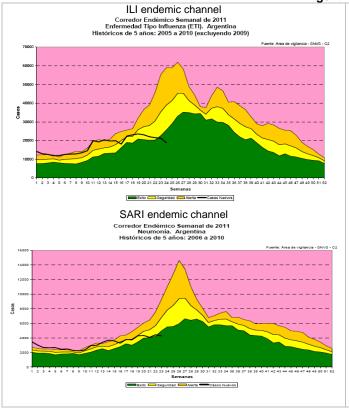


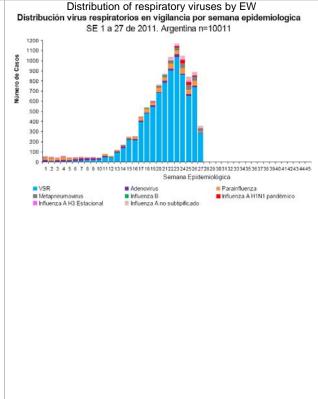


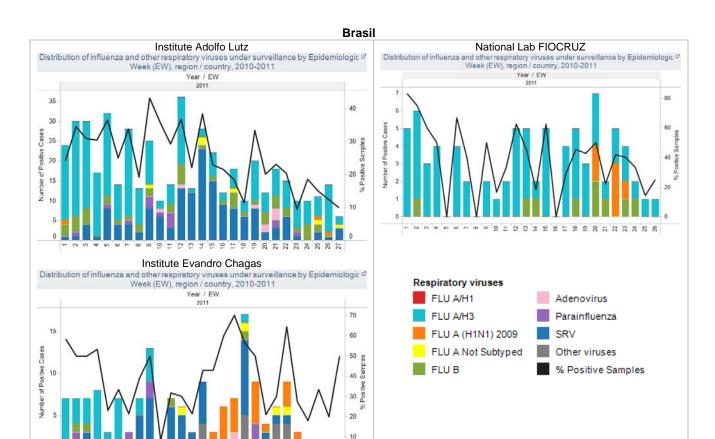
FUENTE: Registros de Notificación Colectiva. IRA 2011 - MINSA - Dirección General de Epidemiología (DGE) - Red Nacional de Epidemiología (RENACE).

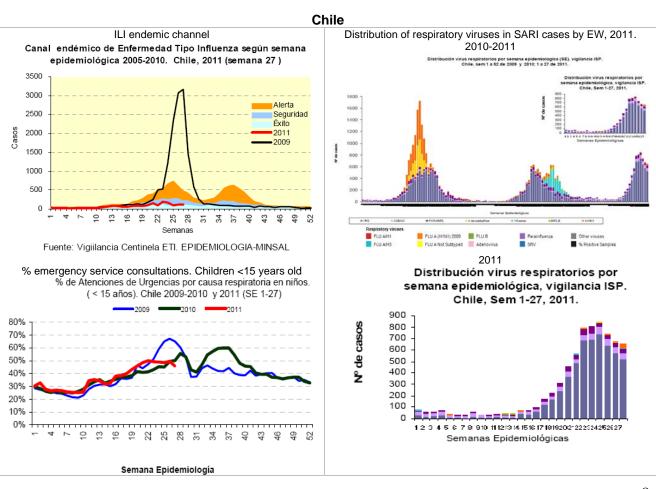
South America - Southern Cone

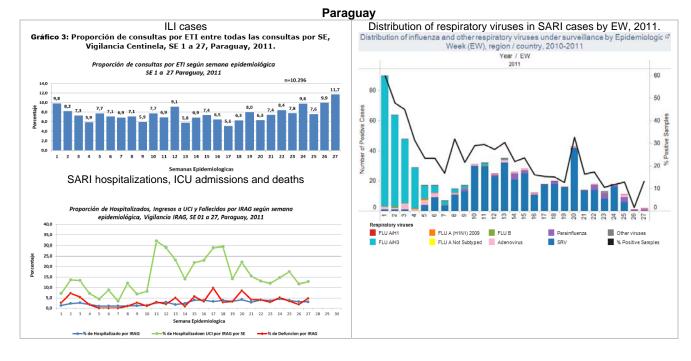


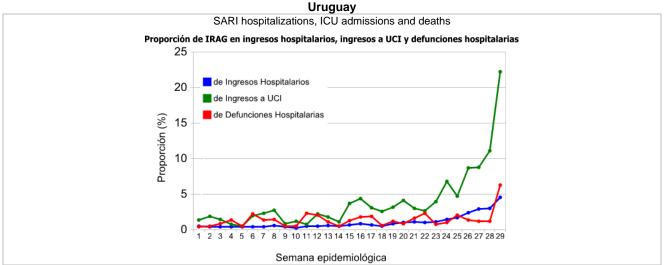












US Surveillance Summary. Week 27. Centers for Disease Control and Prevention
 Honduras. Vigilancia centinela de Tegucigalpa y San Pedro Sula. SE 27

⁴ Argentina. Actualización situación de enfermedades respiratorias 2011. SE 28.

³ Perú. Sala de Situación de Salud. SE 26. Ministerio de Salud. Dirección General de Epidemiología.

⁵ Chile. Informe de situación. SE 27. <u>www.pandemia.cl</u>

⁶ Paraguay. Boletín epidemiológico semanal. SE 28. Ministerio de Salud Pública y Bienestar Social

Uruguay. Dirección General de la Salud. División Epidemiología. https://trantor.msp.gub.uy/epidemiologia/servlet/iraggrafmenu