



The information contained within this update is obtained from data provided by Ministries of Health of Member States and National Influenza Centers through reports sent to Pan American Health Organization (PAHO) or updates on their web pages.

I- Evolution of the pandemic

South America

Southern Cone

Influenza activity remains low in this subregion. The trends in acute respiratory disease were reported as decreasing in Argentina and unchanged in Brazil and Chile.

In Brazil¹, at the national level, the proportion of consultations for influenza-like illness (ILI) remains within the endemic channel. Regionally, in the south and south-east regions, this proportion surpassed the epidemic threshold in EW 27.

In Chile², nationally, ILI activity remained low, remaining in the security zone of the endemic channel. At the regional level, ILI activity increased significantly in the region of Los Lagos compared to the las EW. The proportion of consultations in emergency services for respiratory illness out of the total number of consultations, increased from 29% to 31%, in the last EW, especially in children under 15 years of age, but this proportion is lower as compared to the same week in 2009.

In EW 27, Paraguay³ reported a similar number of ILI outpatient consultations as compared to the previous EW, which is about half of what was observed during the same period in 2009. The severe acute respiratory infection (SARI) activity in children under five years of age, remained within the range of what is expected for this time of year.

Viral circulation

In Argentina and Chile, respiratory syncytial virus (RSV) continues to predominate among circulating respiratory viruses. In EW 28 in Chile, 86% of positive specimens were RSV. Paraguay reported predominant circulation of respiratory syncytial virus; however it increased the isolation of pandemic influenza and sporadic influenza B.

Andean

In EW 28, Bolivia, Colombia and Peru reported regional influenza activity and Bolivia and Peru reported increasing trends in acute respiratory disease.

In EWs 27-28, Bolivia⁴ reported, at the national level, a constant increase in the number of acute respiratory illness (ARI) cases as compared to the previous week, but these levels remained in the security zone of the endemic channel. Regionally, in EW 28, however, the number of ARI cases was slightly below the epidemic threshold in the departments of Pando and Tarija, but above and at the epidemic threshold in Cochabamba and Oruro respectively.

Weekly Summary

- Some countries in South America (Bolivia and Peru), Central America (El Salvador) and the Caribbean (Dominica) reported an increasing trend in acute respiratory disease.
- Influenza activity remains low in the southern cone of South America and in North America.
- Influenza activity remains moderate in some countries in Central America, the Caribbean and Andean countries. There is different predominance in the influenza virus type in each country.
- The predominant respiratory viruses in Southern Cone is RSV; and in Central America, Caribbean and Andean countries are diverse.
- 7 new confirmed deaths in 4 countries were reported; in total there have been 8,532 cumulative confirmed deaths in 28 countries of the Region

Viral circulation

Bolivia reported a continued predominant circulation of influenza B during the year 2010, but an increasing number of pandemic influenza A cases in EWs 27-28. Colombia reported a predominance of pandemic influenza and some seasonal influenza A/H3 activity.

Central America

Influenza activity was reported as widespread in Costa Rica and Panama, regional in El Salvador, and no activity in Honduras. El Salvador reported an increasing trend in acute respiratory disease, Costa Rica reported an unchanged trend, while Honduras, and Panama reported decreasing trends. All these countries reported low/moderate intensity of acute respiratory disease and low impact of acute respiratory disease on health care services, except Panama, which has reported high intensity and moderate impact of acute respiratory disease on health care services for four consecutive weeks.

Viral circulation

Circulation of respiratory viruses is variable in Central America. In Costa Rica, among the positive influenza virus cases, there has been an increase in the number of seasonal influenza A/H3 virus and a decrease in the number of pandemic influenza A cases and ongoing circulation of adenovirus and RSV.

Caribbean

Influenza activity was reported as widespread in Jamaica, regional in Barbados and localized in Dominica. Trends of acute respiratory disease were reported as increasing in Dominica and unchanged in Barbados and Jamaica. All countries reported low/moderate intensity of acute respiratory disease, and low impact of acute respiratory disease on health care services.

In countries providing these data^{*}, the proportion of medical admissions for SARI peaked in EW 23 (6%) and has been decreasing since then, remaining less than 2% in EWs 27 and 28. In 2010, the proportion of medical admissions for SARI has been highest in those aged 6-48 months. In EW 28, no SARI-associated deaths were reported.

Viral circulation

The circulation of respiratory viruses is variable in the Caribbean. Dominican Republic reported, in addition to the ongoing predominant circulation of adenovirus and parainfluenza virus, the isolation of pandemic influenza in EWs 27 and 28.

North America

Influenza activity remains low in this region. The trends in acute respiratory disease were reported as decreasing in the United States.

In the United States⁵ in EW 28, the proportion of outpatient consultations for ILI continued to remain below the national baseline. All the sub-national surveillance regions reported the proportion of ILI to be below their region-specific baselines. The proportion of deaths attributed to pneumonia and influenza was below the epidemic threshold. No influenza -associated pediatric deaths were reported this week.

In Canada⁶, in EWs 27 and 28, the ILI consultation rate continued to remain low and the national rates for each of these EW were within expected levels for this time of year. In EW 27, six regions reported sporadic influenza activity, and forty three reported no influenza activity. In EW 27 and 28, no new influenza-associated hospitalizations were reported.

Viral circulation

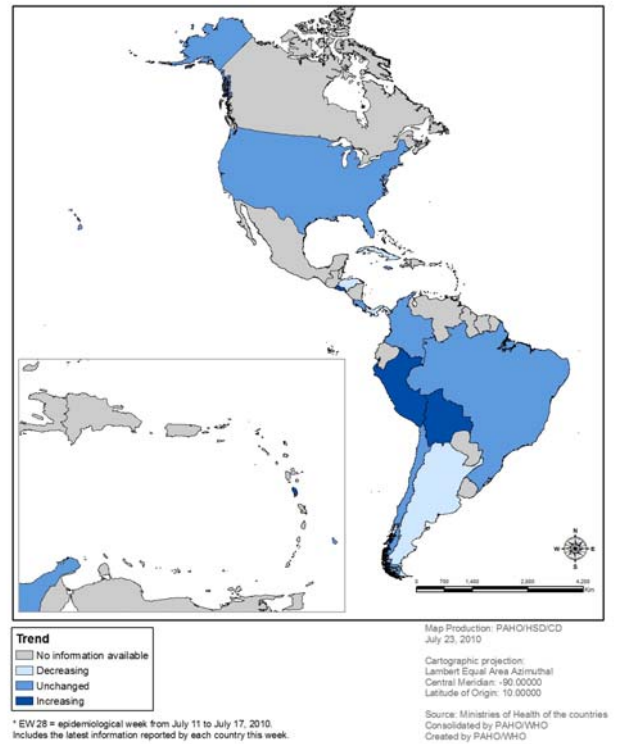
The percentage of specimens testing positive for influenza in Canada and United States remain low. In Canada, during EW 27-28, the proportion of positive parainfluenza tests remained high, while low levels of respiratory syncytial virus, adenovirus, and human metapneumovirus continue to be reported.

^{*} Participating CAREC member countries, which include, Barbados, Dominica, Jamaica, St Vincent and the Grenadines, and Trinidad and Tobago, were assessed together

**Map 1. Pandemic (H1N1) 2009,
Geographical Spread by Country.
Americas Region. EW 28, 2010*.**



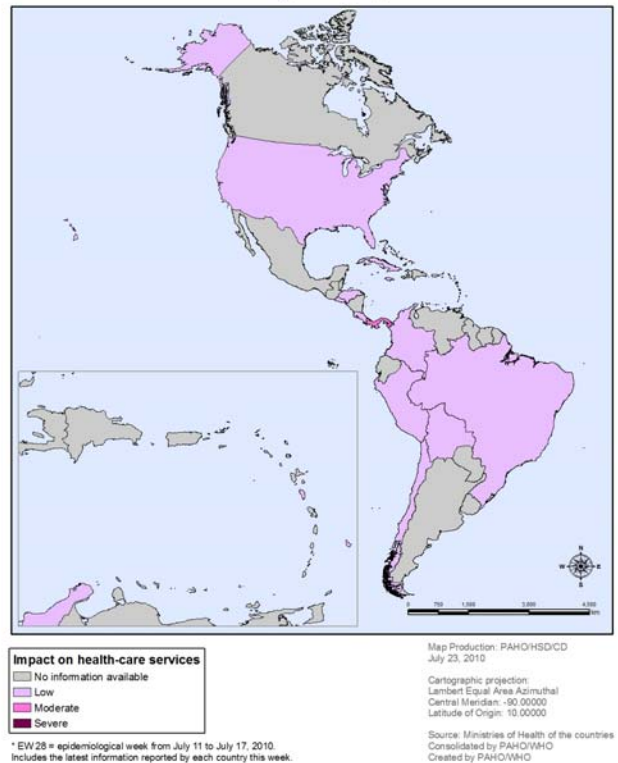
**Map 2. Pandemic (H1N1) 2009,
Trend of respiratory disease activity compared to the previous week.
Americas Region. EW 28, 2010*.**



**Map 3. Pandemic (H1N1) 2009,
Intensity of Acute Respiratory Disease in the Population.
Americas Region. EW 28, 2010*.**



**Map 4. Pandemic (H1N1) 2009,
Impact of Acute Respiratory Disease on Health-Care Services.
Americas Region. EW 28, 2010*.**



II- Viral circulation

The information below is based on reports from National Influenza Centers and influenza laboratories from the Region.

Table 3: Cumulative viral circulation in countries which reported to PAHO this week.

Country	Time period	# Samples Tested	% Positive Samples	% RSV [†]	% PIV [‡]	% Adv [§]	% Other Viruses	% Influenza B	% Influenza A	Among influenza A		
										% Pandemic	% Not subtyped	% Seasonal H3
Chile	EW 1-28	12,930	26	72.5	8.8	5.3		0.6	12.9	8.6	3.7	0.5
Colombia	EW 1-28	5874	8.2	12.5	4.6	1.7	0.0	5.4	75.9	86.6	0.0	13.4
Costa Rica	EW 1-28	3446	48.4	19.2	14.4	25.2	0.0	0.0	41.2	91.6	0.0	8.4
Dominican Republic	EW 1-28	21	38.1	4	37.5	0	0.0	0	50.0	0	100.0	0

Table 4: Viral circulation in last week reported

Country	Time period	# Samples Tested	% Positive Samples	% RSV [†]	% PIV [‡]	% Adv [§]	% Other Viruses	% Influenza B	% Influenza A	Among influenza A		
										% Pandemic	% Not subtyped	% Seasonal H3
Chile	EW 28	1342	44	86	7.4	2.0		6.0	3.7	2.8	0.3	0.5
Colombia	EW 27	72	19.4	0.0	0.0	0.0	0.0	0.0	100.0	78.6	0.0	21.4
Costa Rica	EW 28	152	52.0	17.7	2.5	26.6	0.0	0.0	53.2	35.7	0.0	64.3
Dominican Republic	EW 28	21	38.1	0.0	37.5	12.5	0.0	0.0	50.0	0.0	100.0	0.0

[†] Respiratory Syncytial Virus

[‡] Parainfluenza Virus

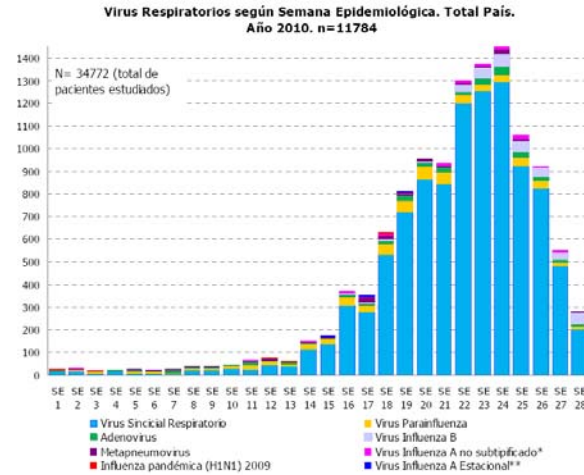
[§] Adenovirus

South America

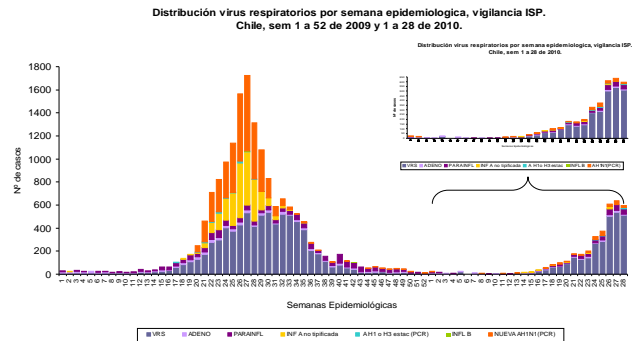
Southern Cone

Distribution of respiratory viruses under surveillance by EW

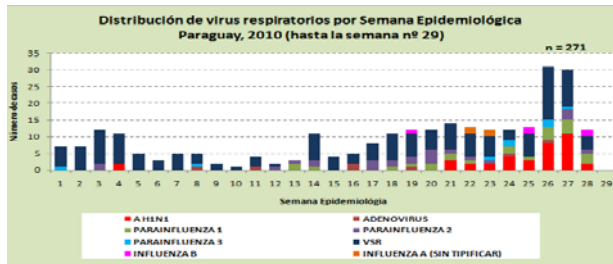
Argentina



Chile

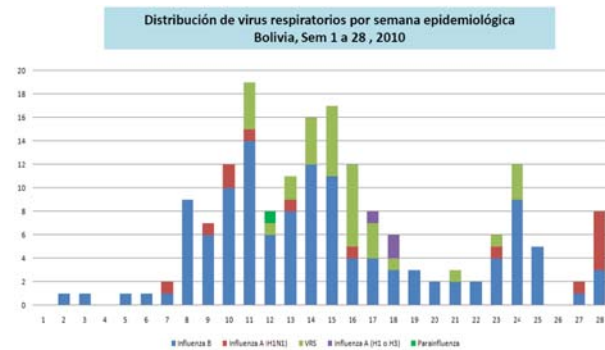


Paraguay



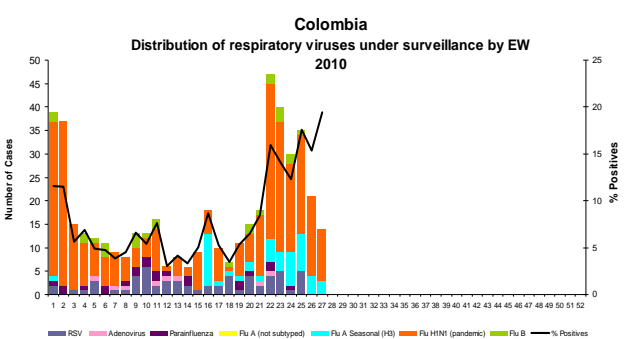
Andean

Bolivia



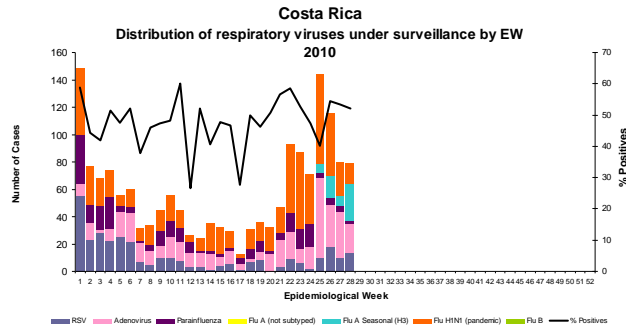
FUENTE: Inlssa, Cenetrop y UMSS (Laboratorios de referencia Nacional)

Colombia



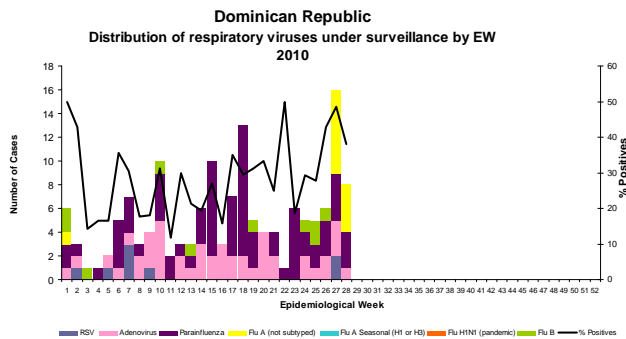
Central America

Costa Rica



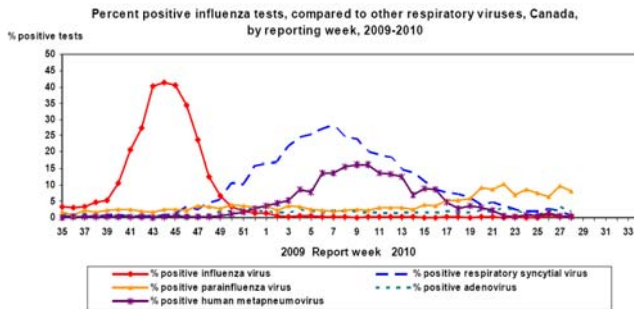
Caribbean

Dominican Republic



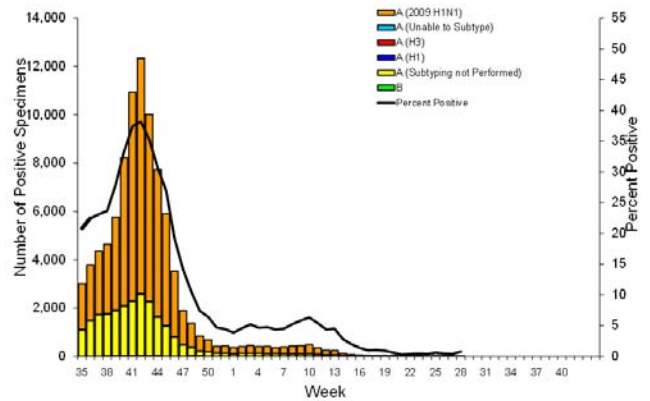
North America

Canada



United States

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2009-10



III- Topic of interest

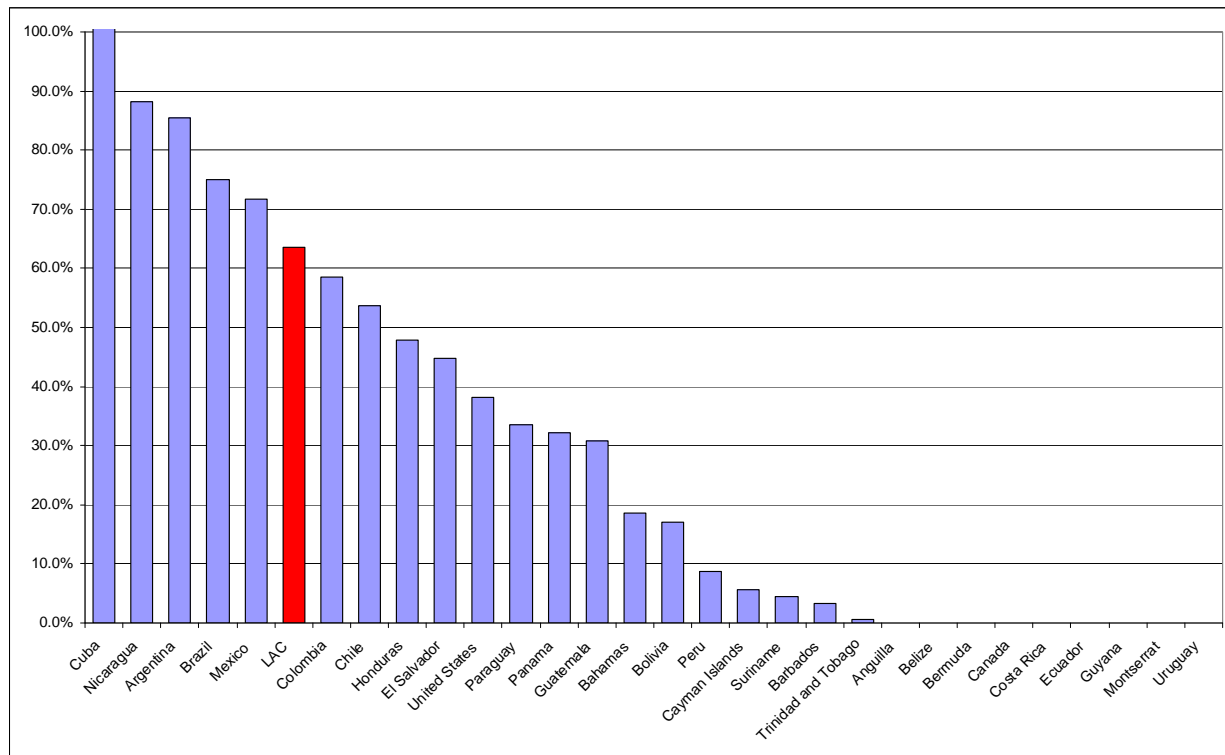
Vaccination of pregnant women**.

http://new.paho.org/hq/index.php?option=com_content&task=view&id=2461&Itemid=569&lang=en

Countries in Latin America and Caribbean (LAC) planned to vaccinate approximately 7 million pregnant women; as of 23 July approximately 63.6% of this population has been reached. Only one country has vaccinated 100% of all pregnant women targeted (Figure 1). Vaccine coverage among pregnant women is currently the lowest when compared with the other prioritized groups: individuals with chronic medical conditions (76.1%) and health care workers (>90%). It is necessary for countries to intensify vaccination efforts targeting pregnant women in coordination with scientific societies and civil society.

It is important to highlight that epidemiologic evidence obtained during the current influenza pandemic shows pregnant women like a group with high risk of morbidity (both for the mother and the fetus), hospitalization and death, especially in the 2nd and 3rd trimester of pregnancy and in the first two weeks post partum^{††,‡‡}. The World Health Organization (WHO) has therefore recommended that all pregnant women be vaccinated with inactivated vaccine at any time point.^{§§}

Figure 1. Influenza Pandemic Vaccination Coverage of Pregnant Women in America.



** Written by PAHO/AMRO Comprehensive Family Immunization Project, Family and Community Health.

†† CDC. 2009 pandemic influenza A (H1N1) in pregnant women requiring intensive care - New York City, 2009. MMWR Morb Mortal Wkly Rep. 2010 Mar 26;59(11):321-6.

‡‡ Siston A et al. Pandemic 2009 influenza A(H1N1) virus illness among pregnant women in the United States. JAMA. 2010 Apr 21;303(15):1517-25.

§§ WHO. Strategic Advisory Group of Experts on Immunization – report of the extraordinary meeting on the influenza A(H1N1) 2009 pandemic, 7 July 2009. Wkly Epidemiol Rec. 2009;84(30):301-4.

Annex 1: Weekly monitoring of pandemic epidemiological indicators for countries that provided updated information—Region of the Americas, Epidemiologic Week 28, 2010

Country	Geographic spread	Trend	Intensity	Impact on Health Care Services	EW
Southern Cone					
Argentina	Regional	Decreasing	Low or Moderate	NIA	28
Brazil	Regional	Unchanged	Low or Moderate	Low	28
Chile	Regional	Unchanged	Low or Moderate	Low	28
Paraguay					
Uruguay					
Andean Area					
Bolivia	Regional	Increasing	Low or Moderate	Low	28
Colombia	Regional	Unchanged	Low or Moderate	Low	28
Ecuador					
Peru	Regional	Increasing	Low or Moderate	Low	28
Venezuela					
Central America					
Belize					
Costa Rica	Widespread	Unchanged	Low or Moderate	Low	27
El Salvador	Regional	Increasing	Low or Moderate	Low	28
Guatemala					
Honduras	No activity	Decreasing	Low or Moderate	Low	28
Nicaragua					
Panama	Widespread	Decreasing	High	Moderate	28
Caribbean Countries					
Antigua & Barbuda					
Bahamas					
Barbados	Regional	Unchanged	Low or Moderate	Low	28
Cuba	Regional	Decreasing	Low or Moderate	Low	28
Dominica	Localized	Increasing	Low or Moderate	Low	28
Dominican Republic					
Grenada					
Guyana					
Haiti					
Jamaica	Widespread	Unchanged	Low or Moderate	Low	28
Saint Kitts & Nevis					
Saint Lucia					
Saint Vincent & Grenadines					
Suriname					
Trinidad & Tobago					
North America					
Canada					
Mexico					
United States of America	Regional	Unchanged	Low or Moderate	Low	28

NIA: No information available

Annex 2: Number of deaths confirmed for the pandemic (H1N1) 2009 virus Region of the Americas.
As of July 23, 2010 (17 h GMT; 12 h EST).

Source: Ministries of Health of the countries in the Region.

Country	Cumulative number of deaths	New deaths reported. (since July 16, 2010, 12 h EST)
Southern Cone		
Argentina	626	
Brazil	2,125	
Chile	158	1
Paraguay	47	
Uruguay	20	
Andean Area		
Bolivia	59	
Colombia	255	1
Ecuador	130	
Peru	241	3
Venezuela	137	
Central America		
Belize	0	
Costa Rica	69	2
El Salvador	33	
Guatemala	26	
Honduras	18	
Nicaragua	11	
Panama	12	
Caribbean Countries		
Antigua & Barbuda	0	
Bahamas	1	
Barbados	3	
Cuba	83	
Dominica	0	
Dominican Republic	23	
Grenada	0	
Guyana	0	
Haiti	0	
Jamaica	7	0
Saint Kitts & Nevis	2	
Saint Lucia	1	
Saint Vincent & Grenadines	0	
Suriname	2	
Trinidad & Tobago	5	
North America		
Canada*	428	
Mexico	1,292	
United States†	2,718	
TOTAL	8,532	7

* As of April 24, 2010, pandemic-associated death reporting was discontinued

† These deaths include both laboratory-confirmed pandemic (H1N1) 2009 and other influenza associated deaths through April 3, 2010.
As of April 3, 2010, influenza-associated death reporting through AHDRA was discontinued

As of **July 23, 2010**, a total of **8,532 deaths** have been reported among confirmed cases in **28 countries** of the Region. In addition to the figures displayed in **Annex 2**, the following overseas territories have confirmed deaths of pandemic (H1N1) 2009: United Kingdom Overseas Territories; Cayman Islands (1 death); French Overseas Communities: Guadeloupe (5 deaths), French Guiana (1 death) and Martinique (1 death).

¹ Brazil, Monthly Influenza Technical Report, No.6, July 2010

² Chile. Informe de situación. 21 de julio de 2010. www.pandemia.cl

³ Paraguay. Informe semanal. Vigilancia de virus respiratorios SE 29. 22 Julio de 2010

⁴ Bolivia. Notificación semanal de la situación de la pandemia por el nuevo virus Influenza A (H1N1)

⁵ Surveillance Summary. Week 28. Centers for Disease Control and Prevention.

⁶ FluWatch Report. EW 27-28. <http://www.phac-aspc.gc.ca/fluwatch/>