



PAHO interactive influenza data: http://ais.paho.org/phis/viz/ed_flu.asp

Influenza Regional Reports: www.paho.org/influenzareports

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 remained within the expected level for this time of year. Among influenza viruses, influenza A(H3N2) was predominant in Canada and United States and influenza A(H1N1)pmd09 in Mexico.
- In Central America and the Caribbean, influenza activity remained low or within the expected level for this period of time. Among influenza viruses, co-circulation of influenza A(H3N2) and influenza A(H1N1)pmd09 was reported in Costa Rica.
- In South America, influenza activity and acute respiratory illness activity remained low or within the expected level for this period of time. Co-circulation of influenza A(H3N2) and influenza A(H1N1)pmd09 was reported in Colombia and Ecuador.

Epidemiologic and virologic influenza update

North America

In Canada¹, in epidemiological week (EW) 03, 2012, influenza activity was similar to the prior week and remained low in most areas. In EW 03, influenza-like illness (ILI) consultation rates declined slightly to 23.9 per 1,000 consultations and remained within expected levels for this time of year. In EW 03, among the total samples analyzed (n=3,854), the proportion of samples positive for influenza (3.3%) was similar to the prior week. The proportion of influenza virus detections by type this season to date is as follows: 78.6% influenza A [mainly influenza A(H3N2)] and 21.4% influenza B. Concerning other respiratory viruses, the proportion of tests positive for RSV (18.3%) increased slightly as compared to the previous week, and RSV was the most prevalent among all respiratory viruses detected. The proportion of positive tests for the other respiratory viruses also declined as compared to previous weeks (hMPV-5.4%, rhinovirus-5.7%, coronavirus-5.1%, adenovirus-3.3%, parainfluenza-2.8%).

In the United States², in EW 03, influenza activity remained lower than expected for this time of year. At the national level, the proportion of ILI consultations (1.4%) remained below the national baseline (2.4%). The proportion of deaths attributed to pneumonia and influenza for EW 03 (7.8%) was slightly above the epidemic threshold for this time of year (7.7%). In EW 03, one pediatric death associated with influenza (influenza type B) was reported. Among all samples tested during EW 03 (n=3,572), the percentage of samples positive for influenza remained low (4.9%). Among the positive samples, 94.9% were influenza A [among the subtyped influenza A viruses, mainly influenza A(H3N2)] and 5.1% were influenza B.

In Mexico, as of January 27th, the Ministry of Health reported 1,623 influenza cases and 32 deaths associated with influenza; of which, 90% of the cases and 91% of the deaths were associated with influenza A(H1N1)pdm09. The states with the highest number of positive samples among all positive samples for A(H1N1)pdm09 were: Federal District (18.3%), Hidalgo (14.2%) and State of Mexico (12.4%); and the states with the greatest proportion of deaths were: Federal District (27.6%), State of Estado (24.1%) and Oaxaca (17.2%). According to laboratory data, in EW 03, of the total samples analyzed (n=330), the proportion of samples positive for influenza (53%) was similar to the prior week. Influenza A(H1N1) pdm09 was the predominant circulating virus.

Caribbean

CAREC^{*}, in EW 03, received epidemiological information from Brabados, Dominica, Jamaica and Tobago. In EW 03, the SARI hospitalization rate was 2.4%, which has increased from the prior week (1.9%). Children aged 6 months-14 years were tied with the highest rate of SARI hospitalization (4% of hospitalized children in these age groups were SARI cases). One SARI related death was reported in week 2, 2012. The deaths occurred in a person >65 years age and, unfortunately, no specimen was taken for influenza testing. According to laboratory data, influenza A not subtyped, influenza A(H1N1)pdm09, RSV, and rhinovirus have been identified in the past four weeks.

In Jamaica, in EW 03, the proportion of consultations for Acute Respiratory Illness (ARI) was 4.4%, which was slightly higher than the previous week. The proportion of SARI admissions was 0.9%, increasing slightly compared to previous week. In EW 03, no SARI deaths were reported. According to laboratory data, one case of influenza A(H1N1)pdm09 was identified this week.

In Cuba, according to laboratory data, in EW 03, among all samples tested (n=51), 29% were positive for respiratory viruses. No samples positive for influenza have been detected in the last two weeks.

In Dominican Republic, in EW 03, among the samples tested (n=17), 11.7% were positive for respiratory viruses. No samples positive for influenza have been detected in the last 3 weeks.

Central America

In Costa Rica, in EW 03, according to laboratory data, among all samples tested (n=103), the percentage of positive samples for respiratory viruses was 45% and for influenza virus was 23%; both were slightly higher than previous weeks. Among all the positives virus, adenovirus was the predominant virus during the last 3 weeks, followed by influenza A(H3N2), RSV and influenza A(H1N1)pdm09.

In Nicaragua, in the EW 02, 79 SARI cases were reported, with a cumulative total of 119 cases, 43% less than the total accumulated for the same SE in 2011 (n=212). There were reported 32,723 cases of ARI, that represents 20% less than the cumulative total of 2011 (n=72,798). Up to the SE 02, of the number of analyzed samples (n=49), 6% were positive to respiratory viruses and 2% to virus of influenza (influenza B).

In Panama, in EW 02 and 03, among all samples tested, influenza viruses were not detected; only some samples were positive for other respiratory viruses.

In El Salvador, up to the EW 03, 136,654 cumulative ARI cases were reported, representing 36% of increase with regard to the cumulative data of the previous EW (n=90,632). Also, 1,989 pneumonia cumulative cases were reported, 37% more than the previous week (n=1,242).

South America – Andean

In Colombia, during the EW 02, a low number of positive samples to influenza A(H3N2) had been detected. Up to the EW 01, co-circulation of influenza A(H3N2) and influenza A(H1N1)pdm09 had been reported.

In Ecuador, in EW 02, the percentage of SARI hospitalizations, SARI ICU admissions, and SARI deaths remained under 10%. According to laboratory data, in EW 02, among all samples tested (n=94) the percent positivity for respiratory viruses was 26.6% with co-circulation of influenza A(H3N2) and influenza A(H1N1)pdm09, followed by RSV.

South America – Southern Cone

In Chile³, between EW 01-03, the national ILI activity showed a low level activity (6.1 consultation for 100,000 inhabitants in EW 01; and decreasing during EW 02-03), and within the expected level for this time of the year. In EW 03, the percentage of attention in urgency services for respiratory reasons was 13.2%, lower than what was observed in the previous weeks and similar to the previous years. Between EW 01-03, among all the samples tested (n=880), at national level, the percent of positivity for respiratory viruses was 9%, being adenovirus the predominant virus detected, followed by parainfluenza, influenza A and RSV. Among the SARI cases, the predominant virus detected was influenza A/H3N2.

* Includes Barbados, Belize, Dominica, Jamaica, St Vincents and the Grenadines, St Lucia, Suriname and Trinidad and Tobago

Graphs

North America

Canada

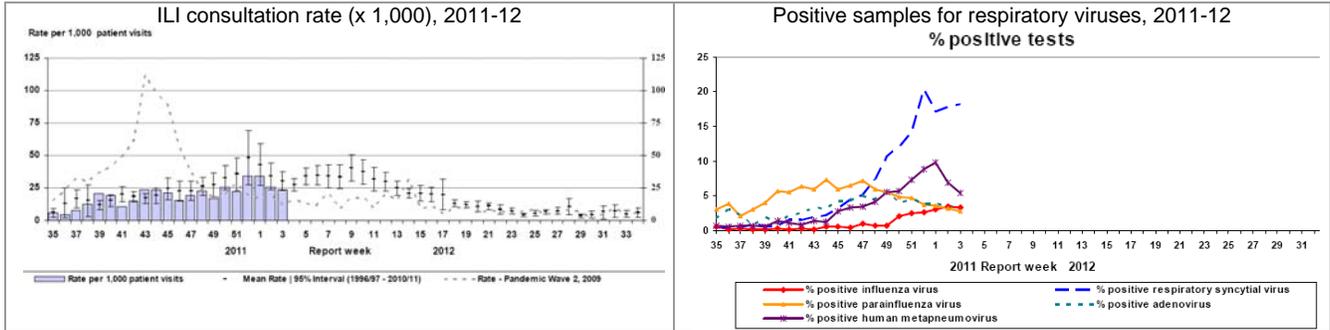
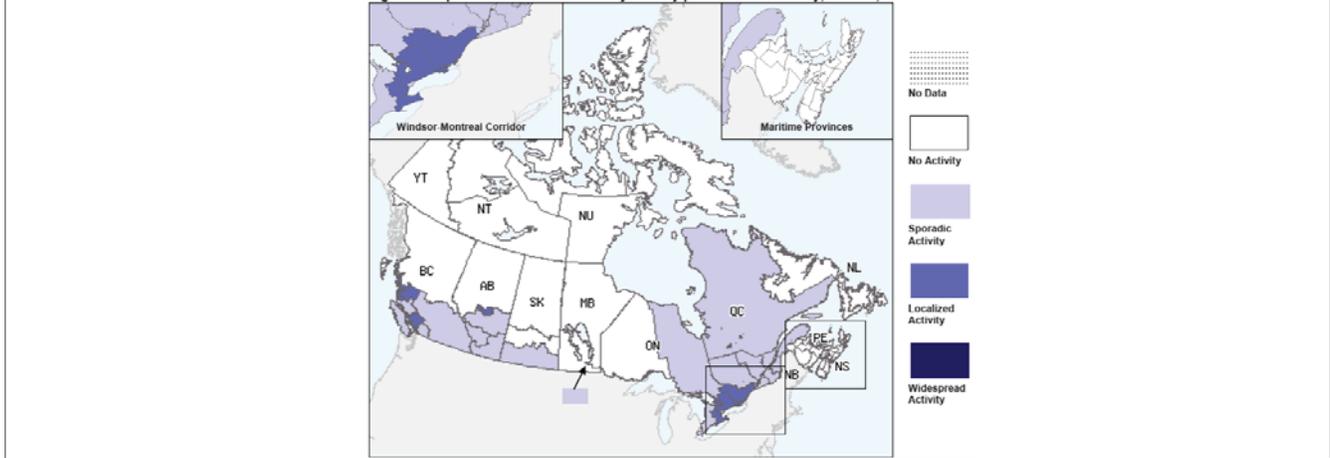
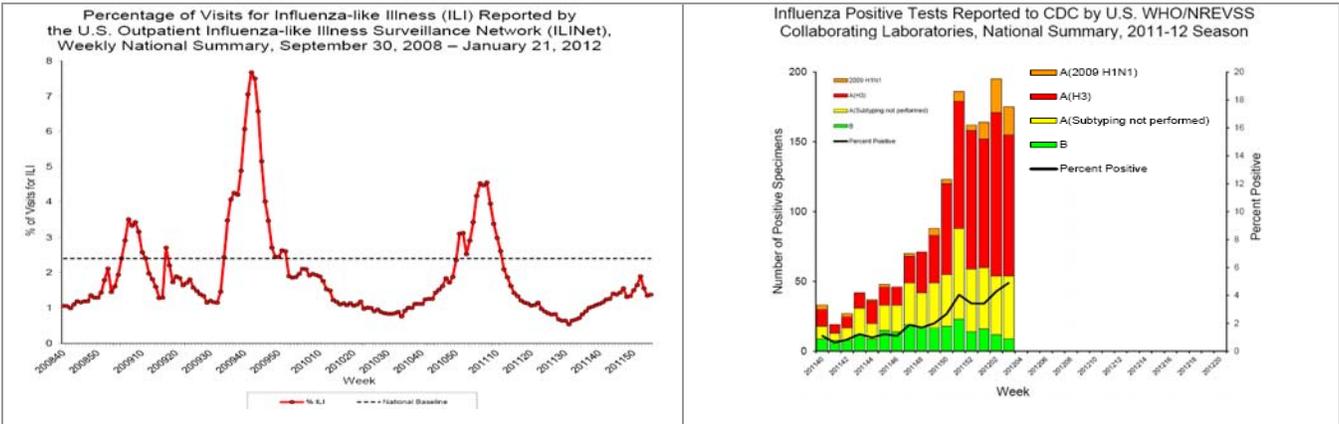


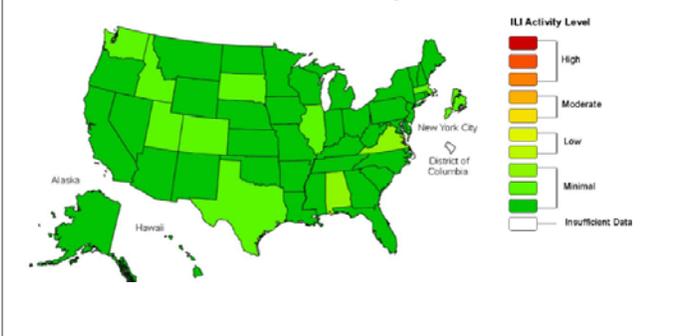
Figure 1. Map of overall Influenza activity level by province and territory, Canada, Week 03



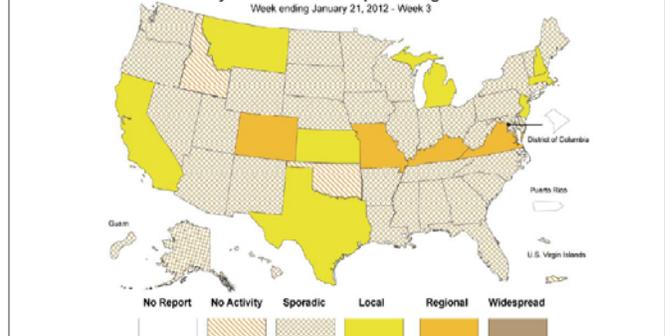
United States



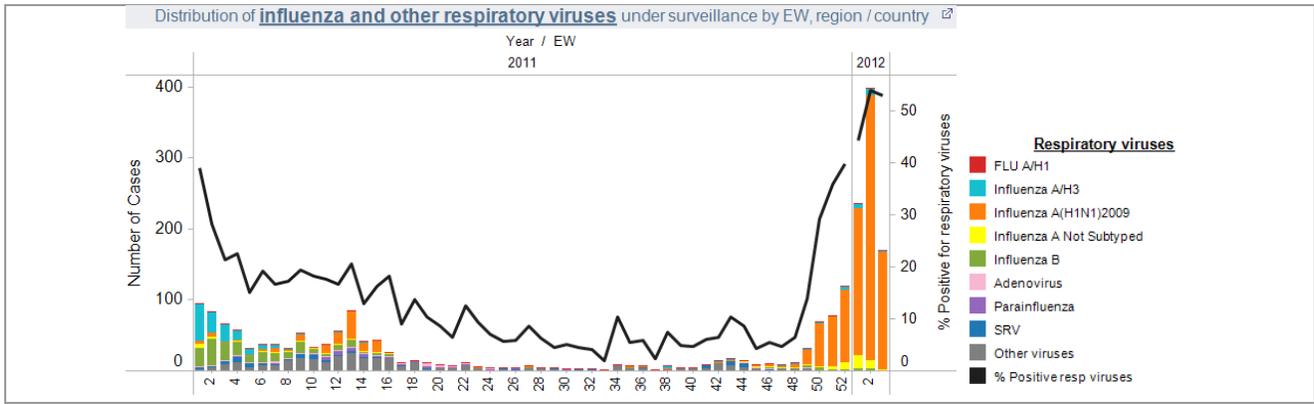
Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2011-12 Influenza Season Week 3 ending Jan 21, 2012



Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists* Week ending January 21, 2012 - Week 3

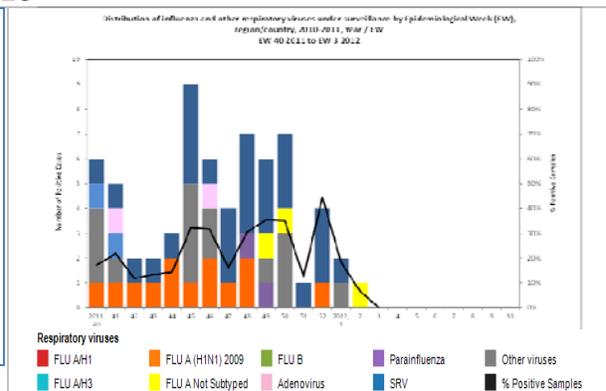
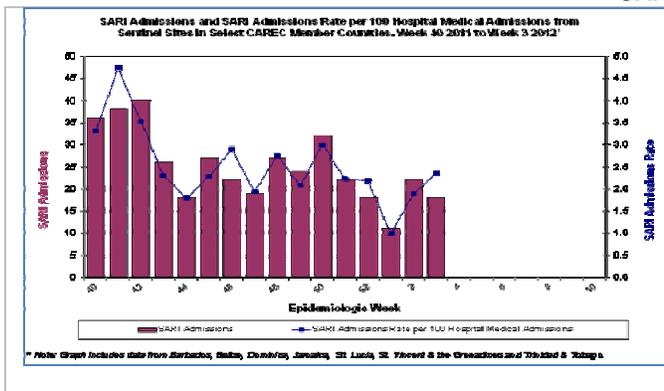


Mexico

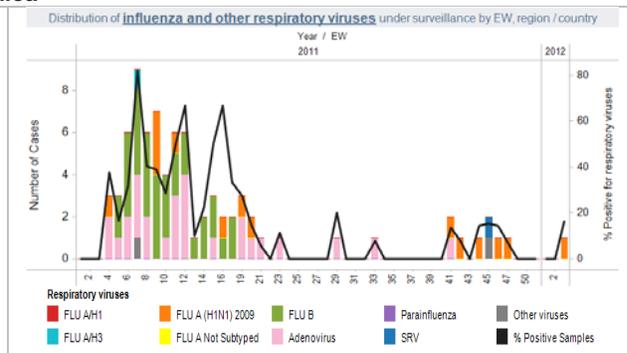
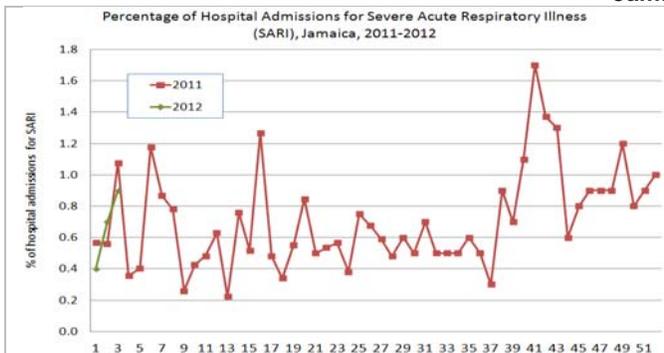


Caribbean

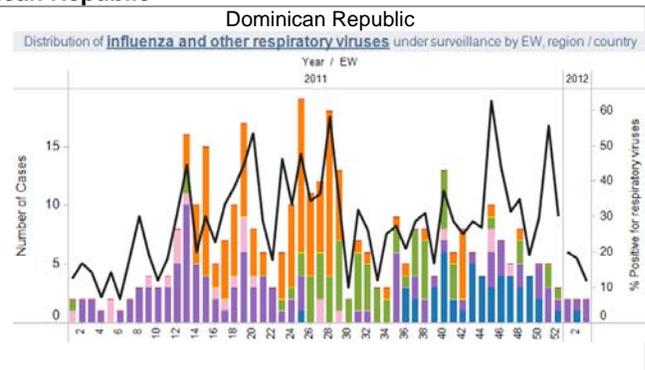
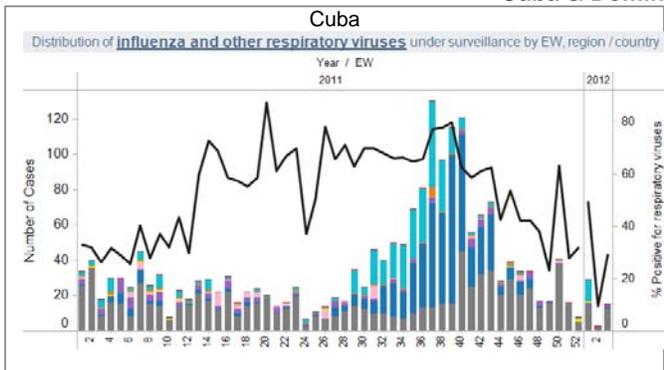
CAREC



Jamaica



Cuba & Dominican Republic

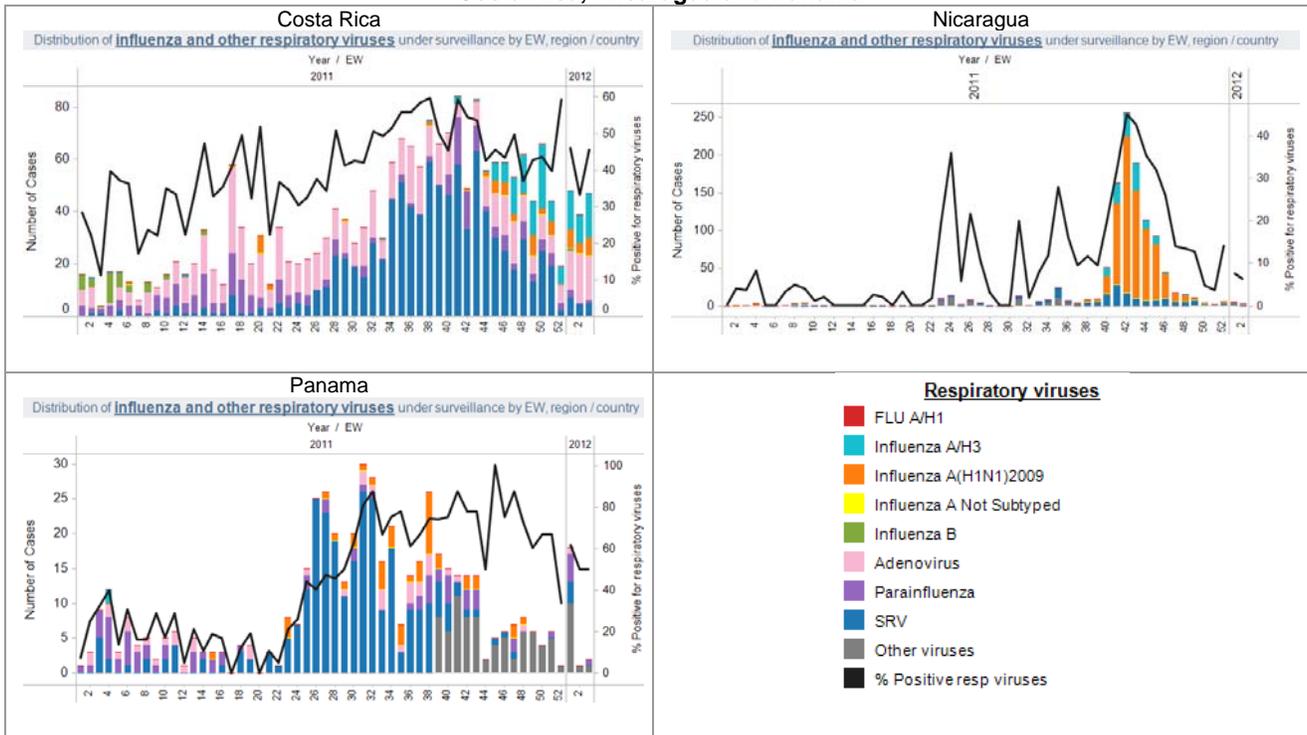


Respiratory viruses

- FLU A/H1
- FLU A(H1N1)2009
- FLU B
- Parainfluenza
- Other viruses
- FLU A/H3
- FLU A Not Subtyped
- Adenovirus
- SRV
- % Positive Samples

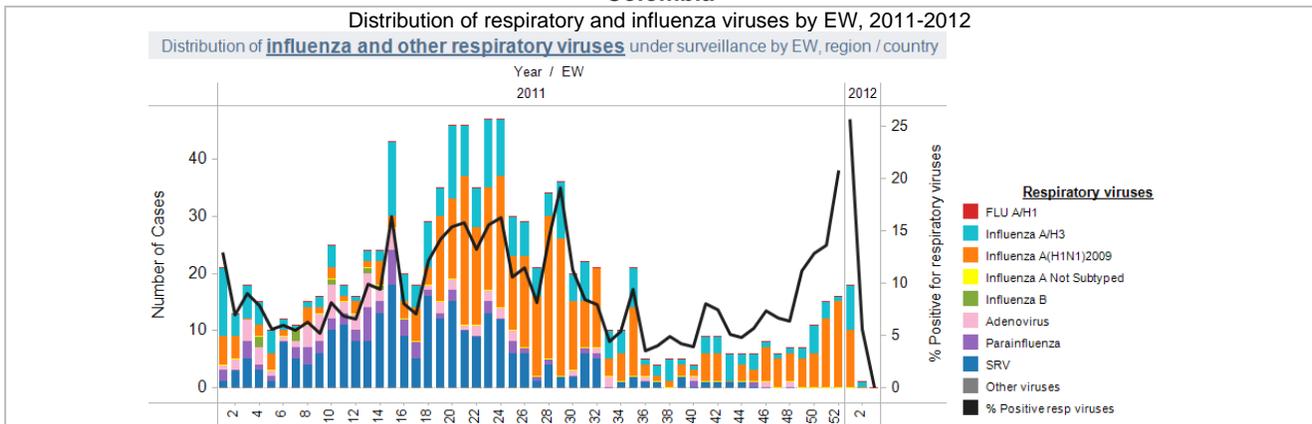
Central America

Costa Rica, Nicaragua and Panama

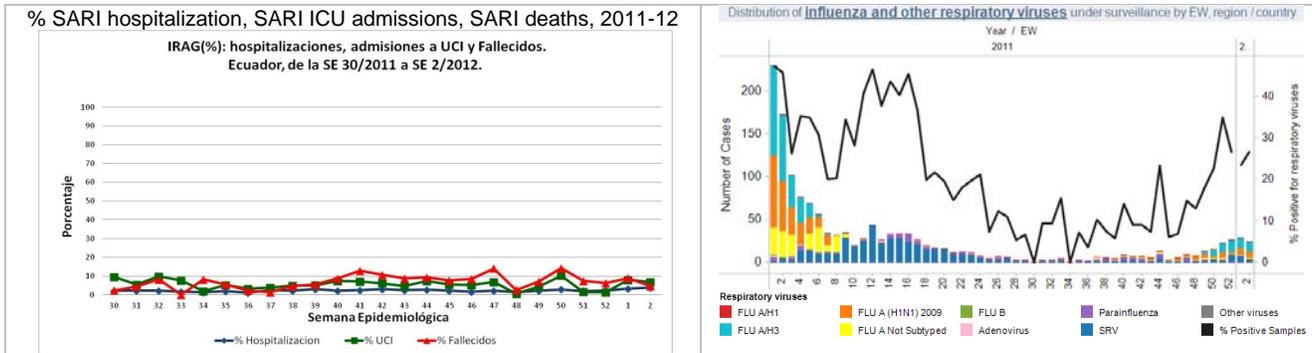


South America - Andean

Colombia



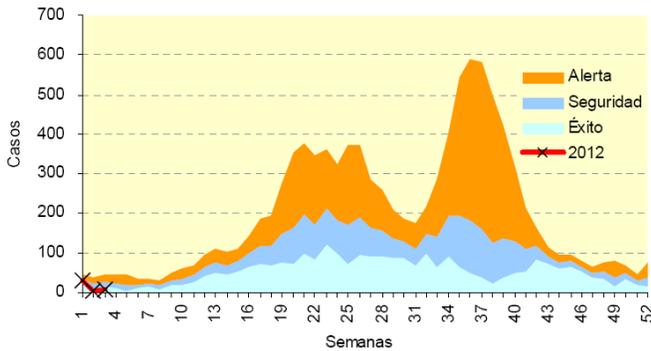
Ecuador



South America – Southern Cone

Chile

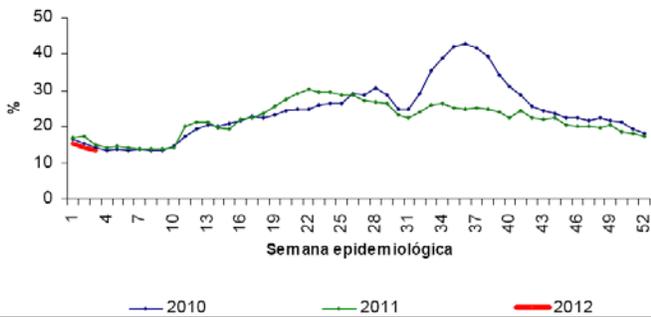
ILI endemic channel by EW, 2012
Canal endémico de Enfermedad Tipo Influenza según semana epidemiológica 2006-2011*. Chile, 2012 (semana 1-3)



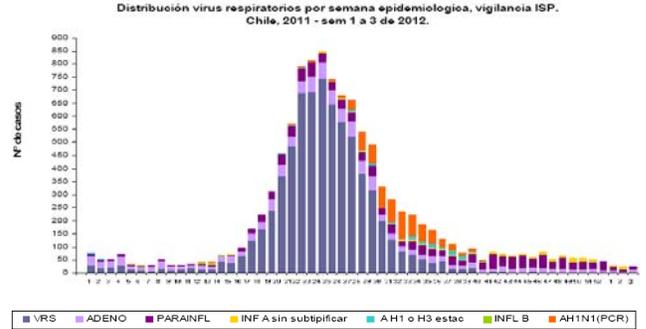
Fuente: Vigilancia Centinela ETI. EPIDEMIOLOGIA-MINSAL * Sin año 2009

Attention in urgency services for respiratory reasons by EW, 2012

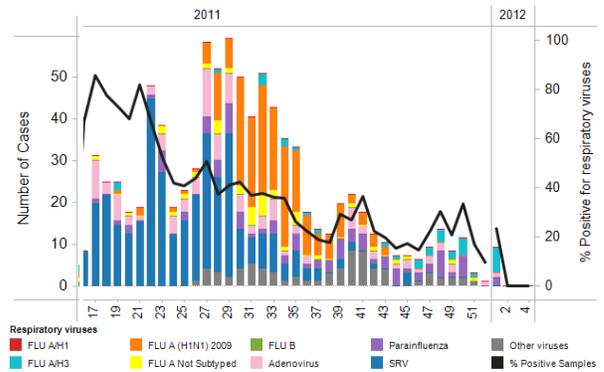
Porcentaje de atenciones de urgencia hospitalaria por causa respiratoria. Chile 2010 - 2011 - 2012*



Distribution of respiratory viruses by EW, 2011-2012



SARI cases: distribution of respiratory viruses by EW, 2011-2012



¹ FluWatch Report. EWs 03. Available at <http://www.phac-aspc.gc.ca/fluwatch/>

² US Surveillance Summary. Week 03. Centers for Disease Control and Prevention

³ Chile. Informe de situación. SE 1-3, 2012. Disponible en: www.pandemia.cl