# Regional Update EW 25, 2012



(July 5, 2012 - 17 h GMT; 12 h EST)

PAHO interactive influenza data: <a href="http://ais.paho.org/phip/viz/ed\_flu.asp">http://ais.paho.org/phip/viz/ed\_flu.asp</a> Influenza Regional Reports: <a href="http://ais.paho.org/influenzareports">www.paho.org/influenzareports</a>

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 decreased.
- In Central America and the Caribbean, influenza A(H1N1)pdm09, influenza B, adenovirus and SRV.
- In South America, acute respiratory illness activity has been increasing in some countries in the last weeks; but remained within the expected level for this time of year. Co-circulation of different types/subtypes of influenza (influenza A(H1N1)pdm09, influenza (H3), influenza B) and Respiratory syncitial virus (RSV).

#### Epidemiologic and virologic influenza update

#### North America

In the United States, in EW 25, nationally, the proportion of ILI consultations (0.9%) was below the baseline (2.4%); and although all Regions reported ILI activity below their region-specific baselines, activity has been increasing in Region 5 (Midwest) for the last three weeks. Nationally, the proportion of deaths attributed to pneumonia and influenza for EW 25 (6.1%) was below the epidemic threshold for this time of year (6.9%). In EW 25, one pediatric death associated with influenza A(H1N1)pdm 09 was reported. Among all samples tested during EW 25 (n=1,483), the percentage of samples positive for influenza (8.2%) decreased relative to the previous week. Nationally, among the positive samples, 38.5% were influenza A [among the subtyped influenza A viruses, mainly influenza A(H3N2)] and 61.5% were influenza B.

In Mexico, according to laboratory data, in EW 25, nor influenza virus neither other respiratory viruses were detected.

#### Caribbean

CAREC, in EW 25, received epidemiological information from 5 countries (Belize, Jamaica, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago). In EW 25, the proportion of severe acute respiratory infection (SARI) hospitalizations was 2.4%, which is greater than the prior week (1.6%). Children aged 6 months – 4 years had the highest rates of SARI hospitalization (8.4% of all children admitted to hospital were for SARI). No SARI related deaths were reported in week 25, 2012. In the past four weeks, influenza A H3, influenza A H1N1, influenza B, respiratory syncytial virus (RSV) and parainfluenza have been confirmed. To date in 2012, the overall percentage positivity for samples tested is 38%, with % positive for influenza = 21% and % positive for other respiratory viruses = 17%.

In Jamaica for epidemiological week 25, sentinel site data shows that the proportion of consultations for Acute Respiratory Illness was 4.7% which was the same as the previous week. The proportion of admissions due to Severe Acute Respiratory Illness (SARI) was 1% which was 0.4% higher compared to the week. There was no SARI death reported for epidemiological week 25. No influenza viruses were detected in EW 25.

In Cuba, according to laboratory data, in EW 25, among all samples tested (n=77), the percentage of positives for respiratory viruses was 31% and the percentage of positives for influenza viruses was 29.8%. Influenza B, influenza A(H3) and othe viruses were detected.

In Dominican Republic, according to laboratory data, in EW 25, among all samples tested (n=19), the percentage of positives for respiratory viruses was 5.3%. SRV was the only respiratory virus detected.

#### Central America

In Costa Rica, in EW 25, according to laboratory data, among all samples tested (n=76), the percentage of positives for respiratory viruses was 23.7%, lower than the previous EW (41.1%). Adenovirus, parainfluenza and SRV were detected. Influenza viruses were not detected.

In El Salvador, in EW 25, according to data from the Ministy of Health, among all sample tested (n=68), the percentage of positives for respiratory viruses was 41%. Among all the influenza cases, 84% were influenza A(H1N1)pdm 09.

In Guatemala, in EW 25, according to laboratory data, influenza and other respiratory viruses were not detected.

In Nicaragua, in EW 25, according to laboratory data, all samples tested (n=83), the percentages of positives for respiratory viruses was 27.7%. SRV was detected. Influenza vruses were not detected.

In Panama, according to laboratory data, in EW 26, among all samples tested (n=4), influenza B and other respiratory viruses were detected.

#### South America - Andean

In Santa Cruz, Bolivia, according to data from CENETROP, viral circulation has shown An increasing trend since EW 19, with a positivity for EW 25 of 26.8%, among all samples analyzed (n=82), ith a predominance of SRV (9/22) and parainfluenza (6/22). According to the SARI surveillance system in La Paz, in EW 25, the proportion of hospitalizations (19%) increased starting from EW 10; two SARI-associated death was reported. In La Paz, viral circulation showed an increase in influenza A (H1N1) pdm09 and the positivity since EW 19 reached 55.2% in EW 25 among the 192 samples processed. Influenza A(H1N1)pdm 09 is the predominant virus (82%).

In Colombia, according to the laboratory data, in EW 25, no influenza viruses were detected.

In Ecuador, SARI activity and viral circulation has shown a decreasing trend since EW 09. Of the samples analyzed from SARI cases (n=44), the positivity was 34.1%, representing an increase with respect to the previous week, with a predominance of influenza B (13/15). In EW 25, the proportions of SARI hospitalizations and ICU admissions remained low and without significant changes compared to the previous week; no SARI deaths have been reported in the last four weeks.

In Peru, at the national level, through EW 24, the reports of ARI among children less than five years of age reached 442/100,000 population, a value less than expected for this time of year. The ARI endemic channel among children less than five years of age has shown an increasing trend since EW 09, remaining in the safe zone. The same behavior was observed for pneumonias in this age group. At the sub-national level, through EW 24, all departments reported ARI rates in children less than five years of age to be below expected. According to laboratory data, in EW 24, among all sample tested (n=102), the percentage of positives for respiratory viruses was 30.4%, higher than the previous EW. SRV (32%) and influenza B (29%) were detected.

#### South America - South Cone

In Argentina, at the national level, in EW 25, the endemic channels showed that the number of ILI and pneumonia cases remained below expected levels for this time of year. In the hospitalized ARI surveillance, through EW 25, the cumulative number of cases was less than what was reported in the same time last year; however, the regions of Cuyo and Northeast, showed rates higher than expected for this time of year. According to the laboratory surveillance system, there was an increase in the positivity for

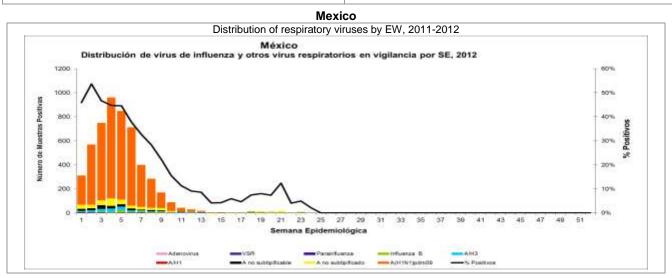
respiratory viruses since EW 14, coincident with an increase in the circulation of RSV. In EW 25, there was a positivity of 56.5%, with RSV being the most prevalent.

In Chile, in EW 25, at the national level, ILI activity reached the alert zone of the endemic channel (rate 14..2/100,000 population), showing an increasing trend. The percent of urgent visits for respiratory causes showed a progressive increase since EW 11, reaching 32% in EW25-exceeding values reported for the same period in the last two years. According to laboratory data, at the national level, in the same week, among all samples analyzed (n=1,827), the percent positivity for respiratory viruses was 54%, higher than the previous week, with a predominance of RSV (82%).

In Paraguay, at the national level, in EW25, the ILI rate (158.6/100,000) remained in the epidemic zone with an increasing trend. According to the laboratory data, at the national level, in EW 25, among all samples analyzed (n=166), the positivity was 44.6% showing an increase since EW 18, which coincided with an increase in the detection of influenza A (H1N1) pdm09 (59%). According to the SARI surveillance system, the proportion of hospitalizations has shown an increase since EW 18, reaching 9.1% (140/1537) in EW25; the same trend was seen with ICU admissions with 39.6% (21/53). In EW 24, among the SARI samples analyzed (n=36), the percent positivity for respiratory viruses was 50%, with a predominance of influenza A(H1N1) pdm09 (8/18).

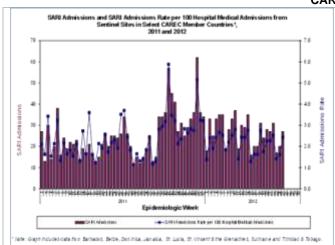
### Graphs

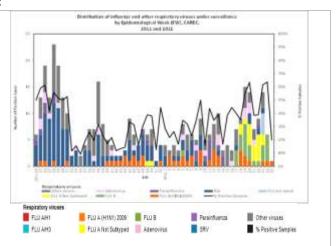
# North America **United States** Percentage of Visits for Influenza-like Illness (ILI) Reported by Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly Collaborating Laboratories, National Summary, 2011-12 National Summary, September 28, 2008 - June 23, 2012 2,500 Spec 2,000 of Visits for ILI of Positive 1.500 Number 1.000 Week



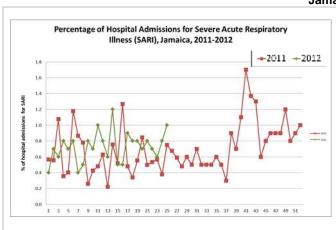
# Caribbean

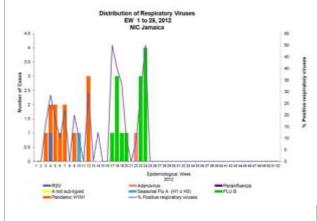
### **CAREC**



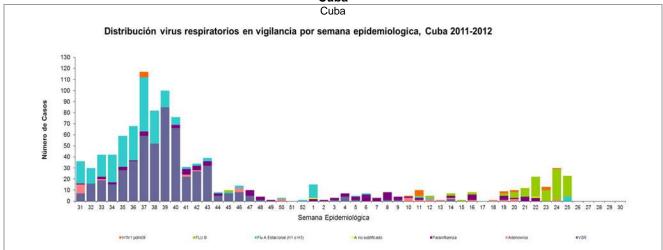


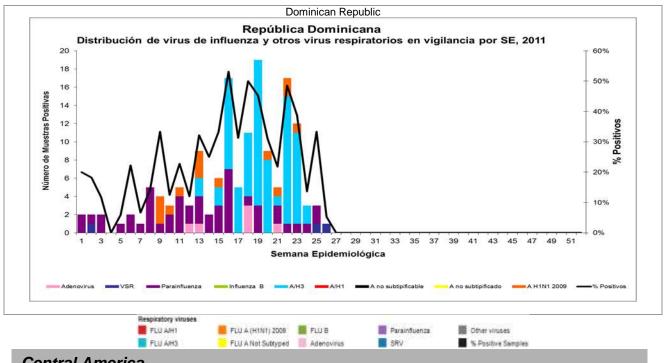
### Jamaica





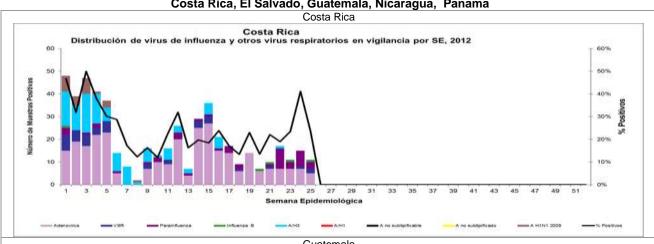
#### Cuba

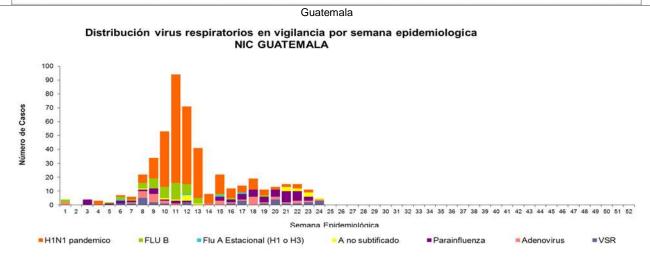


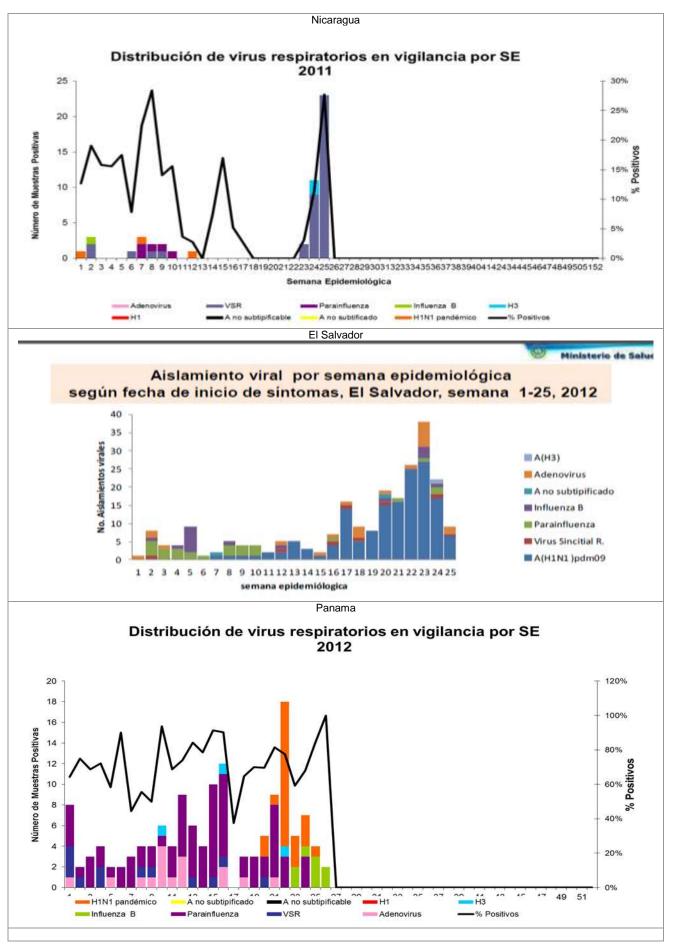


## **Central America**



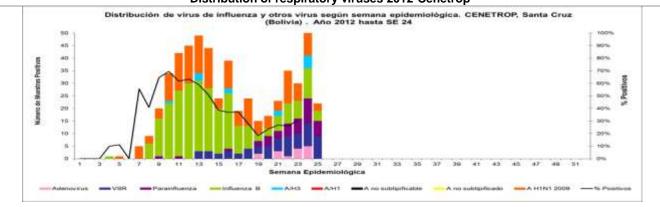




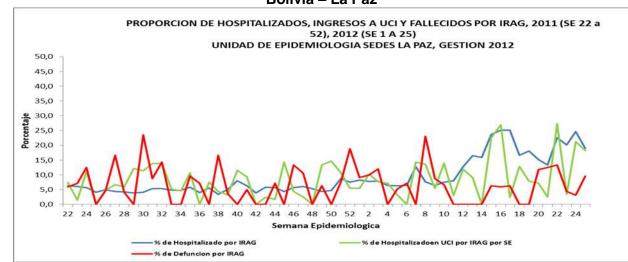


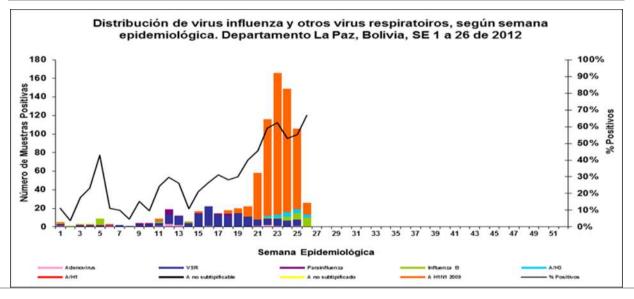
## South America - Andean

Bolivia – CENETROP
Distribution of respiratory viruses 2012-Cenetrop

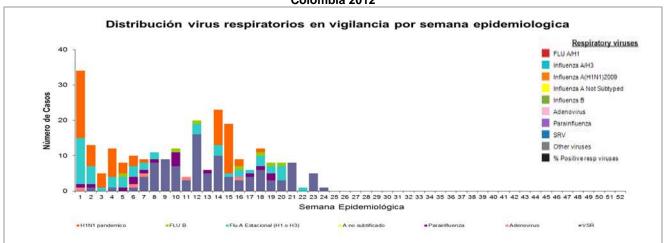


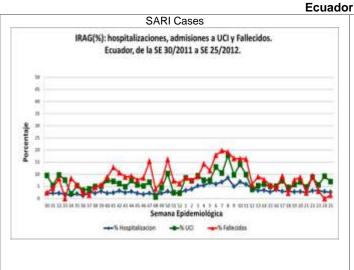


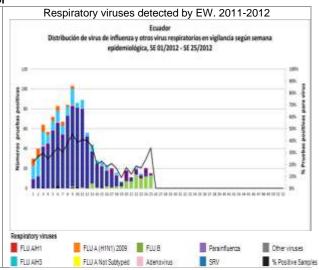


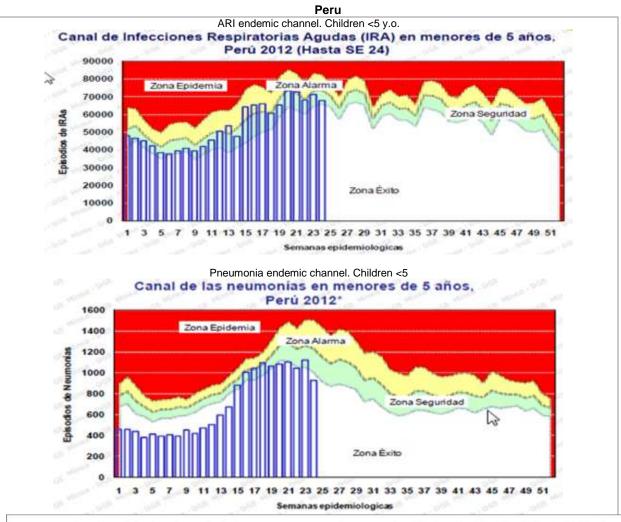


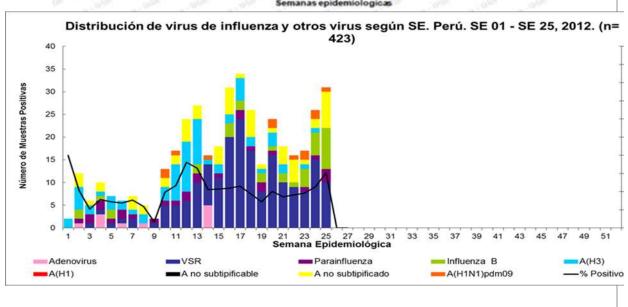
### Colombia 2012











## South America - Southern Cone

