



Regional Update EW 30, 2012

Influenza
(August 7, 2012 - 17 h GMT; 12 h EST)

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 low.
- In Central America and the Caribbean there was a mixed circulation of respiratory viruses. In Cuba, influenza B predominated.
- In South America, respiratory disease activity appears to have peaked (Argentina, Chile). In Ecuador and Peru, influenza B predominated. In Brazil there was a large decrease in the number of SARI admissions this week. In Argentina, Chile and Paraguay, RSV predominated.

Epidemiologic and virologic influenza update

North America

In the United States¹, in EW 30, nationally, the proportion of ILI consultations (0.8%) was below the baseline (2.4%). Nationally, the proportion of deaths attributed to pneumonia and influenza for EW 30 (5.6%) was below the epidemic threshold for this time of year (6.6%). In EW 30, no pediatric deaths associated with influenza were reported. Among all samples tested during EW 30 (n=1034), the percentage of samples positive for influenza (4.3%) was similar to the previous week. Nationally, among the positive samples, 64.4% were influenza A [among the subtyped influenza A viruses, mainly influenza A(H3N2)] and 35.6% were influenza B. Recently, twelve human infections with novel influenza A viruses were detected in three states (Hawaii [1], Indiana [1], and Ohio [10]). The 12 persons were infected with influenza A (H3N2) variant viruses similar to those identified in cases that occurred previously in 2011 and 2012. At this time no ongoing human-to-human transmission has been identified and all 12 cases have reported close contact with swine prior to illness onset.

In Mexico, according to laboratory data, in EW 30, of the samples analyzed (n=15), no respiratory viruses were detected.

Caribbean

CAREC*, in EW 30, received epidemiological information from 8 countries: Barbados, Belize, Dominica, Jamaica, St. Lucia, St. Vincent & the Grenadines, Suriname and Trinidad & Tobago. In EW 30, the proportion of severe acute respiratory infection (SARI) hospitalizations was 2.2% which is the same as what was seen in the prior week. In the last 4 weeks the following viruses have been laboratory confirmed: influenza A (H1N1)pdm09 (Belize), influenza A/H3 (St. Lucia, Suriname), parainfluenza (St. Lucia and St. Vincent & the Grenadines), and rhinovirus (Anguilla, Belize, St. Vincent & the Grenadines and Trinidad & Tobago) were detected. To date in 2012, the overall percentage positivity for samples tested is 37%, with a 20% positivity for influenza.

In Jamaica in EW 30, no respiratory viruses were detected and there were no SARI deaths.

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

In Cuba, according to laboratory data in EW 30, among the samples analyzed (n=31), the percent positivity for respiratory viruses was 56.8% and the percent positive for influenza, among all samples analyzed, was 25.8%. Influenza B predominated.

In the Dominican Republic, according to laboratory data from EW 31, among the samples analyzed (n=7), the percent positivity for respiratory viruses was 28.6%. RSV and parainfluenza were detected.

Central America

In Costa Rica, in EW 30, according to laboratory data, among all samples tested (n=65), the percentage of positive samples for respiratory viruses was 24.6%, which was lower than the previous week (36.1%). Influenza B, influenza A(H3), Parainfluenza and adenovirus were detected.

In Nicaragua, in EW 30, according to laboratory data, among all samples tested (n=56), the percentage of positive samples for respiratory viruses was 21.4%, which was lower than the previous week (26.4%). RSV, parainfluenza, and influenza B were detected.

In El Salvador, according to data provided by the Ministry of Health, in the EW 29 been reported 62,772 cases of ARI, less than what is reported in the previous EW (65,909 cases). 1,524 cases of pneumonias were in addition reported, of which 16% required hospitalization. According to laboratory data, up to EW 29, of the total of samples analyzed (n=148), the percentage of positive samples to respiratory viruses was 16.2%, being detected influenza B (69%), followed by influenza A(H1N1) pdm09, adenovirus, parainfluenza and RSV.

South America – Andean

In Bolivia, in the SARI surveillance from La Paz, in EW 30, the proportion of SARI hospitalizations (7.9%) and SARI ICU admissions (3.3%) did not change much as compared to the previous week; no SARI deaths were reported. In this Department, viral circulation showed a decrease in the positivity since EW 23, reaching 4.2% among the 24 samples analyzed.

In Ecuador, of the SARI samples processed (n=46), in EW 30, there was a positivity of 15.2%, which was unchanged as compared to the previous week with a predominance of influenza B (4/7). In EW 30, the proportion of hospitalizations for SARI and ICU admissions remained low and unchanged as compared to the previous week; no SARI deaths were reported.

In Peru at the national level, through EW 28, reports of ARI cases in children less than five years of age reached a rate of 523/100,000 population, a value lower than expected for this time of year. The ARI endemic channel in children less than five years of age was in the success zone. The same behavior was observed in pneumonias in this age group. At the sub-national level, since the beginning of the year through EW 28, all Departments reported values below expected levels for ARI rates in children less than five years of age. According to laboratory data, through EW 30, among the samples analyzed (n=42), the percent positivity for respiratory viruses was 31%, which was higher than the previous week with a predominance of influenza B (9/13).

South America– Southern Cone

In Argentina, at the national level, the endemic channels showed that the number of ILI and pneumonias for EW 30 were in the success zone. In the ARI hospitalized surveillance, the number of cases for EW 30 was below those reported in 2012 and 2011; however, at the sub-national level, the regions of Cuyo and Northeast continued to report rates that were higher than expected for this time of year. According to laboratory data there was a decrease in the percent positivity for respiratory viruses since EW 25, reaching 36.7% among the samples analyzed (n=942) in EW 29, with a predominance of RSV (87%).

In Brazil², as compared to the previous week, in EW 30, there was a decrease of 72% in the number of SARI cases. Of the total cases this week, 94% were confirmed for influenza of which 97% were confirmed to be the influenza A(H1N1) pdm09 virus.

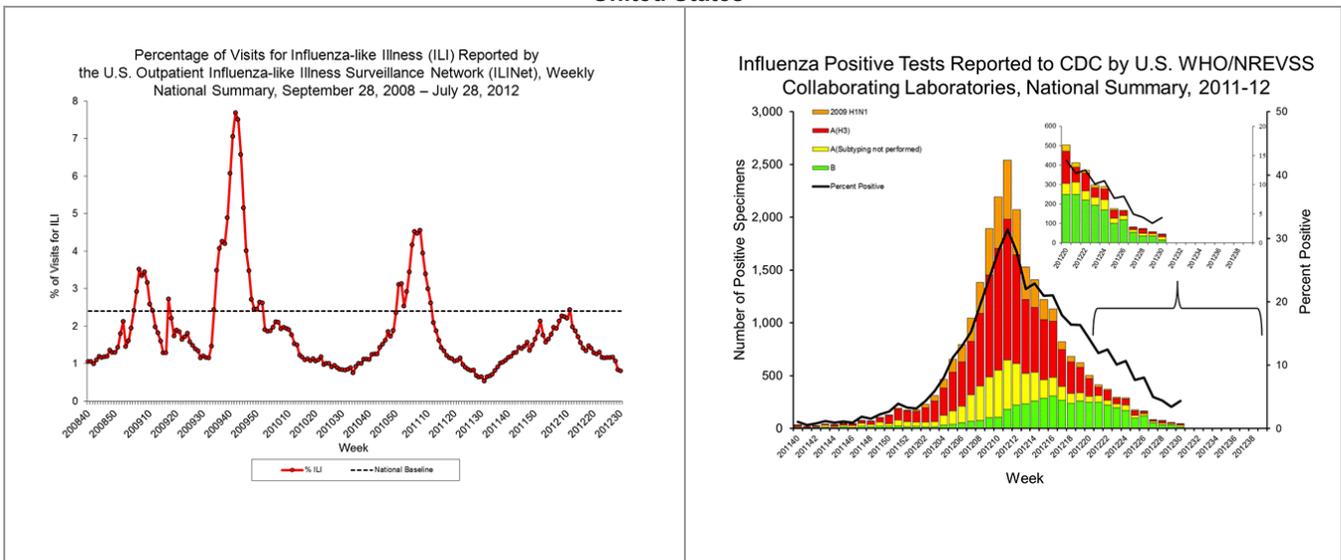
In Chile, in EW 30 at the national level, ILI activity decreased with respect to the previous week, remaining in the alert zone of the endemic channel (12/100,000 population). The percent of emergency visits for respiratory causes, showed a decrease and reached 26.5% in EW 30, which was slightly higher than the values expected for this time of year. According to laboratory data at the national level, in the same week, among the samples analyzed (n=1,359), the percent positivity for respiratory viruses was 49.3%, which was unchanged as compared to the previous week, with a predominance of RSV (80.6%). According to the SARI surveillance system, the proportion of hospitalizations reached 4.3% in EW 29, which was unchanged with respect to the previous week. Since the beginning of the year, 60 SARI deaths have been reported and in five, influenza A/H3 was confirmed, in one, influenza A not subtyped and in one, influenza B. There was an increase in the percent positivity of SARI samples in the last weeks, reaching 71.1% in EW 29 among all samples analyzed (n=90) with a predominance of RSV (62.5%).

In Paraguay, at the national level, in EW 30, the proportion of ILI consultations (16%) did not show significant changes with respect to the prior week. The ILI rate was the same this week (196/100,000 population). According to the laboratory data, at the national level, in EW 30, among all samples analyzed (n=158), the positivity was 28.5%, which was less than previous weeks with a predominance of RSV (67%) and influenza A(H1N1)pdm09 (20%). In the SARI surveillance system, the proportion of hospitalizations (11%) and deaths (7.5%) did not change much with respect to the previous week; in contrast, the proportion of ICU admissions reached the highest level this year. . Since the beginning of the year, a total of 127 SARI-deaths were reported of which 20 were confirmed for some virus, of which 13 were for influenza A(H1N1)pdm09. For the same week, among the samples analyzed from SARI cases (n=119), the percent positivity (55.5%) was lower than the previous week with a predominance of RSV (80%).

Graphs

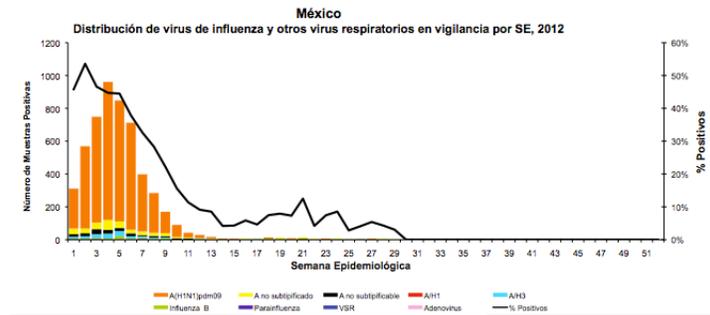
North America

United States



Mexico

Distribution of respiratory viruses by EW, 2011-2012

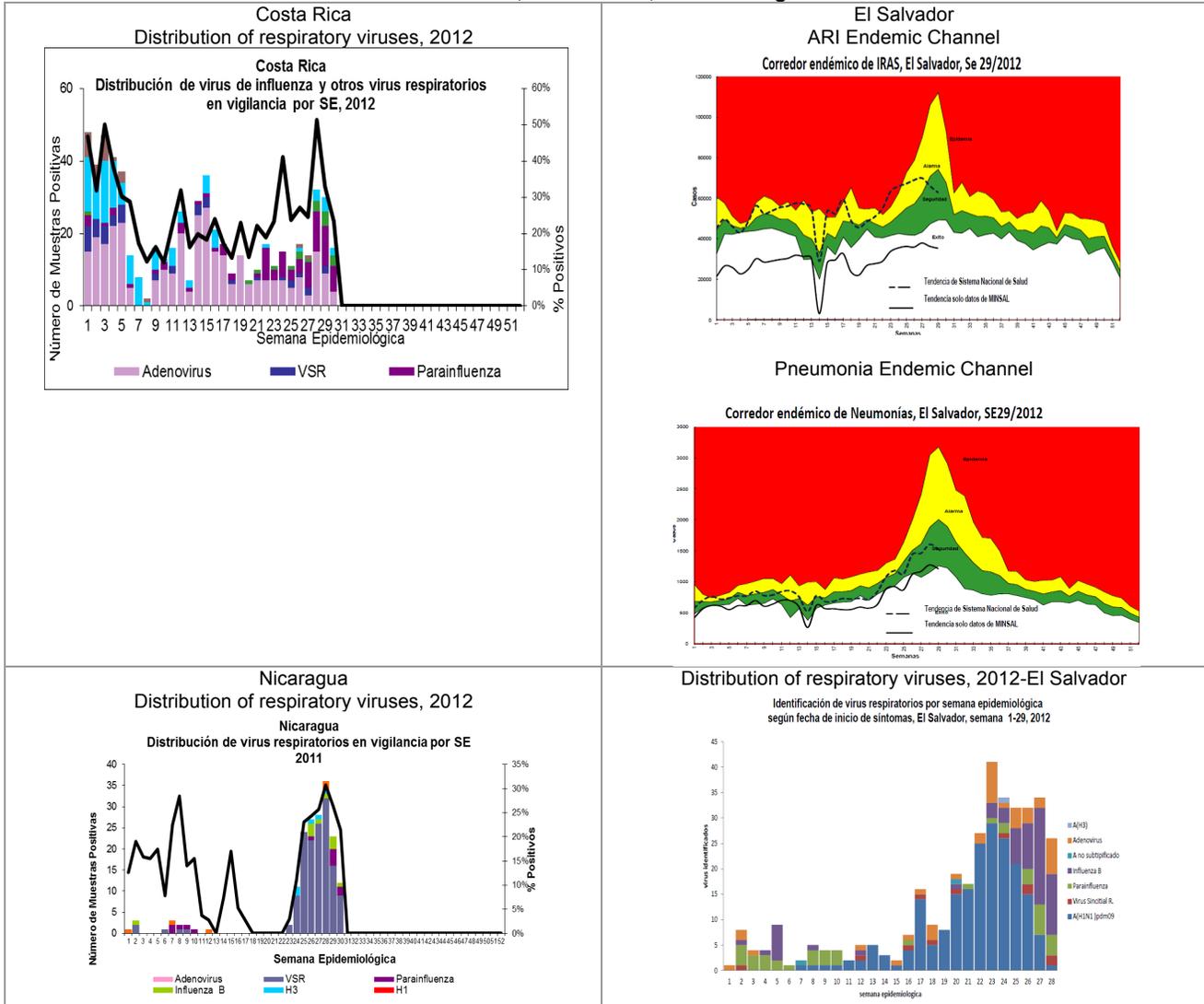


Respiratory viruses

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

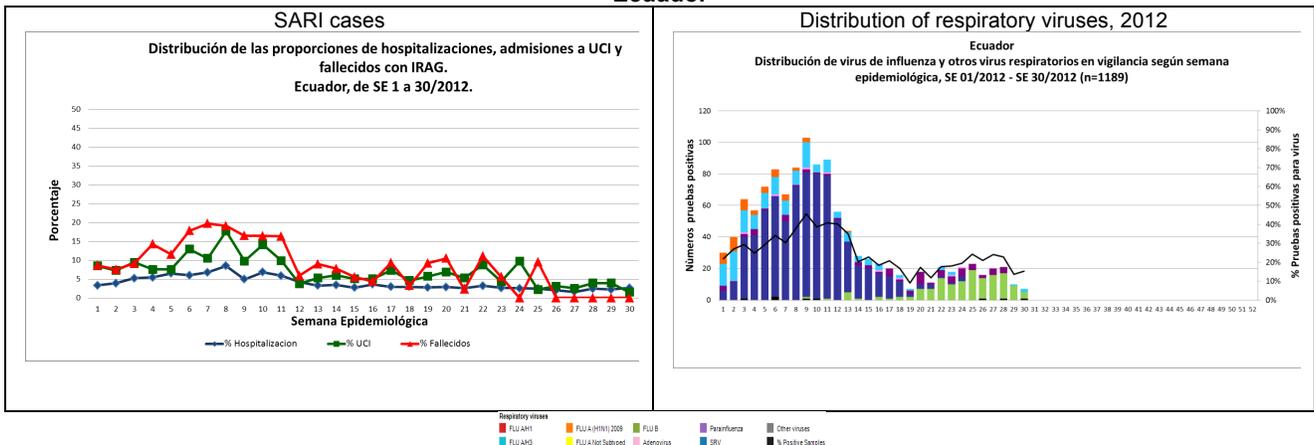
Central America

Costa Rica, El Salvador, and Nicaragua



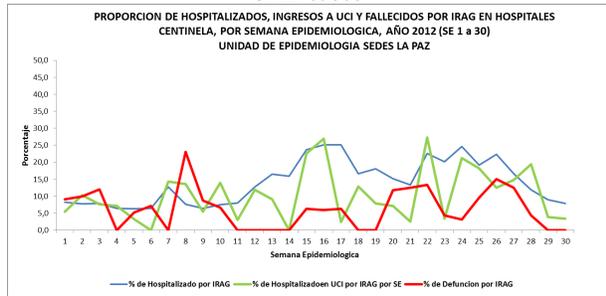
South America - Andean

Ecuador

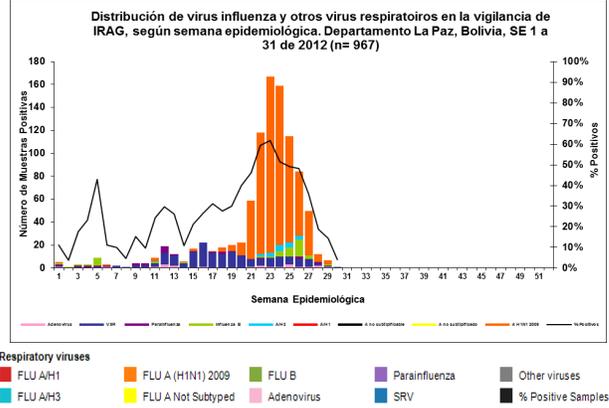


Bolivia

SARI cases



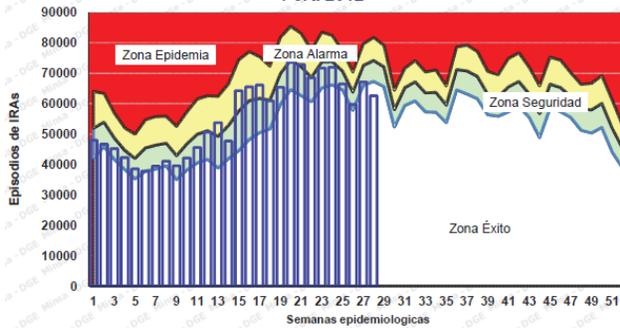
Distribution of respiratory viruses -La Paz, 2012



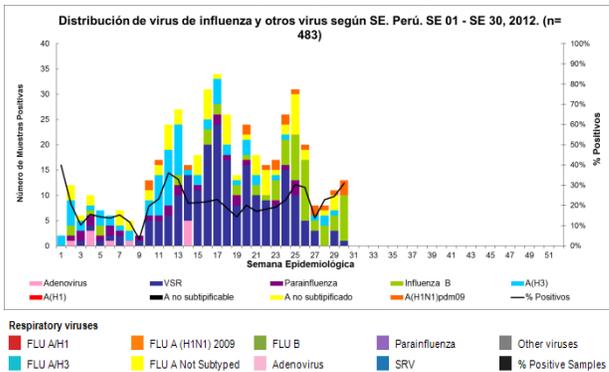
Peru

ARI endemic channel in children < 5 years of age

Canal de Infecciones Respiratorias Agudas (IRA) en menores de 5 años, Perú 2012*

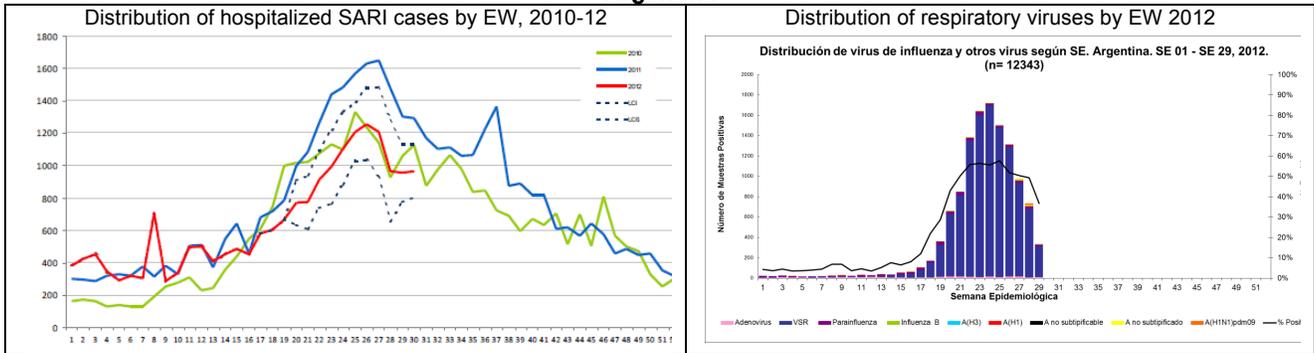


Distribution of respiratory viruses by EW 2012



South America – Southern Cone

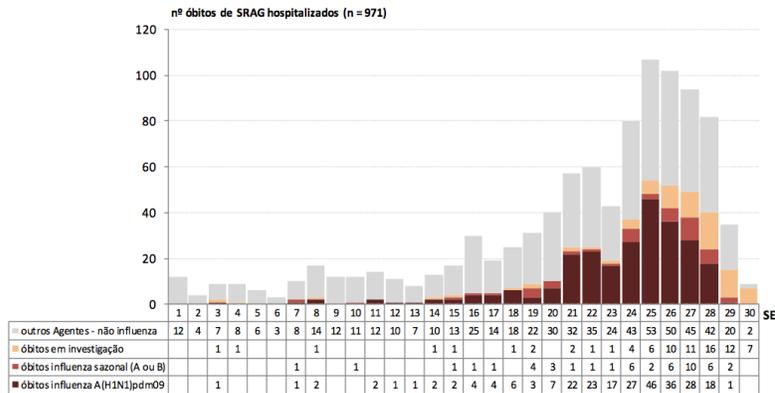
Argentina



Brazil

Distribution of deaths among SARI cases-Brazil, through 12/07/2012.

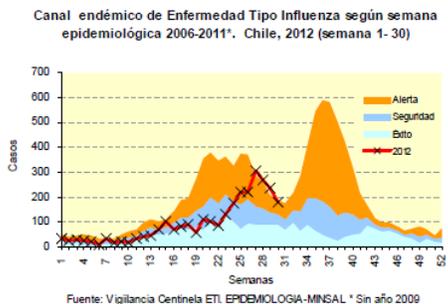
Figura 2: Óbitos por SRAG hospitalizados segundo vírus identificado e por semana epidemiológica do início dos sintomas. Brasil, até SE 30/2012.



Fonte: SINAN. Dados atualizados em 29/07/2012, sujeitos à alteração.

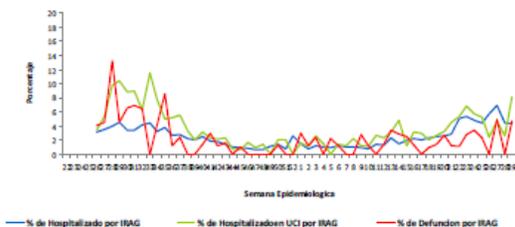
Chile

ILI cases by EW 2012

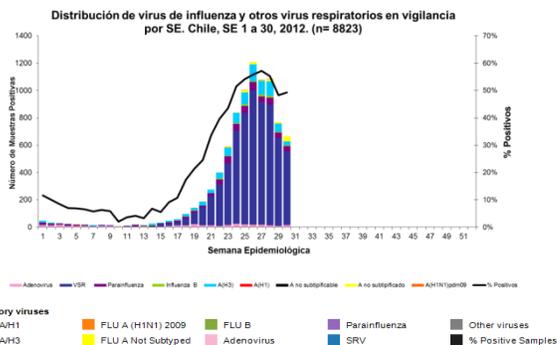


SARI cases

Porcentaje de hospitalizados, ingreso a UCI y fallecidos por IRAG según SE. Chile, Hospitales Centinela. 2011 y SE 1-29 de 2012.

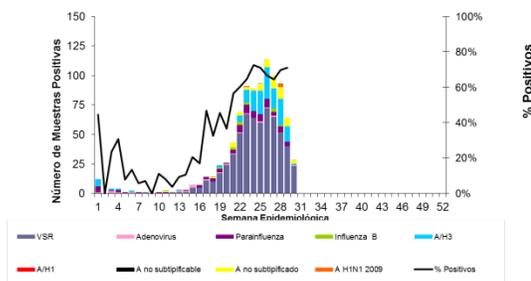


Distribution of respiratory viruses by EW, 2011-2012



SARI cases: Distribution of respiratory viruses, 2012

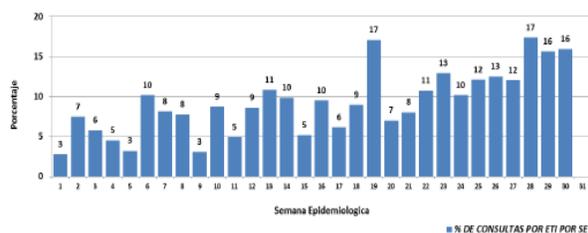
Distribución de virus en casos de IRAG, según semana epidemiológica. CHILE, SE 1 a 30* de 2012. (n=64)



Paraguay

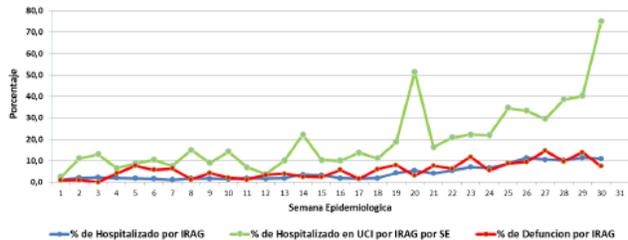
Porportion of visits for ILI by EW, 2012

Proporción de consultas por ETI según semana epidemiológica del 1 al 30 Paraguay, 2012



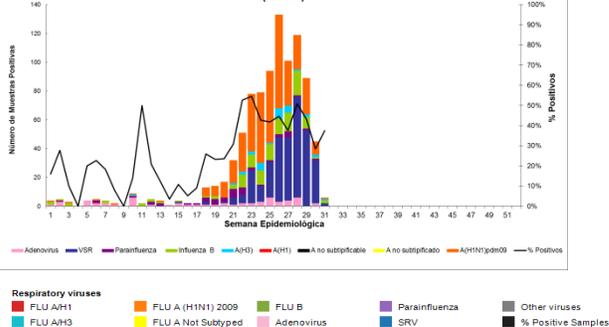
SARI cases (%) by EW 2012

Proporción de Hospitalizados, Ingresos a UCI y Fallecidos por IRAG según semana epidemiológica, Vigilancia IRAG, SE 01 al 30, Paraguay, 2012



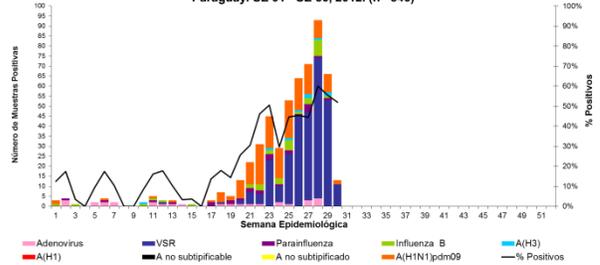
Distribution of respiratory viruses by EW, 2012

Distribución de virus de influenza y otros virus según SE. Paraguay. SE 01 - SE 31, 2012. (n= 927)



SARI cases: distribution of respiratory viruses by EW, 2012

Distribución de virus de influenza y otros virus en la vigilancia de IRAG según SE. Paraguay. SE 01 - SE 30, 2012. (n= 546)



1 US Surveillance Summary. EW 30. Centers for Disease Control and Prevention

2 <http://portalsaude.saude.gov.br/portalsaude/noticia/6184/785/boletim-informativo--influenza.html>
