

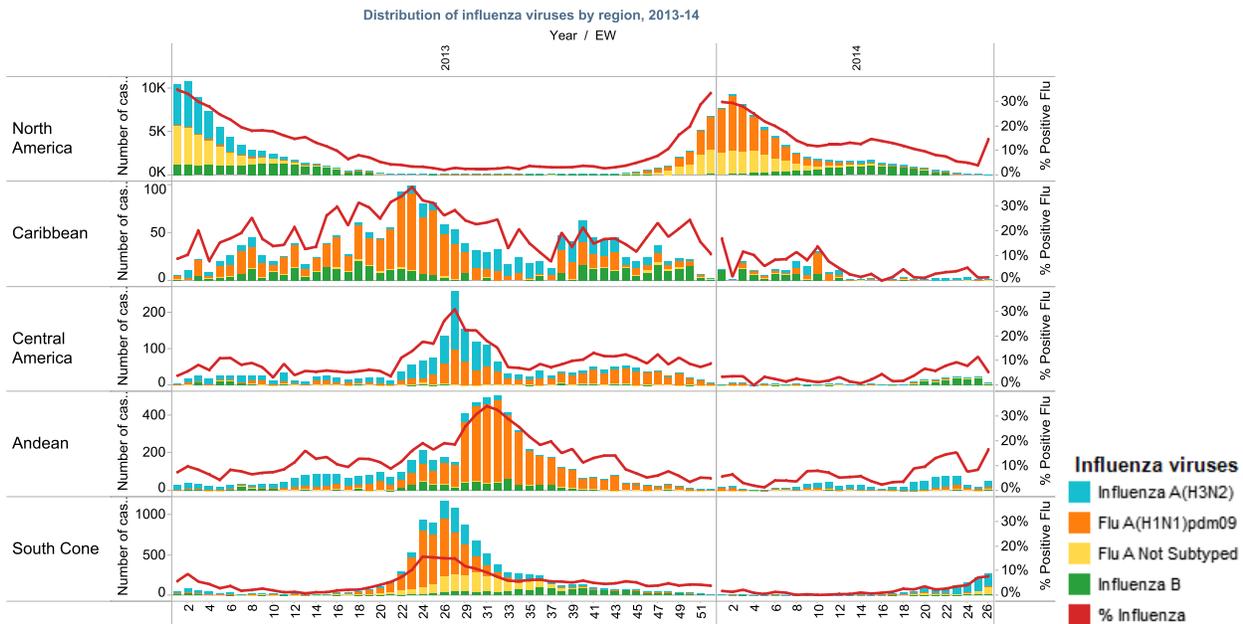
PAHO interactive influenza data: http://ais.paho.org/hip/viz/ed_flu.asp
Influenza Regional Reports: www.paho.org/influenzareports

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.

WEEKLY SUMMARY

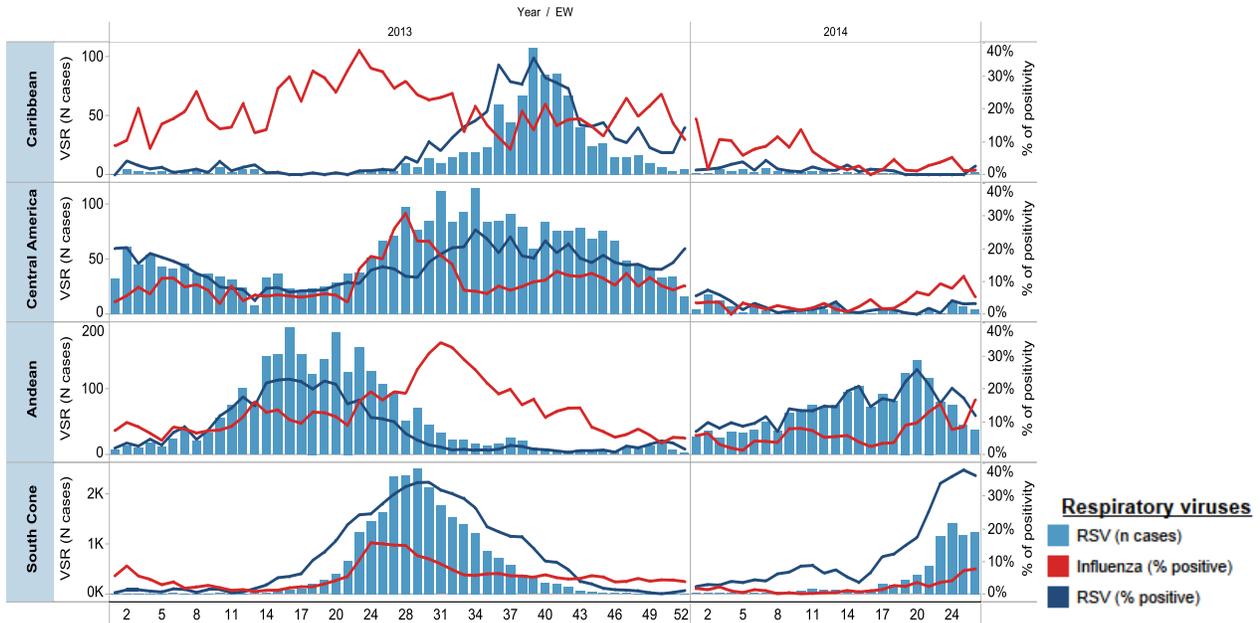
- North America: Influenza activity remained low in the sub-region with co-circulation of influenza B and A(H3N2).
- The Caribbean and Central America: Respiratory virus activity remained low in the sub-region, but increased circulation of influenza B (El Salvador, Honduras, Nicaragua, Panama, Puerto Rico) and A(H3N2) (Dominican Republic) was observed.
- South America – Andean Countries: RSV continued to circulate in Bolivia, Colombia, Ecuador and Peru. Although increased circulation of influenza A(H3N2) (Bolivia, Colombia, Venezuela) and influenza A(H1N1)pdm09 (Bolivia, Ecuador, Peru) was observed, activity remained within expected levels for this time of year.
- South America - South Cone and Brazil: Most respiratory virus activity indicators in the sub-region continued to increase but remained within expected levels for this time of year. RSV predominated at increasing levels. Influenza A(H3N2) predominated in Argentina, Brazil and Chile, with low co-circulation of influenza B.

Influenza circulation by region. 2013-14



Respiratory syncytial virus (RSV) circulation by region. 2013-14

Distribution of **influenza and other respiratory viruses** under surveillance by EW, region / country



ACRONYMS

ARI	Acute respiratory infection
CARPHA	Caribbean Public Health Agency
CENETROP	Centro de Enfermedades Tropicales (Santa Cruz, Bolivia)
EW	Epidemiological Week
ILI	Influenza-like illness
INLASA	Instituto Nacional de Laboratorios de Salud (La Paz, Bolivia)
INS	Instituto Nacional de Salud
ORV	Other respiratory viruses
SARI	Severe acute respiratory infection
SEDES	Servicio Departamental de Salud (Bolivia)
ICU	Intensive Care Unit
RSV	Respiratory Syncytial Virus

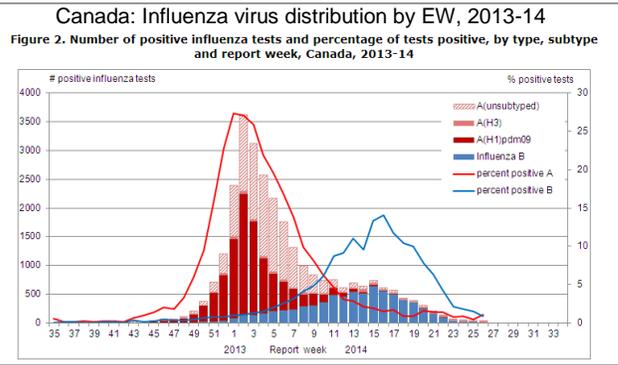
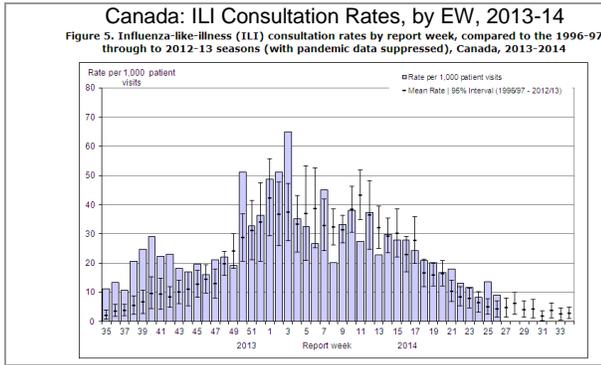
EPIDEMIOLOGIC AND VIROLOGIC UPDATE OF INFLUENZA & OTHER RESPIRATORY VIRUSES BY COUNTRY

North America:

In Canada¹ during EW 26, influenza activity continued to decline and was within expected levels for this time of year. The national ILI consultation rate was 8.2 per 1,000 patient visits, a decrease compared to the previous week, but slightly above expected levels. Since the beginning of the 2013-14 influenza season, 5,358 influenza-associated hospitalizations have been reported, of which 68.9% were associated with influenza A. During this same period, 332 deaths were reported, most of which were associated with influenza A (65.4%). The highest proportion of deaths (56.0%) has been among adults ≥ 65 years of age. Based on laboratory data for EW 26 the overall percentage of positive influenza tests was 2.0% (N=35). Among the positive tests during EW 25-26, 54.3% were influenza A (5.3% were influenza A(H1N1)pdm09, 42.1% were A(H3) and 52.6% were A, not subtyped) and 45.7% were influenza B. Among other circulating respiratory viruses, rhinovirus predominated.

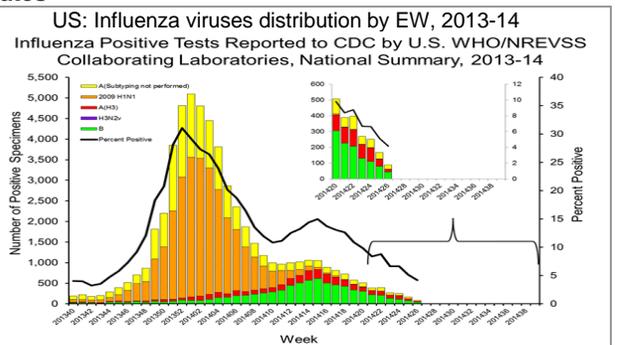
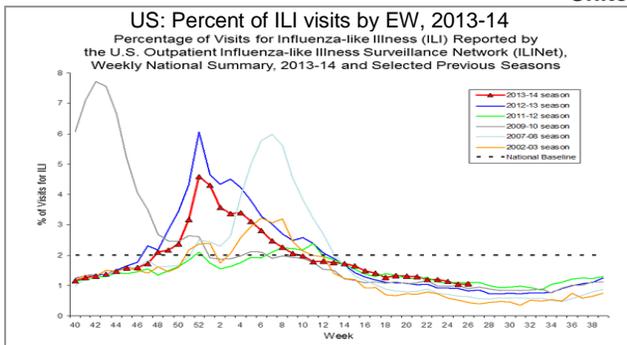
¹ Canada: FluWatch Report. EW 25-26. Available at <http://www.phac-aspc.gc.ca/fluwatch/>

Canada



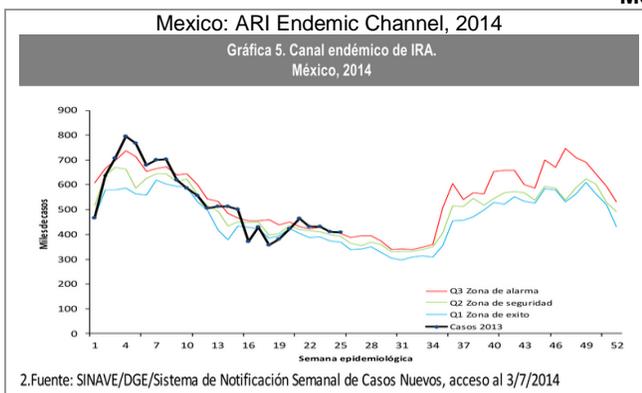
In the United States² during EW 26, influenza activity was low. The national proportion of ILI-associated outpatient visits (1.1%) was below the national baseline (2.0%). The proportion of deaths attributed to pneumonia and influenza (5.3%) was also below the epidemic threshold (6.3%). A total of 100 influenza-associated pediatric deaths have been reported this season (one death was reported during EW 26). According to laboratory data for EW 26, 2,134 samples were analyzed, of which 4.2% were positive for influenza. Among the positive samples, 50.6% were influenza B and 49.4% were influenza A (0% A(H1N1)pdm09, 40.9% A(H3) and 59.1% not subtyped).

United States



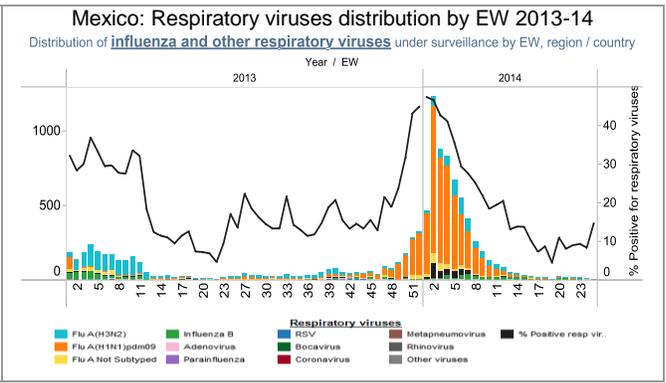
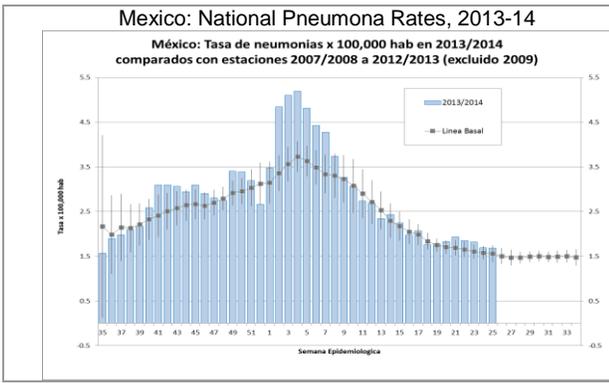
In Mexico³ during EW 26, influenza activity remained low. ARI activity was similar to the previous week and was within the epidemic zone of the endemic channel. Pneumonia activity increased slightly compared to the previous week (rate: 1.7 per 100,000 inhabitants). The highest levels of pneumonia activity were reported in Nayarit, Sonora and Jalisco. Nationally, through July 3, 2014, the proportion of ILI/SARI-associated medical visits was 0.4%. The highest proportions of ILI/SARI-associated medical visits were reported in Guerrero, Oaxaca and Veracruz. During this same period, 755 influenza-associated deaths were reported, of which 90.4% were associated with influenza A(H1N1)pdm09. Based on laboratory data from EW 23-26, 595 samples were analyzed, of which 8.1% were positive for influenza. Among the positive samples, influenza B predominated (73.2%), followed by influenza A(H3N2) (10.7%).

Mexico



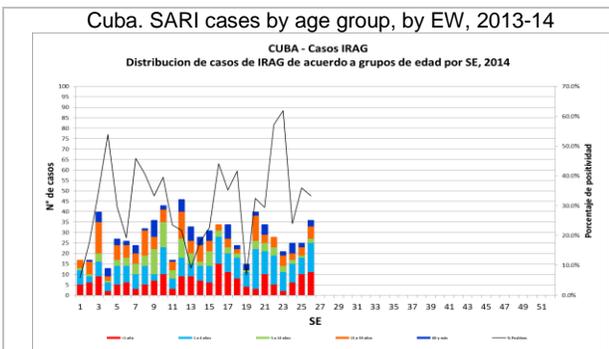
² USA: CDC FluView report. EW 26. Available at: <http://www.cdc.gov/flu/weekly/>

³ México. Dirección General de Epidemiología. Información epidemiológica. Informes Epidemiológicos Semanales 2014.

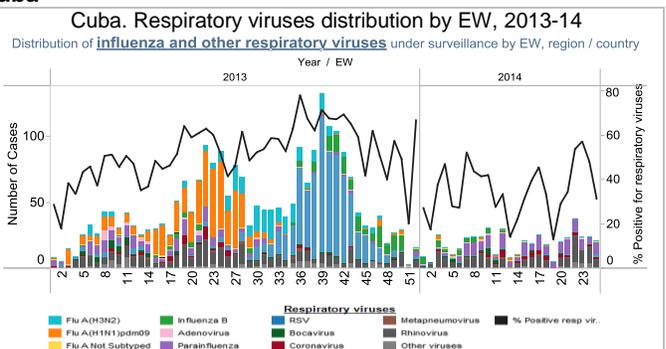


Caribbean

In Cuba during EW 26, the number of SARI-associated hospitalizations (n=36) increased from the previous week. Children 1-4 years of age comprised the largest proportion of these cases. One SARI-associated death was reported during this period and tested negative for a respiratory virus. According to national laboratory data for EW 23-26, 210 samples were analyzed, of which 42.9% were positive for a respiratory virus and 1.0% were positive for influenza. Among the positive samples, rhinovirus (42.2%) and parainfluenza (30.0%) predominated.

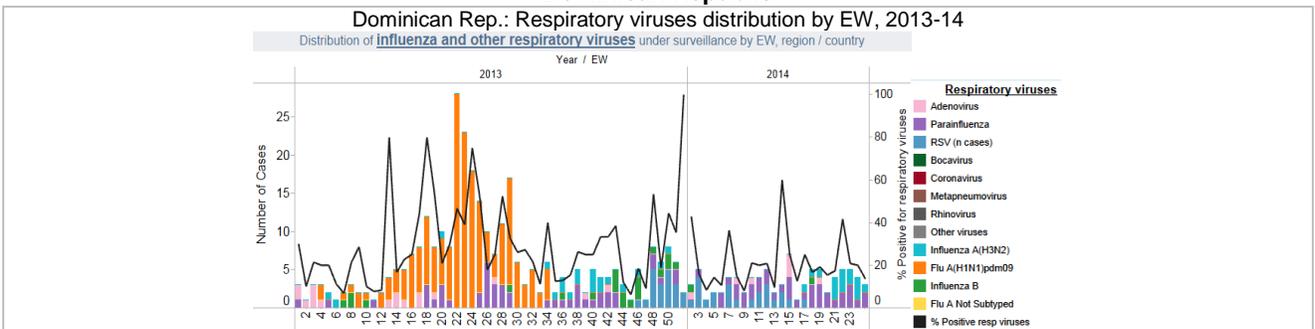


Cuba



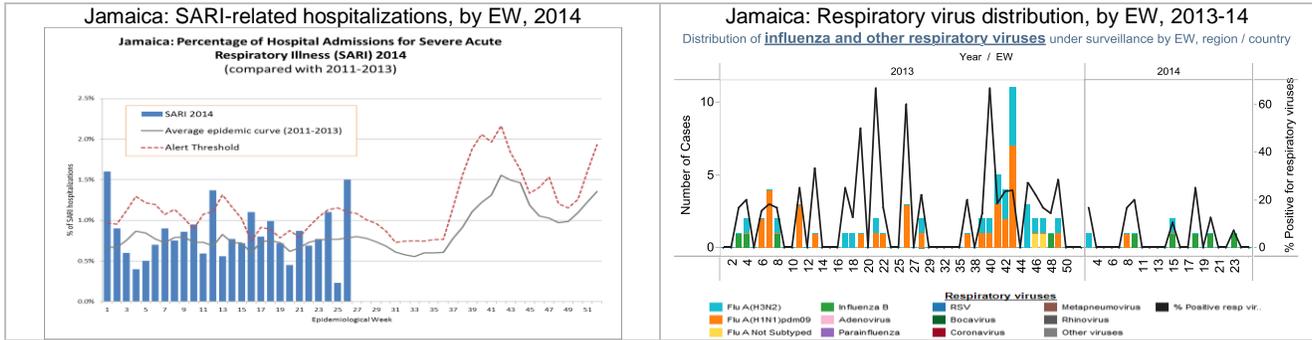
In the Dominican Republic, during EW 22-25, 78 samples were analyzed, of which 21.8% were positive for a respiratory virus and 11.5% were positive for influenza. Among the positive samples, influenza A(H3N2) (52.9%) and parainfluenza (47.1%) were detected.

Dominican Republic



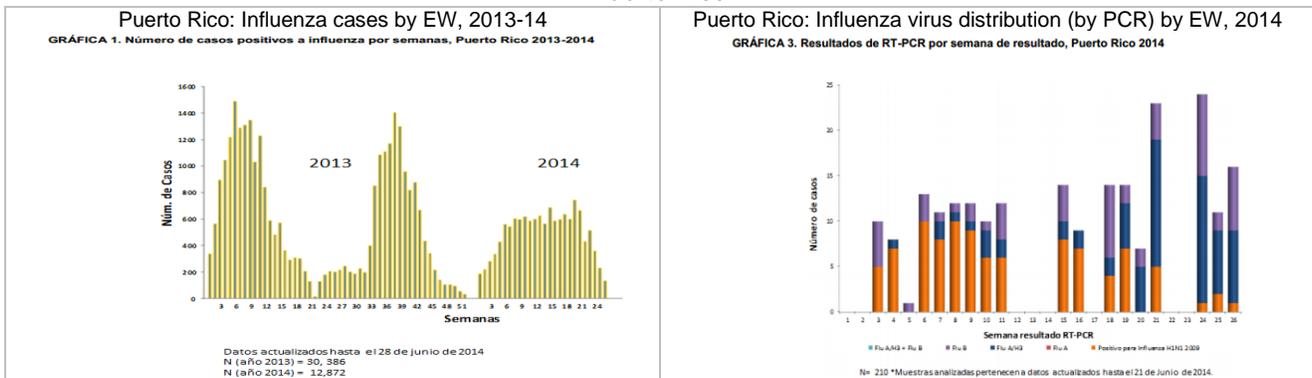
In Jamaica, based on sentinel surveillance data for EW 26, the proportion of ARI-associated consultations (3.5%) was similar to the previous week. The proportion of SARI-associated hospitalizations (1.5%) increased and was above expected levels for this time of year. No SARI-associated deaths were reported during this EW. Based on laboratory data for EW 23-26, 41 samples were analyzed, of which one (2.4%) was positive for influenza B.

Jamaica



In Puerto Rico⁴ during EW 26, the number of influenza cases (n=133) decreased compared to the previous week. Of these, 66 cases were associated with influenza A, 66 with influenza B and 1 with an influenza A and B co-infection. Since the beginning of 2014, 12,882 influenza cases have been reported (49% influenza A, 50% influenza B and 1% influenza A and B) and persons aged 0-19 years accounted for 50% of those cases. During this same period, 702 influenza-associated hospitalizations and 13 influenza-associated deaths were reported.

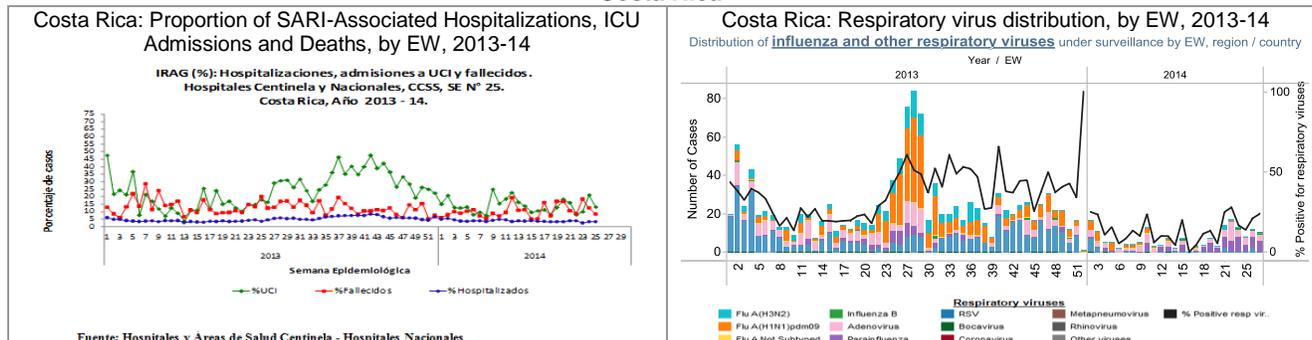
Puerto Rico



Central America

In Costa Rica, during EW 25, the proportions of SARI-associated hospitalizations (3.4%), ICU admissions (13.2%) and deaths (8.5%) decreased compared to the previous week. According to laboratory data from EW 23-26, 260 samples were analyzed of which 16.9% were positive for a respiratory virus and 1.2% were positive for influenza. Among the positive samples, parainfluenza (52.3%) and adenovirus (31.8%) predominated.

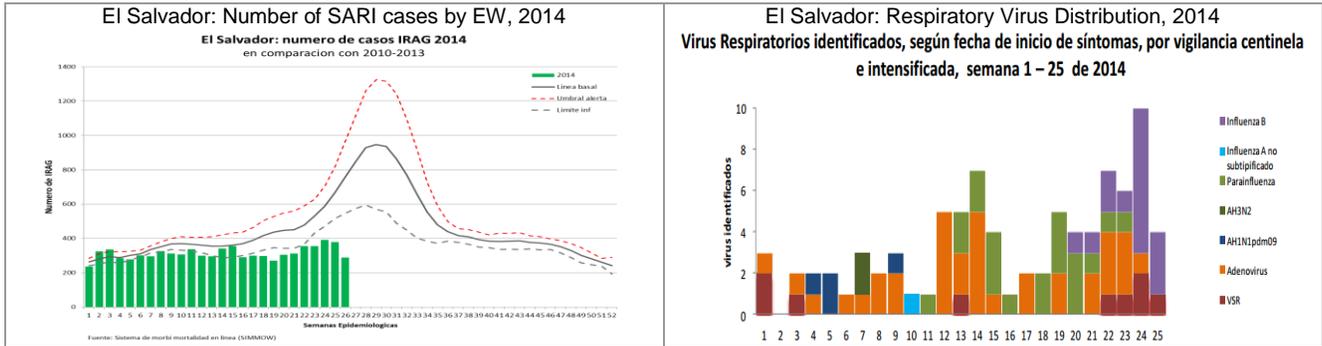
Costa Rica



In El Salvador, during EW 26, influenza and acute respiratory infection activity remained low. The proportions of SARI-associated hospitalizations (6.3%), ICU admissions (0%) and deaths (6.3%) were similar to the previous week. According to laboratory data for EW 24-25, influenza B, RSV and adenovirus were detected.

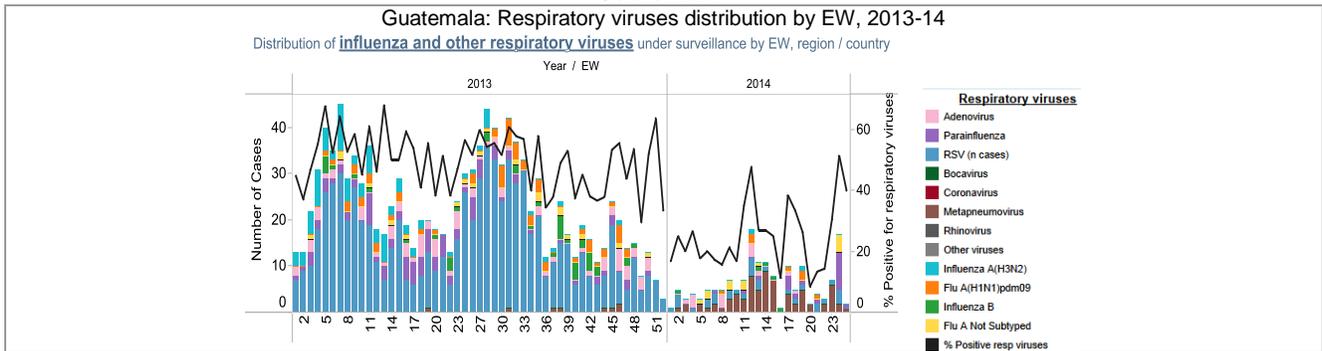
⁴ Puerto Rico. Departamento de Salud. Vigilancia de influenza de Puerto Rico SE 26

El Salvador



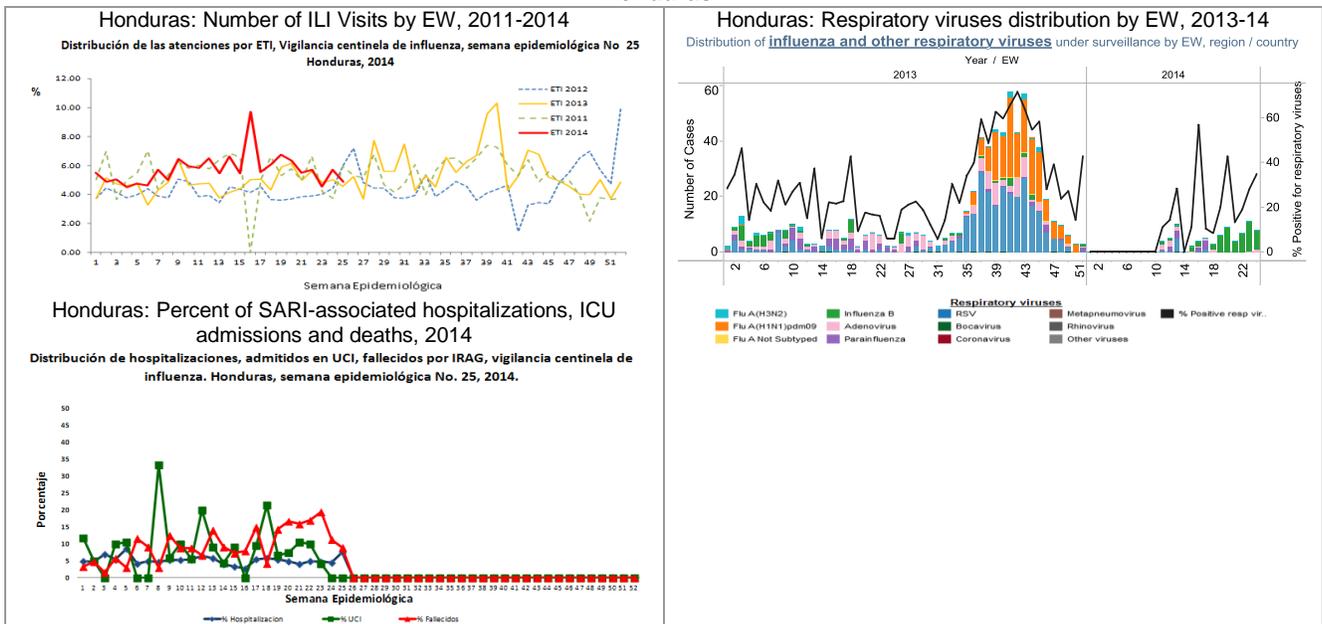
In Guatemala, based on laboratory data from EW 23-26, 100 samples were analyzed, of which 35.0% were positive for a respiratory virus and 5.0% were positive for influenza. Among the positive samples, human metapneumovirus (42.9%) and parainfluenza (25.7%) predominated.

Guatemala



In Honduras, during EW 25, the proportions of ILI-associated medical visits (4.9%) and SARI-associated deaths (9.0%) decreased compared to the previous week, while the proportion of SARI-associated hospitalizations (8.0%) increased slightly. According to laboratory data from EW 22-25, 128 samples were analyzed, of which 24.2% were positive for a respiratory virus and 22.7% were positive for influenza. Among the positive samples, influenza B predominated (93.5%).

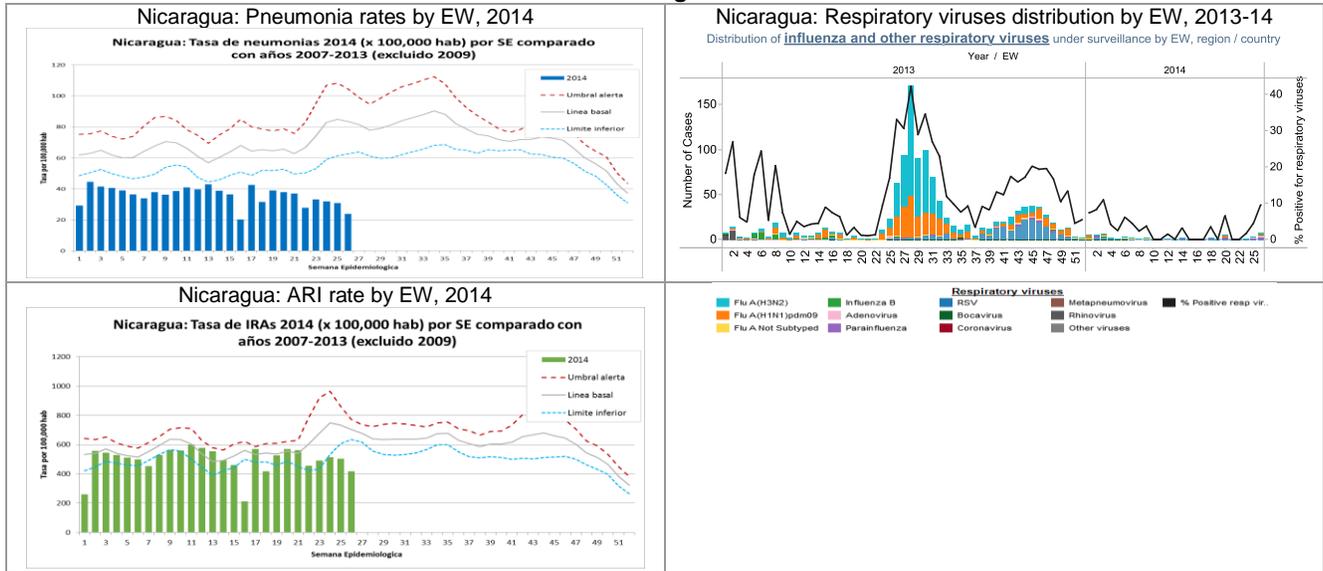
Honduras



In Nicaragua, during EW 26, the national rates of pneumonia and ARI were within expected levels for this time of year and slightly lower than previous weeks. Based on laboratory data from EW 23-26, 258 samples

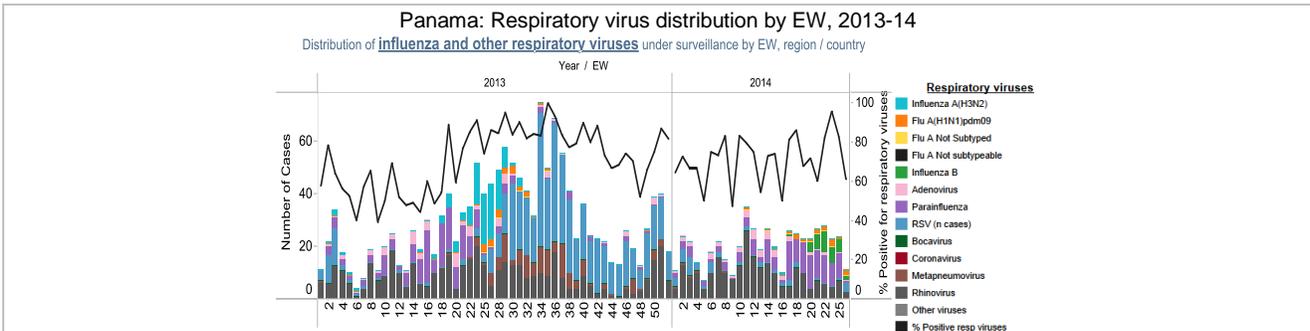
were analyzed, of which 5.8% were positive for a respiratory virus and 1.6% were positive for influenza. Among the positive samples, parainfluenza (60.0%) and influenza B (20.0%) predominated.

Nicaragua



In Panama, based on national laboratory data from EW 23-26, 106 samples were analyzed, of which 82.1% were positive for a respiratory virus and 29.2% were positive for influenza. Among the positive samples, parainfluenza (35.6%), influenza B (25.3%) and rhinovirus (18.4%) predominated.

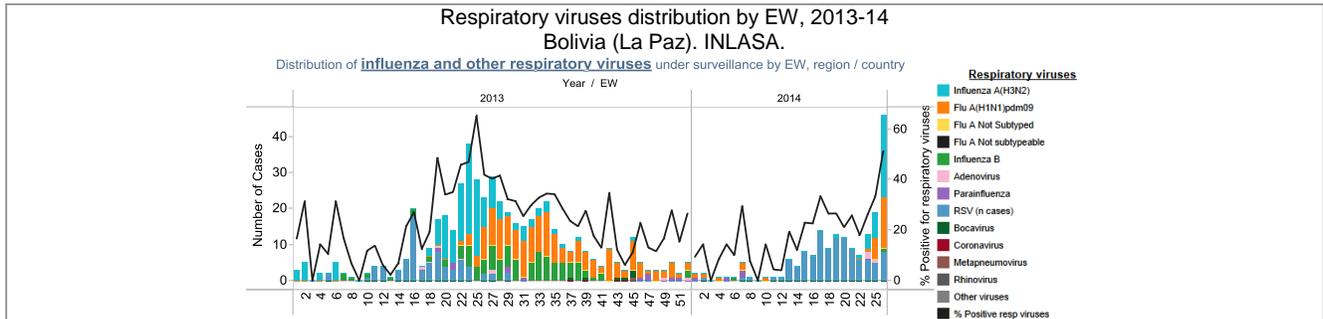
Panama



South America – Andean countries

In Bolivia, according to the National Laboratory in La Paz (INLASA) from EW 23-26, 239 samples were analyzed, of which 39.9% were positive for a respiratory virus and 27.6% were positive for influenza. Among the positive samples, influenza A(H3N2) (44.7%), influenza A(H1N1)pdm09 (24.5%) and RSV (23.4%) predominated.

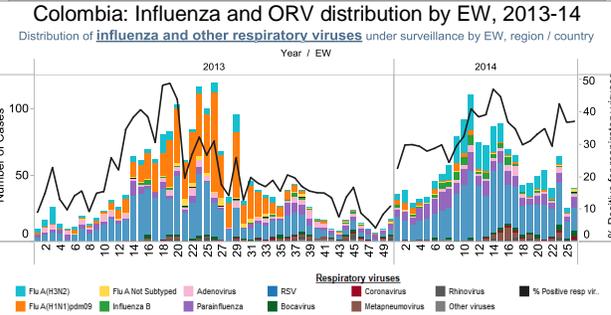
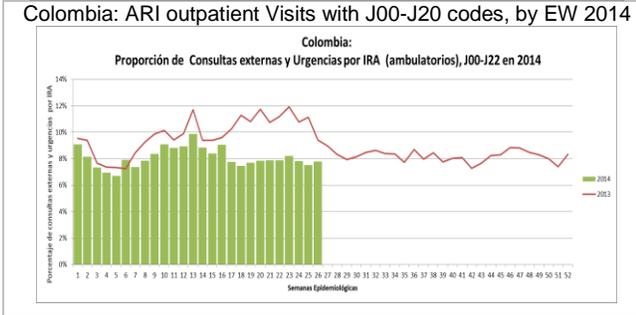
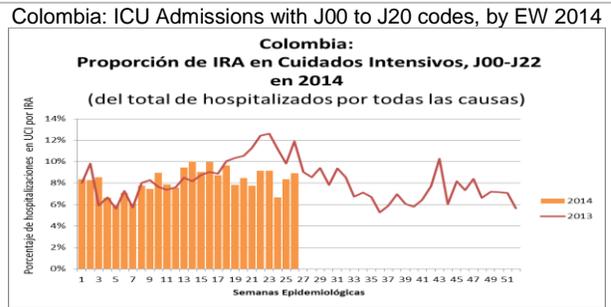
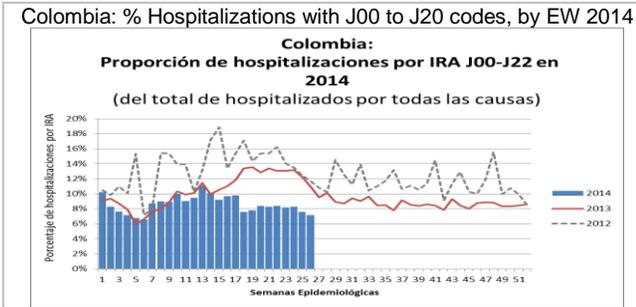
Bolivia



In Colombia, during EW 26 the proportions of outpatient and urgent visits (8.3%), hospitalizations (7.6%) and ICU admissions (8.4%) with ARI/SARI-associated ICD-10 codes (J00 to J22) were within the expected levels for this time of year. Based on INS laboratory data from EW 23-26, 493 samples were analyzed, of which

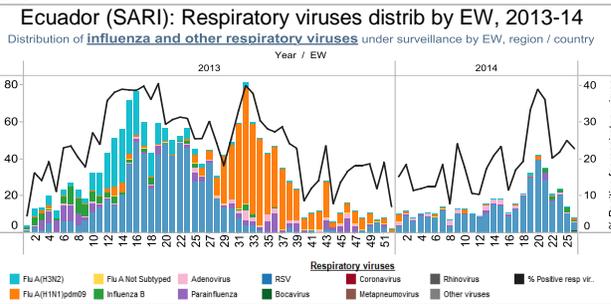
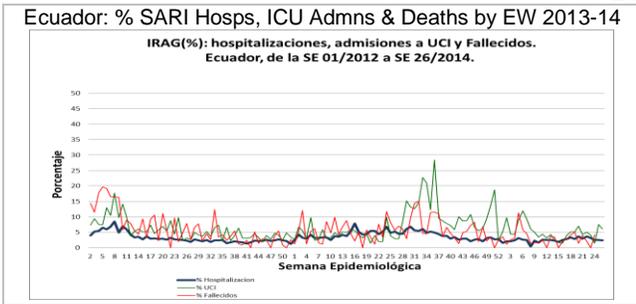
40.2% were positive for a respiratory virus and 5.1% were positive for influenza. Among the positive samples, RSV (48.8%) and parainfluenza (14.1%) predominated. Among the influenza viruses, influenza A(H3N2) predominated.

Colombia



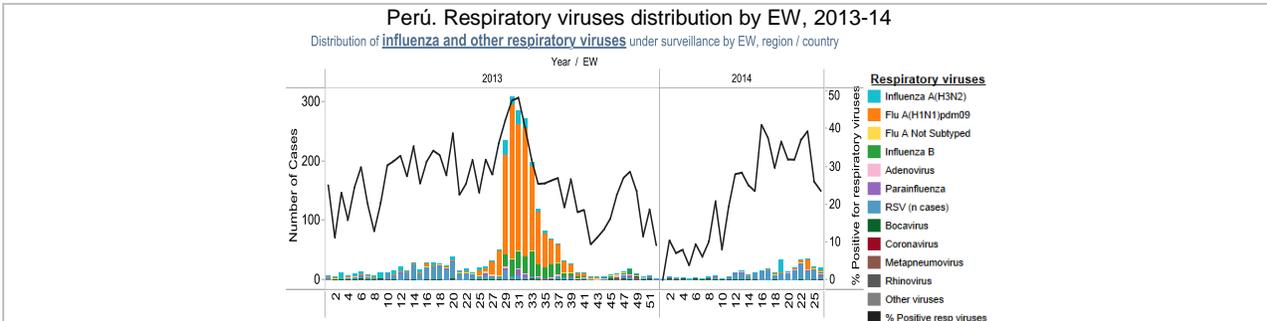
In Ecuador during EW 26, the proportions of SARI-associated hospitalizations (2.3%) and ICU admissions (6.0%) decreased compared to the previous week, while the proportion of SARI-associated deaths (4.2%) increased. Based on national reference laboratory data from EW 23-26, 279 SARI samples were analyzed, of which 25.1% were positive for a respiratory virus and 4.7% were positive for influenza. Among the positive samples, RSV predominated (71.4%). Among the influenza viruses, a co-circulation of influenza B (11.4% of positive samples) and A(H1N1)pdm09 (7.1%) was observed.

Ecuador



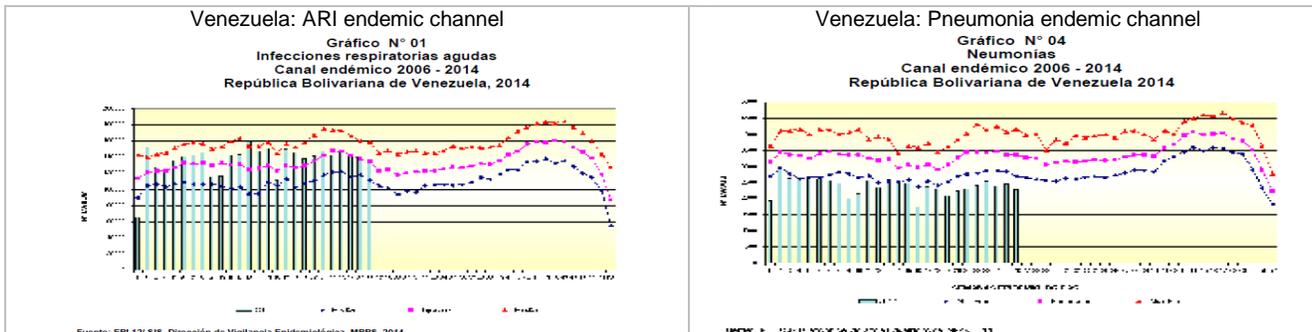
In Peru, based on national laboratory data from EW 23-26, 338 samples were analyzed, of which 30.8% were positive for a respiratory virus and 9.8% were positive for influenza. Among the positive samples, RSV (58.7%) predominated, followed by influenza A(H1N1)pdm09 (21.2%).

Peru



In Venezuela⁵ during EW 26, the number of ARI and pneumonia cases decreased by 3.5% and 6.8%, respectively, compared to the previous week. Both were within the expected levels for this time of year. During EW 26, 121 SARI-associated hospitalizations were reported, with children 1-4 years of age comprising the largest proportion of cases. Based on virologic data from EW 1-26, 412 samples were analyzed from suspected influenza cases and of these, 15.0% were positive for a respiratory virus. Among the positive samples, influenza A(H3N2) predominated (48.4%).

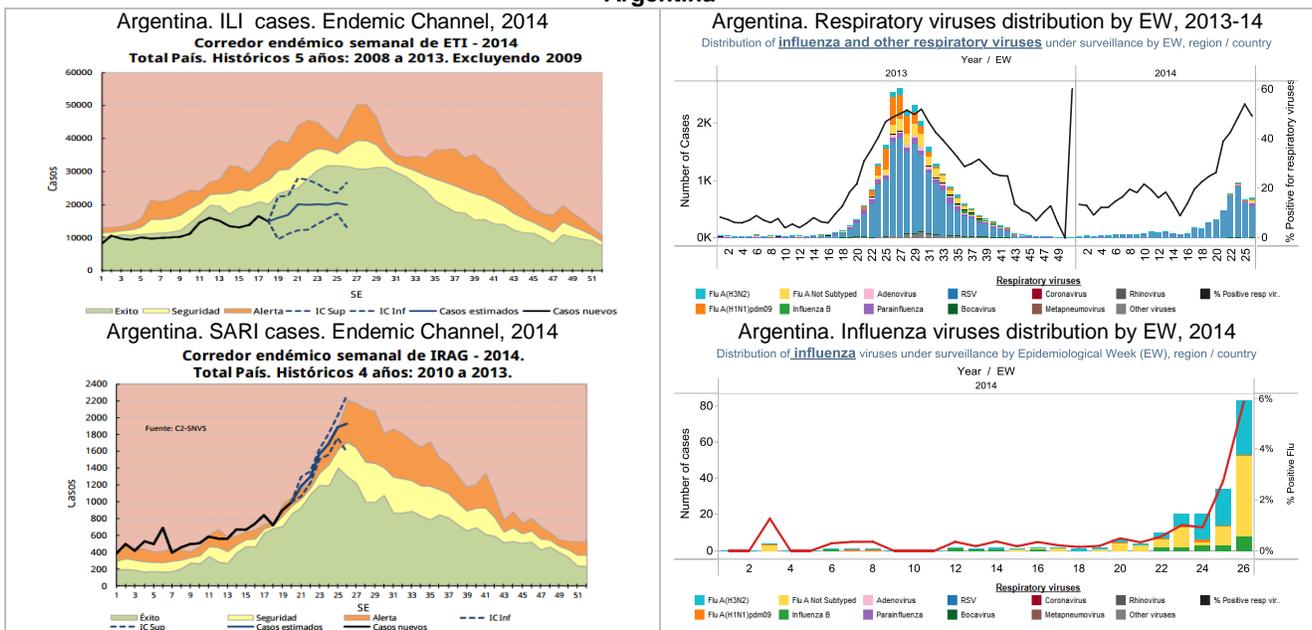
Venezuela



South America – South Cone and Brazil

In Argentina⁶, according to reports and estimations calculated for EW 26, ILI activity was within the success zone of the endemic channel while the estimated number of SARI cases continued to increase and was within the alert zone of the endemic channel. Based on laboratory data from EW 25-26, 2,659 samples were processed, of which 51.4% were positive for a respiratory virus and 4.4% were positive for influenza. Among the positive samples, RSV (85.9%) predominated. Among the influenza viruses, influenza A (90.6%) predominated (47.2% A(H3N2) and 52.8% influenza A not subtyped).

Argentina



In Brazil⁷, according to ILI sentinel surveillance data through EW 26, 8,027 samples were analyzed, and of these, 16.4% were positive for influenza or another respiratory virus. Among the positive samples, influenza A(H3N2) and rhinovirus predominated. Although the largest number of positive samples came from the south and southeast regions, virus circulation varied by region with RSV and influenza B predominating in the north, and influenza A(H1N1)pdm09 and A(H3N2) in the west. Based on national SARI surveillance data during this same period, 9,694 SARI cases were reported and 7.2% of these were positive for influenza. Among the positive samples, influenza A(H3N2) (57.1%) predominated, followed by influenza

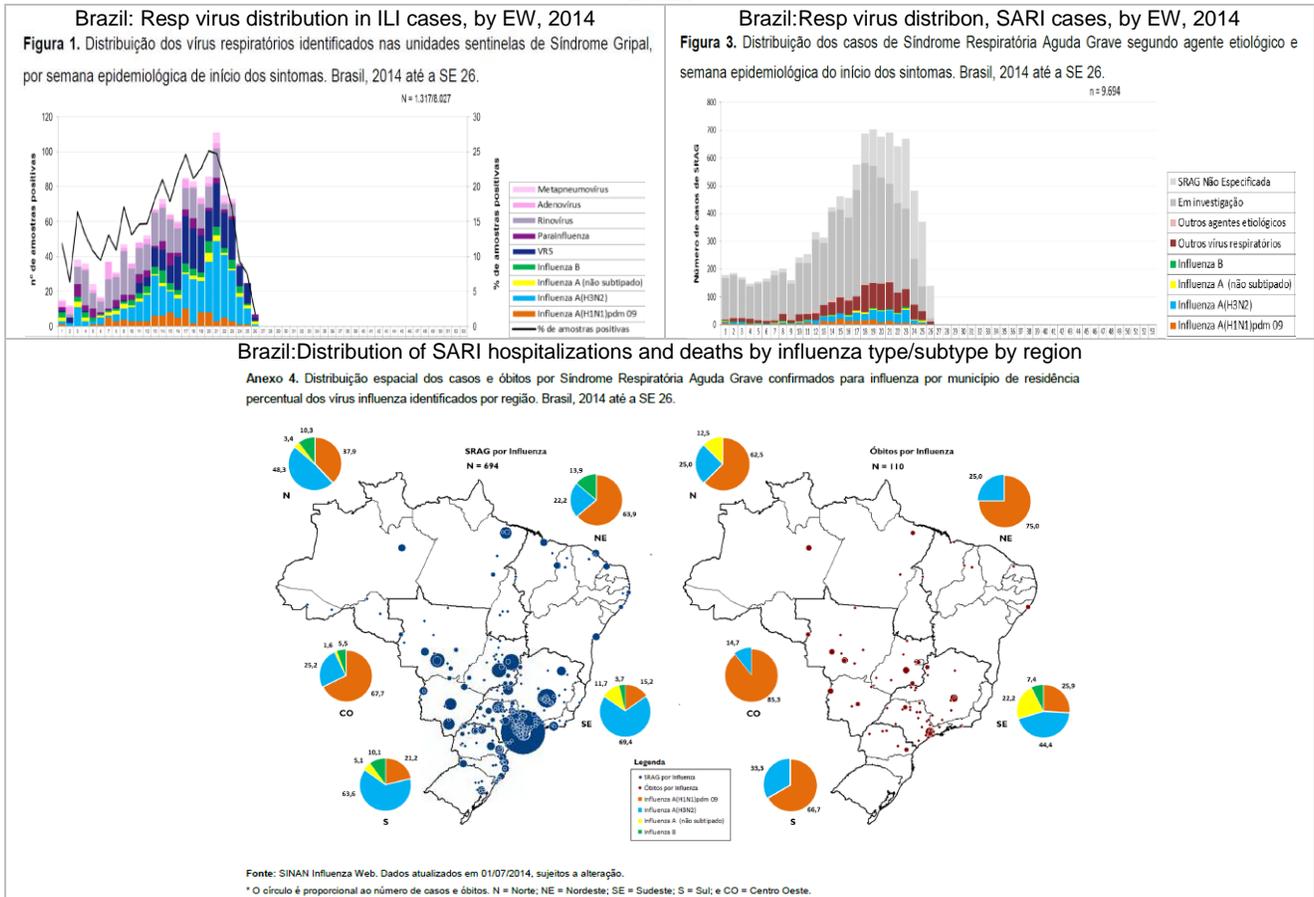
⁵ Venezuela. Boletín epidemiológico, EW 26.

⁶ Argentina. Boletín integrado de vigilancia. SE 26.

⁷ Brasil. Boletim informativo. Secretaria de Vigilância em Saúde. SE 26, 2014.

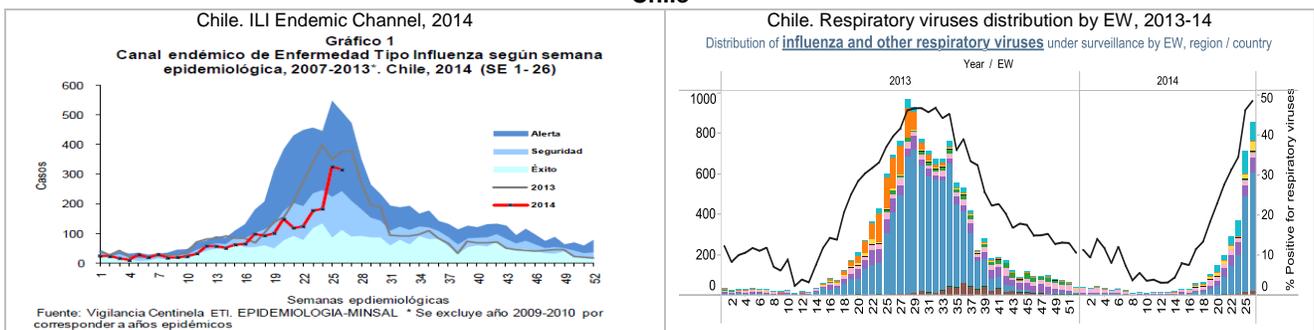
A(H1N1)pdm09 (29.3%). The largest number of SARI cases was reported in the Southeast region, primarily in Sao Paulo. Through EW 26, 950 SARI-associated deaths were reported, of which 11.6% were positive for influenza (52.7% A(H1N1)pdm09 and 31.8% A(H3N2)).

Brazil

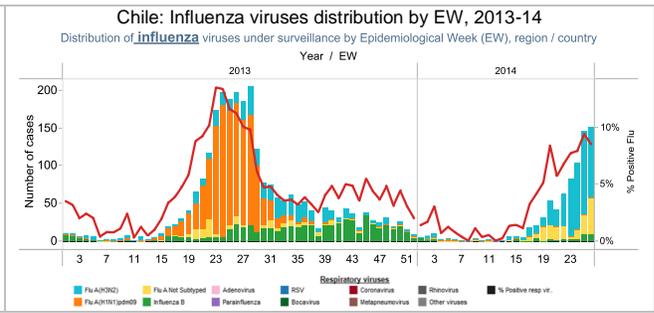
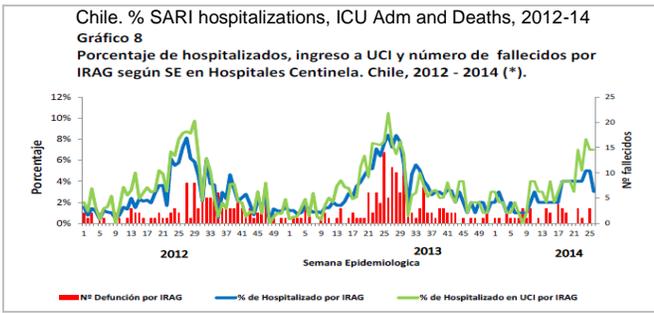


In Chile⁸, seasonal ILI activity continued to increase and remained within expected levels for this time of year. During EW 26, ILI activity (rate: 21 per 100,000 inhabitants) was within the alert zone of the endemic channel. Through EW 26, 1,245 SARI cases were reported through sentinel surveillance and of these, 38.8% were positive for respiratory virus. Among the positive SARI cases, RSV predominated (60%), followed by influenza A(H3N2) (18%). During this same period, 37 SARI-associated deaths were reported. Based on laboratory data from EW 25-26, 3,306 samples were analyzed, of which 47.4% were positive for a respiratory virus and 9.0% were positive for influenza. Among the positive influenza samples, 93.9% were influenza A (73.4% A(H3N2) and 26.6% A not subtyped) and 6.1% were influenza B. Among the other respiratory viruses, RSV (67.1% of positive samples) continued to predominate.

Chile

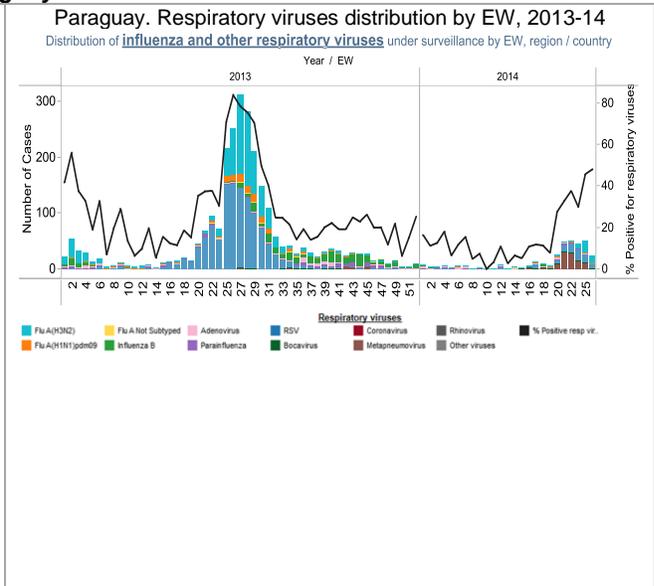
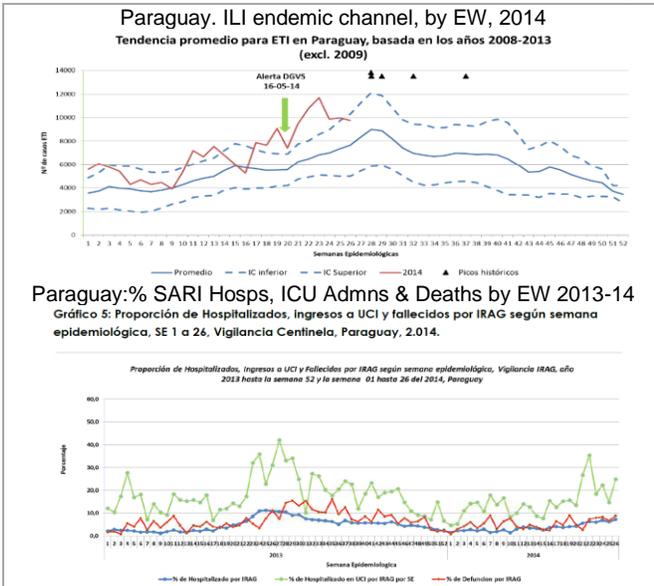


⁸ Chile. Informe de situación. EW 26. Available at: <http://epi.minsal.cl/>



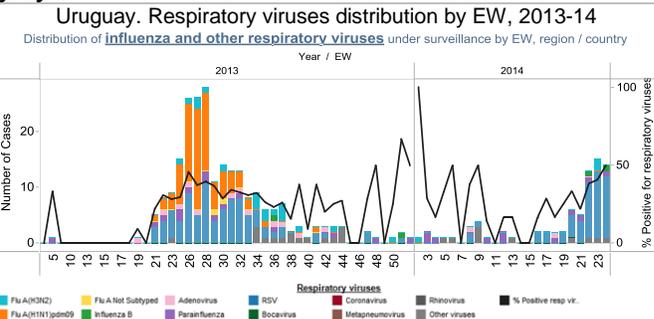
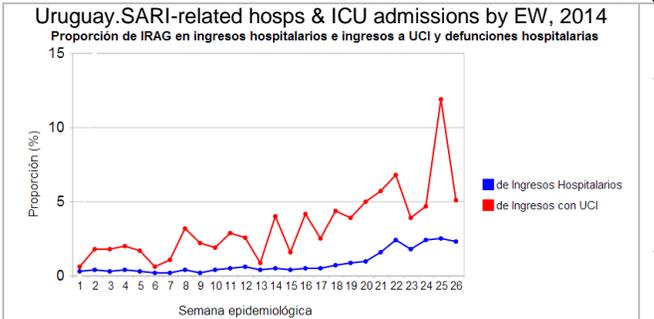
In Paraguay⁹ during EW 26, the ILI consultation rate (146 per 100,000 inhabitants) was similar to the previous EW but remained above the expected levels for this time of year. The proportion of SARI-associated hospitalizations (7.3%) increased compared to the previous weeks. The most affected age group was children <5 years of age (76.2% of reported cases). During EW 1-26, 143 SARI-associated deaths were reported, of which 10 were positive for a respiratory virus. Based on reference laboratory data from EW 23-26, 464 samples were analyzed, of which 38.8% were positive for a respiratory virus and 13.6% were positive for influenza. Among the positive samples, RSV (40.0%), influenza A(H3N2) (30.0%), and human metapneumovirus (21.7%) predominated.

Paraguay



In Uruguay¹⁰ during EW 26, the proportions of SARI-associated hospitalizations and ICU admissions decreased compared to the previous week, but remained slightly elevated. Based on laboratory data from EW 23-26, 92 samples were analyzed, of which 41.3% were positive for a respiratory virus and 3.3% were positive for influenza. Among the positive samples, RSV (76.3%) predominated.

Uruguay



⁹ Paraguay. Informe de situación. Vigilancia de ETI e IRAG. SE 26.

¹⁰ Uruguay. Generador de gráficos de la división de epidemiología, Dirección General de Salud – Ministerio de Salud Pública