



Regional Update EW 21, 2012

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

PAHO interactive influenza data: http://ais.paho.org/phip/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 decreased. Among influenza viruses, influenza B was the predominant virus in the United States.
- In Central America and the Caribbean, influenza activity increased. Influenza A(H1N1)pdm09 was circulating in some countries of Central America (El Salvador, Honduras and Panamá); influenza A(H3N2) was circulating in Dominican Republic and Surinam; and influenza B was reported in Jamaica.
- 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. Respiratory syncytial virus (RSV) was the predominant respiratory virus in this sub-region (Chile and Argentina). Influenza A(H3N2) was reported in Chile; and co-circulation of influenza A(H1N1)pdm09 and influenza B was reported in Bolivia and Paraguay.

Epidemiologic and virologic influenza update

North America

In the United States¹, in EW 21, nationally, the proportion of ILI consultations (1.1%) was below the baseline (2.4%), with all regions reporting ILI activity below their region-specific baselines. Nationally, the proportion of deaths attributed to pneumonia and influenza for EW 20 (6.6%) was below the epidemic threshold for this time of year (7.3%). In EW 21, no pediatric deaths associated with influenza were reported. Among all samples tested during EW 20 (n=1,957), the percentage of samples positive for influenza (11.8%) was similar to the previous week. Nationally, among the positive samples, 40% were influenza A [among the subtyped influenza A viruses, mainly influenza A(H3N2)] and 60% were influenza B.

In Mexico, according to laboratory data, in EW 20, among all samples tested (n=112), 2.7% were positive for influenza viruses (influenza A unsubtype); that represents the lowest proportion in 2012 through EW 20.

Caribbean

CAREC*, in EW 21, received epidemiological information from 6 countries: Belize, Dominica, Jamaica, Suriname, St. Vincent & the Grenadines and Trinidad & Tobago. In EW 21, the proportion of severe acute respiratory infection (SARI) hospitalizations was 1.9%, which is lower than the prior week (2.3%). The SARI rate increased in 2 of 6 sentinel countries that reported data: St. Vincent & the Grenadines and Jamaica. Children aged 6 months – 4 years had the highest rates of SARI hospitalization (7.2% of all children admitted to hospital were for SARI). No SARI related deaths were reported in week 21, 2012. In the past four weeks, influenza A/H3, influenza A(H1N1)pdm09, influenza B, respiratory syncytial virus (RSV) and adenovirus have been confirmed. To date in 2012, the overall percentage positivity for samples tested is 32%, with % positive for influenza = 15% and % positive for other respiratory viruses = 17%.

In Jamaica for EW 21, the proportion of consultations for Acute Respiratory Illness (ARI) was 5.6% which was the same to the previous week. The proportion of admissions due to SARI was 0.8% which was similar to the previous week. There was no SARI death reported for EW 21. No Influenza viruses were isolated in EW 21.

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

In Cuba, according to laboratory data, in EW 21, among all samples tested (n=96), the percentage of positives for respiratory viruses (25%) decreased as compared to the prior week (34%); being rhinovirus the predominant respiratory virus detected, followed by influenza B, which also increased as compared to the previous weeks.

In Dominican Republic, in EW 22, among all samples tested (n=23), 21% were positive for influenza viruses; being influenza A(H3N2) the predominant circulating respiratory virus since EW 16. Among other respiratory viruses, influenza A(H1N1)pdm09 and parainfluenza were also detected.

Central America

In Costa Rica, in EW 21, according to laboratory data, among all samples tested (n=70), the percentage of positive samples for respiratory viruses was 14.3%, being adenovirus the predominant circulating virus. Influenza B was detected for the second consecutive week.

In El Salvador, in EW 21, ARI and pneumonia endemic channels showed that the number of ARI and pneumonia cases remained within what was expected for this time of year. Regionally, the ARI and pneumonia endemic channels were over their region-specific baselines in the department of Usulután. According to laboratory data, in EW 21, among all samples tested (n=44), the percentage of positive samples for respiratory viruses was 27.3%. Influenza A(H1N1)pdm09 has been the predominant circulating virus since EW 12. Influenza B, RSV and parainfluenza were also detected.

In Guatemala, in EW 21, according to laboratory data, among all the tested samples (n=14), the percentage of positive samples for other respiratory viruses decreased to 21%. Influenza A unsubtype and RSV were detected circulating.

In Honduras, in EW 21, according to laboratory data, among all samples tested (n=14), the percentage of positive samples for respiratory viruses was 14%, with influenza A(H1N1)pdm09 and adenovirus being detected.

In Panama, in EW 21, among all the tested samples (n=27), 85% were positive for other respiratory viruses. Parainfluenza, adenovirus, influenza A(H1N1)pdm09 and other respiratory viruses were detected circulating.

South America – Andean

In Bolivia, in Santa Cruz, according to data from Cenetrop, viral circulation showed a decreasing trend since EW 13, with a percent positivity for EW 21 of 22.6% among all samples analyzed (n=62); influenza B (6/14) predominated followed by RSV. In contrast, according to data from Inlasa, circulation in EW 21 in the departments of La Paz, Oruro, Potosí, Tarija, Pando, Beni, and Chuquisaca showed an increasing percent positivity (37.1%) among all samples analyzed (n=35); influenza A(H1N1)pdm09 predominated (9/13), followed by RSV (4/13), which differed from previous weeks when RSV predominated. According to the SARI surveillance system, in La Paz, the proportion of SARI hospitalizations in EW 21 (12.5%) showed a gradual decrease. Of the SARI samples processed (n=85), in EW 21 in this department, the percent positivity was 41.2% with a predominance of influenza A(H1N1)pdm09 (80%), a changing pattern from the previous weeks.

In Peru², through EW 20, at the national level, the ARI rate in children less than 5 years of age reached 345.1/100,000 population, which is lower than expected for this time pattern was observed for pneumonias in this age group. At the sub-national level, since the beginning of the year through EW 20, all departments had lower than expected levels of ARI rates in children less than five years of age. However, in Loretto and Junín, the ARI fatality rate was higher than what was observed in previous years.

South America – Southern Cone

In Argentina³, in EW 18, ILI and pneumonia endemic channels showed that the number of ILI and pneumonia cases remained below the expected level for this time of the year. The hospitalized ARI surveillance showed that the number of cumulative cases in 2012 through EW 18 (n=6712) was less than what was reported during the same period last year. According to laboratory data, in EW 21, an increase in the respiratory virus percent positivity was reported since EW 18, reaching ~60% in EW 21. The predominant virus was RSV.

In Chile⁴, at the national level, ILI activity was within the safe zone of the endemic channel, with an increase in the rate in EW 21 (6.1/100,000 population) with respect to the previous week. Additionally, there has been a sustained increase since EW 11 in the percent of emergency respiratory visits to 27% in EW 21. According to laboratory data, in EW 21, among the samples analyzed (n=810), the percent positivity for respiratory

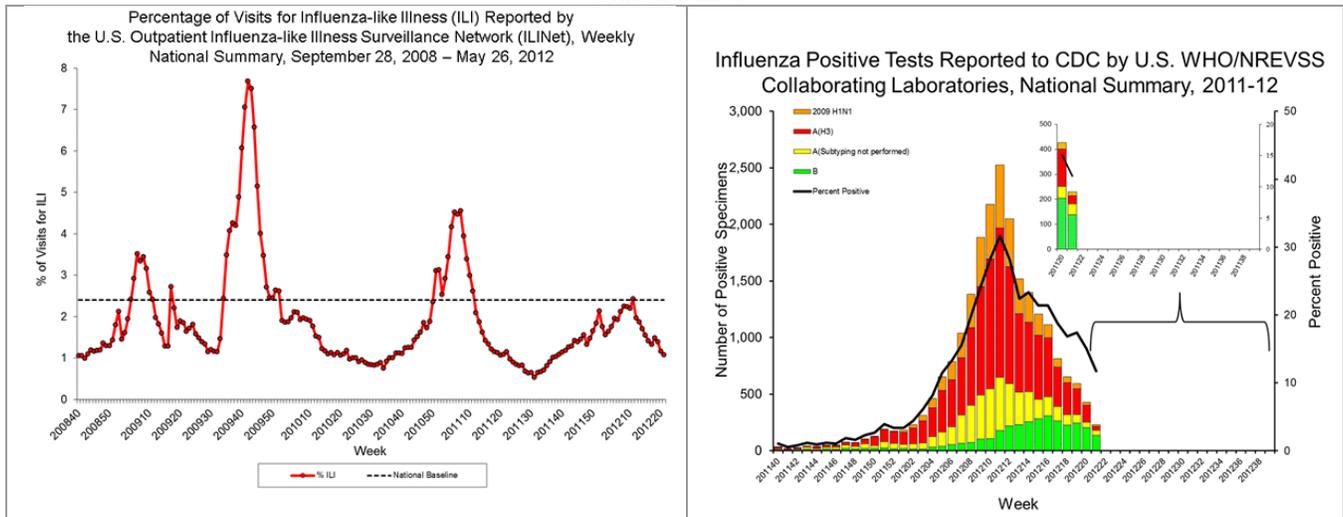
viruses was 33.2% and was higher than previous weeks, with RSV being the most prevalent. According to the SARI surveillance system, the proportion of SARI-hospitalizations has increased since EW 11, reaching 3.9% in EW 20; and the percent positivity among the SARI-samples analyzed (n=24) increased to 91.7%, with RSV being the most prevalent (20/22).

In Paraguay⁵, the ILI rate remained in the epidemic zone of the endemic channel with an increasing trend, reaching 135/100,000 population in EW 21. According to SARI surveillance, in EW 21, the proportion of SARI hospitalizations remained unchanged with respect to the previous week and below 5%. In EW 20, among the SARI samples analyzed (n=32), the percent positivity for respiratory viruses was 28.1%, showing an increasing trend with a prevalence of influenza A(H1N1)pdm 09 (7/9).

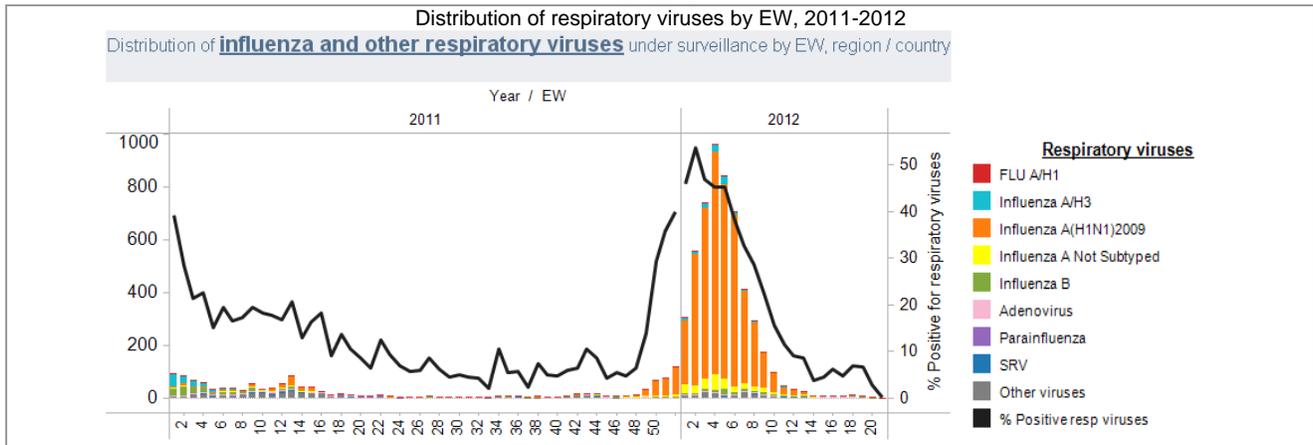
Graphs

North America

United States

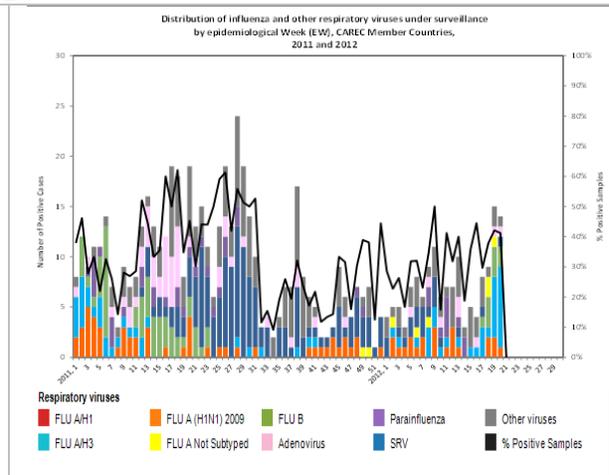
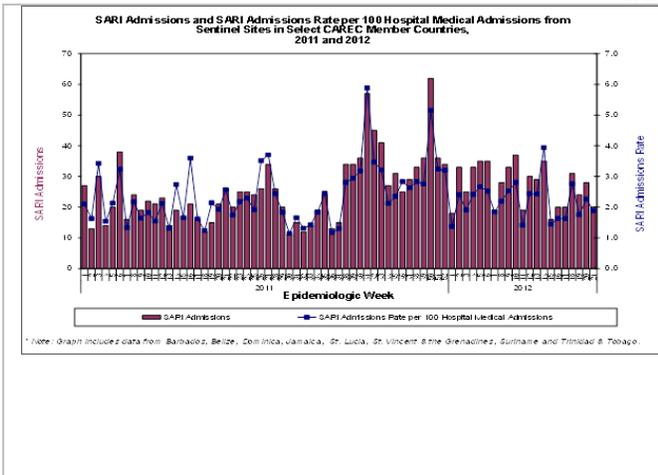


Mexico

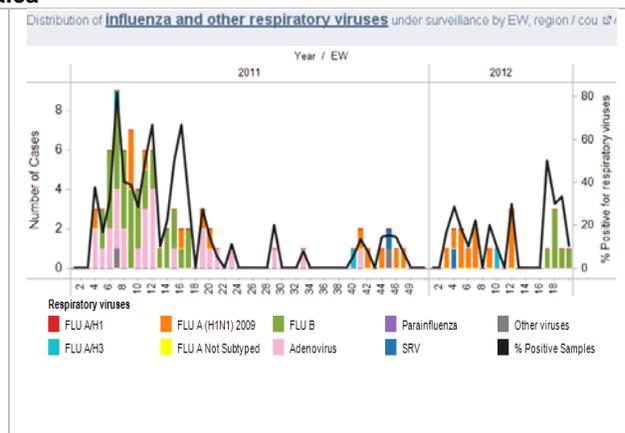
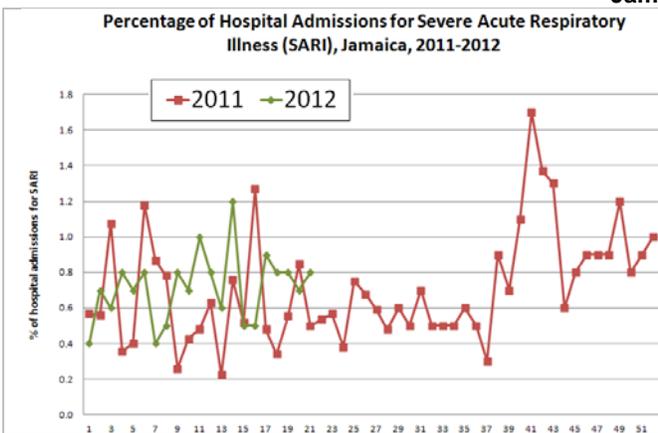


Caribbean

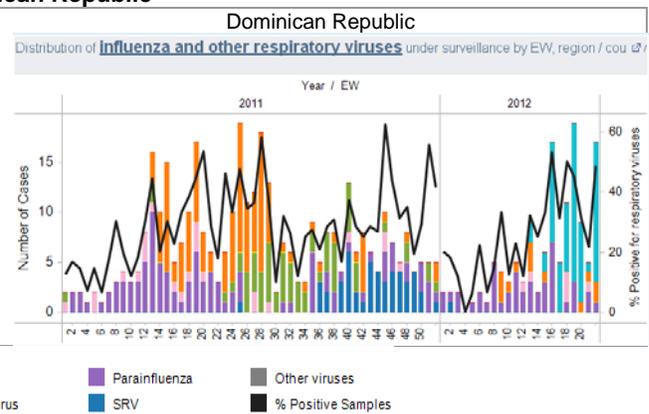
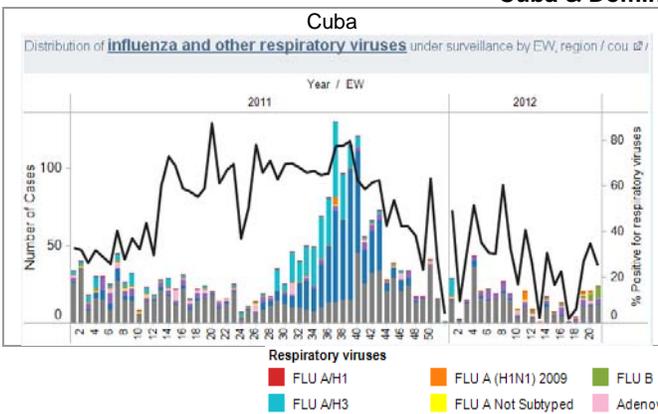
CAREC



Jamaica

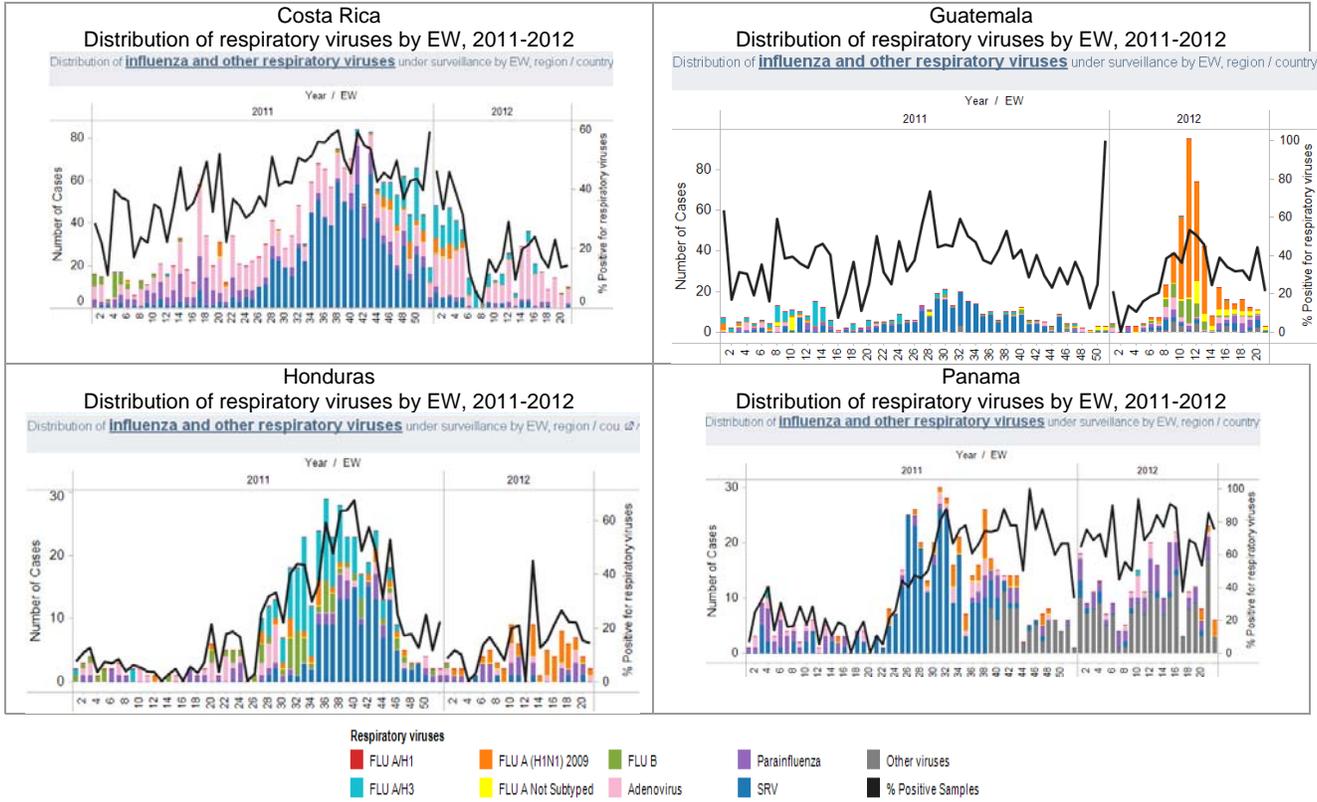


Cuba & Dominican Republic

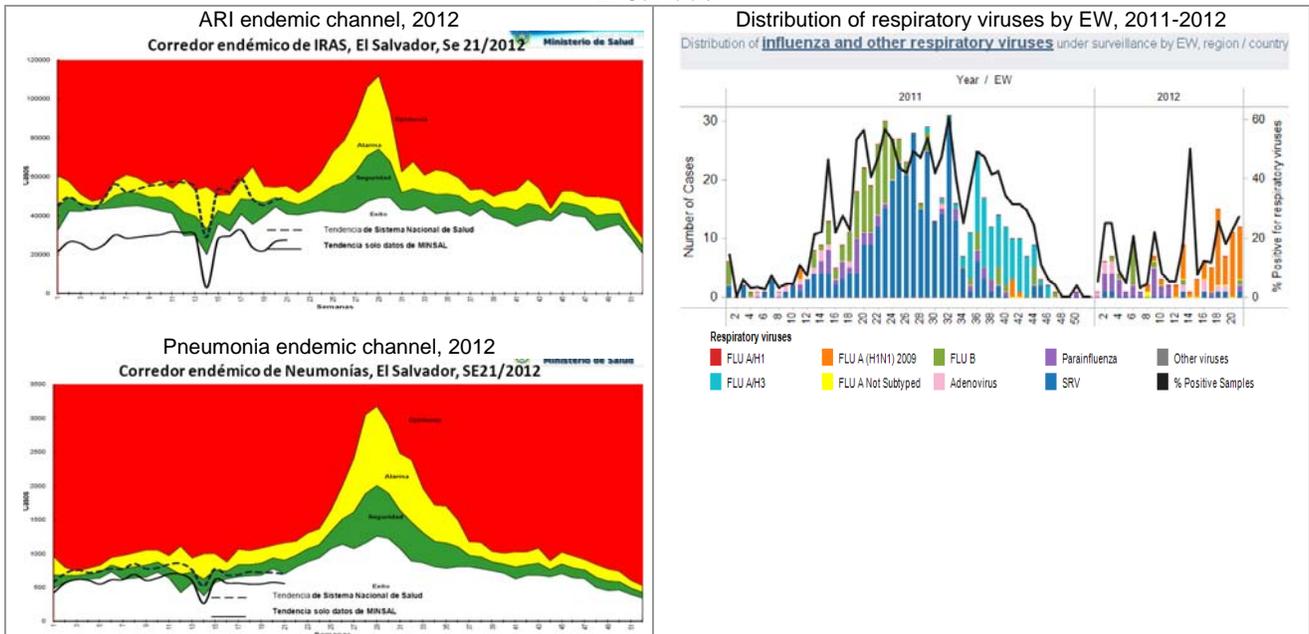


Central America

Costa Rica, Guatemala, Honduras and Panama



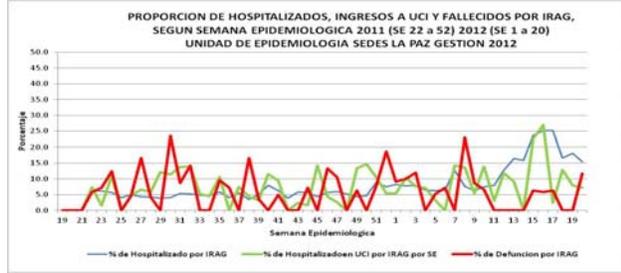
El Salvador



South America - Andean

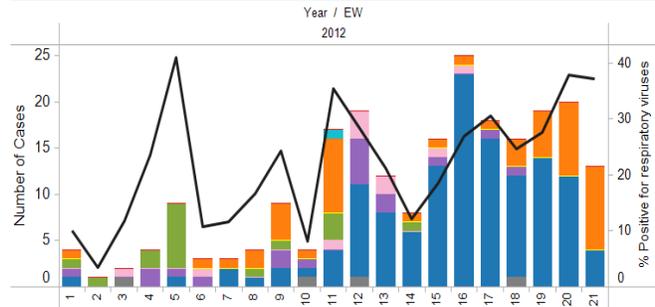
Bolivia

La Paz SARI in La Paz



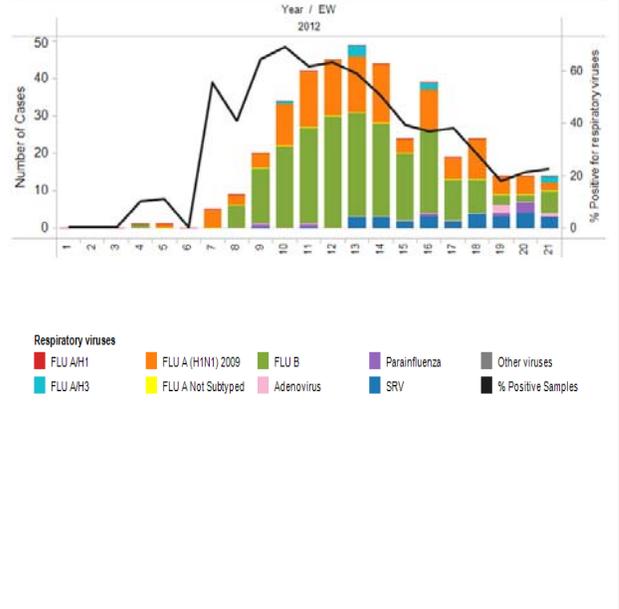
La Paz. Respiratory viruses detected by EW. 2012

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



CENETROP, Santa Cruz Respiratory viruses detected by EW. 2011-2012

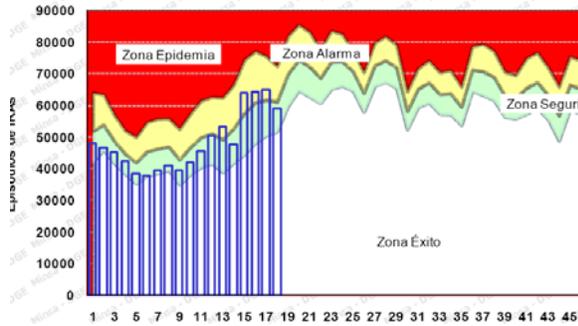
Distribution of **influenza and other respiratory viruses** under surveillance by EW, region / country



Peru

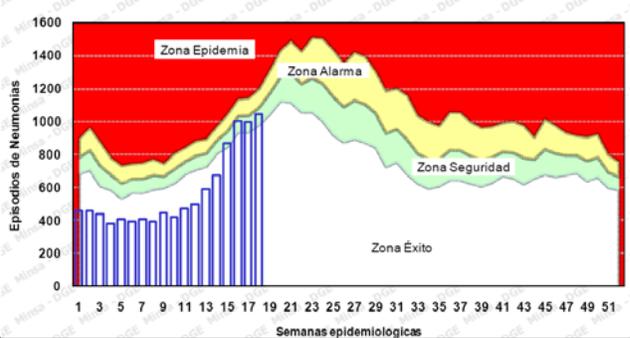
ARI endemic channel. Children <5 years old. 2012

Canal de Infecciones Respiratorias Agudas (IRA) en menores de Perú 2012 (Hasta SE 18)



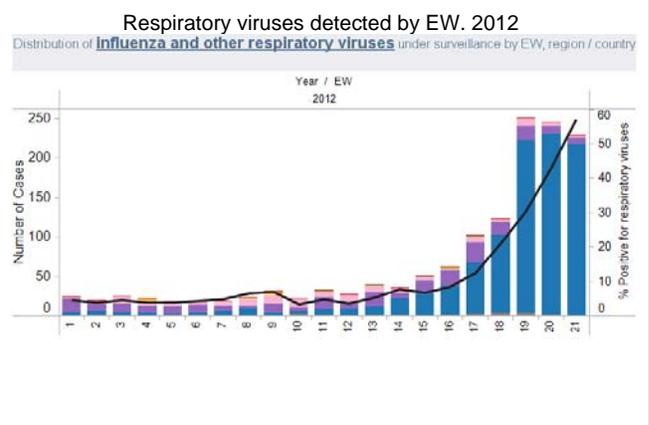
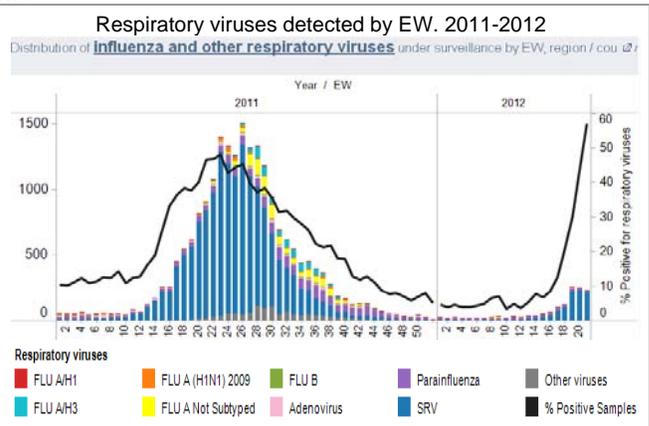
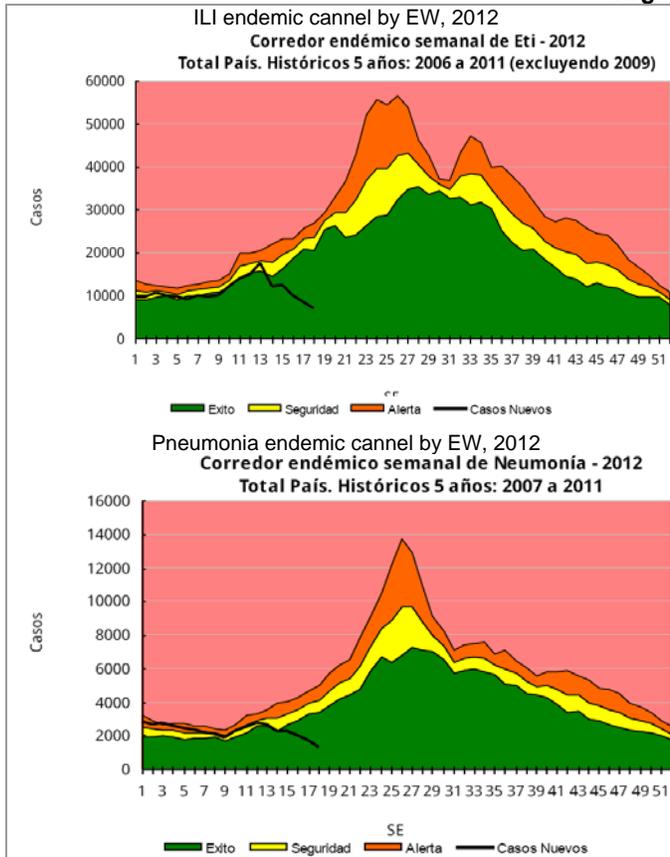
Pneumonia endemic channel. Children <5 years old. 2012

Canal de las neumonías en menores de 5 años, Perú 2012*

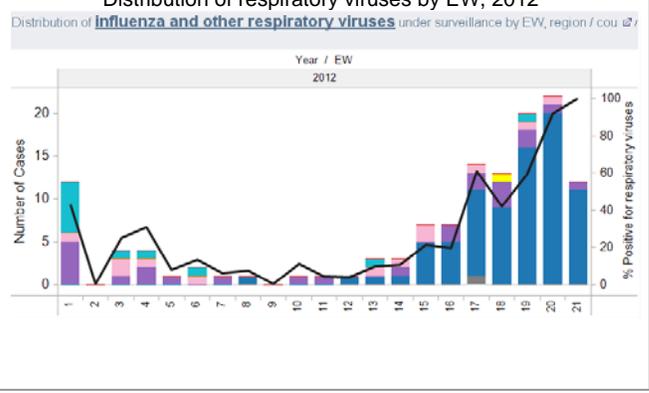
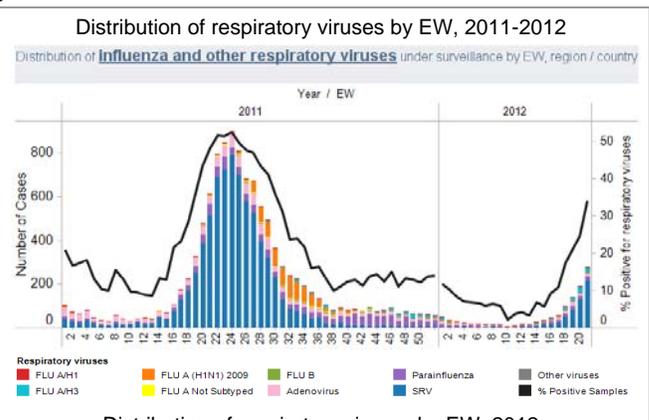
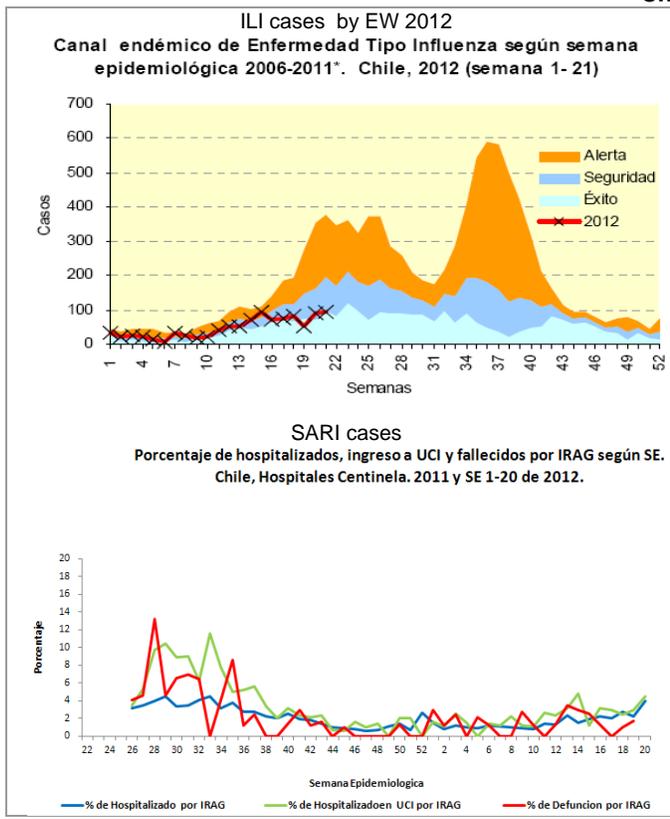


South America – Southern Cone

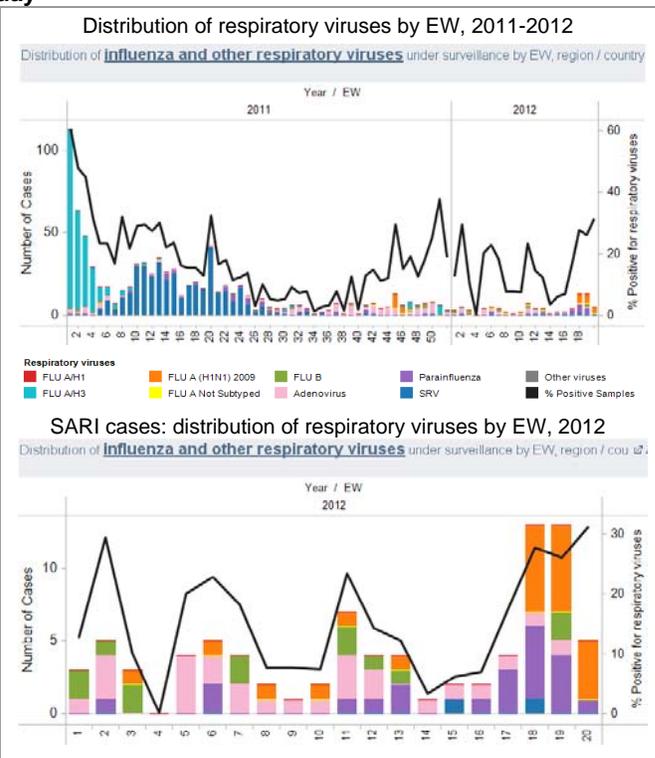
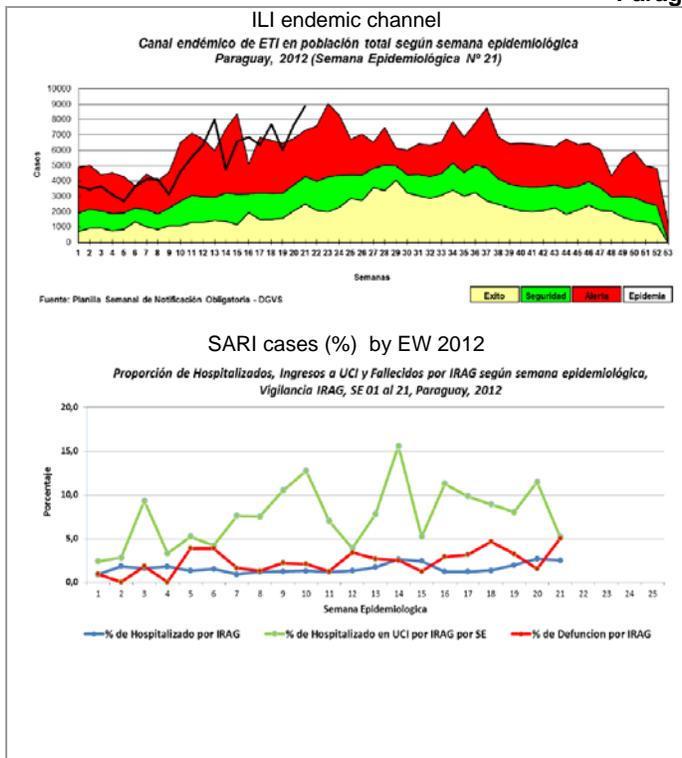
Argentina



Chile



Paraguay



¹ US Surveillance Summary. EW 21. Centers for Disease Control and Prevention
² Perú. Sala de Situación de Salud. SE 20. Ministerio de Salud. Dirección General de Epidemiología
³ Argentina. Actualización situación de enfermedades respiratorias 2012. SE 22.
⁴ Chile. Informe de situación. SE 21. Disponible en: www.pandemia.cl
⁵ Paraguay. Boletín epidemiológico semanal SE 21. Available at:
http://www.vigisalud.gov.py/index.php?option=com_phocadownload&view=category&id=18:vigilancia-eti-e-irag-ano-2011&Itemid=86