Epidemiology and Diagnostics of Influenza in the Andean Subregion

This past February, a workshop on the Epidemiology and Diagnostics of Influenza was held in Lima, Peru. Participants included staff in charge of epidemiological surveillance from the influenza laboratory and clinicians from each of the Andean countries (Chile, Venezuela, Colombia, Bolivia, Ecuador, and Peru). In addition, area experts from Argentina and from the US Naval Base in Lima were also in attendance. The event was coordinated by the Ministry of Health of Peru, the Peruvian Epidemiological Society, and the PAHO Country Office in Peru.

Objectives of the workshop were to

- Analyze the epidemiological situation of influenza in the countries of the Andean subregion.
- Establish response capability in the Andean countries for the prevention and control of a potential influenza pandemic.
- Examine the present level of preparedness of national contingency plans to confront a potential pandemic.

Each country discussed its epidemiological situation, the resources it has allocated to this topic, and the state of preparation of the contingency plan in the event of a pandemic.

At the workshop, the need became apparent to improve epidemiological surveillance for influenza, since reporting the disease is legally required in one third (2) of the participating countries. In the others, the intervals of periodic reporting vary from every week to every month. In half of the countries (3), surveillance is carried out through sentinel sites, that make an effort to implement this type of surveillance for influenza and to assure their representativity.

The PAHO/WHO Collaborating Center operating out of the Centers for Disease Control and Prevention of the United States (CDC) in Atlanta, Georgia, annually provides cases for viral isolation. These results are those that are then used every year to define the strains to be included in the next year's vaccine The countries have made a commitment to send samples of the isolated viruses to the CDC at the beginning,

middle, and end of the flu season in each country. In addition, four countries have made a commitment to report their results to the Global Surveillance Network for Influenza *(FluNet)*. Despite this, however, improvement is usually needed overall in the regularity of case-reporting. The two remaining countries have begun to make provisions to begin reporting their results to *FluNet* too.

As for the level of progress made in the preparation of national contingency plans for facing a potential pandemic, only one country annual makes use of the flu vaccine with funds from the Ministry of Health, for administration to high-risk groups and has actually begun to design a contingency plan for a pandemic. During the workshop, the other countries began developing their national proposals for contingency plans and made a commitment to turn in a draft in July of this year. For the preparation of the plans, a logical framework is being used that takes into account two situations: one for periods between epidemics, and one for pandemics.

PAHO made a commitment to provide information to the countries on the cost of the flu vaccine and antiviral drugs, as well as to facilitate contact with providers.

In addition, performance evaluations were carried out on diagnostic quality. This was done by sending samples to the national reference laboratories for differential diagnosis with other respiratory viruses (influenza; adenovirus, parainfluenza, and VSR). In turn, a commitment was made to put a similar system into place for the periodic performance evaluation of the national network.

For more information, see the PAHO Influenza Page, the WHO Influenza Page, and the FluNet Page.

Source: Informe sobre Epidemiología y Diagnóstico de Influenza (Report on the Epidemiology and Diagnostics of Influenza). Washington, DC: Pan American Health Organization / World Health Organization (PAHO/WHO), February 2004. (in Spanish)