



Regional Update EW 08

Influenza
(March 8, 2011 - 17 h GMT; 12 h EST)

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 Quebec and British Columbia, Canada, overall influenza activity continued to increase, while the other regions reported decreased activity; nationally, the ILI consultation rate remained within the expected levels for this time of year. In the United States, at the national level, ILI activity was above the epidemic threshold and the proportion of deaths attributed to pneumonia and influenza was at the epidemic threshold. In Canada, influenza A/H3 has predominated since the beginning of the influenza season. In the United States and Mexico, there has been a co-circulation of influenza A and B.
- Influenza activity in Central America, the Caribbean, the Andean Region and the South Cone remained low. There has been a co-circulation of influenza A and B.

Epidemiologic and virologic influenza update

North America

In Canada¹, in epidemiological week (EW) 08, influenza activity increased in Quebec and British Columbia, while other regions across the country reported decreased activity. In EW 08, 4 regions reported widespread activity, 20 regions reported localized influenza activity, 23 regions reported sporadic activity and 9 regions reported no activity. In the current EW, the national ILI consultation rate remained within expected levels and was 36.5 per 1,000 consultations—which is higher compared to what was observed in the previous week (29.3). Children under 5 years of age had the highest ILI consultation rates (87.1 per 1,000 consultations). The percentage of samples positive for influenza was 17.8%, which represents a slight decrease from the prior week (18.7%). Since the beginning of the influenza season, influenza A/H3N2 has been the predominant strain circulating in Canada. In EW 08, of the positive tests reported (n=1055), 46.4% were untyped influenza A, 34.4% were influenza A/H3N2, 12.3% were influenza B, and 6.9% were influenza A/H1N1 2009. Among the other respiratory viruses, the proportion of specimens positive for respiratory syncytial virus (RSV) remained similar (18.3%) to prior weeks.

In Mexico, in EW 08, of all samples tested, the percentage of samples positive for respiratory viruses slightly decreased to 10% and the percentage of samples positive for influenza was 8%. Influenza B has been the predominant circulating virus during the last 4 weeks.

In the United States², in EW 08, at the national level, the proportion of outpatient consultations for ILI (4.0%) was above the national baseline, but was slightly lower as compared to the prior week (4.7%). At the regional level, all ten regions reported ILI activity to be at or above their region-specific baseline. The proportion of deaths attributed to pneumonia and influenza was at the epidemic threshold. Fourteen influenza-associated pediatric deaths were reported this week. During EW 08, 27.9% of samples tested were positive for influenza [untyped influenza A (32.9%), influenza type B (26%), influenza A/H3 (24%) and influenza A/H1N1 2009 (23.1%)]. Of characterized influenza B viruses, 95% belong to the B/Victoria lineage, which is included in the 2010-2011 Northern Hemisphere vaccine, and 5% belong to the B/Yamagata lineage.

Caribbean

CAREC^{*}, in EW 08, reported that the proportion of admissions for severe acute respiratory infection (SARI) (1.6%) increased as compared to the previous week (1%). No SARI deaths have been reported in the last two EWs. In EWs 05 & 06, the predominant circulating virus was influenza B. To date in 2011, 79 positive

* Participating CAREC member countries, which include, Barbados, Dominica, Jamaica, St Vincent and the Grenadines, St. Lucia and Trinidad and Tobago, were assessed together

respiratory cases have been identified, 30% (n=24) were influenza B, 21.5% (n=17) were influenza A/H1N1 2009, 19% (n=15) were influenza A/H3N2, 14% (n=11) were influenza not typed, 11% (n=9) were influenza A unsubtype, 2.5% (n=2) were parainfluenza and 1% (n=1) was RSV.

In Cuba, in EW 08, of all samples tested, the percentage of samples positive for respiratory viruses decreased to 27% as compared to EW 07 (40%), and the percentage of samples positive for influenza viruses remained low (~5%). To date in 2011, influenza A/H3 has been the predominant influenza virus circulating. Among the respiratory viruses, respiratory syncytial virus (RSV) has been the predominant virus in the last EW.

In Jamaica, in EW 08, of all samples tested, the percentage of samples positive for respiratory viruses was 27%. Influenza B has been the predominant circulating virus during EWs 05-08.

Central America

In Costa Rica, in EW 09, the percentage of samples positive for respiratory viruses remained ~22%, similar to EW 08. To date in 2011, influenza B was the predominant respiratory virus.

In Honduras, from EW 01-08, small numbers of respiratory viruses were detected and the percentage of samples positive for respiratory viruses remained low (~6%). Influenza B has been the predominant influenza virus circulating in 2011. No influenza viruses have been detected since EW 05.

In Panama, from EW 01-08, small numbers of respiratory viruses were detected. Parainfluenza virus and RSV have been the predominant respiratory viruses circulating in 2011. In EW 08, no respiratory viruses were detected.

South America – Andean

In Ecuador, in EW 08, the percentage of samples positive for respiratory viruses remained ~20%, similar to EW 07. To date in 2011, influenza A/H3 and influenza A/H1N1 2009 co-circulated in similar percentage (each ~38% of the positive influenza viruses). According to the laboratory data (from EW 47, 2010 to EW 8, 2011) influenza A/H3N2 was the predominant virus detected in children between 1-14 years of age, and influenza A/H1N1 2009 was the predominant virus detected in those 15-54 years of age.

In Colombia³, in EW 07, the number of the acute respiratory infection (ARI) cases slightly increased as compared to EW 06—representing approximately half as many as were seen during the same period in 2010. In EWs 07-08, small numbers of respiratory viruses were detected. To date in 2011, there has been a co-circulation of influenza A/H1 2009 and influenza A/H3N2.

In Peru⁴, in EW 07, the ARI activity and the pneumonia activity in children under 5 years of age remained within the endemic channel and similar to the levels observed during the prior week.

South America – Southern Cone

In Argentina, to date in 2011, parainfluenza and adenovirus were the predominant circulating respiratory viruses, and influenza A unsubtype was reported as the predominant circulating virus among influenza viruses.

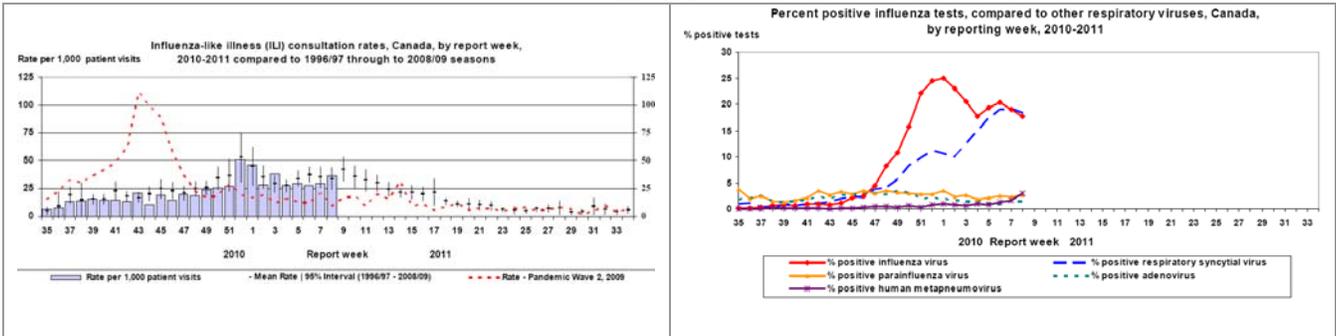
In Paraguay⁵, in EW 07, the proportion of ILI consultations decreased to less than 3%. The proportion of SARI cases among the total hospitalized remained ~2%; however, the proportion of SARI intensive care units (ICU) cases (6.7%) among all ICU admissions increased slightly from prior week (6%). In EWs 06 & 07, no SARI deaths were reported. To date in 2011, influenza A/H3 has been the predominant circulating virus (87% of all respiratory viruses). In EW 07, RSV was the predominant circulating virus among SARI patients.

In Uruguay⁶, from EW 01 – 09, the proportion of SARI cases among the total number of hospitalizations, ICU admissions, and deaths associated with SARI, remained less than 2%. To date in 2011, small numbers of respiratory viruses were detected and influenza A/H3 has been the predominant circulating virus among SARI cases.

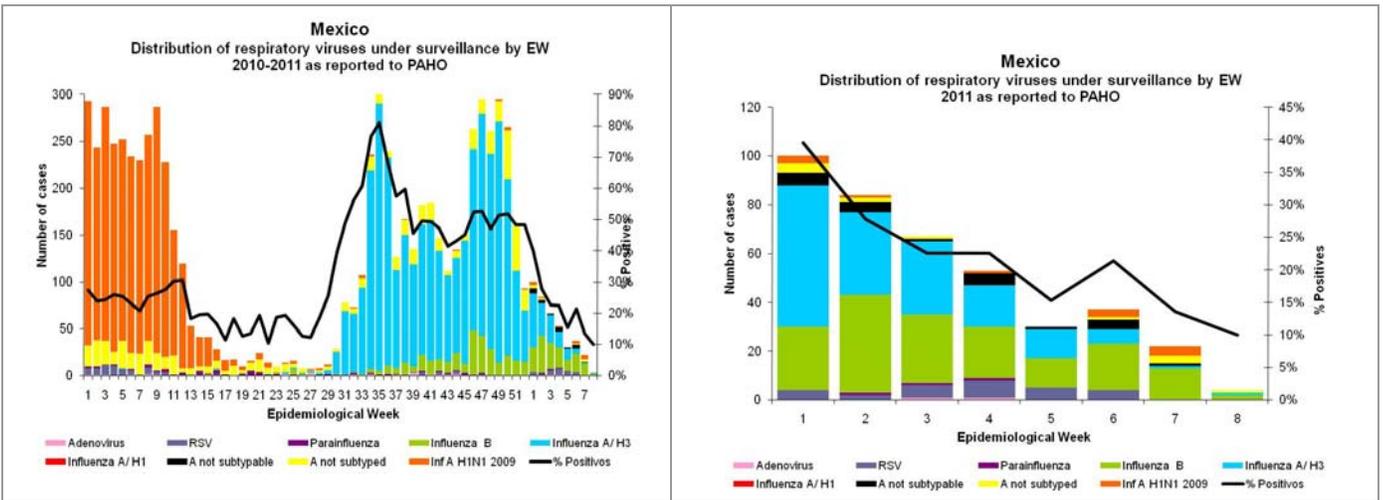
Graphs

North America

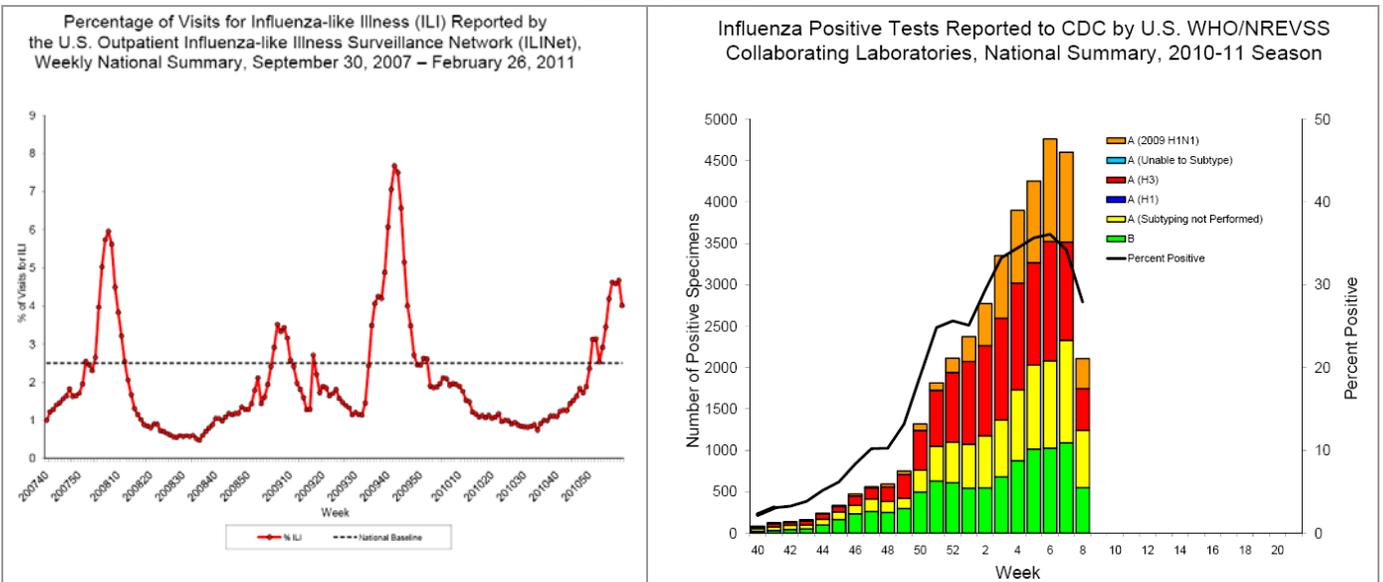
Canada



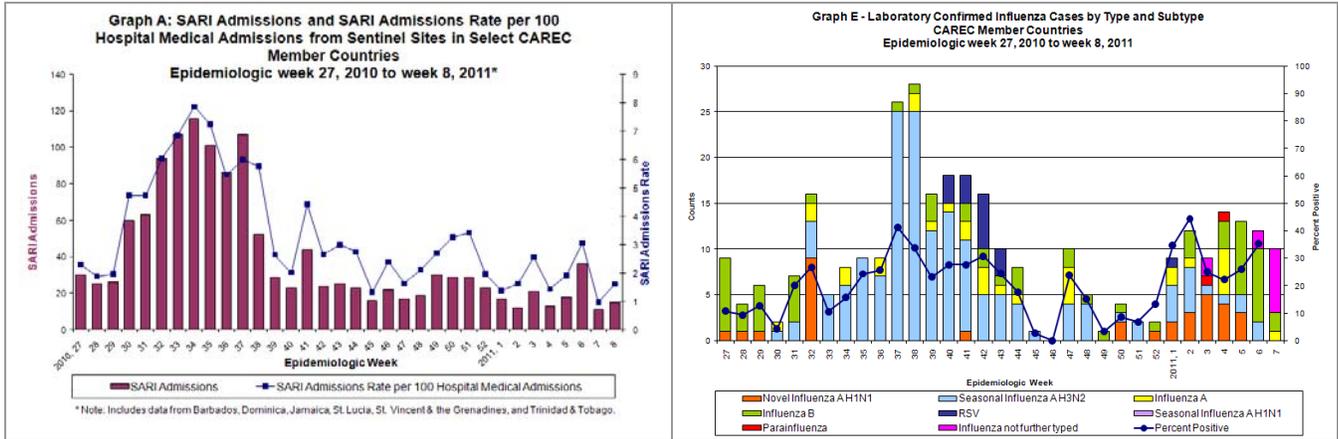
Mexico



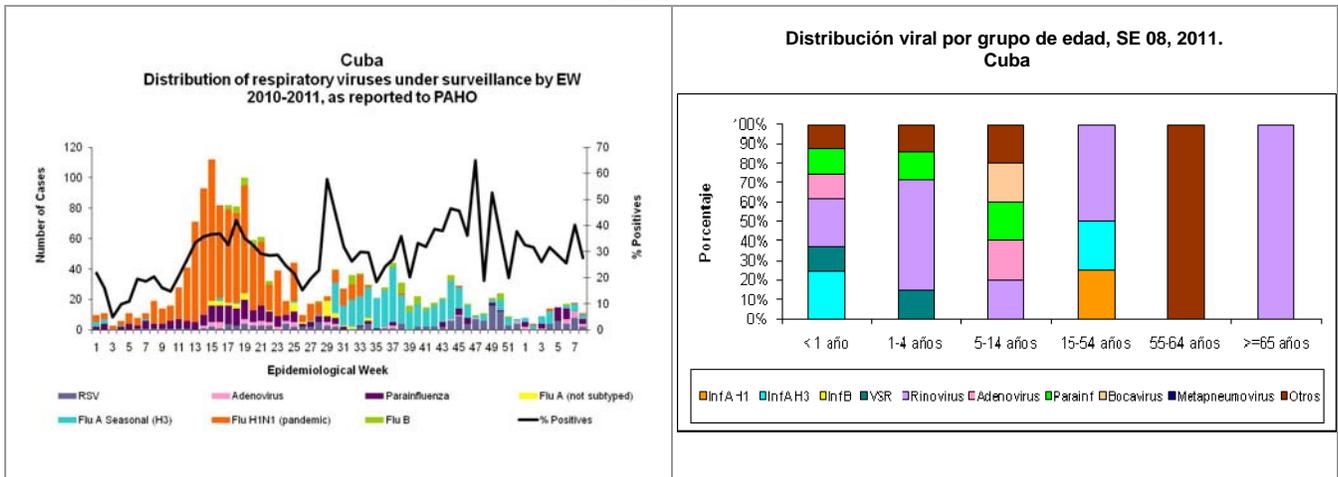
United States



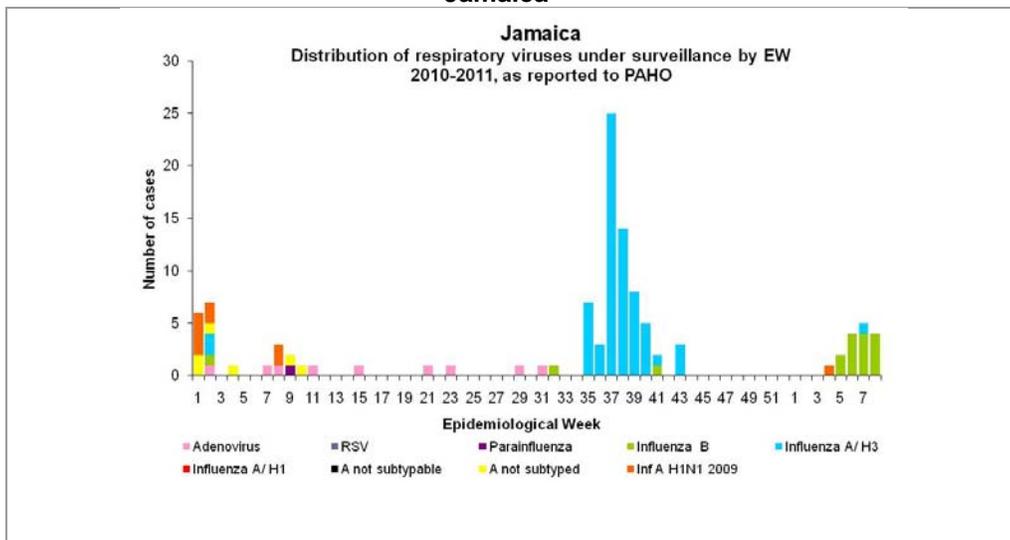
CAREC



Cuba

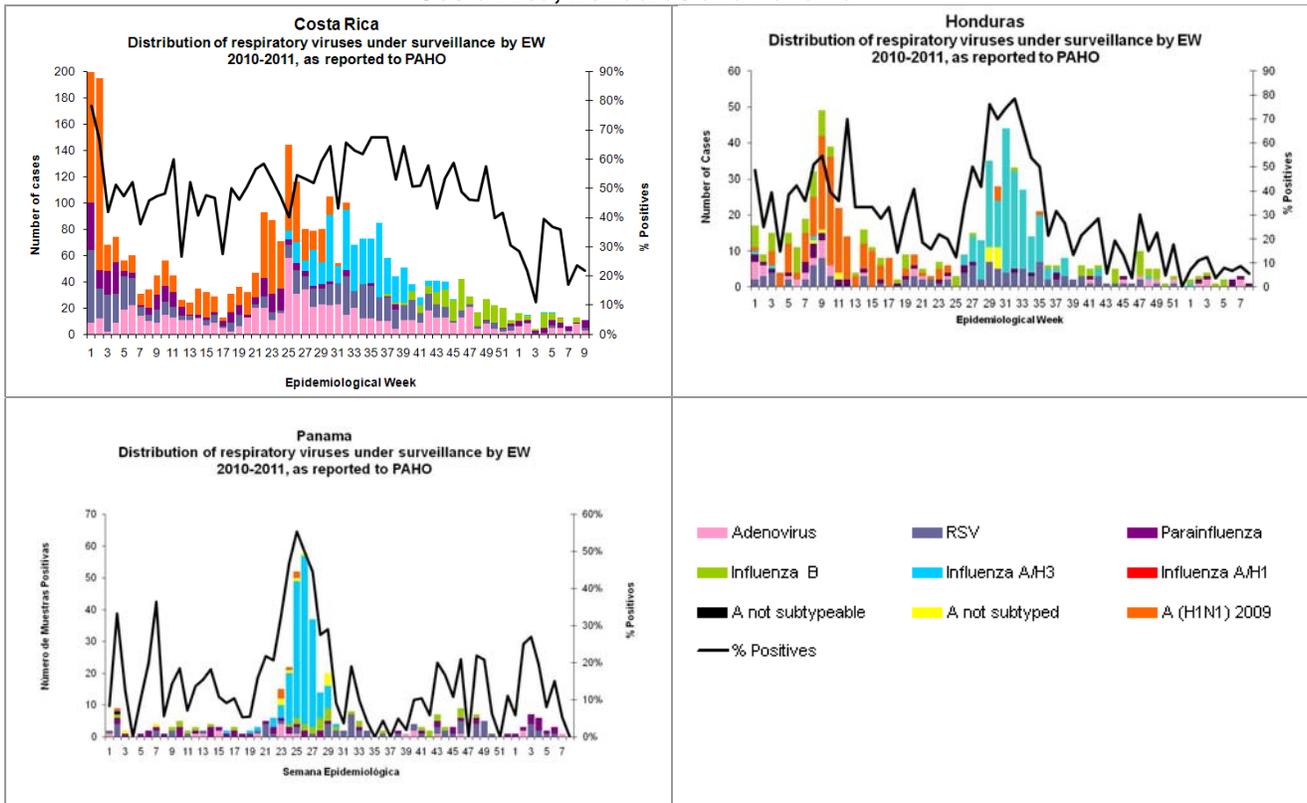


Jamaica



Central America

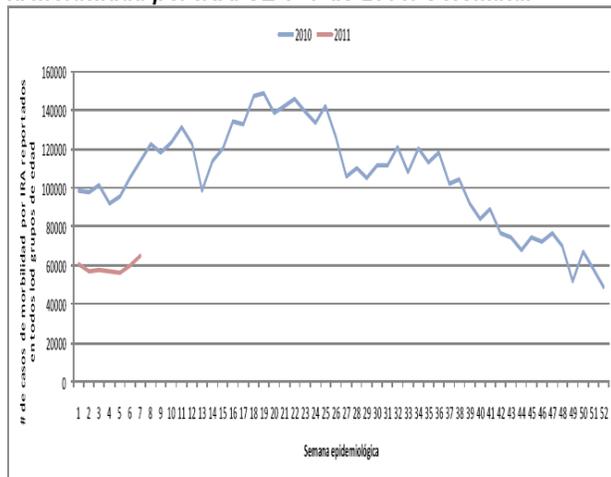
Costa Rica, Honduras and Panama



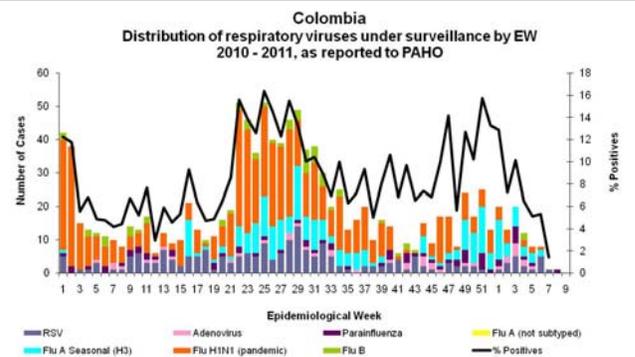
South America - Andean

Colombia

Gráfica 8. Comportamiento de la notificación de la morbilidad por IRA. SE 1- 7 de 2011. Colombia.

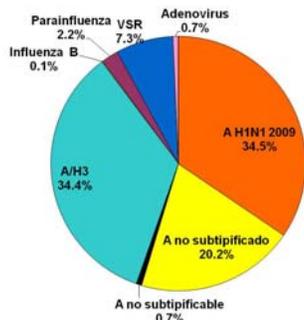


Fuente: Sivigila 2011, Instituto Nacional de Salud.



Ecuador

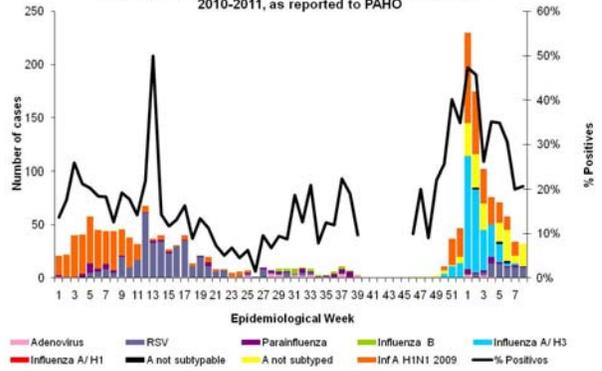
Ecuador
Proporción acumulada de los virus de influenza y otros virus respiratorios, SE 47/2010- SE 8/2011



■ A/H1N1 2009 ■ A no subtipificado ■ A no subtipificable ■ A/H3 ■ Influenza B ■ Parainfluenza ■ VSR ■ Adenovirus ■ Otros

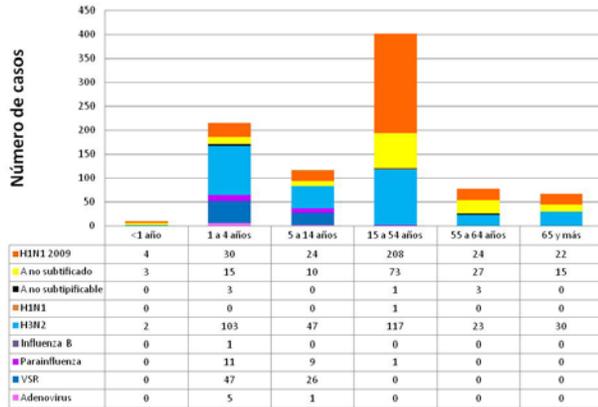
Nota: Los datos de otros virus respiratorios solo se dispone información de INH Guayaquil

Ecuador
Distribution of respiratory viruses under surveillance by EW 2010-2011, as reported to PAHO



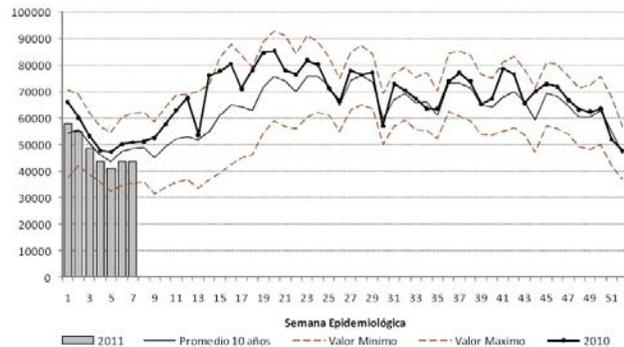
■ Adenovirus ■ RSV ■ Parainfluenza ■ Influenza B ■ Influenza A/H3
■ Influenza A/H1 ■ A not subtypable ■ A not subtyped ■ Inf A H1N1 2009 ■ % Positivos

Distribución de virus respiratorios en vigilancia de IRAG según grupos de edad. Ecuador, SE 47/2010 a 08/2011.



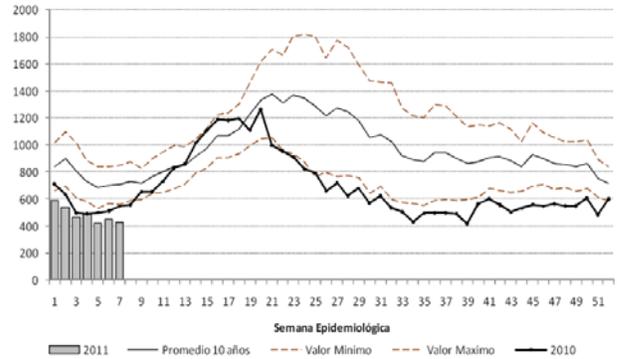
Peru

Infección respiratoria aguda notificadas en niños menores de 5 años. Peru - 2011



FUENTE: Registros de Notificación Colectiva. IRA 2011 - MINSA - Dirección General de Epidemiología (DGE) - Red Nacional de Epidemiología (RENACE).

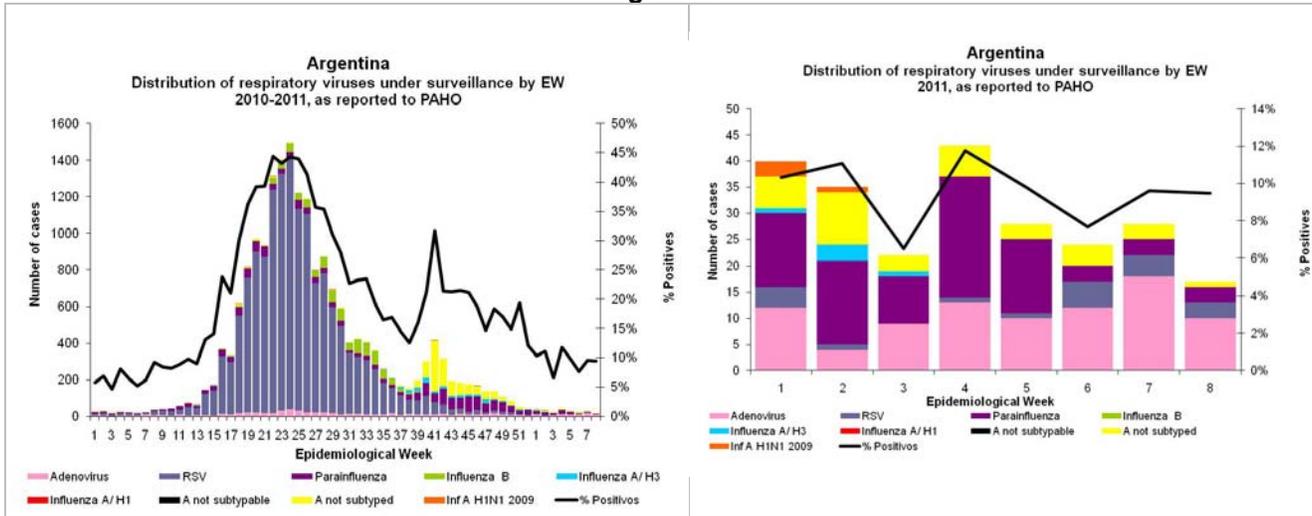
Neumonías notificadas en niños menores de 5 años. Peru - 2011



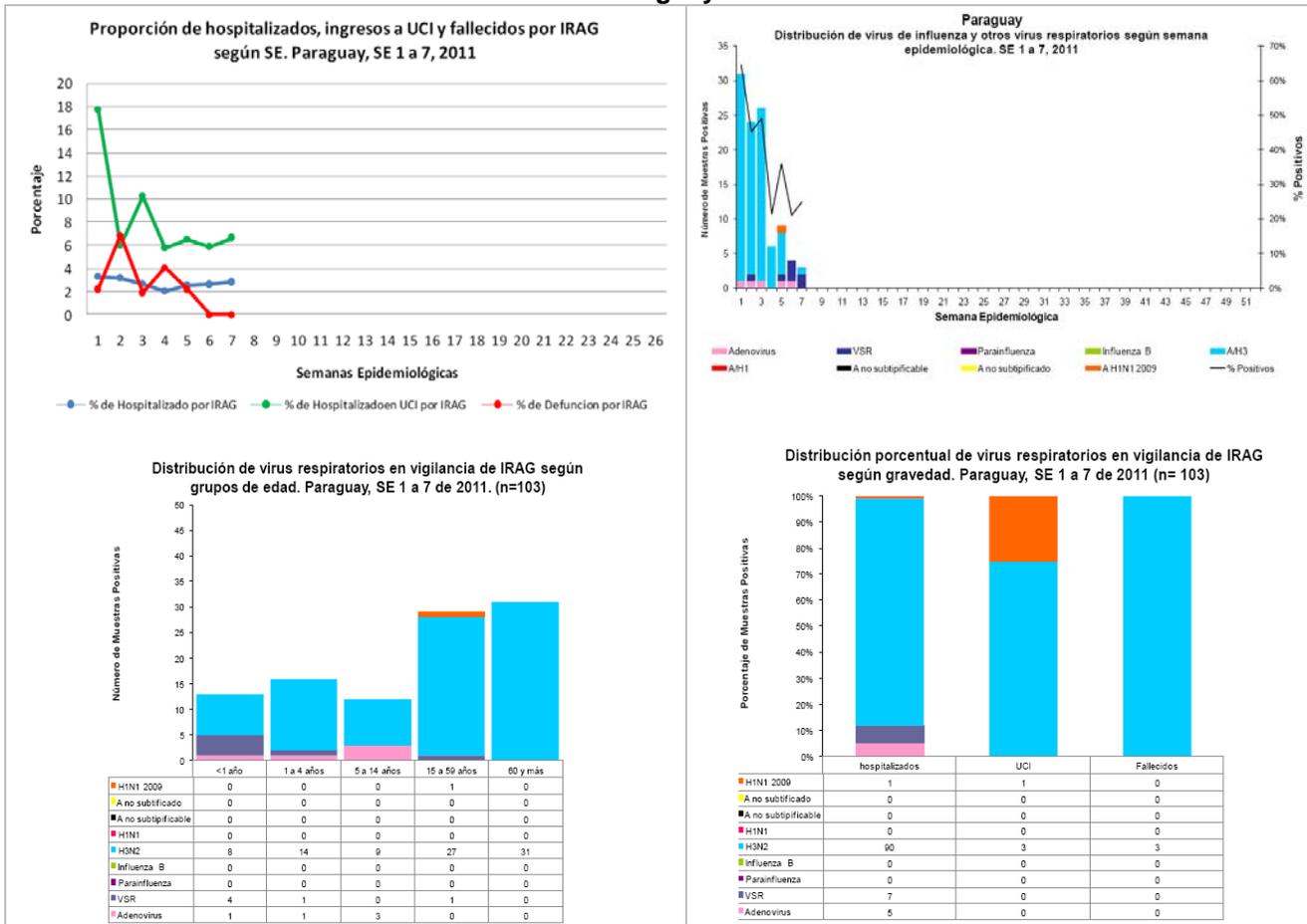
FUENTE: Registros de Notificación Colectiva. IRA 2011 - MINSA - Dirección General de Epidemiología (DGE) - Red Nacional de Epidemiología (RENACE).

South America – Southern Cone

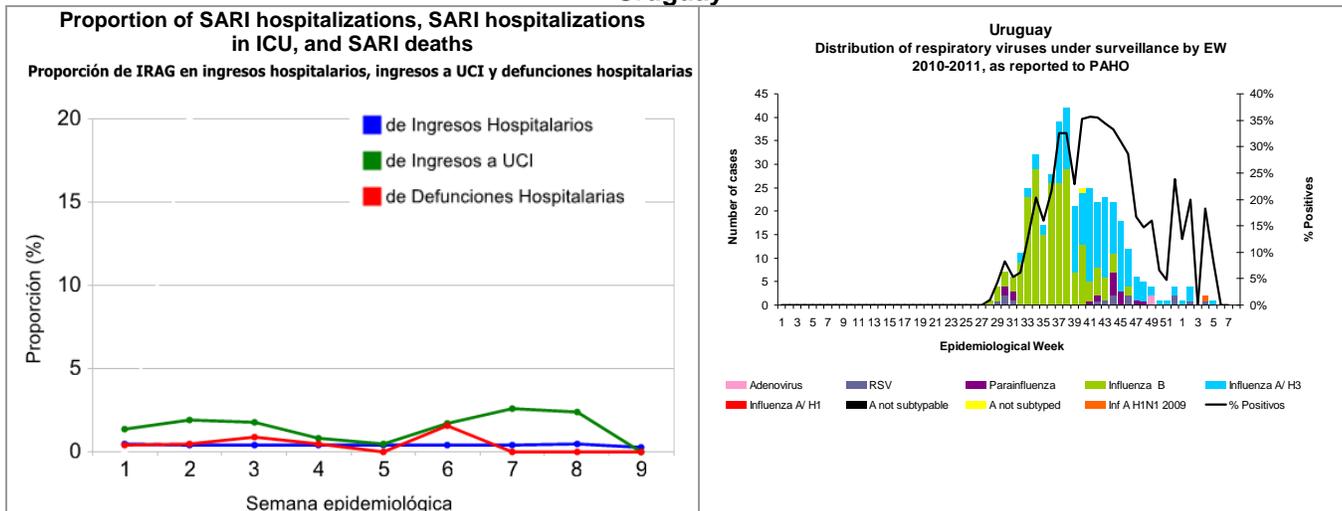
Argentina



Paraguay



Uruguay



¹ Canada. FluWatch Report. EW 08. <http://www.phac-aspc.gc.ca/fluwatch/>

² USA. Surveillance Summary. Week 08. Centers for Disease Control and Prevention

³ Colombia. Boletín epidemiológico semanal. SE 07. Instituto Nacional de Salud

⁴ Perú. Boletín epidemiológico. SE 07. Ministerio de Salud. Dirección General de Epidemiología

⁵ Paraguay. Boletín epidemiológico semanal. SE 09. Ministerio de Salud Pública y Bienestar Social

⁶ Uruguay. Vigilancia de IRAG. <https://trantor.msp.gub.uy/epidemiologia/servlet/iraggrafmenu>